STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964115	**10/07/2014**
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Royal Living Rest Home, Inc had the following deficiencies at the time of the survey:

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to have proof of the administrator's high school diploma or GED.

Findings as followed:

Record review showed the facility failed to have proof of the administrator (hired on)'s high school diploma or GED available for review.

On at 2:00 p.m. the facility's administrator stated, the high school diploma was misplaced.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to have evidence of a negative ( ) examination documented on an annual basis for 3 of 5 (#2, #3, and #4) facility staff.

Findings as followed:

Record review showed the facility failed to have documentation of a negative annual examination for staff #2, #3, and #4. Record review showed the last examinations for staff #2 was dated , staff #3 was dated , and staff #4 dated .

On at 2:30 p.m. the facility's administrator acknowledged the facility failed to evidence of annual examinations for staff #2, #3 and #4.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

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Based on record review and interview the facility failed to have documentation that facility's manager successfully passed the CORE competency test 3 months from the date of becoming the manager.

Findings as followed:

Record review showed the facility's administrator supervised two facilities. Record review showed the facility failed to have documentation that the facility's manager hired on / / successfully passed the CORE competency test within 3 months.

On at 2:30 p.m. the facility administrator acknowledged the facility failed to have documentation that the manager passed the CORE test.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to have documentation of the elopement response policies and procedures training for 1 of 5 (#2) facility staff.

Findings as followed:

Record review showed the facility failed to have documentation of the elopement policies and procedures training for staff #2 (caretaker, hired on)

On at 2:30 p.m. the facility administrator stated the elopement training for staff #2 was misplaced.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an up-to-date residents admission and discharge log.

Findings as followed:

Record review showed the facility failed to have an up to date admission and discharge log. Record review found the facility did not have residents #13 (admitted on /) and #14 (admitted on /) listed in the log.

On at 2:30 p.m. the facility's administrator stated the facility did not have residents #13 and #14 in the admission and discharge log by mistake.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have an executed contract between 1 of 14 (#14) residents and facility.

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Findings as followed:

Record review found the facility failed to have a contract between resident #14 (admitted to facility on) and the facility.

On at 2:30 p.m. the facility's administrator stated the facility had no a contract between residents #14 and the facility.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to identify limited mental health (LMH) residents in the admission and discharge log.

Findings as followed:

The health assessments documented residents #5 with a diagnosis ( ) of , Type ( ), #7 of , and #14 of . Record review showed the facility failed to identify the mentioned residents in the admission and discharge log as LMH residents.

Record review also showed the facility failed to have documentation of a agreement and annual community support plan for resident #7 who was admitted on .

On at 2:30 p.m. the facility's administrator acknowledged the facility failed to identify residents #5, #7 and #14 in the admission and discharge log as LMH residents. The facility administrator added that the agreement and annual community support plan for resident #7 was misplaced.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on observation, record review, and interview the facility failed to have 1 of 5 (#3) facility staff trained in working with Limited Mental Health (LMH) residents.

Findings as followed:

On at 10:00 a.m. it was observed caretaker (staff #3) interacting with facility residents.

Record review showed the facility held a standard license with LMH component. Record review found the facility had three LMH residents. Further record review showed the facility failed to have documentation of LMH training for staff #3 (caretaker, hired on).

On at 2:30 p.m. the facility's administrator (staff #1) stated staff #3 has not received the LMH yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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