

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 07/08/2013
NAME OF PROVIDER OR SUPPLIER Woodlands Village	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 Blvd East Bradenton, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

A capacity increase was conducted on 7/08/13.

The Woodlands Village, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a capacity increase is being made at this time.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 23, 2013

Administrator
Woodlands Village
1055 301 Blvd East
Bradenton, FL 34203

Dear Administrator:

This letter reports findings of a capacity increase that was conducted on July 8, 2013, by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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,

Patricia Reid
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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