

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 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 000}	Initial Comments An unannounced revisit survey was conducted on _____ at Palms of Punta Gorda, and assisted Living facility in Punta Gorda, Florida. This was a follow up to the monitoring survey completed on _____ with first revisit 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. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the	{A 152}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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 07/01/2021
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 1 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 interview, the facility failed to maintain the facility in a safe and sanitary manner that is in good repair, and free from hazards for the residents. The findings included: 1. During a tour of the facility at 10:00 a.m., on . . . the following was observed: a. Carpet in common area and dining room in Valley unit heavily soiled and stained. b. 500 hallway, in the Valley unit flooring panels from the floor and being held together with duct tape, creating a trip hazard. c. The lanai on the Valley unit assigned to be used by residents for a smoking area has a screen that is ripped and torn, and plexi-glass does not completely cover the lanai leaving an exposed area that could be harmful to the residents. An open electrical box on the wall on the lanai with exposed wiring. The lanai on the valley unit had a ramp that led to a gravel/rocky area on one side and a grassy water retention area on the other side, with	{A 152}			

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 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 152}	Continued From page 2 broken plexi-glass laying exposed on the rocky area. The handrail on the ramp was missing the cover at the top of the handrail bar, and the handrail was observed to be loose with at least a 7 inch sway on the ramp. There is no protection to prevent any resident from sliding or falling into the retention area. d. Shower rooms on 500 hallway, on the Valley unit with multiple sinks detaching from the walls, rusted shelves in the shower room and unfinished wall repair over the closet in shower room next to e. The threshold in the shower room on the 500-hallway Valley unit across from and coming away from the flooring at the entrance of the shower creating a trip hazard. Air condition Vent in the ceiling covered in debris and grime, cracks on the wall at the entrance of the shower room door f. 500 hallway Valley unit with hole in the base of the wall. g. exterior door heavily soiled and stained, with black stains, and carpet outside of door heavily soiled and stained. h. The threshold that leads into the common area in the Valley unit covered with duct tape, with both left and right corners of the tape creating a trip hazard to residents. i. Large potted plant in the 400 Valley unit hallway blocking the hallway creating a safety hazard for exiting in the event of an emergency. j. Community shower room on 400 hall Valley Unit with cracked, detaching tiles in shower,	{A 152}		

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 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 152}	Continued From page 3 grime, debris and brown substance around the base of the toilet. k. Dining room chairs in Summit unit dining room heavily soiled and stained. l. Large, gouged hole in wall on 300 hallway Summit unit. m. Chairs on lanai on Summit unit heavily soiled and stained. n. _____ and _____ on the Summit unit with gouges at the base of the exterior of the door. Community shower room outside of Summit unit with sink detaching from the wall. o. Community shower room on memory care Meadows Unit with hole in base of the wall, and no threshold hold cover creating a trip hazard. p. Entrance door to memory care unit on Meadows unit broken, cracked and peeling apart, the interior base of the door, is stained with debris and brown substance. q. The community bathroom outside of _____ Meadow Unit has a large section of missing tile with exposed concrete in the floor of the bathroom. r. _____ on the Meadows unit with large gouges on the exterior of the room door. 2. Interview on 7 /1/21 at 11:25 a.m., the Culinary Director confirmed the chairs in the dining room on the Summit unit were heavily soiled and stained, he said "they need new chairs."	{A 152}		

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 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 152}	Continued From page 4 Interview on at 12:26 p.m., Executive Director stated, "there is nothing currently in the works for renovations on the facility." Interview on at 1:00 p.m., during a tour of the facility, the Maintenance Director confirmed the carpets in the Valley unit are heavily stained and soiled, he stated the stains don't come out even when he cleans it, and the carpets needs to be removed. He stated he has the supplies to fix the lanai he just does not have the time to fix it. He confirmed the flooring on the 500 hallway in the valley unit was loose and lifting, he states he put the duct tape on the floor to keep it from lifting any further and to try to hold it together, he stated he agrees it is a serious trip hazard and is waiting for the owners to replace it. In an interview on at 1:30 p.m., during tour of the facility, the Executive Director confirmed the floors were and held together with duct tape, stated the floor was in that condition when they started employment at the facility at the beginning of this year. The Executive Director confirmed the facility environment has lots of issues that need to be repaired. Class II	{A 152}		