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 _____	R 09/01/2021

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 was conducted on at The Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. This was a revisit to the Change of Ownership survey completed on . The survey was completed in conjunction with 2 other revisits and a new complaint. Deficiencies remain, refer to ASPENs M89D13 and 8ZZ511. The following is a description of the uncorrected deficiencies. .	{A 000}		
{A 009}	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	{A 009}		

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{A 009}	Continued From page 1 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 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 . . . 's . . . and related . . . , 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	{A 009}		

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{A 009}	Continued From page 2 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. 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 interviews, the facility failed to ensure the new admission packet developed after contained all required documents. This is an uncorrected deficiency. The findings included: Record review of the new admission packet	{A 009}		

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{A 009}	Continued From page 3 revealed the following was missing or incomplete: 1. Admission and Retention Policy was found in the contract. It was incomplete and lacked the changes to the rule made in . . 2. The Grievance Policy, Exhibit M lacked time frames. 3. The admission packet lacked House Rules, although multiple places in the contract and admission packet referred to them. 4. The Medication Storage Policy, Exhibit N said medications were stored on a locked cabinet. Rather they are stored in locked medication carts. 5. The Elopement policy and Procedure in the contract and in Exhibit J lacked time frames. 6. The , Neglect and , Policy and Procedure was not found in the admission packet. 7. The . . . . Control, Sanitation and Universal Precaution Policy and Procedure was missing from the admission packet. 8. The Third Party Coordination Policy and Procedure was missing from the admission packet. 9. The Assistive Devices Policy and Procedure, effective , was missing from the admission packet. 10. The Policy and Procedure, effective . . . . , was missing from the admission packet. During the review on . . . at 3:00 p.m., the Executive Director agreed the information was not present in the packet. Class III	{A 009}		
{A 028}	59A-36.007(4) FAC Resident Care - Activities of Daily Living	{A 028}		

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{A 028}	Continued From page 4 (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 observation, record review and interview, the facility failed to ensure staffing was maintained and services were provided as needed on the evening and night shifts for 3 (Residents #3, #17, and #18) of 4 residents interviewed. On the facility was recommended to staff the facility to meet the needs of the residents. This deficiency was uncorrected from . The findings included: Observation on at 5:30 a.m., revealed no staff answered the door. Upon entry, no staff was observed in the Summit section of the building. 1 staff was observed in the Valley section of the building, assist in 1 resident to the bathroom while leaving the bathroom door open to the hallway. 1 staff was also observed in the Meadows Section, which is Memory Care. On at 6:29 a.m., Resident #17 said there should be a male care giver on all shifts. The resident said they require the assistance of 2 people to safely use the bathroom and sometimes the female staff can not handle it and they have had because the single staff could not safely assist. Resident #17 said they often do not have the staff. Sometimes they have to go in a brief so the girls can change them in bed, due to lack of able assistance.	{A 028}		

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{A 028}	Continued From page 5 On .. ... at 7:00 a.m., Resident #3 said staffing is an issue as other places pay more. Staff are not replaced if they call off. The Resident Care Coordinator does not come in to help when staff call off. On .. ... at 8:45 a.m., Resident #18 said she had to use the bathroom, and has been pressing the call button repeatedly for 30 minutes and no one had come. After surveyor intervention, staff came to assist the resident. A review of the .. ... Resident Counsel minutes revealed residents were asking why some staff answered the call button immediately, and some never answer. The Executive Director responded that a respectful response time is 10 to 15 minutes, If longer than 15 minutes put in a grievance, so she would know who may be being , . Under Miscellaneous Announcements a) Reminder - Between the hours of 5pm and 9am, the time the front desk is not staffed, if you need assistance you can call (941) - 833 - 6891. Record review of the staffing schedule and "Punch Report" (report of the times personnel clocked in and out for the period of /21) revealed. Evening shift from 3:00 p.m. to 11:00 p.m. revealed: ..... - 1 staff on full shift, and 1 staff from 4:15 to 9:10 p.m., there was not 1 caregiver for each of the 3 sections. No male on shift. - 1 staff on full shift, and 1 staff from 5:00 p.m. to 9:05 p.m., there was not 1 caregiver for each of the 3 sections. No male on shift. ..... - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on	{A 028}		

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{A 028}	Continued From page 6 shift. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections. No male on shift. - 2 staff on full shift, and 1 staff from 3:00 p.m. to 7:00 p.m. and another staff from 3:00 p.m. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections after 9:00 p.m. - 2 staff on full shift, and 1 staff from 5:00 p.m. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections. No male on shift. - 2 staff on full shift, and 1 staff from 3:00 p.m. to 7:00 p.m. and another staff from 5:00 p.m. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections after 9:00 p.m. - 1 staff on full shift, and 1 staff from 3:00 p.m. to 7:00 p.m. and 1 other staff from 5:00 p.m. to 9:05 p.m., there was not 1 caregiver for each of the 3 sections. No male on shift. - 2 staff on full shift, and 1 staff from 3:00 p.m. to 8:30 p.m., there was not 1 caregiver for each of the 3 sections after 8:30 p.m. - 2 staff on full shift, and 1 staff from 5:00 p.m. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections. - 2 staff on full shift, and 1 staff from 5:00 p.m. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections. No male on shift. - 2 staff on full shift and 1 staff on 3:00 pm. to 7:36 p.m. p.m., there was not 1 caregiver for each of the 3 sections after 7:36 .m. No male on shift. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:13 p.m., there was not 1 caregiver for each of the 3 sections after 9:13 p.m. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:28 p.m., there was not 1 caregiver for each of the 3 sections after 9:28 p.m. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:32 p.m., there was not 1 caregiver for	{A 028}		

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{A 028}	Continued From page 7 each of the 3 sections after 9:32 p.m. No male on shift. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections after 9:00 p.m. . . . . . - 2 staff on full shift and 1 staff on 5:00 pm. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections after 9:00 p.m. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections after 9:00 p.m. No male on shift. - 2 staff on full shift and 1 staff on 5:00 pm. to 9:00 p.m., there was not 1 caregiver for each of the 3 sections after 9:00 p.m. No male on shift. Night shift from 11:00 p.m. to 7:00 a.m. revealed: . . . . . - 1 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift. - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. - 1 staff on full shift, there was not 1 caregiver for each of the 3 sections. - 1 staff on full shift, there was not 1 caregiver for each of the 3 sections. - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift. . . . . . - 1 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 1 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections.	{A 028}		

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{A 028}	Continued From page 8 . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. . . . . . - 2 staff on full shift, there was not 1 caregiver for each of the 3 sections. No male on shift	{A 028}		

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{A 028}	Continued From page 9 On [redacted], the Census was 79, with 24 residents on Summit Unit, 22 residents on Valley Unit, and 17 residents on Meadow Unit (secured memory care unit). Class II .	{A 028}		
{A 167}	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 [redacted] 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 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	{A 167}		

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{A 167}	Continued From page 10 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 to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of	{A 167}		

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{A 167}	Continued From page 11 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 such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration.	{A 167}		

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{A 167}	Continued From page 12 (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 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,	{A 167}		

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 _____	R 09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

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{A 167}	Continued From page 13 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 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	{A 167}		

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 _____	R 09/01/2021

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{A 167}	Continued From page 14 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 new contract developed after the survey was complete. This is an uncorrected deficiency. The findings included: 1. The contract lacked any listing of the services to be provided by the facility for activities of daily living. 2. The contract lacked any mention of the specific services to be provide for those residents with and . The facility has a locked Unit. 3. The Ancillary Services Exhibit A lacked the Fee. 4. The refund Policy on page 13 of the contract said the notice of charges or damages would be provided by day 45 which would prevent the refund from being made by the 45th day after discharge. The refund due to closure found un the contract on page 13 said it would be within 10 working day of closure, yet on page 14 of the contract it said it would be within 7 days of closure. 5. The Medication Policy Exhibit N lacked medication assistance. 6. The policy was incomplete and lacked the deferral to hospice for hospice residents. During the review on at 3:00 p.m., the	{A 167}		

Agency for Health Care Administration

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{A 167}	Continued From page 15 Executive Director agreed the information was not present in the contract of admission packet. Class III .	{A 167}		