

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966432	(X3) DATE SURVEY COMPLETED 10/03/2016
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 limited nursing service (LNS) monitoring visit was conducted on 10/03/16 at Our Home at Wares Creek BSLC LLC. Deficient practice was not identified during the survey.

(License #10653)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 10, 2016

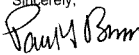
Administrator
Our Home At Wares Creek BSLC LLC
1725 Manatee Avenue West
Bradenton, FL 34205

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) state licensure survey that was conducted on October 3, 2016 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
Field Office Manager

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

1GGN

