

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/05/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PALMS OF PUNTA GORDA (THE)

**2295 SHREVE STREET
PUNTA GORDA, FL 33950**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit survey was conducted on _____ through _____ at The Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. This was a follow up to the monitoring survey conducted on _____. The following is a description of the deficiency.	{A 000}		
{A 152}	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested.	{A 152}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 152}	Continued From page 1 (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the facility in a safe and sanitary manner that is in good repair. The carpet in resident common areas on the Magnolia unit were frayed, torn, and stained; the backdoor did not securely close and had missing weather stripping creating gaps to the outside; and a drinking fountain was soiled and partially from the wall. The findings included: Observation of the facility on and revealed the following: 1. In the lobby area, the carpet was stained, and frayed in several areas. There was a 1 square section in the middle of the hallway that was partially from the floor creating a tripping hazard. 2. The carpet in front of the door to the secured unit is heavily stained. 3. The Magnolia unit carpet is heavily soiled/stained throughout the dining room with	{A 152}		

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STREET ADDRESS, CITY, STATE, ZIP CODE

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**2295 SHREVE STREET
PUNTA GORDA, FL 33950**

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{A 152}	Continued From page 2 several frayed areas. The drinking fountain is soiled with brown drippage and partially from the wall with drywall exposed. 4. The carpet in the sitting area of the Magnolia unit has large soiled/stained area in front of the exit door. The exit door to the patio is partially open and does not securely close. There are large gaps of missing weather stripping leaving 12 inch by 1 inch sections of open space to the outside, even with door completely closed. 5. The community bathroom outside of . . . # . . . has a large section of missing tile with exposed concrete in the floor of the bathroom. The carpet in the hallway outside of the bathroom is heavily soiled/stained. The carpet in the #100 hall on the Magnolia unit is heavily soiled. 6. Resident . . . # . . . , # . . . # . . . have frayed carpet not in good repair. The carpet in # . . . is stained/soiled. The carpet in the hallway outside of . . . # . . . is frayed and torn. The door frame is rusted on entrance to . . . # . . . In an interview on . . . , at 8:39 a.m., The Executive Director said she was aware the carpet on the Magnolia unit needed to be replaced but has nothing in process to do so. During a tour of the facility on . . . at 12:39 p.m., the Director of Maintenance confirmed the carpeting has been in need of replacement for at least a couple of years. He said the stains do not come out even when he cleans it. In regards to the missing tile in the community bathroom, he said it was from a plumbing issue a few months ago but has not hired anyone to replace the flooring. The Director of Maintenance confirmed	{A 152}		

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NAME OF PROVIDER OR SUPPLIER PALMS OF PUNTA GORDA (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 2295 SHREVE STREET PUNTA GORDA, FL 33950			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 152}	Continued From page 3 the . . . patio door of the Magnolia unit did not completely close and had sections of missing weather stripping. He confirmed the water fountain was partially . . . and the sides were soiled. Class III **photographic evidence obtained**	{A 152}			