STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965405	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Cape Coral	**911 Santa Barbara Blvd Cape Coral, FL 33991**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-06/16/2014
0028-Resident Care - Activities Of Daily Living-06/16/2014
0030-Resident Care - Rights & Facility Procedures-06/16/2014
0093-Food Service - Dietary Standards-06/16/2014

These are the results of the follow-up to Complaint Survey, CCR# 2014001879 and 2014002655 which was conducted on 4/30/14 through 5/1/14 at Clare Bridge an Assisted Living Facility (ALF) in Cape Coral, FL. The follow-up was conducted on 6/16/14.

All deficiencies corrected. No other deficiencies were identified.

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

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 27, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 16, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were 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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