Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953279	A. BUILDING: _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ815	408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ815	Continued From page 1 qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (h) Section 817.234, relating to false and fraudulent insurance claims. (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (k) Section 817.505, relating to patient brokering. (l) Section 817.568, relating to criminal use of personal identification information.	CZ815		

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CZ815	Continued From page 2 (m) Section 817.60, relating to obtaining a credit card through fraudulent means. (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (o) Section 831.01, relating to forgery. (p) Section 831.02, relating to uttering forged instruments. (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (s) Section 831.30, relating to fraud in obtaining medicinal drugs. (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (u) Section 895.03, relating to racketeering and collection of unlawful debts. (v) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee as of , and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) A person who serves as a controlling interest	CZ815		

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CZ815	Continued From page 3 of, is employed by, or contracts with a licensee on , , , who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by , , , in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before , , must be rescreened by , , . (b) Individuals for whom the last screening conducted was between , , , and , , must be rescreened by , , . (c) Individuals for whom the last screening conducted was between , , , through , , must be rescreened by , , . (6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.	CZ815		

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CZ815	Continued From page 4 (7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (8) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (9) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial	CZ815		

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CZ815	Continued From page 5	CZ815		

or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.
(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required

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CZ815	Continued From page 6 unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by:	CZ815		

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CZ815	Continued From page 7 Based on record review and interview, the facility failed to ensure persons subject to screening had not had a break in service from a position that requires a level 2 screening for more than 90 days for 1 (Staff B) of 3 staff reviewed for background screening. The findings included: Staff B was hired . Staff B's background screening showed an eligibility date of . A review of Staff B's application indicated the last position she worked that required a level II background screening ended in of 2017. This is a 8 month gap between positions requiring level II background screening. On at 5:00 p.m., the administrator said she tries to be very careful with this requirement and in fact Staff B told her she had been asked to go do this but had apparently forgot. Unclassified	CZ815		
CZ816	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , to the Federal Bureau of Investigation for a	CZ816		

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CZ816	Continued From page 8 national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print [illegible] notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [illegible] notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with [illegible], the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;	CZ816		

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CZ816	Continued From page 9 (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, [illegible], herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to [illegible] to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.	CZ816		

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CZ816	Continued From page 10 (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the signed attestation in the employee's personnel file for 4 (Administrator, Staff A, B, and C) of 4 personnel files reviewed. The findings included: Review of the administrator's file revealed a hire date of . . . . . . The administrator's employee file failed to contain a signed attestation. Review of Staff A's employee file revealed a hire date of . . . . . as a resident aide. Staff A's employee file failed to contain a signed attestation. Review of Staff B's employee file revealed a hire date of as a resident aide. Staff B's employee file failed to contain a signed attestation.	CZ816		

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CZ816	Continued From page 11 Review of Staff C's employee file revealed a hire date of . . . . as a licensed practical nurse. Staff C's employee file failed to contain a signed attestation. On . . . at 10:48 a.m., the administrator said she was not familiar with this form. Unclassified	CZ816		
A 000	Initial Comments An unannounced relicensure, extended congregate care, and emergency power plan monitoring survey was conducted through at the Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. The following is description of the deficiencies.	A 000		
A 009	58A-5.0181(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional	A 009		

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A 009	Continued From page 12 costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in rule 58A-5.0182, F.A.C.; 11. The facility policy concerning . . . . . pursuant to section 429.255, F.S., and rule 58A-5.0186, F.A.C., and Advance Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 58A-5.030, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related . . . . . , a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures.	A 009		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 009	Continued From page 13 (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 58A-5.025, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 58A-5.0182, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 009		

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	AL11953279	A. BUILDING: _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

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A 009	Continued From page 14 failed to ensure the facility resident contract or facility brochure contained all the required information to meet the requirements. The findings included: A review of the facility's advertising revealed it advertised special care for individuals with [redacted] and related [redacted]. A written description of what those special services was was not found in the advertising, contract, or resident handbook. A review of the resident handbook showed on page #9 the smoking policy, which said the facility was a smoke free community. However, during the 2 days of survey on [redacted] through [redacted] multiple residents were observed smoking outside the facility on the facility grounds. On [redacted] at 3:31 p.m., the administrator agreed their documentation did not specify what the special services were the facility offered for residents with [redacted]. The administrator also agreed the no smoking policy is not enforced. Class III	A 009		
A 032	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards 58A-5.0182 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed	A 032		

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A 032	Continued From page 15 for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 58A-5.0181(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for	A 032		

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A 032	Continued From page 16 implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S. 429.41(1)(a)3 & 3(l),FS 3. Resident elopement requirements.-Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures. (l) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills. This Statute or Rule is not met as evidenced by: Based on record review, review of the policies and procedures and staff interview, the facility failed to maintain documentation of a detailed policy and procedure for responding to a resident's elopement. The facility failed to have	A 032		

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A 032	Continued From page 17	A 032		

documentation the elopement drills included a review of procedures to address resident elopement and all direct care staff participated in the elopement drills.

The findings included:

The elopement policy and plan (not dated) indicated, "If you suspect that a resident is missing, conduct an immediate search of the usual and obvious places (resident rooms, rest rooms, patio etc) if the resident is not located immediately, implement the following procedure:
1. Immediately notify the Administrator, Designee and/or Licensee, who shall assume responsibility for and implement the following steps.
2. Direct a thorough search of the home and grounds. Begin comprehensive search effort.
a. Direct a thorough search of the home and grounds.
b. Conduct a door-to-door search of the neighborhood. Call in additional staff if necessary.
3. If the resident is not found within 15 minutes, notify family, guardian or responsible party.
4. After an elapsed [missing] time of not more than 30 minutes, notify the local POLICE.
5. If resident is a Medicaid recipient or State client, notify the case manager and/or State Licensing Agency.
6. After the incident has been resolved, the Administrator and staff shall take steps to prevent recurrence.
7. File an [Incident Report] describing the incident and outcome.
8. Implement corrective action if necessary."

The policy and plan did not identify staff responsible for implementing each part of the elopement response policy and procedure, including specific duties and responsibilities.

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A 032	Continued From page 18 Review of the employee list revealed the facility employed 38 direct care staff. Fourteen staff had a date of hire of , or prior. Review of the elopement drills for 2018 revealed in , (no date) 4 staff members including the executive director participated in the drill. The elopement drill conducted on listed 10 staff participants and the drill conducted on listed 9 participants. Each drill documented: "An elopement scenario was handed out to staff to test them on their resident elopement knowledge" followed by a scenario. The documentation on the elopement drill form failed to include a review of procedures and documentation that all direct care staff participated. On at 3:00 p.m., the executive director verified not all direct care staff are participating in the drill. She acknowledged the lack of documentation each drill included a review of the procedures. The executive director said she would revise the policy to include specific duties and responsibilities of staff during an elopement, including the designated staff to remain in the building when the search expands off the property. Class III	A 032		
A 092	58A-5.020(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food	A 092		

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A 092	Continued From page 19 service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all staff distributed meals in a safe and sanitary manner in one of 3 dining areas.	A 092		

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A 092	Continued From page 20 The findings included: On at 12:30 p.m., Laundry Room ( ) Staff D was assisting residents with their lunch meal in the 100 hall dining area. She was observed placing her . . . inside the clean mugs as she retrieved and filled them to serve to the residents who requested coffee. Staff D informed Resident #13 she was going to cut her grilled cheese sandwich to make it easier for her. She held the resident's sandwich with her bare . . . . while cutting it. On at 12:50 p.m., Staff D verified she failed to handle the residents' food and beverages in a safe and sanitary manner. On . . . . at 2:55 p.m., the executive director said Staff D is a certified nursing assistant who transferred to the laundry department a few months ago. She said Laundry Room Staff D has not worked the day shift in a long time and was probably assisting the day shift with the serving of the meal. Class III	A 092		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at:	A 093		

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A 093	Continued From page 21 http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~ /media/Files/Activity%20Files/Nutrition/DRIs/ New%20Material/5DRI%20Values%20SummaryT ables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of	A 093		

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A 093	Continued From page 22 comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals.	A 093		

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A 093	Continued From page 23 (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on observation, review of national authority recommendation, review of the facility's comprehensive emergency management plan (CEMP), facility staff and local emergency management's office staff interview, the facility failed to maintain an adequate supply of food and water to meet the nutritional needs of all residents for 3 consecutive days in case of an emergency that would require the facility to shelter in place. The findings included: According to a publication from the department of Homeland Security ( ) the recommendation to determine water needs is to: "Store at least one gallon of water per person per day for three days, for drinking and sanitation. A normally active person needs about three	A 093		

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A 093	Continued From page 24 quarters of a gallon of fluid daily, from water and other beverages. However, individual needs vary, depending on age, health, physical condition, activity, diet and climate. Take the following into account: o Children, nursing mothers and sick people may need more water. o A medical emergency might require additional water. o If you live in a warm weather climate more water may be necessary. In very hot temperatures, water needs can double." The facility's CEMP specified the administrator will maintain a 72 hour emergency supply of food and water on the premises at all times. As part of the evacuation plan a 72-hour supply of food, water, medications and other essential supplies will be loaded in the evacuation vehicles. On . . . at 12:55 p.m., during a telephone interview with a represent of the local emergency management's office, he said the recommendation is to store a minimum of one gallon of water per resident per day. At the time of the survey on , the facility's census was 77 residents which would require a minimum of 231 gallons of water to ensure hydration for 77 residents for 3 days. All current residents received an oral diet. Observation on . . . at 12:30 p.m., of the water storage with the maintenance director and the executive director revealed 144 gallons of drinking water stored on the premises. The executive director verified on at 12:30 p.m., the facility did not store enough water to meet the needs of the residents in case of an	A 093		

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A 093	Continued From page 25 emergency that would require them to shelter in place. She said there was no contract with an outside company to bring in water. On at 3:40 p.m., the executive director said the facility's contract included 3 meals a day (breakfast, lunch and dinner) which would require a total 693 meals in a 72 hours period should the facility be forced to shelter in place in case of an emergency. Review of the facility's CEMP revealed a disaster/emergency menu with a plan for 3 meals a day signed by a registered dietician. The menu included a variety of protein, dairy, , vegetables and fruits. Review of the facility's emergency non-perishable food supply on at 3:40 p.m., with the executive director revealed the following: 8 containers of orange juice with an expiration date of , 6 packages of pancake powder with an expiration date of , 7 cans of ( ) 12 ounces (oz) each of ravioli marked "best by ", 6 bags (each) of powdered milk with no expiration date, 1 case of crackers with an expiration date of , 48 (1 oz each) of Ritz crackers with peanut butter 48, #10 cans of 12 ounces of beef stew, (10 servings per container) #10 cans of Chef Boyardee ravioli, (10 servings per container) On at 4:55 p.m., the executive director said she just contacted the food supply company to verify the expiration date of the powdered milk.	A 093		

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A 093	Continued From page 26 She said the vendor confirmed the milk was expired and she discarded it. The executive director confirmed the facility failed to have a sufficient amount of non-perishable food on to provide nutritionally balanced meals to meet the protein, , and dairy requirements for 77 residents for 3 days in case of an emergency that requires the residents to shelter in place. On at 12:30 p.m., the executive director said the facility gets food and supplies from Vendor C who will provide the necessary food in case of an emergency. The 2019 emergency preparedness communication letter from Vendor C dated through indicated "once an emergency has been identified and the emergency action plan has been initiated by [Vendor C] customers will be provided with a timeline to place all orders; orders will ship within 36 hours of order confirmation; and orders with be routed at the discretion of US foods." The letter did not have provision for immediate delivery of foods in case of an emergency. Class III	A 093		
A 120	429.17(3) FS: 429.275(1)58A-5.021(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to	A 120		

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	AL11953279	A. BUILDING: _____ B. WING _____	07/02/2019

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PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 120	Continued From page 27 books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 58A-5.021 (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain documentation demonstrating a sound financial basis to provide adequate resources to meet the needs of the residents. The findings included: On [redacted], a review of the facility's finances was completed with the executive director, the business manager and [redacted] accountant. The business office manager (BOM) said the facility has been experiencing financial difficulties since [redacted] when they failed to receive payments from the different Medicaid plans. She said the facility's expenses included bills of approximately $50,000.00 monthly and payroll approximately $68,000.00 monthly.	A 120		

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A 120	Continued From page 28 The accountant said 46 of the 77 residents' payor source is Medicaid. A review of the vendors' and utility accounts revealed the following: 1. The utility account for Vendor A dated had a past due balance in excess of $4000.00. The business office manager said the executive director issued a check on to cover the past due amount and the new charges but did not have any documentation the account was up to date. 2. Vendor B's account as of showed a previous balance in excess of $700.00 with total charges in excess of $1000.00. 2. Vendor C's account as of listed a amount in excess of $10,000.00, which the business office manager said was the past due amount. The BOM presented the survey team with a document she said contained the facility's bank account summary of funds available. Review of the document failed to reveal enough funds to cover all past due and current bills. The business office manager said unless they receive payment from the different Medicaid plans, they will not have enough money to make the next payroll and take care of all bills. The executive director said she has been in contact with the facility's owner but there was no current plan to address the lack of funds in the event they do not receive payment from the Medicaid plans, including funds ($50,000.00) to obtain the required generator to meet the state requirement.	A 120		

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A 120	Continued From page 29 On . . . . at 5:30 p.m., the BOM said if their boss had not wired $12,000.00 on they would not have been able to get paid. Class II	A 120		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable ˘ to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, ... or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 30 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe living environment, free of hazards and ensure that all conveniences are maintained in good working order. The findings included: During a survey of the facility on through . . . . , the following observations were made: The carpeting in the hallways and memory care dining room were noted to be stained and have holes and missing material. The common bathroom next to . . #. . had a door that was stained with peeling wood, the toilet caulk was missing and the walls and corners were marred, missing paint and missing plaster. # had a tear in the linoleum floor. The common bathroom next to # had a gap in the flooring between the hallway and bathroom flooring creating a potential trip hazard. The sink in the common bathroom next to #. . . was peeling away from the wall. In #. . the molding had been removed from the wall and not replaced.	A 152		

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A 152	Continued From page 31 # had a large hole in the wall with missing plaster and scraped paint. The common bathroom near . . . # . . had holes in the linoleum flooring and the base peeling away from the wall. The common bathroom near . . . # . . . had linoleum peeling from the floor near the shower. The memory care sunroom had walls in disrepair with the base peeling away from the wall. The door handle for the outside door was missing. The hallway doors and walls in memory care unit were marred throughout the unit. The memory care common bathrooms on the #200 hall had peeling linoleum and chipped, marred walls, holes in the walls, caulk missing around the toilets. # had chipped, marred walls. # had loose, shaky grab bars on the toilet, stained linoleum that was peeling away from the floor near the shower, and the shower curtain had an orange substance growing on the bottom of it. # had holes in the linoleum. The #400 hallway had chipped, marred walls and corners. On . . . . . at 9:30 a.m., The administrator agreed there were problems with the environment and multiple areas that needed to be fixed.	A 152		

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A 152	Continued From page 32 Class III	A 152		
A 167	58A-5.025 FAC; 429.24 FS Resident Contracts 58A-5.025 (1) Pursuant to Section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or ␣ of residents, other than those specified in Section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to Section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or , , facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such	A 167		

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A 167	Continued From page 33	A 167		

written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;
(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in Section 429.26(8), F.S., will take effect;
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule;
(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and
(m) The facility's policies and procedures related

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A 167	Continued From page 34 to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period:	A 167		

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A 167	Continued From page 35 (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or ... (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or	A 167		

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A 167	Continued From page 36 ... imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's ... or relocation due to ... hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. (8) The department may by rule clarify terms, establish procedures, clarify refund policies and contract provisions, and specify documentation as necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the resident contracts contained all the required provisions. The findings included: Page #7 of the resident contract specifies the facility charges a per month fee for a spouse living with a resident in a unit not designated as semi-private. There was no fee schedule	A 167		

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A 167	Continued From page 37 attached to the contract that specified what this fee would be. Page #11 of the resident contract specifies the facility charges a non-refundable , deposit on admission. There was no fee schedule attached to the contract that specified what this fee would be. Page #11 of the resident contract specifies the facility charges a non-refundable admission fee at the time the agreement is signed. There was no fee schedule attached to the contract that specified what this fee would be. Page #8 of the contract indicates the resident agrees that health assessments by licensed health care providers will be the basis for determining the residents care plan and whether the resident is appropriate to stay in the facility. The contract does contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0185, F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. On at 3:31 p.m., the administrator said the fees are not charged to every resident. She said it depends on a case by case basis, as some people cannot afford the fee and they are waived. The administrator agrees there is no schedule of fees for these charges. The administrator also agrees the contract does not specify the requirements for the Health Assessment. Class III	A 167		
A 181	58A-5.026(2) FAC Emergency Plan Approval	A 181		

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A 181	Continued From page 38 (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have documentation of a current	A 181		

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A 181	Continued From page 39 approved comprehensive emergency management plan (CEMP) to ensure the safety and welfare of all residents. The findings included: On . . . at 10:30 a.m., the executive director said in . she mailed the CEMP to the local emergency management office for review and approval but was informed the county will not review the plan until the facility's emergency power plan (EPP) was attached to it. The executive director (ED) said although she is preparing an EPP, she is unable to submit it as the facility is not in compliance and currently does not have a generator to ensure the safety and comfort of the residents in case of an emergency and power loss. On at 10:40 a.m., the ED presented the surveyor a letter from the local county public safety emergency management dated advising the ED they had not yet received the 2019 emergency management plan for the facility nor the required EPP. The deadline for submission of the facility's emergency plan was now overdue. The county requested the facility submit all required information to their office by Monday, , ... On . . . at 10:45 a.m., the ED said the facility is working on a contract to install a generator, but they have not been able to get the funds necessary for the generator. She verified the facility currently did not have an approved emergency management plan. Class II	A 181		