STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942905	07/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
V & R Retirement, Inc.	356 Se Prima Vista Blvd. Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0005 - 58a-5.0161 Fac - Licensure - Inspection Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on , 2014 at V & R Retirement, Inc. The facility had a licensure deficiency found at the time of the visit.

0005-Licensure - Inspection Responsibilities 58A-5.0161 FAC
Based on observation, it was determined the Administrator and/or Owner failed to ensure that the facility was accessible at all times for inspection/survey by Agency staff. As evidence of the facility being unaccessible by Agency staff to conduct a Re-Licensure Survey, as required.

The Findings Include:

On at 9:00 AM, the building licensed as an Assisted Living Facility (ALF) was observed vacant. The Agency's database shows the facility holds a current license as a 6 bed ALF. The database also has two phone numbers to contact the facility or the facility's Administrator and neither of the phone numbers are in operation. The Agency was unable to gain access to the facility to conduct the relicensure survey at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
V & R Retirement, Inc.
356 SE Prima Vista Blvd.
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida