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

A follow-up to an unannounced complaint survey, CCR #2016005012 was conducted at Palms of Punta Gorda an Assisted Living Facility, (license Number 8469), in Punta Gorda, on / / .

The following is description of the deficiency found at the time of the visit.

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to correct the environment issues previously identified during a complaint investigation.

The findings included:

On / / at 11:30 a.m., the Administrator admitted the facility had done nothing to repair the issues. The tables and chairs had not been fixed and they remain scrapped and torn. She said they did get 2 bids to get the rugs replaced, but nothing has been done as yet.

Observation in the dining the original front building at / / at 11:55 a.m., revealed the tables in the area are scrapped and worn, the chairs dirty. The rug in the area was very dirty in appearance and worn in the high traffic areas. The Administrator said the rug is cleaned weekly but they cannot get the stains out of it. The hallway between the original front building and the memory care unit has carpeting in place. This carpeting was stained and worn in the high traffic part of the hallway. Observation in the memory care unit revealed the carpeting in this area was very stained and worn in places.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

BBT7

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