

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/22/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966432	(X3) DATE SURVEY COMPLETED 10/14/2015
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

A complaint survey, CCR# 2015007612, was conducted on 10/14/15.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 22, 2015

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

RE: CCR# 2015007612

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 14, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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

Enclosure: State (5000-3547) Form

