

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED R 01/05/2017
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 revisit survey was conducted on 1/5/17 at Village Place Retirement, an assisted living facility, (license #9249) in Port Charlotte, Florida. This was a follow-up to the complaint survey completed on 11/1/16.

The previous deficiencies were found corrected and no new deficiencies were identified.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 11, 2017

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 on January 5, 2017 by representative(s) of this office.

The previously cited deficiencies were found corrected on the day of the revisit.

You will not receive a copy of the results in the mail; you will only receive this faxed or electronic letter.

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(s). 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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