STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	12/21/2015
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 #2015010839 was conducted / at Palms of Punta Gorda, an Assisted Living Facility in Punta Gorda, Florida.

The complaint contained 1 allegation, which was substantiated with three deficiencies.

0053 Medication - Administration

Based on observation, interview, and record review, the facility failed to ensure medication for 6 (Residents #1, #2, #3, #4, #5 and #6) of 6 sampled residents were properly administered.

The findings included:

On / at 7:55 a.m., Residents #4, #5 and #6 were observed eating breakfast in the old section dining . Resident #4 was observed to have a plastic cup with 7 medications sitting beside her plate. Resident #5 was observed to have a plastic cup with 5 medications sitting beside his plate. Resident #6 was observed to have a plastic cup with 2 medications sitting beside his plate. There was no staff present in the dining .

On / at 8:10 a.m., Residents #1, #2 and #3 were observed eating breakfast in the new section dining . Resident #1 was observed to have a plastic cup with 3 medications sitting beside her plate. Resident #2 was observed to have a plastic cup with 7 medications sitting beside her plate. Resident #3 was observed to have a plastic cup with 10 medications sitting beside her plate. There was no staff present in the dining .

On / at 8:10 a.m., Resident #1 said staff leave the medication on the table and she takes them when she finishes breakfast. She said she does not know what the medications are. Resident #3 said she does not know what the medication are. She just knows to take them.

A review of the facility's medication policies says staff that administer resident's medication will exercise responsibility by observing the resident take the medication.

Class III

0054 Medication - Records

Based on observation, interview and record review, the facility failed to ensure medication for 6

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**12/21/2015**
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)

(Residents #1, #2, #3, #4, #5 and #6) of 6 sampled residents were properly documented.

The findings included:

On / at 7:55 a.m., Residents #4, #5 and #6 were observed eating breakfast in the old section dining . Resident #4 was observed to have a plastic cup with 7 medications sitting beside her plate. Resident #5 was observed to have a plastic cup with 5 medications sitting beside his plate. Resident #6 was observed to have a plastic cup with 2 medications sitting beside his plate. There was no staff present in the dining .

On / at 8:10 a.m., Residents #1, #2 and #3 were observed eating breakfast in the new section dining . Resident #1 was observed to have a plastic cup with 3 medications sitting beside her plate. Resident #2 was observed to have a plastic cup with 7 medications sitting beside her plate. Resident #3 was observed to have a plastic cup with 10 medications sitting beside her plate. There was no staff present in the dining .

On / at 8:10 a.m., Resident #1 said staff leave the medication on the table and she takes them when she finishes breakfast. She said she does not know what the medications are. Resident #3 said she does not know what the medication are. She just knows to take them.

A review of the facility's medication policies says an accurate up-to-date medication administration record will be maintained.

Record review of the paper medication administration record for Residents #1, #2, #3, #4, #5 and #6 on / at 8:45 a.m. was not initialed as being given.

On / at 1:00 p.m., the Resident Care Director said they have electronic medication observation record. The electronic record for Resident #1 shows 4 medications were administered at 9:40 a.m.

The record for Resident #2 shows 8 medications were administered at 10:25 a.m.

The record for Resident #3 shows 14 medication administered at 10:22 a.m.

The record for Resident #4 shows 9 medication administered at 9:36 a.m.

The record for Resident #5 shows 5 medication administered at 9:40 a.m.

The record for Resident #6 shows 15 medication administered at 9:37 a.m.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	12/21/2015
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)

On at 1:00 p.m., the Resident Care Director said the records were not up dated at the time the medication were administered.

Class III

0055 Medication - Storage and Disposal

Based on observation, interview and record review, the facility failed to ensure centrally stored medications were kept in a locked and secure area at all times. The facility also failed to document in the resident's record the disposal of medications belonging to 3 (Residents #11, #12, and #13) of 3 residents who are discharged or have .

The findings included:

On / at 7:55 a.m., Residents #4, #5 and #6 were observed eating breakfast in the old section dining . Resident #4 was observed to have a plastic cup with 7 medications sitting beside her plate. Resident #5 was observed to have a plastic cup with 5 medications sitting beside his plate. Resident #6 was observed to have a plastic cup with 2 medications sitting beside his plate. There was no staff present in the dining .

On / at 8:10 a.m., Residents #1, #2 and #3 were observed eating breakfast in the new section dining . Resident #1 was observed to have a plastic cup with 3 medications sitting beside her plate. Resident #2 was observed to have a plastic cup with 7 medications sitting beside her plate. Resident #3 was observed to have a plastic cup with 10 medications sitting beside her plate. There was no staff present in the dining .

On / at 8:10 a.m., Resident #1 said staff leave the medication on the table and she takes them when she finishes breakfast. She said she does not know what the medications are. Resident #3 said she does not know what the medication are. She just knows to take them.

A review of the facility's medication policies says staff that administer resident's medication will exercise responsibility by observing the resident take the medication.

On / at 8:50 a.m., in the nurses station in the new section was a large box with resident's medications. Staff A said the medication are discontinued or belong to residents that have been discharged. The medications had / as a fill date. Staff A said the pharmacy keeps sending monthly medications for Residents #1, #12 and #13. The pharmacy has been notified that the residents

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**12/21/2015**
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)

have been discharged or .

Record review for Resident #11 found he on . The resident's record did not contain documentation of the disposal of his medication for or .

Record review for Resident #12 found he was discharged on //. The resident's record did not contain documentation of the disposal of his medication for .

Record review for Resident #13 founds he on //. The resident's record did not contain documentation of the disposal of her medication for .

On / at 9:41 a.m., the the old section described as the nurse's station was found unlocked. There was no staff in the in the immediate area. In the a plastic container sitting on top of a cabinet. The container had multiple tubes of prescription ointments and creams.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015010839

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 , 2016.** 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

sh
Enclosure: State Form

XG90

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