| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11942905 | 09/10/2014 |
| 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) | | |

**Revisit Repeat Tags:**
0000-Initial Comments-
0005-Licensure - Inspection Responsibilities-58a-5.0161 Fac

**Revisit New Tags:**

**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 follow-up to the licensure survey was conducted on . . . . . V&R Retirement Home, Inc., had deficiencies found at the time of the visit.

**0005-Licensure - Inspection Responsibilities 58A-5.0161 FAC**

Based on observation and interview, the facility failed to notify the Agency 30 days prior to the discontinuation of operation.

The Findings Include:

During a relicensure revisit conducted on . . . . . at 11:15 AM, a friend of the Administrator answered the door. Upon entry to the facility, another person was observed coming out of a . . . . . She stated she was a family member of the Administrator.

A tour was conducted on . . . . . and there was no indication of residents residing at the facility (e.g., no medication carts, medications, resident records).

The family member provided a phone number for the Administrator. The Administrator stated on . . . . . at approximately 11:35 AM, that she turned in her license over a year ago and has not been operating as an Assisting Living Facility since then.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
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| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Review of Agency's records revealed no documentation indicating notification of closure from the Owner and/or Administrator.

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 **second** State Licensure Revisit Survey conducted on
10, 2014 by a representative of this office.

Attached is the provider's copy of the State 5000-3547 Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit. You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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

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