

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/26/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED 05/20/2015
NAME OF PROVIDER OR SUPPLIER VILLAGE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 COCHRAN BLVD. PORT CHARLOTTE, FL 33948	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Complaint Survey, CCR# 2015003716 and CCR# 2015004788, was conducted on _____ at Village Place an Assisted Living Facility (ALF) located in Port Charlotte, Florida.

The following is description of the deficiencies.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review, observation, and interview, the facility failed provide care to residents when they requested nursing assistance for 2 (Residents #1 and #6) out of 5 residents. The facility failed to respond to residents' call lights for 2 (Residents #4 and #6) out of 6 sampled residents.

The findings included:

1. On _____ Resident #1 had chest pain and left arm numbness. She called 911 for assistance. Review of the incident report documented she had told Employee I she wasn't walking like before and requested to see a nurse. The resident went to go lie down. Employee I told Employee B she had checked on the resident, and she was lying down. Employee B informed Employee I when a resident requests to see a nurse you have to tell somebody. Employee I responded to her by asking, "Who I am going to tell?" Employee I was immediately educated on what to do in an emergency situation and what to do if a resident asks to see a nurse.

2. During an interview on _____ at 4:20 p.m., Resident #6 explained she rang her call light for what she thought was like 15 times trying to get assistance. She said her leg was _____ and wanted the nurse to take care of it. Observed at this time was a moderate amount of a dark brownish substance on her sock. The resident had a _____ aid on the leg under the sock.

During an interview on _____ at 2:55 p.m., Department of Children's and Families (DCF) investigator explained he had spoken with Resident #1 regarding the issue of requesting assistance and calling 911. The DCF investigator said that Resident #1 told him she had told the employees at the Assisted Living Facility (ALF) she needed a nurse or doctor 12 times. She said she was at breakfast and couldn't drink her coffee. She told the employees she didn't feel right. The DCF investigator also said that Resident #1 told him, she could not reach the call light; she told someone to give her, her phone and she called Emergency Medical Services herself.

During an interview on _____ at 4:50 p.m. Resident #6 said she doesn't think the staff answers the call light quickly. She said she has to wait a long time. She said today _____ her leg was _____ and she rang the call light, she thinks like 15 times before somebody answered. Observation at this time revealed the top of her sock on her right foot had a moderate amount of dark brownish substance that appeared to be _____. Her lower right leg, had a _____ aid on it and was directly under the dark brownish stain on her sock.

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During an interview on at 4:50 p.m., Resident #6's daughter explained her mother at times does complain to her that the staff doesn't answer her light. She said a few days ago, her mother had her morning medication. She said her mother told her, 2 of the pills had gotten stuck in her throat so she pulled the call light for help. She said her mother told her it was a long time, before someone answered it. She said she was a little upset with that because her mother could have choked.

3. During an interview on at 4:55 p.m., Resident #4 said when she pulls her call light, sometimes they come soon and sometimes it takes a long time. She said it could be more than 15 minutes.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2015003716 & 2015004788

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2015 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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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