STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	**03/30/2016**
NAME OF PROVIDER OR SUPPLIER **ROYAL CARE A.C.L.F., INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5081 DUNN ROAD** **FORT PIERCE, FL 34981**	

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

0000 Initial Comments

An unannounced Biennial Standard Licensure survey was conducted on 03/30/16 at Royal Care A.C.L.F., Inc. The facility had deficiencies at the time of the visit.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure employees received required training within 30 days of date of hire, for 2 of 3 sampled Employees (A and C).

The findings included:

Employee file review was conducted / at 3:00 PM with the Administrator present. The following concerns were identified.

1. Employee A was hired when the facility opened on . The file for Employee A revealed no documentation showing she received the required 1 hour of training related to facility emergency procedures including chain of command and staff roles relating to emergency evacuation.

2. Employee C was hired on / . The file for Employee C revealed no documentation showing she received the required:
a. 1 hour of training related to facility emergency procedures including chain of command and staff roles relating to emergency evacuation
b. 1 hour of training related to reporting major incidents
and adverse incidents.
c. 1 hour of training related to reporting adverse incidents
d. Training related to the facility's resident elopement response policies and procedures

In an interview conducted at 3:00 PM, the Administrator stated he was not able to locate certificates of training as identified above. He confirmed Employees A and B provide direct care and services to the current 12 residents living at the facility.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications received required training in assisting residents with

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

self-administration of medications, for 1 of 3 sampled Employees (A).

The findings included:

Review of records for Employee A, a Medication Technician, conducted 03/30/16 revealed she has been employed by the facility since it opened / . Further review revealed no documentation showing she received the required annual two hours of continuing education during 2014 and 2015.

This was discussed with the Administrator on at 3:00 PM. He confirmed there was no documentation available, and that Employee A assisted residents with self-administration of medications.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to maintain copies of training certificates on file, for 1 of 3 sampled Employees (B).

The findings included:

Employee file review was conducted with the Administrator present. Review of Employee B's records documented she was hired / . Further review revealed no training certificates documenting she received the required trainings in:

1. control, including universal precautions, and facility sanitation procedures
2. /
3. Resident elopement response policies and procedures
4. Facility emergency procedures including chain of command and staff roles relating to emergency evacuation
5. Reporting major incidents
6. Reporting adverse incidents
7. Recognizing and reporting resident , neglect and
8.
9. Safe food handling practices

In an interview conducted / at 2:55 PM, the Administrator stated Employee B had received these trainings shortly after hire but the certificates were not available for review. He further confirmed

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

Employee B provides direct care to the facility's residents including assistance with meals.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Royal Care A.C.L.F., Inc.
5081 Dunn Road
Fort Pierce, FL 34981

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2016 by 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 , 2016.** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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