| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911223 | 10/20/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Vick Street Manor | 22332 Vick Street Port Charlotte, FL 33980 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0008-Admissions - Health Assessment-10/20/2014
0030-Resident Care - Rights & Facility Procedures-10/20/2014
L241-Lmh - Records-10/20/2014
L243-Lmh - Training-10/20/2014

This was a Follow-Up to the Biennial and Limited Mental Health (LMH) survey. This follow-up was completed on 10/20/14 at Vick Street Manor Assisted Living Facility located in Port Charlotte, Florida.

All deficiencies were found to be corrected on this follow-up.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

L241-LMH - Records 58A-5.029(2) FAC

L243-LMH - Training 58A-5.0191(8) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 20, 2014 by a representative 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. 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

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