STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	**06/17/2014**
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)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-06/17/2014

These are the results of follow-up to the Complaint Survey, CCR# 2014001437 which was conducted on 3/12/14 through 3/13/14 at Clare Bridge of Venice, an Assisted Living Facility (ALF). The follow-up survey was conducted on 6/17/14.

The deficiency is corrected. No other deficiencies were identified.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 27, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 17, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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