

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911223	(X3) DATE SURVEY COMPLETED 07/10/2014
NAME OF PROVIDER OR SUPPLIER Vick Street Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 22332 Vick Street Port Charlotte, FL 33980	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A complaint survey was conducted on 6/17/14 through 7/10/14 at Vick Street Manor, an Assisted Living Facility (ALF). The survey was completed in conjunction with Charlotte County Code Enforcement and Charlotte County Fire Inspections.

The allegation was partially substantiated without citation as the work had been completed and the Fire Marshall verified completion before exit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 10, 2014

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

RE: CCR #2014005552

Dear Administrator:

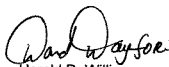
This letter reports the findings of a complaint survey completed on July 10, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) 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

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