

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964525	(X3) DATE SURVEY COMPLETED 10/11/2013
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of Tallah	STREET ADDRESS, CITY, STATE, ZIP CODE 1980 Centre Pointe Blvd. Tallahassee, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 10/11/13 un announced Limited Nursing Services monitoring survey was conducted at Clare Bridge Assisted Living Facility in Tallahassee, Florida. No deficiencies were found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2013

Administrator
Clare Bridge Of Tallahassee
1980 Centre Pointe Blvd.
Tallahassee, FL 32308

Dear Administrator:

This letter reports findings of a Limited Nursing Services monitoring survey that was conducted on October 11, 2013 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

1GGN

