

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964115	(X3) DATE SURVEY COMPLETED 05/28/2014
NAME OF PROVIDER OR SUPPLIER Royal Living Rest Home, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2926 Sw 2 Street Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-05/28/2014

0162-Records - Resident-05/28/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced followup survey to a Complaint (2014002552) Investigation was conducted on 05/28/2014 at Royal Living Rest Home Inc. All previously cited deficiencies were found to be corrected at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2014

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

Dear Administrator:

This letter reports the findings of a complaint investigation (CCR#2014002552) survey revisit conducted on May 28, 2014 by representative(s) 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(s). Should you have any questions please call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

