AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966432	**09/29/2015**
NAME OF PROVIDER OR SUPPLIER **OUR HOME AT WARES CREEK BSLC LLC**	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 initial limited nursing services (LNS) licensure survey was conducted on 9/29/15.

Our Home at Wares Creek, assisted living facility, had no deficiencies at the time of the visit.

A recommendation to add an LNS specialty license is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2015

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

Dear Administrator:

This letter reports findings of a initial limited nursing services (LNS) state licensure survey that was conducted on September 29, 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 Caufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com