

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965405	(X3) DATE SURVEY COMPLETED 05/01/2014
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of Cape Coral	STREET ADDRESS, CITY, STATE, ZIP CODE 911 Santa Barbara Blvd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the result of an unannounced Limited Nursing Service (LNS) survey conducted on 5/01/14 at Clare Bridge of Cape Coral an Assisted Living Facility (ALF).

At the time of the survey there were no deficiencies noted and no citations given.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 15, 2014

Administrator
Clare Bridge Of Cape Coral
911 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on May 1, 2014 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

