STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**09/19/2018**
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 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 - 58A-5.030(6) FAC

Based on record review, observation, and interview, the facility failed to ensure 1 (Resident #1) of 3 extended congregate care (ECC) residents reviewed, had an accepted service plan completed quarterly.

The finding included:

Record review revealed a service plan, completed for Resident #1 on . . There was no documentation to indicate the facility had reviewed the service plan with the resident or resident's representative and the plan had been agreed to. Resident #1 was oriented when interviewed by the surveyor on .

On at 4:00 p.m., the Executive Director said she was the ECC supervisor and was working on getting Resident #1's representative to accept the plan.

Class III

E207 - ECC - Services - 58A-5.030(7) FAC

Based on record review, and interview, the facility failed to ensure a qualified nurse performed the required Extended Congregate Care (ECC) monthly nursing assessments for 3 (Resident #1, #2 and #3) out of 3 residents sampled.

The findings included:

1. Review of the ECC record for Resident #1 revealed that required nursing assessments, due at least monthly, were completed by the Executive Director/ECC Supervisor in . . . , . . . , . . . and , 2018.

Review of the ECC record for Resident #2 revealed that required nursing assessments, due at least

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**09/19/2018**
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)

monthly, were completed by the Executive Director/ECC Supervisor in , , and 2018.

Review of the ECC record for Resident #3 revealed that required nursing assessments, due at least monthly, were completed by the Executive Director/ECC Supervisor in , , , and , 2018

2. Record review revealed the Executive Director/ECC Supervisor is a licensed practical nurse (LPN). Performing nursing assessments exceeds the scope of her professional licensure per Chapter 464 Florida Statute.

Upon interview at 4:30 p.m., on the Executive Director/ECC Supervisor stated "I am qualified (to do the nursing assessments), I am a nurse."

Class III

E208 - ECC - Records - 58A-5.030(8) FAC

Based on record review, and interview, the facility failed to ensure that progress notes documented the extended congregate care (ECC) services provided for 1 (Resident #1) out of a sample of 3 residents; failed to ensure that a physician order for prn (as needed) was administered to 1 (Resident #3) out of 1 resident receiving .

58A-5.0131 Definitions
(29) "Nursing Progress Notes" or "Progress Report" means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services in a facility with a limited nursing or extended congregate care license. The progress notes must be completed by the nurse who delivered the service; must describe the date, type, scope, amount, duration, and outcome of services that are rendered; must describe the general status of the resident's health; must describe any deviations in the residents health; must describe any contact with the resident's physician; and must contain the signature and credential initials of the person rendering the service.

The finding included:

1. Review of the medical record for Resident #3 revealed that she is receiving ECC service to receive at 3 liters via nasal cannula at hs (night) and prn to keep saturation over 90%. ECC Progress Notes do not document being administered on the night shift and the resident's

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	**09/19/2018**
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)

response to this intervention. In addition, there is no documentation that the resident has ever received prn (as needed) for an saturation rate under 90%.

2. Upon interview, on at 6:00 p.m., the Director of Nursing acknowledged that there is no record that Resident #3's saturation rate has ever been monitored or that the resident has been given prn to maintain an saturation rate of over 90%. She also acknowledged that progress notes need to document the ECC service being provided.

Class III