

|                                                                                                        |                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965283</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>03/16/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Clare Bridge Of Vero Beach</b>                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>420 4th Court<br/>Vero Beach, FL 32962</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on 3/16/15 at the Clare Bridge of Vero Beach. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 30, 2015

Administrator  
Clare Bridge Of Vero Beach  
420 4th Court  
Vero Beach, FL 32962

Re: Limited Nursing Services Monitoring  
Visit

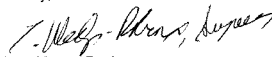
Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on March 16, 2015 by representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo - Davis  
Field Office Manager

AMD/jw  
Enclosure

1GGN

