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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= B

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

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

This is a follow-up to Complaint Survey, CCR# 2014004346 which was originally conducted on

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed to honor Residents Rights in choosing a Home Health Agency (HHA).

The findings include:

1. During an interview with the Administrator on at 1:30 p.m., she indicated, at the time of admission, she asks the residents what HHA they would like to use if the need would arise. "We have them sign a home health selection sheet showing their choice of Agencies and this is placed in the Resident's file for future use. When the resident receives an order to start home health services, we will ask the Resident if they still want the agency they selected." According to the Administrator she calls the physician's office and sends a letter to explain resident's right's to choose their own HHA.

2. A copy of a form letter to be signed by the resident at the time of Home Health Services, offers 6 HHAs to choose from, with a blank to write in another agency preference.

3. Florida Health Finder shows a list of eighteen Home Health Agencies in Charlotte County (the county where this Assisted Living Facility is located).

4. Interview with the Administrator on at 2:00 p.m., she commented there were too many choices for the resident's to choose from. "I only put 6 agencies on the list to offer them a variety, but didn't think they could make a choice with so many agencies available. I thought it would be too over whelming."

5. Review of the HHA Log on , revealed the facility has 13 resident's receiving home health services.

6. During an interview on at 2:30 p.m. Resident #3 said, "I don't really know what the name of the person who comes here. I could have picked them, I don't remember."

7. During an interview on at 2:40 p.m.Resident #4 said, "The agency I have now, I had before I came here. I really like them. I will stick with them."

8. During an interview on at 2:50 p.m. Resident #5 said, "I have come in a couple of times a week. I am happy with the Yes, I guess, it was my choice. Yes, I would continue to use them."

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9. During an interview on at 3:05 p.m. Resident #6 said, "I had this home health before; I like the people that come. I am satisfied so far. Yes, I would use them again."

Class . .

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 Revisit Survey conducted on 15, 2014 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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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