STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	**02/23/2015**
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)		

Revisit Corrected Tags:
0093-Food Service - Dietary Standards-02/23/2015

Specific Tag Findings:
This is the follow-up to complaint survey for complaint CCR# 2014010872 and CCR# 2014011812 at Village Place, an Assisted Living Facility in Port Charlotte, Florida.

This follow-up was completed on 2/23/15 by desk review of information sent to the Agency for Health Care Admininstration Fort Myers field office.

The citation issued was cleared by this desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 23, 2015

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

CCR# 2014010872 and CCR# 2014011812

Dear Administrator:

This letter reports the findings of a state licensure survey revisit by desk review conducted on February 23, 2015 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,

Jon Seehawer, RN
Field Office Manager

JS:ec
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com