

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966432	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER OUR HOME AT WARE'S CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MANATEE AVENUE WEST BRADENTON, FL 34205	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Extended Congregate Care monitoring visit was conducted on 3/25/15.

The Our Home at Ware's Creek, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2015

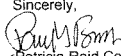
Administrator
Our Home At Ware's Creek
1725 Manatee Avenue West
Bradenton, FL 34205

Dear Administrator:

This letter reports findings of a extended congregated care (ECC) that was conducted on March 25, 2015 by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
PRC/clt

PRC/clt
Enclosure: State (5000-3547) Form

1GGN

