

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED 07/28/2014
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:

0167-Resident Contracts-07/29/2014

These are the results of a follow-up to the unannounced Complaint Survey, CCR# 2014003485 and CCR# 2014003692 conducted on 5/12/14, at Village Place an Assisted Living Facility (ALF) in Port Charlotte, FL. This follow-up was completed on 7/28/14.

All previous citations have been substantially improved or corrected.

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

0167-Resident Contracts 58A-5.025 FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 11, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 28, 2014 by representative(s) 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(s). 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

