STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	**01/22/2015**
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B

Specific Tag Findings:
An unannounced complaint survey for CCR# 2014010872 and CCR# 2014011812 was conducted on . at Village Place, an Assisted Living Facility in Port Charlotte, FL.

The following is a description of non-compliance:

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to maintain a sufficient three (3) day food supply for emergency preparedness.

The findings include:

The facility has a current census of 89 residents. This would require the facility to have nutritional sources for each resident, including storage of six (6) ounces of protein and twelve (12) ounces of vegetables, per resident for three (3) days.

On observation and inventory of emergency food supply revealed that the facility lacked enough non-perishable protein and vegetable provisions to provide a balanced diet for residents in the event of an emergency. Protein provisions needed is 1,602 ounces, on hand was 718.5 ounces. Vegetable provisions needed is 3,204 ounces, on hand was 1,828 ounces.

Interview with Staff G on at 4:30 p.m. Staff G, confirms that all emergency food supply was inventoried. Staff G confirmed that there are no other non-perishable protein or vegetable sources available on site

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2014010872 and CCR #2014011812

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
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