

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/03/2019
NAME OF PROVIDER OR SUPPLIER ROYAL LIVING REST HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2926 SW 2 STREET MIAMI, FL 33135		
(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 000	Initial Comments A complaint investigation (complaint number 2019009609 and 2019016634) was conducted at Royal Living Rest Home, Inc. on Deficiencies were found at the time of the survey.	A 000			
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must	A 026			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

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A 026	Continued From page 1 be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to encourage its residents to participate in social, recreational, educational, and other activities. Findings Included: A review of the facility's bulletin board near the kitchen revealed an activity calendar for the month of . Further review showed the scheduled activities for . was 'Arts & Crafts, Colors, & Music' The schedule also stated "Activity Pattern 1PM - 3PM". On . at 6:48am, Resident # 6 stated in Spanish "We only watch TV here and go outside and smoke cigarettes". At 7:22am, Resident # 8 stated "We used to play games but that was years ago. All we do here is chat with others and watch TV". On . at 7:25am, Resident # 9 stated in Spanish "All I do here is go to my program and watch TV. We don't play anything". On . at 7:26am, Resident # 10 stated "I go to my program, but when I don't go to my program, I don't see the other residents do any activity". On . at 7:28am, Resident # 2 stated in	A 026		

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A 026	Continued From page 2 Spanish "Everybody is either at the program or stuck here and watch TV. We don't do anything other than watch TV". On at 9am, Staff D stated in Spanish, "we always do activities. The boss always buy cakes for their birthdays. We talk, watch TV, and sing together". Class III	A 026		

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