| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964729 | R<br>11/03/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **VILLAGE PLACE RETIREMENT** | **18400 COCHRAN BLVD.**<br>**PORT CHARLOTTE, FL 33948** |

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

**0000 Initial Comments**

A follow-up by desk review was conducted on 11/3/15 for Village Place, an assisted living facility, in Port Charlotte, Florida.

The follow-up was in response to the Biennial Relicensure survey conducted 10/14/15 through 10/15/15.

Based on the facility's supporting documentation, the deficiencies were corrected as of 10/30/15.

# State Form: Revisit Report

| (Y1) Provider / Supplier / CLIA / Identification Number | (Y2) Multiple Construction | (Y3) Date of Revisit |
|---|---|---|
| AL11964729 | A. Building<br>B. Wing | 11/3/2015 |

| Name of Facility | Street Address, City, State, Zip Code |
|---|---|
| VILLAGE PLACE RETIREMENT | 18400 COCHRAN BLVD.<br>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 | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date |
|---|---|---|---|---|---|
| ID Prefix **A0010**<br>Reg. # **429.26(1&9) FS; 58A-5.018**<br>LSC | Correction Completed **10/30/2015** | ID Prefix **A0025**<br>Reg. # **429.26(7) FS; 58A-5.0182(1**<br>LSC | Correction Completed **10/30/2015** | ID Prefix **A0052**<br>Reg. # **58A-5.0185 (3)**<br>LSC | Correction Completed **10/30/2015** |
| ID Prefix **A0057**<br>Reg. # **58A-5.0185(8) FAC**<br>LSC | Correction Completed **10/30/2015** | ID Prefix **A0093**<br>Reg. # **58A-5.020(2) FAC**<br>LSC | Correction Completed **10/30/2015** | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |

| Reviewed By State Agency | Reviewed By | Date: 11-3-15 | Signature of Surveyor: | Date: 11-3-15 |
|---|---|---|---|---|
| Reviewed By CMS RO | Reviewed By | Date: | Signature of Surveyor: | Date: |

**Followup to Survey Completed on:** 10/15/2015

**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

November 3, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on November 3, 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. **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, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

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