STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	05/19/2016
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 #2016005012 was conducted at Palms of Punta Gorda, an Assisted Living Facility in Punta Gorda, on .

The facility had two allegations. One allegation was not substantiated and the other allegation was substantiated without citation. The facility found the problem and fixed it prior to this investigation. However, the facility did receive one citation that was not associated with this complaint survey.

The following is a description of the deficiency:

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to ensure residents, who live in the original front building, live in an environment with furniture and flooring in good condition.

The findings included:

A tour of the original front building was conducted on / at 9:30 a.m. with the Administrator. Observation showed in the dining ' hallways the carpet had stains throughout this area. These stains were large and small. At the time of this observation, the Administrator stated this carpet is cleaned weekly by facility staff with a carpet cleaner. However, this observation showed the carpet cleaner is not cleaning these stains.

Further observation on this tour showed the dining was chipped, had gouges and scratches on all of the tables and chairs. During this observation the administrator observed the dining and confirmed these gouges, chips, and scratches.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005012

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified the deficiency. 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 surveyor. 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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