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 _____	06/30/2022

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 off-hour complaint survey for complaint #2022009070 and #2022009151 was conducted on through at Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. Complaint #2022009070 and #2022009151 were substantiated at A0079 and A0152. The following is a description of the deficiencies.	A 000		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care	A 079		

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A 079	Continued From page 1 services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and [illegible]. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food	A 079		

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A 079	Continued From page 2	A 079		

preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents'

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A 079	Continued From page 3 contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and	A 079		

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A 079	Continued From page 4 interview the facility failed to have adequate staff to provide care and services to residents who need help during emergencies and when they need assistance for personal care. The findings included: 1. A review of the facility's "Use of pager and resident pendant system" policy showed the following: "I. Daily assignment will reflect team member to keep pager. II. Walkie Talkie is to be used as communication tool among staff for residents that are at need of assistance. II. If either of the devices are not functioning properly or not available to you this must be reported immediately to your supervisor. If your supervisor is not available the ED must be informed . The pendant monitor must be checked frequently between the hours of 5pm and 9am or whenever a concierge is not available to report call in an instance pager is not available." An interview was conducted with the Fire Marshal on [redacted] at 9:40 a.m. She said they received a call from a female resident at the facility that she had [redacted] on [redacted]. The paramedics told her they were not able to get into the building. There were three phone numbers posted on the front door for after hour arrivals. They called each phone number and was able to get someone on the third phone number. That person gave them the code to get into the building. She said the paramedics told her there were no staff to open the door for them and no staff answered the phone when they called. An interview was conducted with one of the	A 079		

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A 079	Continued From page 5	A 079		

paramedics on . . . . . at 1:00 p.m. He reiterated what the Fire Marshal said. When they arrived at the facility at approximately 12:00 a.m. on they were unable to get in. They had to call all three phone numbers that were posted on the front door. The first phone number didn't do anything. There was no answer from the second phone number and a person answered from the third phone number. That person gave them the code to get in the building. During this time there was no staff in the facility to help them get in. A staff did arrive, when they were already in the building, to help them get in Resident #3's room.

On at 9:00 p.m., the surveyor arrived at the facility. A poster on the front door showed three phone numbers to use for after hour entrance. The first phone number was called and there was no answer. The third phone number was called and the administrator answered and the surveyor was given the security code to enter the building. Upon entrance there were no staff located in the front of the building. There were three staff observed working in the . . . part of the building.

On at 9:15 a.m., an interview was conducted with Resident #3. She said she . on the night of . She called out for help for a long time, but no one came. She had to called 911 on her cell phone and the paramedics came. She said the staff never come to help her when she needs help; "This happens all the time."

On at 11:00 a.m., an interview was conducted with the administrator. She said after this incident on she did an investigation and found out the phone for the first phone number posted on the front door was not working.

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A 079	Continued From page 6 The purpose for the staff to have this phone is to receive calls from the outside after 5:00 p.m. There is no staff at the front desk between 5:00 p.m. and 9:00 a.m. to receive calls and answer the front door. On .. .. at 12:40 p.m., an interview was conducted with Care Giver - Staff B. He said he was working on .. .. during this incident. He had the facility phone and it did not work that night. The administrator called him on his personal cell phone to let him know there were paramedics at the front door. When he arrived at the front door the paramedics were already in the building. On ..... at 10:45 a.m., an interview was conducted with the Resident Care Coordinator (RCC). She said a staff person is assigned the pager each shift. This staff member, who has the pager, is able to see when a resident used the call light system for help. That staff member will notify the staff who is assigned to that resident via walkie talkie. She said the assignment is on the daily assignment sheet. A review of ..... assignment sheet showed Care giver - Staff C is to have the pager today. On ..... at 12:30 p.m. an interview was conducted with Staff C. She said she does not have the pager and has not seen it for weeks. She did not report this to anyone. At that time the RCC said she was not aware the pager is missing. She looked for the pager but was not able to find it. On ..... at 2:25 p.m., another interview was conducted with Staff B. He said he did not have the pager the night of .. .. On ..... at 11:20 a.m., an interview was conducted with the administrator. She said the	A 079		

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A 079	Continued From page 7 RCC is responsible for staff to have all equipment and supplies to do their jobs, which includes a pager. 2. On at 3:10 p.m. a tour of halls 100 and 200 was conducted with the RCC to test the call lights that are located in each resident's bathrooms. The following are the results of testing the call lights: (Resident #3's room), 102, 104, 105 and 110 call lights in the residents room did not work. An interview was conducted with Resident #5 at 3:20 p.m. She said she has used the call light and "no one comes." In the 200 hall: the call lights did not work and 's call box was missing. At that time the RCC said she was not aware this box was missing. There are a total of 20 rooms on both halls. Eight rooms are not occupied with residents (they were not tested). Of the 12 rooms that residents reside in, 8 call lights were not functioning. An interview was conducted with the administrator on at 3:30 p.m. She said she is not sure who is responsible to maintain their call light system. On at 10:55 a.m., an interview was conducted with the maintenance staff. He said he has been working at the facility since . He does not know who maintains the call light system. He would assume it would be maintained by maintenance, but he has not been told to do this. He has not monitored this system since he has been working there. 3. On at 10:15 a test of resident pendants was conducted with the RCC. There are eight residents who have pendants. The results of this test showed Resident #4's pendant could not be found by the RCC and Resident #6's pendant did not work. On at 10:40 a.m.,	A 079		

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A 079	Continued From page 8 an interview was conducted with Administrator Assistant - Staff A. She said she is responsible for checking the pendants every Sunday. Resident #6's pendant was working when she checked it on . . . . . She was not able to find Resident #5's pendant for the last few weeks. She did not report this to anyone. She said she documents her audits weekly. A review of the "Pendant audit" form showed for Resident #5 documentation was blank for the past 2 weeks and Resident #6's pendant was working. Class III	A 079		
A 152	59A-36.014(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	A 152		

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A 152	Continued From page 9 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, record review and interview, the facility failed to maintain resident and staff equipment in order to communicate within the facility when residents require assistance during emergencies and when the residents need assistance from staff for personal care. The findings included: 1. Interviews were conducted with the administrator throughout the course of the survey from through . See A0079 for more detailed information. It was determined the facility has several communication devices for use to assist residents when there are emergencies and in need for daily assistance. The facility has a phone for staff to use when calls come in from the outside during off hours (5:00 p.m. through 9:00 a.m.), pagers for staff to use when a resident uses the call light or pendant, a call light system located in resident bathrooms and a pendant for residents to wear	A 152		

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A 152	Continued From page 10 when they need assistance. On [redacted] at 9:00 p.m. the surveyor arrived at the facility. A poster on the front door showed three phone numbers to use for after hour entrance. The first phone number was called and there was no answer. The third phone number was called and the administrator answered and the surveyor was given the security code to enter the building. On [redacted] at 1:00 p.m., an interview was conducted with one of the paramedics. He said when they arrived at the facility at approximately 12:00 a.m. on [redacted] they were unable to get in. They had to call all three phone numbers that were posted on the front door. The first phone number didn't do anything. There was no answer from the second phone number and a person answered from the third phone number. That person gave them the code to get in the building. During this time there was no staff in the facility to help them get in. A staff did arrive, when they were already in the building, to help them get in Resident#3's room. On [redacted] at 11:00 a.m. an interview was conducted with the administrator. She said after this incident on [redacted] she did an investigation and found out the phone for the first phone number posted on the front door was not working. The purpose for the staff to have this phone is to receive calls from the outside after 5:00 p.m. There is no staff at the front desk between 5:00 p.m. and 9:00 a.m. to take calls and answer the front door. On [redacted] at 12:40 p.m., an interview was conducted with Care Giver - Staff B. He said he was working on [redacted] during this incident. He	A 152		

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A 152	Continued From page 11 had the facility phone and it did not work that night. The administrator called him on his personal cell phone to let him know there were paramedics at the front door. When he arrived at the front door the paramedics were already in the building. The phone used for staff communication was not working at the time Resident #3 had an emergency. 2. On at 10:45 a.m., an interview was conducted with the Resident Care Coordinator (RCC). She said a staff person is assigned the pager each shift. This staff member, who has the pager, is able to see when a resident used the call light system for help. That staff member will notify the staff who is assigned to that resident via walkie talkie. She said the assignment is on the daily assignment sheet. A review of assignment sheet showed Care giver - Staff C is to have the pager today. On at 12:30 p.m., an interview was conducted with Staff C. She said she does not have the pager and has not seen it for weeks. She did not report this to anyone. At that time the RCC said she was not aware the pager is missing. She looked for the pager but was not able to find it. On at 2:25 p.m., an interview was conducted with Staff B. He said he did not have the pager the night of . On at 11:00 a.m., an interview was conducted with Care Giver - Staff D. She said she did not have the pager on and has not seen the pager for weeks prior to the incident. She did not report this to anyone. The facility had no pager available to alert staff	A 152		

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A 152	Continued From page 12 when residents are calling for assistance. See A0079 for more detailed information. 3. On at 3:10 p.m. a tour of halls 100 and 200 were conducted with the RCC to test the call lights that are located in each resident's bathrooms. The following are the results of testing the call lights: (Resident #3's room), 102, 104, 105 and 110 call lights in the residents room did not work. An interview was conducted with Resident #5 at 3:20 p.m. She said she has used the call light and "no one comes." In the 200 hall: the call lights in do not work and 's call box was missing. At that time the RCC said she was not aware this box was missing. There are a total of 20 rooms on both halls. Eight room are not occupied with residents (they were not tested). Of the 12 room that residents reside in, 8 call lights were not functioning. On at 3:30 p.m., an interview was conducted with the administrator. She said she is not sure who is responsible to maintain their call light system. On at 10:55 a.m., an interview was conducted with the maintenance staff. He said he has been working at the facility since . He does not know who maintains the call light system. He would assume it would be maintained by maintenance, but he has not been told to do this. He has not monitored this system since he has been working here. 4. On at 10:15 a.m., a test of resident pendants was conducted with the RCC. There are eight residents who have pendants. The results of this test showed Resident #4's pendant could not be found by the RCC and Resident #6's	A 152		

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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 13 pendant did not work. On ..... at 10:40 a.m., an interview was conducted with Administrative Assistant - Staff A. She said she is responsible for checking the pendants every Sunday. Resident #6's pendant was working when she checked it on ..... She was not able to find Resident #5's pendant for the last few week. She did not report this to anyone. She said she documents her audits weekly. A review of the "Pendant Audit" form showed for Resident #5 documentation was blank for the past 2 weeks and Resident #6's pendant was working. The facility failed to have functional equipment maintained to provide for staff and residents to communicate effectively when there is a resident emergency and when residents need assistance from the staff for personal care needs. Class III	A 152		
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,	A 167		

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A 167	Continued From page 14 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 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	A 167		

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A 167	Continued From page 15 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 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	A 167		

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A 167	Continued From page 16 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. (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 [illegible] 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	A 167		

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A 167	Continued From page 17 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 [illegible] (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 [illegible] 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 [illegible] 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	A 167		

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A 167	Continued From page 18 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 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 have an updated contract showing changes in their pendant system for one of one (Resident #3) of one resident contract reviewed. The findings included: 1. A review of Resident #3's contract dated showed there was no written information concerning the pendant system. An interview was conducted with the facility administrator on at 2:30 p.m. She said the previous contract did not show the facility has a pendant system. The facility started to use the pendants around . The new contracts for the residents lists the pendant system as a	A 167		

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A 167	Continued From page 19 resident service. She told the residents in resident council of the new pendant system and she thinks the new owners sent letters to the residents and responsible parties of the new pendant system. Further review of Resident #3's financial record finds no evidence this letter was sent to her. The administrator confirmed there is no letter or notice to Resident #3 that there was a change in the contract listing the pendant system as a resident service. Class III	A 167		