



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 1, 2016

Administrator
Clobran Assisted Living Facility
3 Clear Place
Ocala, FL 34476

Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on June 1, 2016 by representative(s) of this office.

Enclosed 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 desk review. **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 Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/01/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966639	(X3) DATE SURVEY COMPLETED R 06/01/2016
NAME OF PROVIDER OR SUPPLIER CLOBRAN ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3 CLEAR PLACE OCALA, FL 34476	

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

0000 Initial Comments

A desk review was conducted on 6/1/2016 as second follow-up on a biennial survey at Clobran Assisted Living Facility, facility license number 10825. The previously cited deficiency was cleared as a result of the desk review.