STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964115	03/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Living Rest Home, Inc	2926 Sw 2 Street Miami, FL 33135	

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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (2014002552) Investigation Survey was completed on . Royal Living Rest Home Inc had deficiencies at time of survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to keep all medications locked up at all times.

Findings include:

Observations on at 11:15 a.m. found a small the kitchen that was unlocked and on a top shelf was a container with medications.

The administrator was questioned about those medications on at 11:15 a.m., she said that the door is usually locked. She confirmed that the door was not locked and that the medications were for staff.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on observation, record review, and interview the assisted living facility failed to have a doctor's order for 1 out of 3 (#1) sampled residents.

Findings include:

Observations found during the tour on at 10:25 a.m., resident #1 was receiving treatment.

Record review found that the facility did not have a doctor's order for resident #1 with instructions on receiving his treatment.

Interview with the administrator on at 11:42 a.m. confirmed that the facility did not have a doctor's order for resident #1's .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

CCR#2014002552

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2014 by representative(s) 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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