AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966432	**06/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR HOME AT WARES CREEK BSLC LLC	**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

A Change of Ownership (CHOW) survey with Extended Congregate Care (ECC) was conducted on .

The Our Home at Ware's Creek Assisted Living Facility had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to maintain documentation of a significant change in resident needs for 1 of 2 residents whose records were reviewed. (Resident #7).

Findings include:

Resident #7 was admitted to the facility on . The most recent Heath Assessment Form 1823 maintained in the file was dated . The resident ADL levels were documented as independent with eating and , supervision with toileting and transfers, and assistance with ambulation, bathing and dressing. Observation of the resident on at approximately 11:30 A.M. and 2:00 P.M. revealed that the resident requires assistance with all ADL's. Interview with the Medication Technician (Med Tech) at 2:15 PM and the Administrator at 3:15 P.M. revealed that the resident does require assistance with all ADL's and that she is extremely and that it is difficult for her to follow direction.

The dent record contained Home Health notes dated with an order for Skilled, Nursing, Physical and Occupational dated . The Start of Care for Home Health was documented as with no further indication of the scope of services to be provided. The resident was observed with a on her right heel. Staff stated that Home Health is providing care for the resident. A Home Health note located in the resident record dated revealed care to right heel (4cmx3cmx0.25cm). An additional note dated revealed that care is being provided to the right heel (1cmx1cmx0.25cm). The facility reports that the area is not open or staged. An attempt was made by the facility Wellness Director on at 3:30 P.M. to obtain additional information from the Home Health agency related to the care being provided by them and they did not provide the information requested.

There was a lack of documentation in the resident record to describe the significant change in the resident's condition from , the date of the original Health Assessment Form 1823 to the date of the survey .

Resident #9 was admitted to the facility on . The initial Health Assessment Form 1823 was dated .

CLASS III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 Continued From page 1

Based on interview, observation and a review of facility records, the facility failed to maintain a substitution log of menu items served when substitutions occurred.

Findings include:

During a tour of the kitchen at approximately 11:30 A.M. with the Kitchen Manager, the surveyor requested to see the list or log of substitutions that the facility documents for meals served. The Manager stated that she does not keep a list and does not know where a log is kept. When asked if substitutions are made for meals, she stated yes and that she is substituting pork roast for shrimp alfredo today. She confirmed that she did not yet document the substitution.

Communication with the Administrator on at 12:30 P.M. revealed that the substitution log is located on top of the refrigerator and that it is a facility policy to document all substitutions. She also confirmed that she spoke with the Kitchen Manager who confirmed that she had not been documenting substitutions.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Our Home At Wares Creek Bslc LLC
1725 Manatee Avenue West
Bradenton, FL 34205

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with extended congregate care (ECC) monitoring that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies 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 Provide**rs 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 Brow**n, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

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

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