

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953211	(X3) DATE SURVEY COMPLETED 03/07/2017
NAME OF PROVIDER OR SUPPLIER FRENCH BLOSSOMS TWO, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1782 COCONUT DRIVE VENICE, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced relicensure survey was conducted on at French Blossoms Two, an assisted living facility, (license number #8446), in Venice, Florida. The following is description of the deficiency. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility was not free of a potential hazard for 1 (Resident #5) of 5 residents. The findings included: On at 10:34 a.m., Resident #5's bed was observed to have a siderail that was unattached to the frame of the bed creating a potential hazard. The base of the siderail was observed to slide between the mattress and the box spring and was movable. On at 10:51 a.m., discussed with the facility's owner the unattached side rail was a potential hazard for the resident. She confirmed the siderail was not attached to the frame of the bed and said she would seek an alternative for the resident. Class III		