

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965390	(X3) DATE SURVEY COMPLETED 10/28/2014
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of West Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 7199 Greenboro Dr Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Complaint investigation # 2014008721 was conducted on 10/28/14. Clare Bridge of West Melbourne had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 7, 2014

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

RE: CCR #2014008721

Dear Administrator:

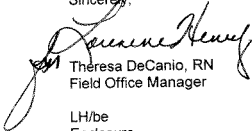
This letter reports the findings of a complaint survey completed on October 28, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

