STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	**05/12/2014**
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 - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2014003485 and CCR# 2014003692 conducted on , at Village Place an Assisted Living Facility (ALF) in Port Charlotte, FL.

The following is a description of the non-compliance:

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview, the facility failed to provide a 30 day written notice of a rate increase as outlined in the Residential Living Agreement, to 1 (Resident #1) of 3 sampled residents

The findings include:

Based on review of Resident #1's clinical and financial records, the resident's family member had signed a "Residential Assisted Living Residency Agreement" with the facility on . The agreement listed the monthly fee as $3,000 per month. The agreement noted on page 8, .7, "Adjustments to Fees or Services- We may adjust the services or fees under this agreement upon 30 days written notice to you." On , the surveyor reviewed Resident #1's ledger which listed the resident as being billed $3,000 per month for the Memory Care Rent on , and On , the resident was billed an additional $1,000 for Memory Care Services in addition to the $3,000 Memory Care Rent. There was no documentation found for the reason of the rate increase or any discussion with the family in the resident's medical or financial record.

On at 12:10 p.m., during an interview with Resident #1's family member, the surveyor discussed the family member being given a 30-day written notice of a $1,000 rate increase that took effect in 2014. The family member confirmed she was not told of the increase until a meeting with the facility's Executive Director on .

On at 3:10 p.m., interview with the Executive Director (ED), the surveyor discussed there was no evidence that a 30 day written notice was provided to the resident's wife as per the resident's contract with the facility in the resident's record. The ED stated there had been a verbal notification of the rate increase and she confirmed she was not able to find any documentation of this.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Re: CCR# 2014003485 & CCR# 2014003692

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 by representatives 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 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372