STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	03/18/2015
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:
An unannounced Compliant Survey, CCR#2015002080 conducted on .. , and .. . at Royal Palm Retirement Center, an Assisted Living Facility in Port Charlotte, Florida.
The complaint contained three allegations. One allegation was substantiated and two were unsubstantiated.

The following is a description of the deficiency.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, one of four employee personnel files did not contain evidence of required training.

The findings included:

Record review conducted on .. at 1:00 p.m. revealed Employee E's personnel file did not contain evidence of required training in Elopement Response, Emergency Preparedness and Evacuation Policy and Procedures, and .. . . . Policy and Procedures.

During an interview on .. at 2:04 p.m. the Executive Director agreed there was no evidence of required training in Elopement Response, Emergency Preparedness and Evacuation Policy and Procedures and .. . . . . Policy and Procedures in the personnel file of Employee E.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2015002080

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 18, 2015 by representatives 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

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