STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	09/06/2016
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 Extended Congregate Care Monitor survey was conducted on at The Palms of Punta Gorda, an Assisted Living Facility, (license #8469), in Punta Gorda, Florida.

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

E206 ECC - Service Plans

Based on record review and interview, the facility failed to coordinate the development of a written service plan within 14 days of an Extended Congregate Care (ECC) resident receiving services for 1 (Resident #1) of 9 residents reviewed.

The findings included:

Resident #1 was placed on ECC services on for total assist with Activities of Daily Living. Review of Resident #1's ECC file on revealed that there was no written service plan include.

On at 10:12 a.m., the Resident Care Director said she and the RN didn't think a service plan had to be done until 90 days. She stated she would ensure a service plan is prepared.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to obtain a current Level II background screening for 1 (Staff A) of 5 staff reviewed.

The findings included:

Review of the employee records for Staff A shows a hire date of . Staff A was hired as a Licensed Practical Nurse (LPN). A copy of the ACHA Background Screen in Staff A's employee file shows an eligible date of . A review of the AHCA Background Screen Website showed a new screening is required.

On at 12:30 p.m., the Resident Care Director said she hadn't been aware this was missing and would have the employee screened.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Unclassified

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 monitoring 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 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 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

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