STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	04/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Care A.C.L.F., Inc.	5081 Dunn Road Fort Pierce, FL 34981	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on , 2014 at Royal Care A.C.L.F.. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to ensure proper procedures were followed when assisting 1 of 1 sampled resident (Resident #3) with self-administration of medication.

The findings include:

On at 9:40 AM, Resident #3 was observed seated at the dining eating her breakfast. Staff A obtained the resident's prescription medication from a measuring cup with two bubble packs (already popped out of the "bingo card") left on a paper plate on the kitchen counter. The medication was to be taken at 8:00 AM according to the resident's 2014 Medication Observation Record (MOR). Staff A opened the bubble packs containing the resident's pills and assisted the resident by handing them to her and giving verbal prompts. She did not document anything on the MOR following this assistance. Staff A stated during interview at this time that the Administrator or his wife (Staff D) leave the medication in the measuring cups with residents' names on each on the plate each morning for her to give to the residents.

Staff B was interviewed at 12:35 PM on and stated the Administrator or Staff D left the medication in the morning on the plate with measuring cups filled with medication for each resident for her to give to them and came in the evenings around 5:00 PM to do the same on Sundays. She confirmed she did not document that she assisted residents with medication even though she gave them their pills.

Review of the 2014 MOR for Resident #3 showed Staff D's initials written for every dose and every day in indicating she had assisted the resident each time with medication.
During interview with the Administrator and Staff D on at 2:30 PM, Staff D stated she did not want staff to document on the MOR because she did not want them to mess up her book.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	04/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Care A.C.L.F., Inc.	5081 Dunn Road Fort Pierce, FL 34981	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation and interview, the facility failed to ensure over the counter (OTC) medication was properly labeled and stored; and used a stock supply of an OTC product for multiple residents.

The findings include:

On at 9:30 AM, an OTC medication, syrup was observed on the kitchen counter without a label or any writing to indicate whose medication it belonged to. Staff A was interviewed at this time and stated "the syrup had been used for a few residents who had a and was currently being used for Residents #1 and #2. Resident #1 had been taking it for 2 days."

Resident 1 was interviewed at 9:55 AM on this date and confirmed she had taken the syrup provided by the staff at the facility for two days. Resident #2 was interviewed at 1:15 PM on this date and also stated he was given syrup by staff for an unknown amount of time.

The Administrator was interviewed at 2:30 PM on this date and confirmed that the unlabeled syrup was not prescribed to either of the residents and had been given to them "with individual spoons but out of the same container". Additionally, the medication was left on the kitchen counter while not in use rather than kept in central storage with proper labeling.

Further record review, revealed the facility had no documentation of notification to the Resident ' s legal guardian or Physician regarding aforementioned.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 3 out of 4 sampled staff (Staff B, C and D) had freedom from documented on an annual basis; and that 1 of 4 sampled staff (Staff A) had documentation of freedom from communicable dated within 30 days of hire.

The findings include:

The personnel files for Staff B, C and D were reviewed for freedom from documented on an annual basis. There was no documentation of this dated within the previous year for these staff members. The personnel file for Staff A was also reviewed and did not contain verification of freedom from communicable Staff A was hired on or about

The Administrator was interviewed at approximately 2:30 PM on and acknowledged that the documentation was not present and available for review.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	04/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Care A.C.L.F., Inc.	5081 Dunn Road Fort Pierce, FL 34981	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Based on record review and an interview, the facility failed to ensure that 2 out of 4 sampled staff (Staff A and B) had documentation of in-service training on certificates and available for review.

The findings include:

The personnel files for Staff A and B were reviewed for the required in-service training to be completed within 30 days of hire. There was no documentation of the following in-service training for these staff members:

a) Staff A (hired
1) Incident Reporting and Emergency Procedures (one hour)
2) The facility's Elopement Policy and Procedure

a) Staff B (hired
1) Control (one hour)
2) Incident Reporting and Emergency Procedures (one hour)
3) The facility's Elopement Policy and Procedure
4) Resident Rights and , Neglect and reporting (one hour)

The Administrator was interviewed at approximately 2:30 PM on and acknowledged that the documentation was not present and available for review.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 4 sampled staff (Staff B) had documentation of a one-time training in completed within 30 days of hire (or documentation of training completed prior to hire).

The findings include:

The personnel file for Staff B was reviewed for the required training in noted above. There was no documentation of the training available for review. Staff B was hired on

The Administrator was interviewed at approximately 2:30 PM on and acknowledged that the documentation was not present and available for review.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and an interview, the facility failed to ensure that 3 out of 4 sampled staff (Staff B, C and D) had an initial minimum of 4 hours of training in assisting with self-administration of medication and 2 hours annually of continuing education in assisting with medication.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	04/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Care A.C.L.F., Inc.	5081 Dunn Road Fort Pierce, FL 34981	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The personnel files for Staff B, C and D were reviewed for the aforementioned training. There was no documentation of an initial 4 hour training or a minimum of 2 hours of training dated within the previous year for these staff members. The Administrator was interviewed at approximately 2:30 PM on and acknowledged that the documentation was not present and available for review.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff member (Staff C/Administrator) who was the person responsible for the facility's food service and the day-to-day supervision of food service staff had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

The findings include:

The Administrator was interviewed on at approximately 2:00 PM and acknowledged he was responsible for the facility's food service and the day-to-day supervision of food service. Documentation of a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF was requested at this time from the Administrator. There was no documentation of this training dated within the previous year on file and available for review. The Administrator confirmed these findings during interview at this time.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 4 sampled staff (Staff A) had documentation of a minimum of one hour in-service training in the facility's Policy and Procedure.

The findings include:

The personnel file for Staff A was reviewed for the required training as noted above. There was no documentation of the training available for review within the file. Further review revealed Staff A was hired on

The Administrator was interviewed at approximately 2:30 PM on and acknowledged that the documentation was not present and available for review.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and an interview, the facility failed to ensure an incident was recorded with all required details for 1 of 2 sampled residents (Resident #2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	**04/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Care A.C.L.F., Inc.	**5081 Dunn Road Fort Pierce, FL 34981**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

On Resident #2's record was reviewed and a health assessment dated documented the resident's diagnoses as Parkinson's; HOH (hard of hearing). A physican's order and emergency (ER) discharge record dated indicated the resident was to have an xray of the lumbar spine. There was no other documentation related to the ER visit and subsequent physician's order was found in the file.

The Administrator was interviewed at 2:30 PM on this date and stated there was no documentation in the resident's file about the evaluation at the ER because the resident returned shortly after he was sent to the hospital and did not have physical as a result. It was explained that the resident did not but was complaining of back pain, so the Administrator sent him to the hospital for an evaluation.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Royal Care A.C.L.F., Inc.
5081 Dunn Road
Fort Pierce, FL 34981

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative from 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 **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924