STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	06/04/2014
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 - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D
St - A - E208 - 58a-5.030(9) Fac - Ecc - Records S-S= D

Specific Tag Findings:
On . an Extended Congregate Care (ECC) Monitoring Survey was completed at The Palms of Punta Gorda, an Assisted Living Facility (ALF).

At the time of the survey deficiencies were identified as follows:

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on observation, record review, and interview, the facility failed to develop a resident service plan for 1 (Resident #1) of 4 Extended Congregate Care (ECC) residents currently residing in the facility.

Findings include:

1. On . at 10:00 a.m., Resident #1 was observed sitting in the activity area of the secure unit. Resident #1 was observed to have a severely contracted left wrist and hand. Resident #1 was observed not to be wearing any . or wrist brace.

2. Record review on . for Resident #1 found an Health Assessment (AHCA Form 1823) dated . . . It is noted on page 5 as "ECC Level of Care." Under the section "physical or sensory limitations" it states "Brace to left wrist during the day as tolerated." Resident #1's record had a second AHCA Form 1823 dated . In the section noted "Physical or sensory limitations:" Again it states "Brace to left wrist during the day as tolerated."

The Facility's ECC Log for . identifies Resident #1's admission date to ECC as .

A review of Resident #1's "Extended Congregate Care Service Plan" signed by the ECC Supervisor on . . does not address the resident's . or the resident's need for a brace to be applied on the left wrist.

3. On . at 10:50 a.m., the Resident Care Director (RCD) stated she is not aware of Resident #1 having a brace.

4. On . at 10:55 a.m. Resident #1 was observed sitting in a common area in the secure unit. Resident #1 was observed not wearing a brace.
The RCD asked the unit nurse if she was aware of the wrist brace for Resident #1? The unit nurse responded, "I did not put a wrist brace on (Resident #1)."
The RCD stated I do not think we have a wrist brace for Resident #1. The RCD was observed going into Resident #1's . looking through the dresser. Two wrist braces were found in the top drawer of the bed side stand.
The RCD was observed taking a wrist brace back to the area were Resident #1 was sitting and instructed staff to apply the wrist brace.

Class III

E207-ECC - Services 58A-5.030(8) FAC
Based on observation, record review, and interview, the facility failed to provide the nursing service ordered by the physician as needed for 1(Resident #1) of 4 ECC residents currently residing in the facility.

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings include:

1. On at 10:00 a.m., Resident #1 was observed sitting in the activity area of the secure unit. Resident #1 was observed to have a severely contracted left wrist and hand. Resident #1 was observed not to be wearing any or wrist brace.

2. Record review on for Resident #1 found an Health Assessment (AHCA Form 1823) dated . It is noted on page 5 as "ECC Level of Care." Under the section "physical or sensory limitations" it states "Brace to left wrist during the day as tolerated." Resident #1's record had a second AHCA Form 1823 dated . In the section noted "Physical or sensory limitations:" Again it states "Brace to left wrist during the day as tolerated."

The Facility's ECC Log for identifies Resident #1's admission date to ECC as .

A review of Resident #1's "Extended Congregate Care Service Plan" signed by the ECC Supervisor on does not address the resident's or the resident's need for a brace to be applied on the left wrist.

Further record review on for Resident #1 found no nurses progress notes documenting the application of the wrist brace to her left contracted hand and wrist.

3. On at 10:50 a.m., the Resident Care Director (RCD) stated she is not aware of Resident #1 having a brace.

4. On at 10:55 a.m. Resident #1 was observed sitting in a common area in the secure unit. Resident #1 was observed not wearing a brace.
The RCD asked the unit nurse if she was aware of the wrist brace for Resident #1? The unit nurse responded, "I did not put a wrist brace on (Resident #1)."
The RCD stated I do not think we have a wrist brace for Resident #1. The RCD was observed going into Resident #1's looking through the dresser. Two wrist braces were found in the top drawer of the bed side stand.
The RCD was observed taking a wrist brace back to the area were Resident #1 was sitting and instructed staff to apply the wrist brace.

Class III

E208-ECC - Records 58A-5.030(9) FAC
Based on observation, record review, and interview, the facility failed to document in nurses progress notes each time nursing services are provide for 1(Resident #1) of 4 ECC residents currently residing in the facility.

Findings include:

1. On at 10:00 a.m., Resident #1 was observed sitting in the activity area of the secure unit. Resident #1 was observed to have a severely contracted left wrist and hand. Resident #1 was observed not to be wearing any or wrist brace.

2. Record review on for Resident #1 found an Health Assessment (AHCA Form 1823) dated . It is noted on page 5 as "ECC Level of Care." Under the section "physical or sensory limitations" it states "Brace to left wrist during the day as tolerated." Resident #1's record had a second AHCA Form 1823 dated . In the section noted "Physical or sensory limitations:" Again it states "Brace to left wrist during the day as tolerated."

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The Facility's ECC Log for identifies Resident #1's admission date to ECC as

A review of Resident #1's "Extended Congregate Care Service Plan" signed by the ECC Supervisor on does not address the resident's or the resident's need for a brace to be applied on the left wrist.

Further record review on for Resident #1 found no nurses progress notes documenting the application of the wrist brace to her left contracted hand and wrist.

3. On at 10:50 a.m., the Resident Care Director (RCD) stated she is not aware of Resident #1 having a brace.

4. On at 10:55 a.m. Resident #1 was observed sitting in a common area in the secure unit. Resident #1 was observed not wearing a brace.
The RCD asked the unit nurse if she was aware of the wrist brace for Resident #1? The unit nurse responded, "I did not put a wrist brace on (Resident #1)."
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey that was conducted on , 2014 by representative(s) 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 , 2014 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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