STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	11/10/2015

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint survey, CCR #2015009109 and CCR #2015009479 was conducted from [redacted] through [redacted] at Royal Palm Retirement Centre, an assisted living facility, in Port Charlotte, Florida.

Complaint Survey, CCR #2015009109 has four allegations. One of the four allegations is substantiated with citations. The facility received A0056 and A0030. The other allegation was substantiated with no citations.

Compliant Survey, CCR #2015009479 has three allegations. None of these allegations were substantiated and the facility received no citations as a result of this complaint.

0030 Resident Care - Rights & Facility Procedures

Based on resident and staff interview, the facility failed to adhere to residents rights for access to adequate and appropriate health care for 1 (Resident #10) of 5 residents interviewed in regards to making available 'as needed' medication for pain.

The findings include:

1. On [redacted] at 11:15 a.m., Resident #10 stated she has back pain but tries to get through it without taking medication. She said that once in a while she takes [redacted] to take the edge off the pain. The resident stated she requested [redacted] from the med tech for pain a couple of days ago in the afternoon. The resident said the medication tech did not give her any [redacted]. The med tech told the resident she has never been on it and if she needed some to go buy it herself. The resident said she asked a friend to buy her some [redacted] and she did. A review of the resident's record showed [redacted] 325 mg prn (as needed) was discontinued on [redacted] for non-use. There was no evidence of any attempt by facility staff to obtain a new order for prn [redacted].

Record review of the Health Assessment AHCA Form 1823, dated [redacted] revealed the resident needs assistance with medications.

2. On [redacted] at 1:15 p.m., Staff G, Wellness Director, revealed she had no knowledge of this incident but she would investigate. Staff G stated the resident had not been assessed for self-administration of medication. She also stated a resident requiring assistance with medication should not have possession of medication that is not documented in the residents chart and known to the resident's physician.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0056 Medication - Labeling and Orders

Based on record review, resident interview, and staff interview, the facility failed to ensure resident prescriptions were filled or refilled in a timely manner for 2 (Residents #1 and #18) of the 5 sampled residents.

The findings include:

1. The Medication Observation Record (MOR) for Resident #1 showed that 5 mg by mouth daily at bedtime had not been administered on and . There were notations on all those dates indicating waiting for pharmacy to deliver the medication. There was no documentation that the physician was notified nor was there any evidence of any follow up with the pharmacy. Resident #1 is not interviewable.

On at 2:00 p.m. medication technician, Staff E stated, the for Resident #1 was not in the medication cart. Staff E said she expected the prescription to come from the pharmacy.

On at 12:40 p.m., Wellness Director, Staff G, stated she thought the had been discontinued on but confirmed there was no order in the chart to discontinue the medication until when an order was received from the physician. Staff G acknowledged the order had not been clarified with the physician until . Staff G acknowledged the unlicensed medication technicians had an expectation the medication was to be delivered by the pharmacy.

2. The MOR for Resident #18 showed 150 mg by mouth daily at bedtime had not been administered on and . There were notations the order had been faxed to the pharmacy on and again on . There was also a note documenting the physician was contacted on for a new "hard script."

On at 9:45 a.m., Resident #18 stated he had not received his since "last Thursday." He said he has been taking for years for his legs and expects to receive the medication daily. At this time he denied any pain or discomfort.

On at 12:45 p.m., the Wellness Director, Staff G, said the staff are supposed to reorder all medications when there are seven doses of a prescription left, but she did not know if that happened in this case. Staff G said the pharmacy has been unreliable about refilling prescriptions. Staff G said the

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facility staff should contact the pharmacy before the prescription runs out.

The facility staff failed to ensure prescribed medications were available for the residents. Failure to provide medication to a resident has the potential for harm.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015009109 & CCR #2015009479

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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. **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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Laura Wentz for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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