

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967652	(X3) DATE SURVEY COMPLETED 02/13/2015
NAME OF PROVIDER OR SUPPLIER The Claridge House At The Bridges	STREET ADDRESS, CITY, STATE, ZIP CODE 11202 Dewhurst Drive Riverview, FL 33569	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

Assisted Living Facility

The Claridge House At The Bridges had no deficiencies found at the time of this visit.

A Complaint Investigation (CCR#2014011963) was conducted on 2/13/15.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 25, 2015

Administrator
The Claridge House At The Bridges
11202 Dewhurst Drive
Riverview, FL 33569

RE: CCR #2014011963

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 13, 2015 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/src

Enclosure: State (5000-3547) Form

