STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	**11/01/2016**
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

An unannounced complaint survey for CCR #2016010467 and CCR #2016011633 was conducted [illegible] through [illegible]6 at Village Place Retirement, an Assisted Living Facility (license #9249) in Port Charlotte, Florida.

The complaint CCR #2016010467 contained 2 allegations, which were unsubstantiated

The complaint CCR #2016011633 contained 2 allegations, of which 1 was substantiated with a deficiency and 1 allegation was substantiated without deficiency.

The following is description of the deficiency.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to provide activities for 6 (Residents #7, #13, #14, #16, and #17, #18) out of 6 sampled residents sitting in the common area. The facility failed to encourage 21 residents out of the 26 residents living in the Memory Care Unit to attend activities.

The findings included:

On [illegible] at 10:05 a.m., the activity calendar was observed with Medication Technician and unit manager Staff C. The activity calendar was posted on the wall in the common area of the Memory Care Unit and was dated for [illegible] 2016. At 10:05 a.m., Residents #13 and #17 were observed coloring a picture when they should have been participating in a puzzle activity. Medication Technician Staff B was observed asking the residents only in the immediate area if they wanted to color. Staff B did not approach other residents that were in their [illegible] or on the other side of the unit. At 10:55 a.m., Residents #13 and #17 were observed at the table, they were not coloring. They were observed sitting and looking around, when Java music activity should have been going on.

At 1:50 p.m., the District Flex Nurse observed Residents #14 and #16 in the Memory Care Unit, asleep at the table with puzzle on the table in front of them. Resident #7 was sitting at the end of the table, not involved/participating in any activity. Resident #18 was observed sitting and sleeping at another table that had colored pencils on the table in front of her.

On [illegible] at 10:30 a.m., Staff C said the Resident Aides should have gone around and asked the other residents to be involved. At 10:55 a.m. Staff C said she is going to start the Java music activity; she doesn't know why it hasn't been started.

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On ../../.. at 1:50 p.m., Resident Aide, Staff E stated "I don't know what activity the residents are supposed to be doing right now; I just do activities to stimulate them. "

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016010467 & CCR #2016011633

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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 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 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

XG90

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