

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED R 05/30/2017
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 5/30/17 at Village Place Retirement, an assisted living facility, (license #9249) located in Port Charlotte, Florida. This was a follow-up to the biennial survey completed on 4/11/17.

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