STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	09/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Village Place	18400 Cochran Blvd. Port Charlotte, FL 33948	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff
St - A - 0089 - 429.178 Fs - [illegible] - Special Care

Specific Tag Findings:
These are the results of a Change of Ownership (CHOW) survey for Village Place an Assisted Living Facility (ALF) on [illegible] through [illegible].

The following is a description of non-compliance:

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, the facility failed to ensure that 2 (Staff C and D) out of 4 sampled had annual documentation of freedom from [illegible].

The findings include:

Record review of Staff C's Personnel File revealed that the last documentation of freedom from [illegible] was a chest x-ray completed on [illegible].

Record review of Staff D's Personnel File revealed that the last documentation of freedom from [illegible] was a [illegible] skin test completed on [illegible].

An interview was conducted with the Executive Director on [illegible] at about 4:00 p.m. She stated that she thought with the chest x-rays the requirements were every two years. She was unaware of Staff D not having his [illegible] up to date.

Class III

0089-Alzhei[illegible] - Special Care 429.178 FS
Based on interview and record review the facility failed to ensure that the 4 hour [illegible] I class was taken for 1 (Staff A) of 4 staff reviewed and that the [illegible] Level II training for 2 (Staff B and Staff D) of 4 staff reviewed.

The findings include:

1. Record review of Staff A's personnel file revealed that she was hired on [illegible]. There was no record of her receiving her initial [illegible] I, 4 hour training.

2. Record review of Staff B's personnel file revealed that she was hired on [illegible]. There was no record of her receiving her [illegible] Level II training.

3. Record review of Staff D's personnel file revealed that he was hired on [illegible]. There was no record of him receiving his [illegible] Level II training.

An Interview was conducted with the Executive Director on [illegible] at about 4:00 p.m. She stated that whatever

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was in the files was all there was.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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Tallahassee, FL 32308
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Fort Myers, FL 33901
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