

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964729	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/01/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 18400 COCHRAN BLVD. PORT CHARLOTTE, FL 33948		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments This is to report the findings of an unannounced Complaint Survey, CCR# 2012009226 which was conducted on 10/02/12 at Village Place, an Assisted Living Facility (ALF) in Port Charlotte, FL. There were 3 allegations in the complaint. None of the allegations were substantiated.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6999

FREN11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2012

Administrator
Village Place
18400 Cochran Blvd.
Port Charlotte, FL 33948

Re: CCR #2012009226

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 1, 2012 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

