

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED 05/12/2014
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:

0025-Resident Care - Supervision-05/12/2014
0030-Resident Care - Rights & Facility Procedures-05/12/2014
0052-Medication - Assistance With Self-Admin-05/12/2014
0055-Medication - Storage And Disposal-05/12/2014
0081-Training - Staff In-Service-05/12/2014
0082-Training - HIV/aids-05/12/2014
0090-Training - Do Not Resuscitate Orders-05/12/2014
0093-Food Service - Dietary Standards-05/12/2014

These are the results of an unannounced follow-up to the Biennial survey conducted on 5/12/14 at Village Place an Assisted Living Facility (ALF) in Port Charlotte, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0082-Training - HIV/AIDS 58A-5.0191(3) FAC

0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 15, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on May 12, 2014 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

