

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 08/25/2020
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 000	Initial Comments A Focused Infection Control, Emergency Power Plan Monitoring and Complaint survey for complaint #20200006888, #2020013012 and #20200013140 was conducted on 8/17/20 through 8/25/20 at The Palms of Punta Gorda, an assisted living facility in Port Charlotte, Florida. Complaint #20200006888 contained 2 allegations, which were unsubstantiated. Complaint #20200013012 contained 2 allegations, which were unsubstantiated. Complaint #20200013140 contained 1 allegation, which was substantiated without citation. No deficiencies were found at the time of the visit.	A 000		

AHCA Form 3020-0001

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

TITLE

(X6) DATE