

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965603	(X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER Bridge Assisted Liv At Life Care Center Of Orlando	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 Rouse Road Orlando, FL 32817	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-10/20/2014

Specific Tag Findings:

0000-Initial Comments

A re-visit was conducted on 10/20/14. Bridge Assisted Living at Life Care Center of Orlando had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2014

Administrator
Bridge Assisted Liv At
Life Care Center Of Orlando
3201 Rouse Road
Orlando, FL 32817

RE: Revisit to CCR#2014001878

Dear Administrator:

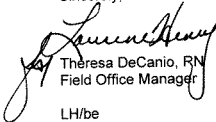
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on October 15, 2014 by representative(s) of this office.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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