

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964729	(X3) DATE SURVEY COMPLETED 03/19/2018
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 extended congregate care survey was conducted on 3/19/18 at Village Place Retirement, an assisted living facility (license #9249) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.