

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/19/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964938	(X3) DATE SURVEY COMPLETED 02/10/2014
NAME OF PROVIDER OR SUPPLIER Select Group Home	STREET ADDRESS, CITY, STATE, ZIP CODE 4730 30th Street, W. Bradenton, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0076-Do Not Resuscitate Orders (dnros)-02/10/2014
 0078-Staffing Standards - Staff-02/10/2014
 0081-Training - Staff In-Service-02/10/2014
 0090-Training - Do Not Resuscitate Orders-02/10/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2014

Administrator
Select Group Home
4730 30th Street, W.
Bradenton, FL 34207

Re: Revisit & CCR# 2014000746

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey completed on February 10, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating the deficiencies were corrected relative to the revisit and there were no deficiencies identified during the complaint 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/kpr

Enclosures: State (5000-3547) Forms

