STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966525	R
NAME OF PROVIDER OR SUPPLIER **ROYAL DESTINY HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 NW 179 STREET** **CAROL CITY, FL 33056**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted 24, 2015. Royal Destiny Home Care LLC had the following defciency identified at time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure for one out of three (Staff A) sampled staff had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Findings included:

Record review on revealed that Staff A (hired) did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Interview on at 6:00 PM with the Administrator & Assistant acknowledged that staff did not have any documentation and stated, "She is out of the country."

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966525	A. Building B. Wing	8/24/2015

Name of Facility

ROYAL DESTINY HOME CARE LLC

Street Address, City, State, Zip Code

3260 NW 179 STREET
CAROL CITY, FL 33056

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC		ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC		ID Prefix **A0051** Reg. # **58A-5.0185(2) FAC** LSC	
ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC		ID Prefix **A0077** Reg. # **429.176 FS; 58A-5.019(1) F** LSC		ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	
ID Prefix **A0080** Reg. # **429.52(1-2) FS; 58A-5.0191** LSC		ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC		ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC	
ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC		ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC		ID Prefix **A0085** Reg. # **58A-5.0191(6) FAC** LSC	
ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC		ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC		ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC	

Reviewed By **State Agency**	**Reviewed By**	**Date:** 9/4/15	**Signature of Surveyor:**		**Date:**
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**		**Date:**

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966525	A. Building B. Wing	8/24/2015

Name of Facility	Street Address, City, State, Zip Code
ROYAL DESTINY HOME CARE LLC	3260 NW 179 STREET CAROL CITY, FL 33056

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed				

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency				
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Royal Destiny Home Care Llc
3260 Nw 179 Street
Carol City, FL 33056

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com