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 revisit survey was conducted on 11/9/16 at Palms of Punta Gorda, an assisted living facility (license #8469), in Punta Gorda, Florida. This was a follow-up to the extended congregate care survey completed on /.

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 ensure 2 (Residents #3 and #10) of 3 Extended Congregate Care (ECC) residents reviewed had accepted service plans completed quarterly.

The findings included:

1. Record review found Resident #3 was admitted under the facility's ECC license on /. The most current service plan was dated /. This plan did not have the signature of the resident or resident's representative acceptance.

2. Record review found Resident #10 was admitted under the facility's ECC license on . The most current service plan was dated . This plan did not have the signature of the resident or resident's representative acceptance.

3. On / at 10:58 a.m., the Administrator stated Residents #3 and #10 were due in , 2016. She said the ECC nurse did not complete a quarterly service plan for Residents #3 and #10.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure 1 (Staff G) of 4 staff records reviewed for background screenings had a current eligible level II background screening.

The findings included:

Record review for Staff G with a date of hire of found she had a background screening eligibility date of /. A review of the Background Screening Web site on / for Staff G found "a new screening is required."

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

On 11/9/16 at 11:11 a.m., the Office Manager said a new background screening is required for Staff G. Her last screening is more than 5 years old.

Unclassified

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 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 deficiencies and/or new deficiencies 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 and Revisit Report

BBT7

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