STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	R 11/09/2016
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 second revisit survey was conducted on 11/9/16 at the Palms of Punta Gorda, an assisted living facility (license #8469), in Punta Gorda, Florida. The complaint survey for CCR #2016005012 was completed on / . The first revisit was completed / . The environmental issues remain uncorrected.

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

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review, and resident and staff interview, the facility failed to maintain a clean and homelike environment. This has the potential to affect the well-being of residents. The facility failed to correct the issue identified in .

The findings include:

Observation on / at 10:05 a.m., found the carpet in the dining area in the original portion of the facility was heavily soiled. The carpet had two runs. These are areas where the were missing. This created a trip hazard.

On / at 10:05 a.m., in an interview, 2 random residents who were sitting in the dining a board game said the facility has tried to clean the carpet but the residents felt it still looked dirty.

On / at 10:22 a.m., the Administrator provided several estimates for the replacement of the carpet. A review of the estimates revealed they were dated . The estimates were for a replacement carpet or the installation of a tile floor.

In an interview on / at 10:22 a.m., the Administrator said they do not have a purchase order for the carpet. She said the owners have not made a decision on the carpet replacement.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 9, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). 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

YOSF

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