STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911223	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **VICK STREET MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **22332 VICK STREET** **PORT CHARLOTTE, FL 33980**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted on 9/18/18 at Vick Street Manor an assisted living facility (license #5016) in Port Charlotte, Florida.

This was a second follow-up to the relicensure and limited mental health survey completed on 4/17/2018.

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