

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/13/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964856	(X3) DATE SURVEY COMPLETED 01/28/2014
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of Tequesta	STREET ADDRESS, CITY, STATE, ZIP CODE 211 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection survey, (CCR#2013012081) was conducted on 01/28/2014 at Clare Bridge of Tequesta. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 14, 2014

Administrator
Clare Bridge Of Tequesta
211 Village Blvd
Tequesta, FL 33469

Re: CCR #2013012081

Dear Administrator:

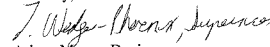
This letter reports the findings of a Complaint Survey completed on January 28, 2014 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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