

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 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 third revisit to the monitoring visit completed on and revisits completed on and The survey was completed in conjunction with 2 other revisits and a new complaint. Deficiencies remain, refer to ASPENs M6E711, and 8ZZ511. The following is a description of the uncorrected 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 height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for	{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 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 152}	Continued From page 1 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 This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to be maintained in a safe and sanitary manner that is in good repair, and free from hazards. The is an uncorrected deficiency. The findings included: A tour of the facility was conducted from 1:30 p.m. to 2:45 p.m. with the Maintenance Director. The following was observed. Summit Unit: The wood laminate flooring throughout Summit Unit was separating and had not been fixed since being cited on The carpet throughout Summit Unit remained stained. 13 of 15 dining room chairs remained stained. The chairs on the lanai remained heavily soiled, but the cushions had been A new hole approximately 8 inches by 8 inches, through the dry wall, was observed in the wall by	{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 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 152}	Continued From page 2 During the tour the Maintenance Director said he had cleaned the carpet, but could not get the stains up. He had cleaned the chairs and they looked better than before, but were not on a routine cleaning schedule as he would have to clean them at night so they would dry by morning for breakfast. He also had not cleaned the cushions on the lanai. He had never been given the Statement of Deficiencies, so had never seen the list of physical plant issues. He also said the hole in the wall was from a resident a month about 6 weeks ago. Valley Unit: The gouges in the wall by _____ were not repaired. In the bathroom by _____, the caulk was broken from the wall. The bathroom by 308 was "out of order." The threshold that leads from the Valley 300 hallway into the common area had laminate peeling up, the duct tape holding the laminate down had been removed creating a trip hazard. Carpet in common area and dining room in Valley unit remained heavily soiled and stained. The community shower room on the Valley 400 hall had been repaired with different colored tiles of the same size. The floor in the 400 hallway had 2 large gouges in the laminate and it was peeling up. A large hole approximately 2 to 3 square was	{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 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 152}	Continued From page 3 observed in the ceiling on the 400 hall. The Maintenance Director and the Executive Director said this was from an air conditioning leak. The ceiling boards were observed to be covered with bio-growth. The Maintenance Director said he was going to clean the biogrowth and then repair the hole. The Executive Director confirmed they had not consulted a mold remediation expert to determine the extend of the mold damage and to ensure the mold spores were not spreading to other areas, nor in the air system. Next to the exit door on the 400 hallway, a ... of wood was nailed covering the area next to the door. This wooden surface was unfinished and could not be sanitized. Holes in wall going in the floor. The lanai on the Valley unit assigned to be used by residents for a smoking area has 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. 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. Observation of the windows overlooking this area revealed nails with a double (double duplex nails) sticking about ... to 1 inch above the wooden board nailed to the windows. As there was not a safe rail to hold on to, these windows would be all a resident had to hold onto going down the inclined walkway and around the narrow grassy area between the building and the	{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 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 152}	Continued From page 4 retention pond within the fenced in . . . yard. The Maintenance Director said the boards were there all the time and used to anchor the coverings used when hurricanes were expected, so the nails made no sense to him either. The 500 hallway the flooring had been replaced, however, the baseboards were missing. The 500 hallway by the Activity Office had 2 large gouges. There was a hole by . . . and the bathroom with cracked drywall which needed repair. The bathroom by . . . the sink had split caulking and therefore was not caulked to the wall. By the door the paint was cracked and broken off at the top.. The vent was covered with a white fuzzy substance. The bathroom by . . . under the toilet roll holder, the wall had an approximately 2 broken drywall area and gouged at the baseboard. The Maintenance Director said this had been fixed but was again broken by the motorized chair of one of the residents. The 4th bathroom on the 500 hallway the metal trim had been bent out. The Maintenance Director said this was caused by a wheel chair catching the trim and he would have to nail it . . . down. The grout around the toilet was blackening. The 6th bathroom by . . . had a large purple stain on the floor, which the Maintenance Director said occurred when he spilled the pipe cleaner. The wall under the sink was open due to being a new sink. The Maintenance Director said he was looking at a	{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 09/01/2021
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 5 way to anchor wood under the sink to reinforce the sink before he closed the hole up. The toilet was loose to the floor and rocked. Meadows Unit: The bathroom by _____ still had a large section of missing tile with exposed concrete in the floor of the bathroom. The floor was stained. The mirror was missing and there was a gouge behind the door in the wall. There were gouges in the walls by the Beauty Salon doorway. There was a large area of plaster missing above the baseboard by the Maintenance Director's Office. Doors throughout the facility were scraped and on the exterior of the doors. During the tour, the Maintenance Director said he could not keep up with the repairs as he was doing this himself. Class II	{A 152}			