STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966432	07/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Home At Ware's Creek	1725 Manatee Avenue West Bradenton, FL 34205

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

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013006808, was completed on .

Our Home at Ware's Creek, assisted living facility, had a deficiency at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interviews, the facility failed to assure that only qualified licensed staff administered prescribed to 3 (Residents # 3, #4 and #9) of 3 residents.

Findings include:

Based on a verbal report by the new managment company that took over the managment and administration of the facility, 4 residents were prescribed : 1 resident is able to self administer it (currently hospitalized for non issue) while the other 3 residents can not self administer it. Two (Residents #3 and #9) are ordered continuously and Resident #4 is ordered at nighttime only.

Interview with direct care/med tech Staff B on admitted administration of a prescribed treatment by saying: we do put the tubing on the residents faces when they can't do it themselves and we turn on the concentrator machine. They all have emergency tanks for backup but we don't fool with that. We also don't adjust the machines to the proper setting, they are already set at 2L/minute. We let the nurse know if there are any concerns.

Observation of Residents 3 and 9 during the facility tour revealed they both had the prescribed on via nasal cannula at the ordered setting of 2L/minute and the facility's new administrator who is an LPN was on duty as well and could provide administration of the however the DON acknowledged during interview at approximately 11:45 a.m. that she lived about an hour away and could not be at the facility immediately- but said that home health or Hospice could be called if needed. Neither of the residents were capable of answering the surveyors questions due to verbal and limitations from diagnoses of .

Interview with the Director of Quality Services (part of the new managment team) acknowledged there was not nursing staff available 24 hours/day and that they were in the process of transferring residents who needed a higher level of care than could be provided at the facility and also were hiring nurses so that they would have coverage around the clock.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Our Home at Ware's Creek
1725 Manatee Avenue West
Bradenton, FL 34205

Dear Administrator:

Re: **CCR# 2013006808**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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