STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	R

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced follow-up to Complaint Survey, CCR 2015006342 was conducted on , at Village Place Retirement, an Assisted Living Facility (ALF) in Port Charlotte, Florida.

The following is description of deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a clean and decent environment for residents.

The findings included:

During tour of the facility on / the following was observed:

Memory care: common area carpets were heavily stained. The vinyl couches and chairs in the common area were torn with missing outer layer. A strong odor of between 119 (vacant) and 118 (resident occupied) was detected.
Scuff marks on door frames of : 141, 139, and 137.
Paint chipped on door frame of .
Blue dining : The mini blinds were covered with dust and caulking around the windows was missing.
: The had a drain pipe over the shower. The Maintenance director reported at 3:00 p.m. on , "All the in the facility have drain pipes open to the shower, to drain off excess water from air conditioner above dropped ceiling."
Green Dining : A large crack was noted in the ceiling and the Mini blinds on the windows were dusty.
: The door was scuffed with paint missing.
Green Dining : A crack in the wall near the ceiling was noted and the window mini blinds were dusty.
Green Hallway: Plastic ceiling light cover with large crack, paint was missing on walls.
: The shower seat was noted to have black stains
: Caulking around toilet missing, toilet cap missing.
Rose Game : Paint was missing from the walls, the electric outlet plug in the floor had frayed carpet around it.
Rose Dining : A large wall crack was noted, a black stain was noted around the wall base, and live small brown ants were active around the wall base.

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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)

: A drain pipe in the shower ceiling was dripping a clear substance slowly. Also, there was a yellow stain noted on shower shelf below pipe.
Second floor: The return air vent outside the resident storage dirty.
Second floor: The resident activity was heavily stained.
Rose Dining : The tile floor was heavily stained, crumpled up paper towel material was noted under the table leg, and a table was noted to be shaky when leaned on.
: The plastic ceiling light outside cracked.
: The plastic floor base was out of contact with the wall.
: The bathmat in the shower was covered with large black stains.
Staff A reported on at 1:40 p.m. that the resident are cleaned once weekly and carpeted hallways are cleaned once weekly.
Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964729	A. Building B. Wing	8/20/2015

Name of Facility	Street Address, City, State, Zip Code
VILLAGE PLACE	18400 COCHRAN BLVD. PORT CHARLOTTE, FL 33948

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature] AHCA	8-31-15	Claire McGillicuddy, RN, S	8-31-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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

sh
Enclosure: State Form and Revisit Report

BBT7

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