STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Palm Retirement Centre	2500 Aaron Street Port Charlotte, FL 33952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:
An unannounced Change of Ownership (CHOW) survey was conducted on through at Royal Palm Retirement Centre an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on Observation and interview, the facility failed to dispose of expired medications and stored them were they were assessable to residents with a potential of residents being given medication that are not effective.

The findings include:

At 8:50 a.m. on , the following medications were observed to be expired in the medication the cabinets and medication carts.

400 Mg tab expired
500 mg expired
ointment expired
expired

During an interview with Staff A at this time she confirmed the medications were being stored were they were accessible to the residents and that they had been expired for more than 30 days.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation and interview, the facility failed to label over the counter medications with the resident's name having a potential for the medications and supplements to be used as stock medications.

The findings include:

During an observation of the medication 10:00 a.m. on , the following over the counter medications and supplements were observed without a name of the resident listed on the container:

ointment
400 mg
81 mg
D3 1000 IU
1000 mcg

During an interview with staff A at 10:05 a.m. on , she confirmed the medications had no resident name or label on the bottles.

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	AL11911942	**10/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Palm Retirement Centre	**2500 Aaron Street Port Charlotte, FL 33952**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

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