STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	12/22/2015
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

An unannounced Complaint Survey, CCR #2015011971 was conducted on / at Village Place Retirement, an Assisted Living Facility in Port Charlotte, Florida.

The complaint contained 2 allegations, of which both were substantiated with deficiencies.

The following is a description of the deficiencies.

0054 Medication - Records

Based on interview with administrative staff and record review of 4 Resident Medication Observation Records (MOR), the facility failed to record missed doses of medications for 1 (Resident #1) of 4 sampled residents.

The findings included:

On , review of 4 Resident MORs revealed Resident #1 had blank spaces on the MOR with no staff initials, and no note. Resident #1's MOR revealed blank spaces for 100 mg. at 8:00 am on and for , 5 mg. at 8:00 am on and /. There was no documentation as to why there were blanks on the MOR.

On / at 12:20 p.m. the Wellness Director agreed there should be no empty spaces on the MOR.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview with administrative staff, the facility failed to ensure that a prescription for one (Resident #8) of four residents was refilled in a timely manner.

The findings included:

Record review of Resident #8's Medication Observation Record (MOR) revealed from through , Resident #8 did not receive 0.25 mg at bedtime. All notes on the MOR state, "Medication not in cart."
During an interview on at 2:30 pm, with the Director of Nursing, she stated the was not given because the pharmacy was waiting for a signature by the doctor.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

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

RE: CCR #2015011971

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on [redacted], 2015 by representatives 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

XG90

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Fort Myers, FL 33901
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