STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963819	05/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Woodlands Village	1055 301 Blvd East Bradenton, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR#2014002249, was conducted on .

The Woodlands Village, assisted living facility, had a deficiency at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to notify family of changes in health condition resulting in a hospital visit for 1 (#1) of 3 residents sampled for incident reports.

Findings include:

Record review on of Resident #1's incident report revealed on / at 5:45 a.m., staff #A found Resident #1 sitting on the bed in her ! she stated she had but was able to get back up and sit on the bed. She said her left side hurt. was called. The resident was sent to the hospital. An incident report was filled out by staff #A on . In the section where she was supposed to put the time and date the family was notified, it had been left blank.

The administrator stated on at 12:00 p.m., staff #A filled out the incident report on / and put it into the incident box in the nurse's office and she did not notify the director of nursing of the incident. When the director of nursing came back to work on , she was told by the daughter of the resident, that her mother was in the hospital and no one at the facility had notified either her or her sister who is the Power of Attorney of the incident. The sister told her she had been notified by the hospital on that her mother was there.

On at 12:45 PM, the administrator stated she felt terrible about what had happened. She said there was no excuse for not notifying the family of the incident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Woodlands Village
1055 301 Blvd East
Bradenton, FL 34203

Dear Administrator:

Re: **CCR# 2014002249**

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) 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(s). 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 (5000-3547) Form

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