

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 06/07/2022
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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 change of ownership and emergency power plan monitoring revisit was conducted on _____ at The Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. This was a second follow-up to the survey completed on _____. The survey was completed in conjunction with 3 other revisits which were found to be corrected at the time of the visit. 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}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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PUNTA GORDA, FL 33950**

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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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NAME OF PROVIDER OR SUPPLIER PALMS OF PUNTA GORDA (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 2295 SHREVE STREET PUNTA GORDA, FL 33950		
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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. The Grievance Policy lacked time frames. 2. The Medication Storage Policy, was missing from the admission packet. 3. The Elopement policy and Procedure in the contract lacked time frames. 4. The _____, Neglect and _____ Policy and Procedure was not found in the admission packet. 5. The _____ Control, Sanitation and Universal Precaution Policy and Procedure was missing from the admission packet. 6. The Third-Party Coordination Policy and Procedure was missing from the admission packet. 7. The Assistive Devices Policy and Procedure, effective _____, was missing from the admission packet. 8. The _____ Policy and Procedure, effective _____, was missing from the admission packet. On _____ at 12:17 p.m., the Executive Director reviewed the admission packet and agreed the information was not present in the packet. On _____ at 4:50 p.m., the Executive Director confirmed the facility does not have a _____ Policy and Procedures, and an Assistive Devices Policy and Procedure. Class III	{A 009}		