

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 10/24/2018
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A complaint survey, (CCR#2018013564 and CCR#2018013251) was conducted at Woodlands Village Assisted Living Facility on . Woodlands Village had a deficiency at the time of the survey. (License #8692) 0160 - Records - Facility - 58A-5.024(1) FAC Based on records review and interview, the facility failed to maintain an accurate and up to date Admissions and Discharge Log for 2 of 3 residents (#1 and #3). Findings Included: During a records review of the facility's Admissions and Discharge Log on , it was revealed the Resident #1 was admitted to the facility during , of 2018 and that the resident had later been discharged from the facility, however there was no discharge date notated in the log. (Photographic evidence obtained.) In an interview with the facility's Wellness Director at 10:35am on , the Wellness Director confirmed the finding and had to look up Resident #1's date of discharge on the computerized records. During a record review of the facility's Admission and Discharge Log on , it was revealed that Resident #3 was admitted to the facility during , of 2014, however there was no indication that the resident had been discharged from the facility. (Photographic evidence obtained.) In an interview with the Wellness Director at 11:00am on , the Wellness Director stated that Resident #3 had been discharged from the facility and provided the date of the discharge after looking it up on the computerized records. Class III		