

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/24/2014  
FORM APPROVED

|                                                                                                        |                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965390</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>02/19/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Clare Bridge Of West Melbourne</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7199 Greenboro Dr<br/>Melbourne, FL 32904</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                           |                                                     |

**Revisit Corrected Tags:**

0078-Staffing Standards - Staff-02/19/2014

0083-Training - First Aid And Cpr-02/19/2014

0093-Food Service - Dietary Standards-02/19/2014

**Specific Tag Findings:**

0000-Initial Comments

2/19/2014 Revisit was conducted.

The facility had no deficiencies found during the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 24, 2014

Administrator  
Clare Bridge Of West Melbourne  
7199 Greenboro Dr  
Melbourne, FL 32904

RE: Revisit to abbreviated biennial w/LNS

Dear Administrator:

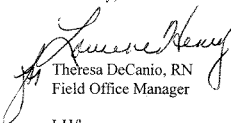
This letter reports the findings of a state licensure survey revisit conducted on February 19, 2014 by representative(s) of this office.

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.

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

