STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	10/15/2015
NAME OF PROVIDER OR SUPPLIER **VILLAGE PLACE RETIREMENT**	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

On / through / /, a Biennial Relicensure survey was conducted at Village Place, an assisted living facility, in Port Charlotte, Florida.

Deficient practice was identified at the time of the survey.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have a complete Health Assessment for 1 (Resident #9) of 2 sampled resident records reviewed.

The findings included:

Resident #9's medical record indicated he was admitted to the facility on /. . The initial Health Assessment Form 1823 was dated by the physician as being completed on /. . The assessment indicated the resident did not need any help with taking his medications. There was no other Health Assessment found in the resident's medical record.

On / at 3:15 p.m., the Director of Nursing (DON) stated she found another Health Assessment in the resident's overflow record. The assessment was signed by the physician but there was no date as to when the examination had occurred. The physician indicated the resident now required assistance with his medications but did not complete the section for the type of assistance the resident needed. The DON confirmed this was an incomplete Health Assessment.

Class III

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to provide care and services to meet the needs of a resident with a . The facility failed to ensure the resident received the appropriate evaluation and care in a timely manner for 1 (Resident #12) of 1 residents with a .

The findings included:

Resident #12 was identified as receiving Home Health services for a . On / at 9:30 a.m., in an interview with the Director of Nursing (DON), she said the resident had a pressure on her .

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The resident's medical record contained a Health Assessment Form 1823 completed on which noted the resident did not have any , 3, or 4 pressure sores.

On at 10:35 a.m. interview with Staff F, Licensed Practical Nurse, she stated she was notified by direct care staff on of a concern with the resident's skin. Staff F said she did look at the resident's skin and sent a fax to the resident's physician with a request for Home Health to evaluate and treat the . Staff F stated she did not document her findings as she is new to facility and does not have access to a computer and no place to document. Staff F said she had to re-send the fax to the resident's physician on / / after no response.

On / at 10:45 a.m. interview with the Director of Nursing (DON), she said she has not looked at the resident's . The DON said when the resident was in a Skilled Nursing Facility, she do go look at her and the resident had a pressure on her . The DON said she did delay the resident's admission to the facility until the was healed. The DON said the resident does have fragile skin and the pressure may have re-opened. The DON acknowledged there was no assessment or treatment for the in the medical record or Home Health notes.

Charting notes for Resident #12 indicated on / , the resident has a " on her bottom." On , the resident was noted as "bottom has and rashes in her area."

On / at 11:45 a.m., in an interview with the DON, she provided documentation that she had requested from the Home Health agency. The documentation included a Record Report that indicated the resident had been seen by the Home Health Registered Nurse (RN) on / / at 6:30 p.m. The report indicated the resident had a on her did not include any measurements or how many wounds the resident had.

A progress note dated , by Staff F with a late entry for , indicated the resident had an area of discolored and macerated (moist) skin on the residents right measuring 2.0 cm by 2.0 cm and on the left 1.0 cm by 1.0 cm. Staff F noted she applied a dressing to the area. On / at 12:35 p.m. interview with Staff F, she confirmed her late entry note of her observations of the resident's wounds. Staff F said she did put a non-adhesive dressing over the but did not apply any further dressings. Staff F said she did look at the areas again today and the resident did not have any dressing over them. Staff F said the areas have since "opened up" and are superficial in depth. Staff F said the area on the resident's right is now approximately 4.0 cm x 3.0 cm and area on the left is now 2.0 cm by 1.0 cm in size.

On / at 1:24 p.m., in an interview with the Home Health RN, she stated in her intake information

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Resident#12 had a on her . The RN said when she did her initial evaluation of the resident on , the resident refused to allow her to observe her area. The RN said on she was notified the resident had an open and Home Health was to evaluate and treat the area. The RN said she came out to the facility on to assess the resident. She said the resident was observed to have on her with multiple open areas. The RN said she was not able to measure the areas but put a foam dressing on them. The RN said the resident had a wet brief but refused to allow her to assist with putting on a clean one. The RN said she planned to do the care 2 to 3 times a week.

On at 3:00 p.m., the lack of timely care and services to the resident's that had been identified on was reviewed with the Administrator and DON. The DON acknowledged there had been a lack of documentation in regards to the resident's .

Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interviews, the facility failed to ensure the medication assistants were informing the residents of the medications they were receiving for 5 (Residents #12, #14, #15, #16 and #17) of 5 residents observed being assisted with medications and for 3 (Residents #6, #8 and #9) of 10 residents interviewed about the assistance they receive with their medications.

The findings included:

1. On at 8:50 a.m. Staff D medication assistant, was observed providing assistance with self-administration of medications. Staff D was observed giving medications to Residents #12, #14, #15, #16 and #17, and did not inform them of the medications they were taking.

Interview on at 9:15 a.m., Staff D said she didn't know she needed to tell the residents what medications they were receiving.

2. On at 9:57 a.m., Resident #6 was asked how staff assists her with her medications. The resident said staff gives them to her however many times a day. She said they don't remind me, they give them to me.

3. On at 10:35 a.m., Resident #8 said staff administers the medications. When asked if they show her what they are giving she stated "I know what I'm getting" as I used to take it myself.

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4. On at 10:49 a.m., Resident #9 said staff brings his medications in a cup to take at breakfast. The resident said they do not tell him or show him what they are putting in the cup.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview, the facility failed to ensure over the counter medications were labeled with the resident's name for 1 (Resident #16) of 5 residents observed being assisted with medications.

The findings included:

On at 8:30 a.m. it was observed in the medication cart one bottle of over the counter medication (Bayer) being prepared for Resident #16. It was located in the residents medication bin. There was no resident name on the bottle.

On at 8:30 a.m., the medication assistant was asked why there was no name on the bottle and she said it must have been missed.

Class III

0093 Food Service - Dietary Standards

Based on observation and interviews, the facility failed to post in a conspicuous area the menu in 7 of the 9 resident dining areas.

The findings included:

On at 12:00 p.m., the lunch meal was being served in the third floor Rose dining . There was no menu of the meal posted.

In an interview with the Environmental Services Director, he stated the menu had been behind glass which was cracked and had been taken down to have the glass replaced. In an observation of the third floor Green dining ; a current menu was posted on the wall. Observation of the third floor Blue dining , a menu was posted but was for the week of .

On subsequent observation of the second and first floor dining 's there was only one dining ,

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the second floor Blue dining . . . . . had a menu posted. The Administrator and Environmental Services Director confirmed this finding at the time of the observation.

Class

Amended
, 2015

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: **Amended**

Dear Administrator:

This letter reports the **amended** findings of a state licensure survey that was conducted on , 2015 by representatives of this office.

Attached is the provider's **amended** copy of the State (5000-3547) Form, which indicates the A0082 was deleted.

Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

Enclosure: **Amended** State Form

XG90

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