STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966432	07/22/2013
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)

List of Tags Cited:

St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013004904, was conducted on .

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

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to provide a refund to the resident's responsible party within forty-five (45) days of discharge for 1 of 3 (#1) residents sampled for refund returns.

Findings include:

Record review on of Resident #1's contract dated stated the facility shall provide a refund to the resident or the resident's responsible party within 45 days after the discharge, transfer or of a resident. Resident #1 on .

The refund check should have been received by the daughter by . The daughter received the check on and the refund check was dated . The facility was 36 days late in getting the refund check to the daughter.

When interviewed on at 11:00 a.m., the director of operations stated this was about the time his company was taking over the management of the facility and the refund must have gotten overlooked during this process. He agreed the refund check was not received within 45 days after discharge as stated in the contract.

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# 2013004904**

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,

Paul G Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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