

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/03/2017
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 for CCR# 2017012118 was completed on at Palms of Punta Gorda, an assisted living facility (license #8469) in Punta Gorda, Florida.

The complaint contained 4 allegations, of which 2 were unsubstantiated and 2 were substantiated with deficiencies.

The following is description of the deficiencies.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and staff and resident interview, the facility failed to monitor for the continued appropriateness of a resident in the facility at all times regarding a pressure failing to improve for 1 (Resident #1) resident reviewed.

The findings included:

Review of Resident #1's chart revealed a shift progress note dated that Resident #1 had open area on Right hip. Advanced Registered Nurse Practitioner (ARNP) was notified and home health was ordered for care.

Home Health Registered nurse (HH RN) note on stated Right hip site care provided. ARNP was informed and new meds were to be ordered (ointment. measurement at this time 1.0 cm x 1.5 cm x 0.1 cm.

HH RN note on stated care provided to right hip, site. ARNP informed of worsening appearance of site to right hip. ARNP reports she will order chemical debrider for black tissue and ointment for red areas.

HH RN note on stated right hip site dressing change. Skilled Nurse to reach out to ARNP for possible mechanical debridement.

HH RN note on stated new to left hip. Right hip site - non stageable - culture done Saturday, awaiting results.

HH Licensed Practical Nurse (LPN) note on stated care to right hip unstageable, 2.5 x 1.5 x 0.1. Left hip 1.0 x 1.0 x 0.1.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/03/2017
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)		
HH RN note on stated care provided to right and left hip / sites. Right hip 3 cm x 4.5 cm x 0.5 cm, left hip 4.2 cm x 8.0 cm x 0.1 cm. HH RN note on stated care provided to right hip, right hip positive, unstageable related to eschar- odor, 90% eschar. Left hip blanchable, no odor, beefy red tissue. Spoke with ARNP - patient could benefit from air mattress or alternating pump, needs boost, increase water and protein intake to promote healing and alternating positions every 2 hours. Patient is out of HH RN note on stated care provided to right and left sites. ARNP aware of status, positive on oral for treatment of wounds at this time. Director of Nursing (DON) aware of status and treatments at this time. HH RN note on stated care provided to hip sites. Right hip / unstageable d/t black tissue covering bed, odor present 2.8 cm x 4.6 cm x 0.5 cm. left hip 4.0 cm x 7.8 cm x 0.1 cm. ARNP informed of status, positive. Further computerized note by HH RN on said: As of today right hip / unstageable, black tissue covering 100% of bed, foul odor, copious amounts, drainage. Right hip onset was and at that time (1.0 cm x 1.5 cm x 0.1 cm). Left hip site, moderate yellow drainage present. Right hip current treatment is daily and is not effective. Patient may benefit from outpatient care center for debridement or inpatient rehab, boost added to diet, alternating pump for mattress. Patient weaker, unable to assist with transfers or participate with exercises from Hospice has declined eligibility. During an interview on at 9:15 a.m., the DON said she had seen Resident #1's right hip and was aware it had eschar. During an interview on at 10:21 a.m., the Administrator said the DON had told her about the and the Administrator realized Resident #1 needed a higher level of care for the worsening Administrator said a Hospice consult had been ordered by the ARNP on however Resident #1 did not meet Hospice criteria. Administrator said she was not aware of anyone working on placement beyond that and admits Resident #1 should have been discharged to a higher level of care. Class II 0011 - Admissions - Discharge - 58A-5.0181(5) FAC		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/03/2017
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)		
Based on record review and staff and resident interview, the facility failed to identify when a resident no longer meets the criteria for continued residency and discharge the resident in accordance with Florida Statute for 1 (Resident #1) of 1 resident reviewed. The findings included: Florida State Assisted Living Facility regulations for continued residency requirements state a resident with a blood pressure may be retained, provided that if the resident's condition fails to improve within 30 days the resident must be discharged from the facility. Resident #1's file indicates an open area was identified to resident #1's right hip on . Home Health Registered nurse (HH RN) note on stated right hip site care provided. ARNP informed and new meds to be ordered (/) ointment. measurements on were 1.0 cm x 1.5 cm x 0.1. HH RN note on stated care provided to right hip site. ARNP informed of worsening appearance of site to right hip. ARNP reports she will order chemical debrider for black tissue and ointment for red areas. HH measurement of right hip on was 1.0 cm x 2.0 cm x 0.2 cm. HH note on stated care to right hip unstageable, 2.5 x 1.5 x 0.1. HH RN note on care provided to right and left hip / sites. Right hip 3 cm x 4.5 cm x 0.5 cm. HH RN ADM/DON note on stated care provided to right hip, right hip positive, unstageable related to eschar (black tissue)- odor, 90% eschar. Left hip blanchable, no odor, beefy red tissue. Spoke with ARNP - patient could benefit from air mattress or alternating pump, needs boost, increase water and protein intake to promote healing and alternating positions every 2 hours. Patient is out of . HH RN note on stated care provided to right and left sites. ARNP aware of status, positive on oral for treatment of wounds at this time. Director of Nursing (DON) aware of status and treatments at this time.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/03/2017
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)		
HH RN note on stated care provided to hip sites. Right hip / unstageable d/t black tissue covering bed, odor present 2.8 x 4.6 x 0.5. left hip 4.0 cm x 7.8 cm x 0.1 cm. ARNP informed of status, positive. Further computerized note by HH RN on stated as of today right hip / unstageable, black tissue covering 100% of bed, foul odor, copious amounts drainage. Right hip onset was and at that time (1.0 cm x 1.5 cm x 0.1 cm). Left hip site, moderate yellow drainage present. Right hip current treatment is daily and is not effective. Patient may benefit from outpatient care center for debridement or inpatient rehab, boost added to diet, alternating pump for mattress. Patient weaker, unable to assist with transfers or participate with exercises from . Hospice has declined eligibility. Resident #1 had also been sent to the Emergency following a . Resident was treated and released same day. Discharge paperwork from the ER indicated a diagnosis of to scalp and chronic right hip. Recommendation were for care to be involved in the care. During an interview on at 9:15 a.m., the DON said she had seen Resident #1's right hip and was aware it had worsened and had eschar. During an interview on at 10:21 a.m., the Administrator said the DON had told her about the and the Administrator realized Resident #1 needed a higher level of care for the worsening . Administrator said a Hospice consult had been ordered by the ARNP on , however Resident #1 did not meet Hospice criteria. Administrator said she was not aware of anyone working on placement beyond that, nor had a 45 day discharge notice been issued. Administrator admits Resident #1 should have been discharged to a higher level of care. Class II E204 - ECC - Admissions & Continued Residency - 429.26(10); 429.07(3)b ; 58A-5.030(5) Based on record review and staff and resident interview, the facility failed to ensure a resident receiving Extended Congregate Care (ECC) continued to meet minimum criteria in order to receive extended congregate care services including not having any or 4 for 1 (Resident #1) of 1 resident reviewed. The findings included: Shift progress notes indicate an open area was noted to Resident #1's right hip on .		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/03/2017
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)		
Home health began providing care on indicating on that date it was a measuring 1.0 cm x 1.5 cm x 0.1. Review of Resident #1's service plan signed by the ECC supervisor indicates under skin Preventative care- staff will check skin daily, with each episode of incontinence care and shower. There was no mention on the service plan of , Monthly ECC assessment for Resident #1 signed for by ECC supervisor on lists under nursing interventions skin treatment - per home health. Shift progress note on by ECC supervisor indicates resident #1 is receiving Home Health and Physical services. RN for care most recent to right elbow and to right hip. There are no further shift progress notes or monthly assessments by ECC supervisor after this date. HH RN note on indicates ARNP informed of worsening appearance of site to right hip. ARNP reports she will order chemical debrider for black tissue and ointment for red areas. HH measurement of right hip on had increased to 1.0 cm x 2.0 cm x 0.2 cm. HH note on stated is an unstageable , which had increased in size to 2.5 x 1.5 x 0.1 with 10% necrosis and foul odor. HH RN note on stated ARNP and Director of Nursing (DON) aware of status and treatments at this time. HH RN note on stated right hip / unstageable d/t black tissue covering bed, odor present, positive, measurements 2.8 x 4.6 x 0.5. During an interview on at 9:15 a.m., the DON said she had seen Resident #1's right hip and was aware it had eschar. During an interview on at 10:21 a.m., the Administrator said the ECC supervisor had left her a note about the , but she was unsure if the ECC supervisor knew it had advanced beyond Administrator reviewed the ECC notes for Resident #1 and said there was an ECC note on noting the , but there was no further mention of the in the ECC notes beyond this date. Administrator admits the worsening condition of resident #1's , no longer met ECC criteria		

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/03/2017
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)		
and Resident #1 should have been transferred out to a higher level of care. Class II		