

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911906	(X3) DATE SURVEY COMPLETED 09/10/2014
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of Sarasota	STREET ADDRESS, CITY, STATE, ZIP CODE 8450 McIntosh Road Sarasota, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey for CCR# 2014006984 was conducted on 9/10/14 at Clare Bridge of Sarasota, an Assisted Living Facility in Sarasota, Florida.

The complaint contained 2 allegations, of which none were substantiated.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2014

Administrator
Clare Bridge Of Sarasota
8450 McIntosh Road
Sarasota, FL 34238

RE: CCR #2014006204

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 10, 2014 by representatives of 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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.shtm> 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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW: ar
Enclosure

8JK1

