AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	05/12/2016
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

Two unannounced complaint surveys, CCR #2016003163 and CCR #2016005474 were conducted on / at Village Place Retirement, an Assisted Living Facility in Port Charlotte.

Complaint CCR #2016003163 contained 1 allegation which was substantiated and the facility received a citation as a result of this complaint.

Complaint CCR #2016005474 contained 2 allegations which were not substantiated and the facility did not receive citations as a result of this complaint.

The following is a description of the deficiency.

0055 Medication - Storage and Disposal

Based on resident records reviewed, staff and family interviews, the facility failed to ensure 3 (Residents #1, #2, and #3) of 3 residents received their medication upon discharge.

The findings included:

1. A review of the discharge list showed Residents #1, #2, and #3 was discharged from the facility on , / , and respectively. A review of their discharged records showed they all received medications while residing at the facility. There was no documentation in their records showing if the residents or responsible parties received their medications on discharge.

2. An interview was conducted with Resident #2's son at 12:00 p.m. on . He stated he received a list of Resident #2's medications from the pharmacy. The facility did not give him Resident #2's medications.

3. An interview was conducted with Resident #3's husband on at 12:05 p.m. He stated he did not receive Resident #3's medications when she was discharged from the facility.

4. An interview was conducted with Resident #1's responsible party on at 12:50 p.m. She stated she did not receive Resident #1's medications, a list of medication, or any paperwork when he was discharged from the facility.

5. An interview was conducted with the Wellness Director on at 1:15 p.m. She stated the program director gave a bag of items to Resident #1's responsible party. She was not sure what was in

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the bag but thought it was medications. The Administrator called the program director on the phone at 1:20 p.m. on / /. After the Administrator talked with the program director she stated the program director does not remember if she gave the responsible party Resident #1's medications. She also stated the nursing home where Resident #2 went would not accept her medications so the Wellness Director destroyed them. She did not talk with Resident #2's son about destroying her medication. A review of Resident #2's record showed the Wellness Director destroyed these medications on .

6. An interview was conducted with the Wellness Director at 1:30 p.m. on / /. She stated she took Resident #3's medications to the nursing home where she was discharged to and gave the medications to a staff member of the nursing home. Further review of Resident #2's closed record showed on / / the Wellness Director went to the nursing home to see how she was doing. There was no documentation showing the Wellness Director brought Resident #3's medications to the facility and gave them to a staff.

7. The Administrator reviewed these three resident records. She confirmed there was no documentation in these records showing the medications were given to them when they were discharged from the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 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 deficiency 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 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

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