STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	09/15/2014
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 - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Service (LNS) survey was conducted on . . . . . at Royal Palms Retirement Centre, an Assisted Living Facility (ALF) in Port Charlotte, Florida.

The following is a description of non-compliance:

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview, the facility failed to ensure 2 (Residents #1 and #2) of 2 residents receiving Limited Nursing Services (LNS) had a monthly nursing assessment completed by a Registered Nurse (RN).

The findings include:

1. On . . . . . a record review for Resident #1 revealed the resident was admitted LNS services in . 2014. Review of the monthly nursing assessments for the month of . . 2014 revealed the assessment was not signed by a RN.

2. On . . . . . a record review for Resident #2 revealed the resident was admitted to LNS services in . 2014. Review of the monthly nursing assessments for the month of . . 2014, revealed the assessment was not signed by a RN.

3. During an interview with the Administrator on . . . . . at 1:00 p.m., she agreed the monthly nursing assessments were not signed by an RN. She said, "We have a Corporate Nurse that comes in monthly to sign the assessment. I will call her and have her come in tomorrow and sign them."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 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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