

The Palms of Punta Gorda
2245 Shawnee St
Punta Gorda Fla 33950

CORRECTIVE ACTIONS FOR THE DEFICIENCIES THAT WERE FOUND BY STATE SURVEY ON , 2015

0028 Resident Care– Actives of Daily Living

Resident coordinator will have in-service with all caregivers on the following topics

RECEIVED

MM/DD/YYYY

- Assisting and Cueing Residents
- Diets
- Washing hands
- Serving one table at a time
- Dining
- Application of clothing protectors not to be called a bib and ask the Resident before assisting
- We have notified Hospice that an as tolerated diet is not appropriate for resident # 15
- Serving food in sanitary manner

By DIVISION OF HEALTH QUALITY
ASSURANCE A08

0030 Resident Care – Rights and facility procedures

All Call lights have been fixed

¼ Side rail has been removed

Medication Administration

Resident coordinator will have in-service with all nurses RE: Policy of Medication administration

0081 Training & Staff in-service

Based on personal records reviewed facility failed to train 2 (staff A&B) of 4 employees in food handling within 30 days of new hire

*Administrations will set up in-service every 30 days to be compliant

0092 Food Service – General responsibilities

Resident number 15 - diet was as tolerated

*notified hospice that there is no such order

*in-service will also include diets that the Palms offers and the importance of correct diets for each and every resident

0093 Food Service – Dietary Standards

Will assign someone from the kitchen to make sure all 3 dining areas (menus) match the same week and/or if the meal is changed- substitution is put into place

Physical Plant Safe living environment

- Again side rails will be monitored plus measured by maintainece – loose side rails looked like 4 inches but surveyor alleged 6 inches. – was not measured at that time maintainece fixed and they now measure 2 ¾ inches

- Doors in 500 hall have been sanded and re painted
- All vents are cleaned
- Terminex spray monthly along with maintenance man as needed
- door is cleaned

E.C.C

Resident # 10

Resident can walk and does walk with walker. Daughter requests resident to be in a wheelchair to prevent Resident is non-compliant at times and walks with walker. Administrator was not sure at the time when asked if resident can propel herself in wheelchair. --Resident walks with walker. Daughter is in process of buying wheelchair. Resident uses ours at times

*Notified surveyor Administrator felt there may be other resident that needed to be admitted to E.C.C Once our new E.C.C nurse starts which is taking E.C.C over on / /

-Resident has been on E.C.C service since / /

-service plan was mailed out previous surveyors stated we just needed to place stickie note on service plan that it was mailed and awaiting return. Dated / / family is aware as we have called then several times to mail back or come in to sign. No changes in service plan. --Never have been sited previously for service plan not being sent back signed in 2 months.

E.C.C Service plan

Interview with the nurse- She would not be aware as she only charts on E.C.C residents and she is a new nurse.

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Monthly nursing assessment on resident #11 was 1 day late as we had notified surveyors. We had no E.C.C nurse. Administrator was following through with assessments plus service plans. Assessment will be completed by administrator until E.C.C can be trained. E.C.C records are being documented daily in the ADL book. New nurse answered wrong documents shows in process notes. Assist XT 00B will do in-service on documenting ADL's in process notes as well as nursing daily documentation in E.C.C book but now the staff cant retrieve info state wants.

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E.C.C Records -

ADL's are being documented daily in ADL book. New nurse answered wrong. Nurses document daily assist XT 00B.

E.C.C will have in-service with nurses to document ADL's in progress notes and note that you communicated with family regarding service plans

2815 Background Screening: Prohibited offense's

Employee A's personal record shows she did not have break in unemployment she came directly from another health care facility to here at The Palms

Employee C did have a break in unemployment and is in the process of completing another level 2; taken off schedule until completed

Employee D was hired / / . The level 2 background check became effective and renewed on --, /-- employee D completed level 2 background ~ 2011

Thank you for your review in keeping our facility in compliance under state guidelines

Sincerely

The Palms Of Punta Gorda

Holly Summers E.D

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 08/11/2015
NAME OF PROVIDER OR SUPPLIER PALMS OF PUNTA GORDA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 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# 2015006312 was conducted on 8/11/15 through 8/11/15 at Palms of Punta Gorda, an Assisted Living Facility (ALF) located in Punta Gorda, Florida.

There were 2 allegations in the complaint neither of which was substantiated. There were 2 unrelated deficiencies.

The following is a description of the deficiencies:

0025 Resident Care - Supervision

Based on a review of 2 comprehensive records and interview with administrative staff, the facility failed to provide supervision for 1 (Resident #10) as related to a .

The findings included:

Resident #10 was admitted to the facility on 8/11/15 with a . The Health Assessment form 1823 identified the . as a . located on the left heel. The admitting nurse documented the resident had a dry clean "bulky dressing to the left heel" but never observed the .

The first progress note indicating anything about the . was dated . At that time, the facility stated the home health agency was "in to change dressing to the left heel." The nurse noted the site "good without sign and symptoms of . noted." The next documentation was not until . when the nurse noted home health changed the dressing, measured the . and there was no redness or drainage noted. There was no further documentation about the . in the progress notes.

On 8/11/15 at 9:35 a.m., an interview with the Executive Director was conducted. She said she was unaware the nurses did not observe the . upon admission. She said she knew the pressure was improving, but was not sure about the status but thought it was healed.

Class III

N276 LNS - Nursina Services

Based on a review of 2 comprehensive resident record reviews and interview with administrative staff, the facility failed to place 1 (Resident #10) on Limited Nursing Services (LNS) for a requiring skilled nursing services.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

1. On 8/11/2015 at 9:10 a.m., an interview was conducted with the Executive Director. During the interview she stated there were no residents receiving LNS and there had not been any residents on this service for over 2 years.
2. Review of Resident #10's records revealed an 1823 health assessment dated 8/11/2015, the resident had a heel ulcer located on the left heel. There was limited documentation (2 notes dated 8/11/2015 and 8/12/2015) and no monthly evaluations done by the Registered Nurse (RN).
3. Interview with the Executive Director on 8/11/2015 at 12:30 p.m. revealed the facility has had no RN available to perform assessments. She stated she is unsure of the length of time since the RN last was available, but it had been "Awhile."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 1, 2015

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

RE: CCR #2015006312

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 12/15/14 by representatives 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than January 1, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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