

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Palm Garden of Sun City		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 Upper Creek Dr Sun City Center, FL 33573	
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to investigate and work to resolve complaints/grievances related to allegations of poor staff treatment for one resident (#1) out of three residents sampled. Findings included: On 6/18/2026 at 11:00 a.m. a telephone interview with Resident #1's Power of Attorney (POA) revealed during the course of Resident #1's stay, she had verbalized complaints/grievances to staff with regards to the way staff were speaking to her and Resident #1. Resident #1's POA stated Resident #1 was at the facility for approximately eight days from 5/20/2026 through 5/28/2026. Resident #1's POA stated she had concerns with staff at the facility not following up with laboratory orders in a timely manner and staff speaking to her and Resident #1 in an undignified manner. Resident #1's POA stated on 5/26/2026 she had been spoken to in an unprofessional manner by Licensed Practical Nurse (LPN) Staff A. Resident #1's POA stated Staff A told her to take Resident #1's ass out from bed so she can take a [expletive]. Resident #1's POA reported the incident to the Director Of Nursing (DON) on 5/26/2026 and had asked that Staff A not provide care and services to Resident #1 any longer. Resident #1's POA stated later in the day Staff A came in the room and and said, Are you ready to get intimate again? I dug the [expletive] out of your [expletive] the other night. Resident #1's POA stated she was furious with Staff A saying that and immediately told her to leave the room. Resident #1's POA said she spoke to the Unit Manager and the DON about what was said by Staff A and also asked the DON to look for Resident #1's lab results. Resident #1's POA was told by the DON she would investigate the matter with what Staff A allegedly said to her and Resident #1. Resident #1's POA stated to date, nobody from the facility has called to follow up with the concerns she had with Staff A. A Review of Resident #1's medical record revealed she was admitted to the facility on [DATE] and was discharged to the hospital with no return on 5/28/2026. Diagnoses included: Orthopedic aftercare, closed fracture left femur, dorsalis, muscle weakness, abnormalities of gait, and history of falls. Review of the 5 day Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview Mental Status (BIMS) score of 13, which indicated Resident #1 would have been able to speak related to her medical care and services; Activities of Daily Living (ADL) as substantial assist with most ADL to include toileting, is independent with eating. On 6/18/2026 at 9:30 a.m. The Director of Nursing (DON) provided the last six months of complaints/grievances log for review. A review of the log did not identify either Resident #1 or Resident #1's POA as having any complaints/grievances that were investigated. On 6/18/2026 at 12:39 p.m. an interview with the DON and NHA was conducted. They stated they were aware of Resident #1 and her care and services requirements during her eight day stay. The DON stated Resident #1's POA was very involved with Resident #1's care plans and daily needs. The DON and NHA stated Resident #1 did not have any type of cognitive impairments and was able to express her daily needs. The DON stated Resident #1 was having some problems with therapy she was not getting up per her plan to start treatment. The DON stated Resident #1 had pain from her previous surgery and wanted to start therapy services slowly. The DON stated on 5/26/2026 Resident #1's POA had spoken with other management, and then to her alleging Staff A had spoken to her in an (continued on next page)		

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
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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	unprofessional manner. The DON stated since it was Resident #1's POA who was spoken to in an unprofessional manner, she had Staff A go to Resident #1's POA to apologize to her for being unprofessional. The DON stated Staff A did go into Resident #1's room and apologize. The DON stated she did not have any type of formal complaint/grievance documented as she had just believed Resident #1's POA was spoken to in an unprofessional manner and did not believe Resident #1 was spoken to in an unprofessional manner. The DON stated she did not follow up to speak to Resident #1. The DON and NHA stated they thought they had handled the situation by having Staff A go in the room to apologize and they did not have any type of documentation to support a comprehensive grievance/complaint investigation. The DON and NHA confirmed they did not follow up with the second time it was alleged Staff A came in the room and again spoke to Resident #1 and Resident #1's POA unprofessionally. The DON and NHA stated their policy for responding to verbal or written complaints/grievances indicates they are to accept any type of complaint from anyone to include visitors, family, residents, staff and are to document the concern, follow up with the complainant with communication, then investigate the complaint/grievance, and then follow up with communication and outcome/resolutions. The DON and Nursing Home Administrator (NHA) both stated they had not followed the grievance process/policy with documenting a complaint from Resident #1's POA during Resident #1's admission period. On 6/18/2026 at 9:30 a.m. the NHA and DON provided the facility's Grievance Policy and Procedure with a revision date 7/2021 for review. The policy stated; The center recognizes the resident/legal representative/family has the right to voice grievances and recommendations for changes through an orderly and timely process free from discrimination and/or reprisal. They have a right to expect the center will make prompt efforts to resolve grievances and, upon request, have the right to obtain written decision regarding the grievance. The procedure section of the policy stated; A concern is defined as any formal expression of interest regarding the well-being of a resident. 3 . A description of the grievance procedure for voicing concerns/grievances, either individually or anonymously, will be prominently posted throughout the center informed the right to file a grievance either orally (spoken) or in writing. 4 . The center will designate a Grievance Official with whom the grievance can be filed and will post his or her name, business address (mailing and email) and business number; a reasonable time frame for completing the review of grievance; the right to obtain a written decision regarding his or her grievances and contact information of independent entities with whom the grievances may be filed such as : State Agency, Quality Improvement Organization, State Survey Agency and Stat Long-Term Care Ombudsman program or protection and advocacy system. 5 . The Grievance Official is the Social Service Director/designee of the center. The Grievance Official is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigation (including investigating responsibility for lost or damaged dentures); maintaining the confidentiality of all information associated with the grievance; and coordinate with the center's Director of Quality Assurance, if the grievance meets the criteria as an immediate reporting of alleged violation(s) involving abuse, neglect and exploitation (ANE) and /or misappropriation of resident property and/or mistreatment. The center Abuse Protocol will be followed. The Grievance Official will close the grievance and reflect the conclusion/outcome of the abuse investigation. 7 . The Grievance Official center will oversee the grievance process, receiving and tracking grievances through their conclusions through investigating, document and follow up on all formal concerns and grievances registered by any resident/legal representative/family/concerned party. All written grievances decisions will include the date the grievance was received, a summary statement of resident's grievance, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance was confirmed or not confirmed, grievance results that warrant any corrective action taken or to be taken by the center and the date the written decision was issued. The resident/legal representative/family/concerned party can expect that the center will review any grievance within 3-5 business days of receipt/notification of the concern. The (continued on next page)		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident/legal representative/family/concerned party can request a written decision regarding their grievance. The Grievance Official/designee will track grievances, including resolutions on the Grievance Log. This log will be taken monthly to the center's Quality Assurance Performance Improvement (QAPI) meeting. 10 . Upon receipt of the concern/grievance, documentation on the Record of Resident/Family Grievance/Complaint/Concern from will be initiated by the Grievance Official/designee or whichever professional team members receives the concern. Instructions for completion are outlined on the Addendum.a . The Grievance Official/designee will document the date of the grievance is received on the Grievance Log and copies are made and distributed to the Executive Director and the referenced department representative.b . The Department Head will complete the applicable portion of the concern from to record the investigation process and actions taken.c . After completion, Department Head affixes signature and date where designated. 11 . Concerns will be reviewed within 5 business days, investigated, and responded to in a timely manner.a . Concern reports are reviewed by the Executive Director, Grievance Official/designee to assure the resident's interests are addressed and final disposition identified, including satisfaction with the outcome. 13 . The person filing the grievance has the right to expect the center will make prompt efforts to resolve grievances, upon request, have the right to obtain written decision regarding the grievance.a . Upon request for a written decision regarding the grievance, the Grievance Official/designee will complete the Grievance Decision Notification of Resident/Legal Representative/Family Grievance/Complaint/Concern and provide a copy to the person initiating the grievance.		