STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	09/10/2015
NAME OF PROVIDER OR SUPPLIER **ROYAL PALM RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2500 AARON STREET** **PORT CHARLOTTE, FL 33952**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015006437, was conducted on / at Royal Palm Retirement Centre, an Assisted Living Facility (ALF) located in Port Charlotte, Florida.

The complaint contained 3 allegations all of which were substantiated with deficiencies.

0025 Resident Care - Supervision

Based on an observation, record review and interview with staff, the facility failed to provide supervision for 5 of the resident's reviewed. Residents #1, #2, #7, #8, and #9 all demonstrated weight loss with no evidence of interventions by the facility staff. Resident #1 had skin issues which were not evaluated by the administrative staff.

The findings included:

1. Resident #1 was admitted to the facility on /. On , the Assisted Living Facility (ALF) received an order for , skin protectorant to be applied to affected areas. There was no description in the record about this site in the resident's progress notes. On / / , was added to regimen. There was no documentation about the skin noted in the record. On there was documentation of a physician's visit which indicated the area was a on the sacrum. The facility used a shower/skin observation form inconsistently. Review of forms for , / , and all revealed there was no documentation about the resident's skin having difficulty. On / , there was documentation stating the resident had a " butt ." There was no assessment and supervision by the Licensed Practical Nurses (LPN) about this area documented in the resident's progress notes.

On at 1:00 p.m., Staff C reported the resident's butt "Looks purple." She said she thinks it's getting better, because it's not as red or painful as it was for the resident. The resident would cry and scream when the cream was applied to her up until recently.

On / / at 2:20 p.m. a Facility Staff who requested not to be identified, reported the resident skin is better if the staff consistently applies the cream, but it does not always happen. The staff member also reported they have 2 staff members for about 90 residents. Sometimes they have as many as 11 showers scheduled for their shift and they do not always get them done. The evening shift is supposed to do them, but they don't always do so and there is no method to track what showers were not done.

Observation of Resident #1 on at 4:30 p.m. was performed. The resident's

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appear a deep red color with an open area located midline on the right . The area was approximately 2 cm long by 0.5 cm wide and was superficial. The resident is of and is unable to change pads independently.

2. Residents #7, #8, and #9 were observed during lunch on / / at 12:00 p.m. Residents #7 and #8 were seated at the back of the long table. They were at either end of the table with an empty chair between them. They were served food, and cued at the time of the services, but staff would then leave them. The residents would eat between 3 and 5 bites of whatever food was in front of them and then stop. Staff would come by again and cue, but the residents never completed a meal and only ate approximately 25% of what was served. If staff was not present in the area cueing the residents did not eat.

Resident #9 was seated at a separate small table for 2. This resident repeatedly asked what she should be doing. The resident also needed cueing. The resident would eat several bites, and then stop. If staff came near the resident, she would vocalize questioning what she was supposed to be doing. She was served a regular meal at lunch which she proceeded to eat with her hands. There was some cueing, but this resident also did not eat lunch very well.

Review of Resident #7's weights revealed on the resident weighed 132.8 pounds. The resident showed a decline in weights and on / , the resident weight 121.8 pounds which is a 9.8% weight loss in 4 months. Administrative staff admitted they were unaware of the weight loss during interview on / at 1:45 p.m.

Resident #9 weighed 175.2 on . On , 2015 the resident's weight was documented at 157 pounds. This was a weight loss of 27 pounds and a 14% change in weight.

Resident #2 weighed 196 pounds on / . The weight for this resident on / was 178 pounds. This was a 18 pound weight loss in 9 months or a 9% weight loss.

Resident #1's weight was 134 pounds on . The resident's weight on was 119 pounds. This was a change in weight of 11%.

Class III

0028 Resident Care - Activities of Daily Living

Based on observation, interview and record review, the facility failed to ensure showering was provided and failed to provide supervision with eating for 5 (Residents #1, #2, #7, #8, and #9) of 9 residents

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reviewed.

The findings included:

1. On at 10:15 a.m., the Administrator said they have documentation of showers. The staff uses a calendar to write on which days are a resident's shower days. They have one for days and one for evenings. In addition, they have a different form that documents the morning showers, and evening showers for that day. There is a space on this form to document what type of shower was given and if the resident refused. A request was made to show the documentation for and This was unable to be provided. However, the staff provided a combination of the forms to show how the showing is being documented. The forms were not consistently dated and there was no consistent method of documenting this care. Sometimes it would be initiated, sometimes it was checked, and sometimes there was nothing documented. The acting health and wellness director agreed at 2:00 p.m. there was no consistent documentation about this issue.

On , during interviews with Residents #3, #4, #5, and #6, all of whom were alert and oriented, they were able to verbalize they got their showers 2 times a week. Resident #2 also stated she got her showers, but her stated she did not.

On , Facility Staff, who requested not to be identified, said they sometimes have as many as 11 showers to do on the day shift. They have 2 staff members, and 90 residents for care. This Staff further stated they do not always get the showers done and the evening shift is supposed to do them. This Staff further stated there is no mechanism to ensure all of the showers are completed.

2. Observation of Resident #7, #8, and #9 during lunch on revealed the residents received intermittent cueing. None of the residents completed a meal and only ate 25% or less of it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015006437

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com