

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910384	(X3) DATE SURVEY COMPLETED 05/21/2014
NAME OF PROVIDER OR SUPPLIER Royal Care A.C.L.F., Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 5081 Dunn Road Fort Pierce, FL 34981	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-05/21/2014
0057-Medication - Over The Counter (otc) Products-05/21/2014
0078-Staffing Standards - Staff-05/21/2014
0081-Training - Staff In-Service-05/21/2014
0082-Training - Hiv/aids-05/21/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-05/21/2014
0085-Training - Nutrition & Food Service-05/21/2014
0090-Training - Do Not Resuscitate Orders-05/21/2014
0160-Records - Facility-05/21/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 05/21/14. Royal Care A.C.L.F. Inc. had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 4, 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 revisit conducted on May 21, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


 Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

