

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED 10/08/2013
NAME OF PROVIDER OR SUPPLIER Village Place	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 Cochran Blvd. Port Charlotte, FL 33948	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-10/08/2013

0089-Alzheimer's/other Disorders - Special Care-10/08/2013

These are the results of a follow-up to the Change of Ownership (CHOW) survey for Village Place an Assisted Living Facility (ALF) on 9/03/13 through 9/04/13. This follow-up was completed by desk review on 10/08/13. All citations were cleared by this desk review.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

0089-Alzheimer's/Other Disorders - Special Care 429.178 FS



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 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 revisit conducted by desk review on October 8, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

