

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911223	(X3) DATE SURVEY COMPLETED R 12/22/2015
NAME OF PROVIDER OR SUPPLIER VICK STREET MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 22332 VICK STREET PORT CHARLOTTE, FL 33980	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 12/22/15 at Vick Street Manor, an Assisted Living Facility in Port Charlotte, Florida. This was a follow-up to the survey completed on 10/15/15.

No deficiencies were found at the time of the visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911223	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/22/2015
Name of Facility VICK STREET MANOR		Street Address, City, State, Zip Code 22332 VICK STREET PORT CHARLOTTE, FL 33980

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 A0025	Correction Completed 12/22/2015	ID Prefix A0052	Correction Completed 12/22/2015	ID Prefix A0056	Correction Completed 12/22/2015
Reg. # 429.26(7) FS; 58A-5.0182(1)		Reg. # 58A-5.0185 (3)		Reg. # 58A-5.0185(7) FAC	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	<i>[Signature]</i> HFES	12-30-15	<i>[Signature]</i>	12-30-15
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

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

December 30, 2015

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 22, 2015 by representatives 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 surveyors. 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

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