

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105591	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/02/2026
NAME OF PROVIDER OR SUPPLIER  Palm Garden of Tampa		STREET ADDRESS, CITY, STATE, ZIP CODE  3612 E 138th Ave Tampa, FL 33613	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on interviews and record review the facility failed to allow one (Resident #2) to return after hospitalization of three residents reviewed for readmission. Findings included: On 3/2/26 at 5:02 PM an interview was conducted with Resident #2's family member. The family member said Resident #2 was in the hospital from Tuesday, 2/24/26 to Saturday, 2/28/26. Resident #2 was supposed to be discharged on Friday 2/27/26 back to the [facility]. Resident #2 had to stay an additional day in the hospital as [facility] refused to take Resident #2 back at the last moment. Resident #2 was discharged to another nursing facility on Saturday, 2/28/26. Resident #2's family member stated the discharge delay was stressful for Resident #2. The family member stated they had to scramble the morning of 2/28/26 to find another facility for Resident #2. Resident #2 was anxious and now didn't know where she was going to go. The family member said [facility] was unhappy with them as we were vocal and advocating for Resident #2. The facility provided a letter to Resident #2 dated 2/24/26 from the Nursing Home Administrator (NHA) revealed: You/your loved one had recently transferred to the hospital. Although we expect your return, we are required to issue you the attached notice detailing the reason for transfer and your right to appeal. No further action is required currently, unless you wish to appeal this transfer. Attached was the Nursing Home Transfer and Discharge Notice, AHCA Form number 3120-0003. A review of Resident #2 hospital case manager note dated 2/27/26 at 8:42 AM stated: [facility] Skilled Nursing Facility (SNF) has indicated that they are now unable to take patient back. Case Manager (CM) to discuss with patient and family and provide choice list/options CM informed nurse/charge nurse with the update. Family member upset that [facility] SNF not taking Resident #2 back. CM coordinating with patient and son to find another SNF. On 3/2/26 at 2:10 PM an interview with the Social Services Assistant (SSA) revealed it is the admission department who talks to resident/families about a return from the hospital. On 3/2/26 at 2:16 PM an interview with the Admissions Director Assistant (ADA) was conducted. The ADA stated they had gotten a referral for Resident #2 to come back but was told Resident #2 could not come back due to the resident's diet and the family member making concerns about the resident's provided diet. The ADA stated the family was not happy with how the facility was accommodating Resident #2's diet. The facility told the Hospital Case Manager (HCM) the facility could not accommodate the specific diet. The ADA stated that the family member had attempted to reach out to the administrator after the denial. On 3/2/26 at 3:49 PM an interview was conducted with the Director of Nursing (DON), the Certified Dietary Manager (CDM), and the ADA. The ADA stated they only spoke with the hospital case manager, and Resident #2 was being denied due to clinical accommodations but could not define what the clinical accommodations were and what was not able to be provided. The DON stated clinical concerns goes to him, and Resident #2's family member made planning the resident's day difficult as the family member was bringing up the residents' preferences on waking up and when to go to therapy. The DON stated he is not sure if it is a cultural thing for the family member to take control over the resident's planning and speaking for Resident #2, but the family member made it difficult for the facility. The DON stated despite Resident #2's family member advocating for the resident's preferences, it did not intervene with Resident #2's plan of care as the resident was still attending all (continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105591	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/02/2026
NAME OF PROVIDER OR SUPPLIER  Palm Garden of Tampa		STREET ADDRESS, CITY, STATE, ZIP CODE  3612 E 138th Ave Tampa, FL 33613	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>services ordered by the physician and did not miss anything. The DON stated the denial was marked as clinical services due to the family member demanding the resident's preferences be followed. The ADA stated when the case manager asked the reasoning for denial, it was explained Resident #2 had a lot of limitations, but the ADA does not remember what those limitations were, and does not remember what was said as they spoke a few days ago and they speak to a lot of people all the time. On 3/2/26 at 4:45 PM an interview was conducted with the facility's physician. The physician stated the resident came from the hospital for physical and occupational therapy due to having a stroke, and that there is no medical reason as to why Resident #2 could not be admitted back to the facility. The physician stated to their knowledge there would be no reason as far as diet needs or preferences that a resident would not be accepted back to the facility. A review of Resident #2's admission record revealed an admission date of 2/20/2026 with diagnoses to include cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery, paroxysmal atrial fibrillation, cognitive communication deficit, and type 2 diabetes mellitus with hyperglycemia. A review of Resident #2's Medical Certification for Medicaid Long-Term Care Services and Patent Transfer Form (AHCA Form 3008) dated 2/19/26 revealed: Mental/Cognitive Status at transfer Resident #2 was Alert, disoriented, but can follow simple instructions and no special instructions for dietary were marked. A review of Resident #2's physician orders dated 2/20/26 revealed: Vegetarian diet, regular texture, thin consistency liquids. A review of Resident #2's physician orders dated 2/24/26 revealed: regular diet, regular texture, thin consistency liquids. Eats cheese, peanut butter for vegetarian choice. A review of the Facility Assessment revealed the following: The facility provides person-centered, competent care that helps each person served to live their life as they wish. The services and care provided assist people to reach their highest level of practicable potential and maintain their ability to participate in life activities as long as they are able. Religious Factors (activities, food and nutrition) add deliveries of other services-- Food and Nutrition services- we accommodate religious holidays and any dietary restrictions that are practiced by our residents. Services and care offered are based on our residents' needs and are adjusted as needed based on the resident population. Nutrition- Individualized dietary requirements, liberal diets, specialized diets, tube feeding, cultural or ethnic dietary needs, assistive devices, fluid monitoring or restrictions. A review of the facility's admission Agreement revealed the following: This Admissions Agreement ( Agreement) gives us permission to provide nursing care and other services while you are a resident of Palm Garden. You may discharge yourself from the center at any time, however we require a two (2) day notice of your wish to be discharged . We will assist you as necessary in arranging for your voluntary transfer or discharge. As a minimum, your written notice will: Specify the reason(s) for the impeding transfer or discharge. A review of the facility's Social Services- Policy and Procedures revealed the following: Facility Initiated transfer or discharge- This is when the resident/resident representative objects to or did not initiate the request for transfer or discharge themselves or is not in line with their stated goals for care and preferences. The Social Services Directed/designee will coordinate all resident discharges and transfers and be responsible for documenting interventions and plans in the progress notes and appropriate forms. Involuntary discharge or transfer of the resident will need 30-day advance notice and must be given to the resident/resident representative/family member. Notice may be given as soon as practicable before the discharge or transfer if: Discharge or transfer is necessary for the resident's welfare and the resident's needs cannot be met in the center. The reason must be documented in the medical record by the physician.</p>		