STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	**07/11/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Palm Ret Centre	**2500 Aaron Street Port Charlotte, FL 33952**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-07/11/2013
0025-Resident Care - Supervision-07/11/2013
0030-Resident Care - Rights & Facility Procedures-07/11/2013
0032-Resident Care - Elopement Standards-07/11/2013
0052-Medication - Assistance With Self-Admin-07/11/2013
0053-Medication - Administration-07/11/2013
0056-Medication - Labeling And Orders-07/11/2013
0057-Medication - Over The Counter (otc) Products-07/11/2013
0077-Staffing Standards - Administrators-07/11/2013
0080-Training - Core & Competency Test-07/11/2013
0093-Food Service - Dietary Standards-07/11/2013
0165-Risk Mgmt & Qa; Adverse Incident Report-07/11/2013
N277-Lns - Resident Care Standards-07/11/2013

A follow-up to the Biennial and Limited Nursing Service (LNS) was conducted at Royal Palm Retirement Center on 7/11/13.

All citations were corrected.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 16, 2013

Administrator
Royal Palm Ret Centre
2500 Aaron Street
Port Charlotte, FL 33952

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey revisit conducted on July 11, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
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