

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 R
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)	
{A 000}	Initial Comments		{A 000}		
	A Follow up survey of a Standard Biennial Survey was conducted on . Royal Living Rest Home had two (2) uncorrected deficiencies and five (5) new deficiencies at the time of the visit.				
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container, or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident's health care provider, the health care provider's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:		A 054		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0099

Z7PL12

If continuation sheet 1 of 19

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A 054	Continued From page 1 Based on record review and interview, the facility failed to accurately maintain a daily medication observation record (MOR) for 1 out of 6 sampled residents (Resident #1). The findings include: Review of the Medication Observation Record (MOR) for Resident #3 revealed that was not signed on _____ (p.m.), _____ (a.m.-p.m.) and _____ (a.m.) for pain 650 mg - 9:00 a.m. and 9:00 p.m., _____ 5 mg- 9:00 a.m.-5:00 p.m., _____ 2 mg- 9:00 a.m.-5:00 p.m., _____ 2 mg- 9:00 a.m., _____ 20 mg-9:00 a.m., _____ 100 mg- 9:00 a.m.-1:00 p.m.-5:00 p.m., _____ D3 1000 Units-9:00 a.m., _____ 50 mg- 9:00 p.m. A review of the medications showed that the medications were given. Interview with the facility's administrator on _____ at approximately 1:30 p.m. confirmed the findings. Class III This is a new deficiency.	A 054		
(A 081) SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with	(A 081)		

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{A 081}	Continued From page 2 Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne requirement, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.		{A 081}		

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{A 081}	Continued From page 3 (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility did not ensure that Staff #1 had 1 hour in-service training in reporting Major Incidents, Reporting Adverse Incidents & Facility Emergency Procedures; 3 hours of in-service training within 30 days of employment that covers Resident behavior and needs, and Providing assistance with activities of daily living, and in-service training within 30 days of employment that covers resident elopement response policies and procedures. The findings include: Observation made during the course of the survey on _____ revealed that Staff #1 was providing personal services to residents. Personnel record review conducted on _____ at about 10:00 a.m. Staff #1 did not have documentation that she receive 1 hour in-service training in reporting Major Incidents, Reporting Adverse Incidents & Facility Emergency Procedures; 3 hours of in-service		{A 081}		

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(A 081)	Continued From page 4 training within 30 days of employment that covers Resident behavior and needs, and Providing assistance with activities of daily living, and in-service training within 30 days of employment that covers resident elopement response policies and procedures. Interview conducted with the facility administrator on _____ at approximately 1:00 p.m. revealed that Staff #1 received all the trainings and she had the documentation in her other ALF. Class III This is an uncorrected deficiency	(A 081)			
A 125 SS=D	58A-5.021(6) FAC Fiscal - Surety Bonds (6) SURETY BONDS. Pursuant to the requirements of Section 429.27(2), F.S.: (a) A facility whose owner, administrator, or staff, or representative thereof, serves as the representative payee or attorney-in-fact for facility residents, must maintain a surety bond, a copy of which shall be filed with the agency. For corporations which own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the corporation. 1. If serving as representative payee: a. The minimum bond proceeds must equal twice the average monthly aggregate income or personal funds due to residents, or expendable for their account which are held by the facility; or b. For residents who receive _____, the minimum bond proceeds shall equal twice the supplemental security income or social security income plus the _____ payments including the personal needs allowance. 2. If holding a power of attorney:	A 125			

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A 125	Continued From page 5 a. The minimum bond proceeds shall equal twice the average monthly income of the resident, plus the value of any resident property under the control of the attorney in fact; or b. For residents who receive _____, the minimum bond proceeds shall equal twice the supplemental security income or social security income and the _____ payments including the personal allowance, plus the value of any resident property held at the facility. (b) Upon the annual issuance of a new bond or continuation bond the facility shall file a copy of the bond with the AHCA central office. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a surety bond. The findings include: Facility's record review revealed that the facility administrator was appointed as the legal guardian of Residents #4. On _____ at approximately 11:00 a.m. the facility administrator stated that she was unaware that she needs to have a surety bond if she served as a legal guardian for facility residents. Class III This is a new deficiency.		A 125		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written		A 160		

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A 160	Continued From page 6 records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility's license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure _____ and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is _____, the date of _____. Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the	A 160	

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A 160	Continued From page 7 incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility's liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer's license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.	A 160			

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A 160	Continued From page 8 (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility's resident elopement response policies and procedures. (r) The facility's documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the assisted living facility failed to maintain an up to date admission and discharge log. The findings include: Record review revealed that the facility's admission and discharge log did not have Resident #1 admitted, Residents #2 admitted on _____ and Resident #3 admitted on _____. An interview was conducted with the facility administrator on _____ at about 10:30 a.m. She confirmed that residents #1, #2 and #3 were not on the admission log.	A 160		

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A 160	Continued From page 9 Class III This is a new deficiency.		A 160		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains 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 if the facility is licensed to provide such services. (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 which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to 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 which shall 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 shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily,		A 167		

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A 167	Continued From page 10 weekly, or monthly rate may be charged by the facility unless the resident's medical condition, such as the resident's being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident's behalf. (i) A provision stating whether the organization 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 the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall 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. (m) The facility's policies and procedures related to a properly executed	A 167		

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A 167. Continued From page 11

A 167

This Statute or Rule is not met as evidenced by:
Based on record review and interview, 2 out of 6
resident records reviewed (Resident #1 and 3)
did not contain a resident contract with the facility
executed at or prior to admission and failed to
maintain a complete contract for 1 out of 6
sampled residents (Resident #5).

The findings include:

Resident's #2 record review did not contain a
resident contract with the facility executed at or
prior to admission. The record had a daycare
agreement done on _____. The resident
receives _____ payment of \$54.00 monthly.

Record review and request for Resident #3
admitted on _____ revealed that no record
was available in the facility for this resident.

Resident's # 5 contract did not include Power of
Attorney signature (Guardianship Program).

On _____ at about 1:00 p.m. the
administrator stated that in-fact, the facility had
not executed and entered into a contract with
Resident #1 and #3, and Resident #5 contract
missed Power of Attorney signature
(Guardianship Program).

Class III

This is a new deficiency.

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{AL241}	Continued From page 12		{AL241}		
{AL241} SS=D	58A-5.029(2) FAC LMH - Records		{AL241}		
	(2) RECORDS. (a) A facility with a limited mental health license shall maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required under Rule 58A-5.024, F.A.C., shall be sufficient provided that all mental health residents are clearly identified. (b) Staff records shall contain documentation that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C. (c) Resident records for mental health residents in a facility with a limited mental health license must include the following: 1. Documentation, provided by the Department of Children and Family Services within 30 days of the resident's admission to the facility, that the resident is a mental health resident. Documentation that the resident is receiving social security _____ or supplemental security income, _____, and any of the following shall meet this requirement. a. An affirmative statement on the Alternate Care Certification for _____ () Form, CF-ES 1006, _____ 1998, that the resident is receiving SSI/SSDI due to a _____ b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental _____. Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information to the Department of Children and Family Services. c. A written statement from the resident's case _____				

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{AL241}	Continued From page 13 manager that the resident is an adult with severe and persistent mental illness. The case manager shall consider the following minimum criteria in making that determination. (i) The resident is eligible for, is receiving, or has received state funded services from the Department of Children and Family Services' and Mental Health program office within the last 5 years; or (ii) The resident has been diagnosed as having a mental 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment shall be conducted by a psychiatrist, clinical psychologist, clinical social worker, or _____ nurse, or person supervised by one of these professionals. a. Any of the following documentation which contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, shall meet this requirement: (i) Completed Alternate Care Certification for _____ Form, CF-ES Form 1006, _____ 1998; (ii) Discharge Statement from a state mental hospital completed within 90 days prior to admission to the ALF provided it contains a statement that the individual is appropriate to live in an assisted living facility; or (iii) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit (CSU) will not be considered a new admission and not require a new assessment.	{AL241}		

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 R
NAME OF PROVIDER OR SUPPLIER ROYAL LIVING REST HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2926 SW 2 STREET MIAMI, FL 33135		
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{AL241}	Continued From page 14 However, a break in a resident 's continued residency which requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident 's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. a. Each mental health resident and the resident ' s mental health case manager shall, in consultation with the facility administrator, prepare a plan within 30 days of the resident 's admission to the facility or within 30 days after receiving the appropriate placement assessment under paragraph (c), whichever is later, which: (i) Includes the specific needs of the resident which must be met in order to enable the resident to live in the assisted living facility and the community; (ii) Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident 's needs, and the frequency and duration of such services; (iii) Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident 's needs, and the frequency and duration of such services and activities; () Includes the . of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan which have been provided or arranged for by the resident 's mental health care provider or case manager; (v) Includes a description of other services to be provided or arranged by the facility; (vi) Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms		{AL241}		

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 R
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{AL241}	Continued From page 15 to the resident that indicate the immediate need for professional mental health services; (vii) Is in writing and signed by the mental health resident, the resident's mental health case manager, and the ALF administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager shall add a statement that the resident was asked but refused to sign the plan; (viii) Is updated at least annually; (ix) Include the Agreement described in subparagraph 4. If included, the mental health care provider must also sign the plan; and (x) Must be available for inspection to those who have a lawful basis for reviewing the document. b. Those portions of a service or treatment plan prepared pursuant to Rule 65E-4.014, F.A.C., which address all the elements listed in sub-subparagraph a. above may be substituted. 4. Agreement. The mental health care provider for each mental health resident and the facility administrator or designee shall, within 30 days of the resident's admission to facility or receipt of the resident's appropriate placement assessment, whichever is later, prepare a written statement which: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number. b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services		{AL241}		

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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 R
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{AL241}	Continued From page 16 under Section 409.912, F.S. c. cover all mental health residents of the facility who are clients of the same provider. d. be included in the Community Living Support Plan described in subparagraph 3. Missing documentation shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services, or the mental health care provider under contract to provide mental health services to clients of the department. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that a agreement was provided for 1 out of 7 sampled residents (Resident #7) and failed to update the community living support plan for Resident #1, limited mental health resident. The findings include: Resident record review for sampled Resident #7 admitted to the facility on did not have a agreement on file for review. Resident #1 last community living support plan was done on Interview with the facility administrator that took place on at about 11:30 a.m. confirmed that Resident #7 did not have agreement on file for review and the community living support plan for Resident #1 was not updated. Class: III	{AL241}		

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{AL241}	Continued From page 17		{AL241}	
	This is an uncorrected deficiency.			
AN277 SS=D	58A-5.031(2) FAC LNS - Resident Care Standards		AN277	
	(2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which shall be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain documentation of the qualifications of the nurses that provide limited			

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 R
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AN277	Continued From page 18 nursing services. Findings include: Staff record review for registered nurse under contract with facility on _____ did not have application and references. Interview conducted with the facility administrator on _____ at 10:00 a.m. revealed that she did not have the nurse application available for review it. Interview conducted with the Registered Nurse on _____ at 1:25 p.m. stated that she did not know that her application was not in her file. Class III This is a new deficiency.	AN277	

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964115(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
2/7/2013

Name of Facility

ROYAL LIVING REST HOME, INC

Street Address, City, State, Zip Code

2926 SW 2 STREET
MIAMI, FL 33135

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0008</u> Reg. # <u>58A-5.0181(2) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0026</u> Reg. # <u>58A-5.0182(2) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0055</u> Reg. # <u>58A-5.0185(6) FAC</u> LSC _____	Correction Completed
ID Prefix <u>A0056</u> Reg. # <u>58A-5.0185(7) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0057</u> Reg. # <u>58A-5.0185(8) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0080</u> Reg. # <u>58A-5.0191(1) FAC</u> LSC _____	Correction Completed
ID Prefix <u>A0152</u> Reg. # <u>58A-5.023(3) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0162</u> Reg. # <u>58A-5.024(3) FAC</u> LSC _____	Correction Completed	ID Prefix <u>AZ815</u> Reg. # <u>408.809, 435.02(2), 435.06</u> LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Frieda B. Berman

Signature of Surveyor:

Date:

03/19/2013

Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2587) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 1, 2013

Administrator
Royal Living Rest Home, Inc
2926 Sw 2 Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a revisit survey to a biennial conducted on January 1, 2013 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than January 1, 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

