STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	03/23/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Complaint Survey, CCR#2015002012 and CCR#2015001696, was conducted on . The Palms of Punta Gorda, an Assisted Living Facility in Punta, Gorda, Florida.

There were three allegations of which one was substantiated with a deficiency. There is also an additional citation connected to this survey.

The following is a description of the deficiencies found at the time of visit.

0011 - Admissions - Discharge - 58A-5.0181(5) FAC

Based on record review and interview, the facility failed to provide a 45 day notice of termination of residency from the facility for 1 (Resident #3) of 4 residents reviewed.
The findings included:
Record review for Resident #3 on revealed admission date of and discharge date . There was no documentation of communication of residency termination. Review of the contract signed revealed that it included a bed hold policy which stated the facility will hold the suite for the resident who is admitted to a nursing home, hospital or facility as long as all payments due are current. The contract also stated the facility will give a forty-five (45) written notice to the Resident/Responsible Party.
During an interview on at 8:30 a.m. the guardian for Resident #3 stated that she attempted to contact the facility on several occasions to set up a care conference and her calls were not returned. She did not know that Resident #3 would not be accepted back to the facility until she received a call from the social worker at the hospital. She denies receiving a verbal or written notice of termination.
During an interview on at 1:30 p.m. the Case Manager for Resident #3 confirmed the resident was cleared by the physician to return to an assisted living setting. She said that she contacted the facility to coordinate Resident #3's return to the facility and was told the resident would not be accepted back. She denies receiving a verbal or written 45 day notice of termination of residency.
During an interview on at 3:15 p.m. the Administrator stated, "I did not feel she should come back here with all the issues we were having with AHCA." On at 2:05 p.m. the Administrator confirmed that a forty-five (45) day notice of termination was not provided to Resident #3's guardian.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview, the facility failed to report a significant change in behavior and refusal of medications to the health care provider for 1 (Resident #3) of 4 residents reviewed.
The findings included:
Record review on for Resident #3 showed an admission date of and discharge date . The health assessment documented Resident #3's medical history to include . There was documentation

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SUMMARY STATEMENT OF DEFICIENCIES
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0053 Continued From page 1

on file that Resident #3 was deemed totally [redacted] and a plenary guardian is in place.
Medication record and shift progress notes on [redacted] state Resident #3 refused a medication, Invega Sustenna (used to treat [redacted] and [redacted]. There were no other medications prescribed to treat [redacted]. All remaining shift progress notes dated [redacted] through [redacted] document the resident's behavioral changes. There was no documentation that the resident's guardian or physician was called in regards to the refusal of her medication or behavioral changes.
During an interview on [redacted] at 3:35 p.m. Staff B confirmed she attempted to administer the medication to Resident #3. She stated, "The policy is to re-approach the resident when they refuse but she was really adamant and I'm not forcing anything on anybody." She stated, "I informed a supervisor. I don't remember who it was. I don't remember if I called the daughter or the doctor. I don't know if I'm supposed to call the family or if the supervisor is supposed to do it."
During an interview on [redacted] at 3:45 p.m. Staff A stated, "I don't know if the daughter or the doctor was called." She confirmed she did not call anyone and there was no documentation that a physician was called in regards to the refusal of medications or behavioral changes in the resident. When asked about the policy for medication refusal, she stated, "Leave them and try again at least three times then circle it. Notify the MD. Wait I don't think we notify the MD until the 3rd missed dose. There is no policy it's their right to refuse."
During an interview on [redacted] at 1:30 p.m., Resident #3's case manager said that she visited the resident three (3) times in the first ten (10) days of her arrival and there were no issues. The facility and Staff C were aware of who she was and her role with Resident #3. She stated, "They should have contacted us with refusal of medications and decompensating (behavioral issues)."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 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,

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

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