STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	09/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Village Place	18400 Cochran Blvd. Port Charlotte, FL 33948	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D

Specific Tag Findings:
On [redacted] a Complaint Survey, CCR# 2014009094 was completed at Village Place an Assisted Living Facility (ALF) in Port Charlotte, Florida.

One allegation was substantiated. The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Resident #2) of 3 residents reviewed had a completed health assessment (AHCA Form1823) completed no earlier than 60 days prior to admission.

The findings include:

Record review for Resident #2 found an "Identification and Emergency Information" which note the resident's admission date to be [redacted]. The resident's record contained an AHCA Form 1823 completed and signed by the physician on [redacted]. This AHCA Form 1823 documents the resident needs assistance with ambulation and transfers. The record contained no other AHCA Form 1823.

On [redacted] at 1:00 p.m., the Wellness Director stated Resident #2 was admitted on [redacted]. The only 1823 available for Resident #2 is the one completed by the physician on [redacted].

Class III

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC
Based on record review and interview, the facility failed to ensure 1 (Resident #2) of 3 residents reviewed was provided assistance with transfers and ambulation.

The findings include:

Record review for Resident #2 found an "Identification and Emergency Information" which note the resident's admission date to be [redacted]. Resident #2's record contained a "Resident Note" dated [redacted] which stated: "the resident [redacted] while OOB (Out of Building). This nurse was present but did not witness [redacted]. Resident stated she tripped over bus lift. She [redacted] face down complains of left arm pain. She was found to have a [redacted] to the left [redacted] and face. 911 was called and the resident was transported to the hospital."

The resident's record contained an AHCA Form1823 completed and signed by the physician on [redacted]. This AHCA Form1823 documents the resident needs assistance with ambulation and transfers. The record contained no other AHCA Form1823.

On [redacted] at 1:00 p.m., the Wellness Director stated that Resident #2 was admitted on [redacted]. The only AHCA Form 1823 available for Resident #2 is the one completed by the physician on [redacted]. The Wellness Director stated that the facility was not providing any assistance with transfers or ambulation to Resident #2.

On [redacted] at 2:30 p.m., the Executive Director said that she wrote the "Progress Note" dated [redacted]. She stated that she was present but did not actually see Resident #2 [redacted]. She said that Resident #2 was not being assisted

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when she was leaving the bus and .....

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014009094

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 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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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AHCA.MyFlorida.com