



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 14, 2015

Administrator
Bridge At Life Care Center Of Ocala
2800 Sw 41st Street
Ocala, FL 34474

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 1, 2015 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 (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/14/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965229	(X3) DATE SURVEY COMPLETED R 06/01/2015
NAME OF PROVIDER OR SUPPLIER BRIDGE AT LIFE CARE CENTER OF OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SW 41ST STREET OCALA, FL 34474	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A desk review was conducted on June 1, 2015 for the biennial licensure survey at the Bridge at Life Care Center of Ocala. Deficiencies were corrected.