STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	**03/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Venice	**1200 Avenida Del Circo Venice, FL 34285**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
These are the results of an unannounced Limited Nursing Services (LNS) survey conducted on . . through . . . . . at Clare Bridge of Venice an Assisted Living Facility (ALF).

The following is a description of non-compliance:

N278-LNS - Records 58A-5.031(3) FAC
Based on record reviews and interview, the facility failed to complete a monthly summary for 2 (Residents #1 and #2) of 4 residents receiving Limited Nursing Services (LNS).

The findings include:

On , the surveyor reviewed the 4 residents identified as receiving LNS by the facility's nursing staff. There were no nursing assessments found for the month of , 2014 for Residents #1 and #2.

The surveyor confirmed this finding with the Executive Director on . . . . at 1:05 p.m.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clare Bridge Of Venice
1200 Avenida Del Circo
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey that was conducted on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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