STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**09/11/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palms Of Punta Gorda (the)	**2295 Shreve Street Punta Gorda, FL 33950**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2013006138 which was conducted at Palms of Punta Gorda, an Assisted Living Facility (ALF), from [redacted] through [redacted].

One of the two allegations was substantiated. The following is a description of non-compliance:

0160-Records - Facility 58A-5.024(1) FAC

Based on a review of facility records and staff interviews, the facility did not document grievances from Resident #10's family members resulting in a 45 day discharge notice.

The findings include:

1. A review of the grievance log showed on [redacted] a resident's family member complained about a nurse's attitude. She felt "She blows us off." On [redacted] the Administrator wrote on the "Suggestion Form" he spoke with the nurse on making time for family members. She is to speak with Power of Attorney (POA)/guardian and extend apologies and make sure their concerns are addressed. Another grievance was written on [redacted] concerning a patio light is out. A resident walks her dog at night. She would like this to be fixed. On [redacted] the Administrator wrote this was brought to the maintenance staff attention and the bulb was replaced.

A review of Resident #10's closed record showed on [redacted] the family member was given a 45 day discharge notice. The letter shows the facility is "No longer able to meet the needs" of Resident #10. A review of Resident #10's "Shift Progress Notes" from [redacted] (day of admission) through [redacted] (day of discharge) shows the resident needs were being met. However, on [redacted] there is documentation a family member called the facility and complained at "Everything."

An interview was conducted with the Administrator on [redacted] at 9:10 a.m. He stated Resident #10's responsible party was given a 45 day discharge notice because the facility was not able to meet the needs of the responsible party and other family member. They had many complaints about Resident #10's physician and other things that he could not remember. He talked with the Owners and they felt the discharge notice was the only solution. The grand daughter would come to the facility and demand information about Resident #10's lab results and request copies of her record. The facility was not going to give her any information because of HIPPA. The surveyor and Administrator reviewed the grievance log. It did not show any grievance concerning Resident #10. He stated this form is posted on the walls in the facility and the family members did not write up any grievance. He was asked if anyone suggested writing up a grievance or if the family members knew there was a grievance process. He was not sure. The facility policy for grievances was also reviewed. The policy shows the person is to make their concerns know to any facility staff or "Anonymously in the grievance boxes ... " If they feel it is not resolved they can take their concern to the executive director. The Administrator stated he does not remember if he offered the family member to write up a grievance or not. He felt it is the responsibility of the family member to do this. They are told of this grievance process at the time of admission and it is posted on the walls in the facility. He also stated he did not write up any grievances from the family members of Resident #10.

An interview was conducted at 9:40 a.m. with the DON (Director of Nursing). She stated Resident #10's

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**09/11/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palms Of Punta Gorda (the)	**2295 Shreve Street Punta Gorda, FL 33950**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

granddaughter made most of the complaints. Most of these complaints were concerning the labs and the physician. Some of this information is documented in Resident #10's record. A review of the record showed there was one document from the DON dated ..... when the granddaughter called the facility and complained about "Everything." There was no other documentation of concerns/complaint from the family members. She stated the daughter, granddaughter, Administrator and herself had a meeting together to discuss some of their complaints/concerns. These concerns were addressed, however, they still complained and administrative staff agreed since the facility could not meet the family needs they would have to discharge Resident #10. A review of the 45 day discharge notice was dated ..... The DON stated this is the same day the granddaughter called and made more complaints. The DON also stated she did not write up the list of concerns/grievances from the family members to show any type of resolution. Since Resident #10 received a 45 day discharge notice due to the many complaints from the family member there should have been documentation of grievance showing these complaints and possible resolutions made by the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Palms Of Punta Gorda (the)
2295 Shreve Street
Punta Gorda, FL 33950

Re: CCR #2013006138

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372