| 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 - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

**Specific Tag Findings:**
An unannounced Biennial with Limited Nursing Services survey was conducted on ..... and ..... at Royal Palm Retirement Centre, an Assisted Living Facility in Port Charlotte, Florida.

The following is a description of the deficiency cited:

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed ensure that staff were aware of the general health of one (Resident #8) of two residents reviewed.

The findings included:

1. Review of Resident #8's Health Assessment completed by a physician and dated ..... revealed a "yes" response under the communicable ..... statement. The Special Precautions section was noted to have the statement: ..... in nares."

2. On ..... at 4:15 p.m. Staff D (the facility Executive Director), Staff I (a Licensed Practical Nurse and the facility Care Coordinator), and Staff H (the facility Health and Wellness Director) reported they were not aware that "yes" was checked next to communicable ..... statement, and were not aware that the comment stating, ..... in nares" was listed as special precautions.

3. At 5:00 p.m. on ..... Staff H stated that she contacted Resident #8's physician, who on ..... wrote the statement on the Health Assessment. Staff H stated that the physician gave her an order to swab Resident 8's nares again and send it to the lab and if it is positive start Resident #8 on ..... and put Resident #8 on Special Precautions.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 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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