Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953279	A. BUILDING: _____ B. WING _____	02/10/2021

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 focused control and complaint survey for #2021001344 was conducted from through at The Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. Complaint 2021001344 was substantiated at A0025, A0054, and A0152. The following is description of the deficiencies.	A 000		
A 025 SS=E	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents	A 025		

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A 025	Continued From page 1 accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to provide care and services appropriate to the needs of each resident accepted for admission to the facility. The findings included: Both the Resident Care Director and Executive Director (ED) reported the Eldermark Med system	A 025		

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A 025	Continued From page 2 is not able to sync properly, they reported this has been going on since . There is Wi-Fi in the building. The trouble with syncing is when you have syncing issues at the time you document a medication was given, it will show up later. The ED reported she had a consultant come out 6 weeks ago to rewire the building. The ED reported she has been telling the management company in California this is an issue. The ED reported on at 1:15 p.m., Comcast had come to the facility one week ago and the business office manager had spoken to them. She reported they had another company come named Star and they had told her they could fix the Wi-fi problem, she had gotten an estimate from the company 6 weeks ago and had submitted to the management company and their response was they wanted to hold off for a while. The ED reported she is unable to print off the Medication Observation Records sheets for which was reported by three med techs as the worst month for Wi-Fi issues and the facility staff's inability to document medications when they are given. Class III	A 025		
A 054 SS=F	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing	A 054		

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A 054	Continued From page 3 pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain a daily MOR (Medication Observation Record) for residents receiving assistance with self administration of medications. The findings included: Both the Resident Care Director and ED reported the Eldermark Med. system not being able to sync properly, they reported this has been going on since [illegible]. There is WI- FI in the	A 054		

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A 054	Continued From page 4 building. The trouble with syncing meds is when you have syncing issues the time you document a med was given will show up later. The ED reported she had a consultant come out 6 weeks ago to rewire the building. The ED reported she has been telling the management company in California this is an issue. The ED reported on ... . at 1:15 p.m., Comcast had come to the facility one week ago and the business office manager had spoken to them. She reported they had another company come named Star and they had told her they could fix the Wi-fi problem, she had gotten an estimate from the company 6 weeks ago and had submitted to the management company and their response was they wanted to hold off for a while. The ED reported she is unable tp print off the MOR sheets for , which was reported by three med techs as the worst month for Wi-Fi issues and the facility staff's inability to document medications when they are given. Class III	A 054		
A 152 SS=E	59A-36.014(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	A 152		

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A 152	Continued From page 5 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 [illegible] 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. (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 [illegible] This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to maintain an environment free from hazards for residents. The findings included: During a tour of the facility at 10:00 a.m., on [illegible] the following was observed. 1. Large amount of black stains on carpet Valley Dining room.	A 152		

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A 152	Continued From page 6 2. Ceiling vent in dining room covered with black substance. 3. Tan chair in activity area covered with brown stains. 4. Black stains on rug in common area. 5. Exit door going to outside with ¼ inch between doors when closed. 6. Hydration station with container of water has dirty countertop. 7. Memory Care (MC) , closet door broken. 8. MC bathroom with toilet base having large gap. 9. MC string hanging from ceiling over resident bed posing a safety hazard. 10. Valley Dining room hallway rug covered with stains. 11. Activity room rug covered with black stains. 12. Wall near hydration station covered with brown statins. During Interview on at 1:30 p.m., the Executive Director reported she is aware of the issues with the stained carpets. She reported there is only 1 housekeeper in the entire facility on the dayshift and one maintenance man working full time in the building. Record review of facility work orders on revealed an item list of 84 open work orders for repairs at the facility. ** photographic evidence obtained ** Class III	A 152		