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 _____	07/01/2021

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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff had a valid Background Screening through the Agency for Health Care Administration Background Screening Clearinghouse before starting to work with residents for 1 (Executive Director) of 8 staff records reviewed for background screening;	CZ814		

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CZ814	Continued From page 1 failure to ensure all staff are added or removed within 10 working days of hire or termination for 5 (Staff F, G, H, I and K) of 38 staff listed and 4 staff not list as currently employed. The findings included: Record review of the Executive Director's (ED) personnel record found she had been hired on and had her first day in the facility on . The ED's background screening document showed she was Eligible from . A review of the ED's application revealed from 2014 through she was employed by Brevard Cares as Social Services. Record review of the Facility's Clearinghouse Roster entries revealed the following: Staff F was hired on and was not listed on the roster. Staff G was hired in and was not listed on the roster. Staff H was hired on and was not listed on the roster. Staff I was hired on and was not listed on the roster. Staff K was hired on and was still listed on the roster yet had not worked there for sometime. In an interview on at 4:15 p.m., the Business Office Manager verified she thought the 90 day break in service only counted after the last employer to current hire. She did not realize, nor had she been taught the 90-days break in service was from the day to screening to current. Furthermore she said the Executive Director was responsible to keep up with the roster as she had the codes.	CZ814		

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CZ814	Continued From page 2 In an interview on at 5:30 p.m., with the ED it revealed the ED verified she began working in the facility on , and furthermore she had worked in Social Services from to for an organization which was not a health care provider required under Florida Statute 408 to be screened. She verified that year after being screened, would have been a break in service of more than 90 days. The ED also said she and the Business Office Manager both keep up the roster by using her passcodes. Unclassified .	CZ814		

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A 078 SS=G	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to show all staff are free of communicable . . . . . (CD) and ( ) for 8 (Staff A, B, C, D, E, Executive Director [ED], Resident Care Director [RCD] and the Dietary Director [DD]) of 8 staff records reviewed. The facility accepted the reproduction of the Advanced Registered Nurse Practitioner's (ARNP)signature rather than a current signature. This practice cannot prevent the falsification of records. The findings included:	A 078		

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A 078	Continued From page 2 A review of personnel records revealed the following: Caregiver Staff A was hired on . Caregiver Staff A's personnel record had a CD statement with a replicated signature dated . Caregiver Staff B was hired on . Caregiver Staff B's personnel record had a CD statement with a replicated signature dated . Caregiver Staff C was hired on . Caregiver Staff C's personnel record had a CD statement with a replicated signature dated . was a Monday. Caregiver Staff D was hired on . Caregiver Staff D's personnel record had a CD statement with a replicated signature dated . Licensed Practical Nurse (LPN) Staff E was hired on . LPN Staff E's personnel record had a CD statement with a replicated signature dated and a statement with a replicated signature dated the same day. Dietary Director (DD) was hired on . DD's personnel record held 2 CD and 2 statements dated or respectively. was a Friday, while was a Saturday, and all 4 have replicated ARNP signatures. The Executive Director (ED) was hired on . The ED's personnel record held a CD and statement dated , with replicated signatures.	A 078		

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A 078	Continued From page 3 The Resident Care Director (RCD) was hired on . The RCD had a blank communicable {CD) statement with a replicated signature dated , a Friday. There was no name on the CD statement, that area was a blank line. 2. Observation of 9 of 9 CD statements revealed, when held to the light, all replicated signatures were identical on all statements including the 2020 and 2021 statements observed. Observation of 8 of 8 statements revealed, when held to the light, all replicated signatures were identical on all statements including the 2020 and 2021 statements observed. 3. In an interview on at 4:15 p.m., the business manager said the statements for CD and were done by the ARNP, "That is what she has us do." She said she does not have a blank form to be used. When shown that both years of 2020 and 2021 for DD matched from 1 year to the next, she could not answer how that was possible. Telephone interview on at 2:41 p.m., the Advanced Registered Nurse Practitioner (ARNP) said, she had not read any statements at this facility since late 2019 when the administrator, 5 administrators ago, had left. She said she only comes on Thursdays, so any with a signature dated other than on a Thursday would not be hers. She said she had signed 1 form 1 time for them to make copies of one day when she had a lot of personnel to see, rather than signing individually, but did not tell them to save and use the pre-signed forms routinely. Class II	A 078		

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A 091 SS=B	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure all documentation training included the required elements 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of	A 091		

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A 091	Continued From page 5 participation, and location of the training program, and 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. The facility failed to ensure all training certificates included requirements #2, #3, and #6 for 6 (Staff A, B, E, DD, RCD, and ED) of 8 personnel records reviewed. The findings included: A review of personnel records revealed the following: Caregiver Staff A was hired on . Caregiver Staff A's personnel record listed an online Assistance with bathing, and oral Hygiene for 15 minutes each and a 30 minute Assistance with , course. The online course certificates lacked the subject matter and agenda of the course. Caregiver Staff B was hired on . Caregiver Staff B's personnel record listed an online Assistance with bathing, and oral Hygiene for 15 minutes each and a 30 minute Assistance with , course, an online course for Control. The online course certificates lacked the subject matter and agenda of the course. Licensed Practical Nurse (LPN) Staff E was hired on . LPN Staff E's personnel record had an online Control Course on , an online Assistance with Bathing for 15 minutes on , an online Elopement course on , an online Adverse Incident course on , an online Resident's Rights and , Neglect course on or , an online	A 091		

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A 091	Continued From page 6 [illegible] (/) on [illegible], and an online [illegible]'s training on [illegible]. The online course certificates lacked the subject matter and agenda of the course. The Online Control training was not provided from the facility's own policy and procedure. The Dietary Director (DD) was hired on [illegible]. The DD's personnel record had an online Control course on [illegible], an online Elopement course on [illegible], an online Resident's Rights and [illegible], Neglect course on and respectively, an online safe food handling course on [illegible], and an online [illegible] (/ [illegible]) on and [illegible]. The online course certificates lacked the subject matter and agenda of the course. The online Control training was not provided from the facility's own policy and procedure. The Executive Director (ED) was hired on [illegible]. The ED's personnel record had an Elopement course dated [illegible]. The online course certificate lacked the subject matter and agenda of the course. The Resident Care Director (RCD) was hired on [illegible]. The RCD had an online Assistance with bathing, and oral Hygiene for 15 minutes each and a 30 minute Assistance with [illegible] course on or [illegible], an online Elopement course on [illegible], an online Adverse Incident course on [illegible], an online Resident's Rights and [illegible], Neglect course on [illegible], an online Safe food Handling course on and [illegible], an online [illegible] / [illegible].	A 091		

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A 091	Continued From page 7 (/ /) on , and an online training on . The online course certificates lacked the subject matter and agenda of the course. 2. An interview was conducted with the Business Office Manager on at 2:00 p.m. These staff records were reviewed, and she stated she was not aware of the regulations for time required training. She was unaware some of the required training was not completed and some of the online training does not meet these requirements. She said the online training provider is what Corporate signed them up to use. She said she had no idea the certificates did not meet requirements and therefore could not pass the information on to Corporate. Class	A 091		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the	A 161		

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A 161	Continued From page 8 employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity , to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interviews, the	A 161		

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A 161	Continued From page 9 facility failed to have a complete and accurate staff schedule showing who and when all staff were working and failed to ensure at least 1 staff had current , , ( ) training per shift for 5 (Staff A, B, C, D and Resident Supervisor [RCD]) of 5 staff reviewed for the night shift. The findings included: 1. Record review of "The Palms of Punta Gorda Nursing Department Schedule" for through showed four resident aides Staff A, B, C and D work the "Night Shift" from 11:00 p.m. through 7:00 a.m. Three (Staff A, B, and C) of these 4 staff do not have certificates in First Aid and , , , ( ) and Medication training. Staff D had training but only works Saturday night. The RCD is not shown on the "Night Shift" schedule. On at 6:45 p.m., the Management Schedule was presented to the surveyor. The Management Scheduled only had job titles and a set day-time schedule. Although the RCD had been working night shifts, her hours were not shown as worked on either the night shift schedule or the Management Schedule for the month of . 2. In an interview on at 4:15 p.m., the Business Office Manager said the RCD worked the night shift from Sunday through Thursday. She is a registered nurse. She is certified in First Aid and and would be able to assist residents with self-administration of medications on this shift. In an interview by phone on at 5:46 p.m., the RCD said there were times she would work	A 161		

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A 161	Continued From page 10 from 12:00 a.m. through 5:00 a.m. or 6:00 a.m. She confirmed she was not on that schedule, she did not have a time sheet nor documented her time working this shift. She also verified the was an online course with out in-person demonstration. She said she did not realize the difference in regulations with the assisted living facility requiring the in-person demonstration for the to be valid. Class III	A 161		
A 167 SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section	A 167		

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	AL11953279	A. BUILDING: _____ B. WING _____	07/01/2021

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 167	Continued From page 11 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or , , facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant	A 167		

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A 167	Continued From page 12 to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, ... (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all	A 167		

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A 167	Continued From page 13 such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to	A 167		

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A 167	Continued From page 14 be implemented at the time of a resident's transfer, discharge, or . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or , imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's . . . or relocation due to , , hospitalization or to medical reasons which necessitate services or care	A 167		

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A 167	Continued From page 15 beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the contract contained all required information. The findings included: A review of the contract provided by the Marketing Manager, revealed it was very duplicative, but lacked the following: 1. All services to be provided by the facility including activities of daily living, 2. All supplies to be provided, 3. and related services provided in the memory care unit. The purpose of such services as related to the special needs of the memory care resident, 4. All ancillary services and all charges specific to each, 5. Exhibit X referred to in the pharmacy information. In an interview on at 12:15 p.m., the Administrator and Marketing Manager agreed the contract was duplicative and said they were planning to redo the contract to include the missing information.	A 167		

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A 167	Continued From page 16 Class III	A 167		
A 000	Initial Comments An unannounced Change of Ownership, and emergency power plan monitoring survey was completed from through at The Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. This survey was completed in conjunction with 6 revisit surveys. The following is a description of the deficiencies.	A 000		
A 003 SS=D	59A-36.003(2) FAC; 429.12(1) FS Licensure - Change of Ownership (CHOW) 59A-36.003(2) CHANGE OF OWNERSHIP. In addition to the requirements for a change of ownership contained in chapter 408, part II, F.S., section 429.12, F.S., and rule chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to section 429.27, F.S.: (a) At the time of transfer of ownership, all resident funds on deposit, advance payments of resident rents, resident security deposits, and resident trust funds held by the current licensee must be transferred to the applicant. Proof of such transfer must be provided to the agency at the time of the agency survey and before the issuance of a standard license. This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in section 651.024, F.S. (b) The transferor must provide to each resident a statement detailing the amount and type of funds held by the facility and credited to the resident. (c) The transferee must notify each resident in	A 003		

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A 003	Continued From page 17 writing of the manner in which the transferee is holding the resident's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. 429.12 Sale or transfer of ownership of a facility.-It is the intent of the Legislature to protect the rights of the residents of an assisted living facility when the facility is sold or the ownership thereof is transferred. Therefore, in addition to the requirements of part II of chapter 408, whenever a facility is sold or the ownership thereof is transferred, including leasing: (1) The transferee shall notify the residents, in writing, of the change of ownership within 7 days after receipt of the new license. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify and or provide documentation in writing of notification of facility change of ownership to the residents residing at the facility within 7 days after receipt of the license as per 429.12 (1) Florida Statue. The findings included: 1. Review of facility records revealed approval for change of ownership with license issued and effective as of [redacted]. a. Record review for Resident #1 revealed no documentation of notification of facility change of ownership. Interview on [redacted] at 1:45 p.m., Resident #1 stated he never received documentation notifying him of the facility change of ownership and no one discussed anything pertaining to the facility	A 003		

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A 003	Continued From page 18 change of ownership with him. b. Record review for Resident #3 revealed no documentation of notification of facility change of ownership. Interview on at 4:19 p.m., Resident #3 stated he never received documentation notifying him of the facility change of ownership and no one discussed anything pertaining to the facility change of ownership with him. c. Record review for Resident #16, revealed no documentation of notification of facility change of ownership. Interview on at 4:25 p.m., Resident #16 stated he never received documentation notifying him of the facility change of ownership and no one discussed anything pertaining to the facility change of ownership with him. 2. Interview on at 5:04 p.m., the Business Office Manager confirmed there was no documentation to indicate the residents of the facility were notified of the facility change of ownership. In an interview on at 3:00 p.m., the Business Office Manager stated for the residents who are responsible for themselves, the notification of the change of ownership was given to the residents themselves with the monthly rent invoices for , and for residents with Power of attorneys, the change of letter notification was mailed to them with the monthly rent invoices. Class III	A 003		

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A 009	Continued From page 19	A 009		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in rule 59A-36.007, F.A.C.; 11. The facility policy concerning . . . pursuant to section 429.255, F.S., and rule 59A-36.009, F.A.C., and Advance	A 009		

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A 009	Continued From page 20 Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with [redacted] and related [redacted], a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident.	A 009		

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A 009	Continued From page 21 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the admission packet contained all required information. The findings included: A review of the admission packet provided by the Marketing Manager, revealed it was very duplicative, but lacked the following: 1. Admission criteria, 2. Elopement policy lacked the required identification and daily checks, 3. Policy and procedure for , Neglect, , and Misappropriation, 4. Administration schedule, 5. Control, Sanitation, and Universal Precaution policy and procedure, 6. Third party coordination policy and procedure. Interview on at 12:15 p.m., the Administrator and Marketing Manager agreed the application packet was duplicative and said they	A 009		

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A 009	Continued From page 22 were planning to revamp the packet. Class III	A 009		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staffing was maintained and services were provided as needed on the night shift for 1 (confidential resident) of 10 residents interviewed. The findings included: On at 11:30 a.m., Confidential Resident interview revealed staff mostly treat with respect, but the evening and night shift is not as good. The Resident said he/she was supposed to be checked for any restroom needs every 2 hours, but sometimes staff did not do that. The Resident would get up between 5:00 a.m. and 6:30 a.m. and would be wet. Today the Resident was soaked through everything to the furnishings. The Resident said he/she sometimes can't quite hold it longer than 1.5 hours. The Resident said he/she is often wet by 6:00 a.m., but today it was very wet. The Resident said he/she was embarrassed and distressed, but could not hold it any longer.	A 028		

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A 028	Continued From page 23 Record review of "The Palms of Punta Gorda Nursing Department Schedule" for through shows four resident aides Staff A, B, C and D work the "Night Shift" from 11:00 p.m. through 7:00 a.m., but only 2 work per night. That makes 1 caregiver for 15 residents in Memory Care (Meadows) and the other caregiver for the 2 remaining sections (Summit and Valley) of the building with 47 residents. The facility census was 62. Class III	A 028		