STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966016	04/07/2016
NAME OF PROVIDER OR SUPPLIER **ROYAL OAKS MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1833 SEMINOLE BLVD** **LARGO, FL 33778**	

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

0000 Initial Comments

Assisted Living Facility

On , a complaint survey (CCR# 2016003102) was conducted at Royal Oaks Manor ALF located at 1833 Seminole Blvd, Largo, FL. The facility had deficiencies identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on interview and observation, the facility failed to honor resident rights, failed to treat residents with consideration and respect, and failed to allow the residents to live in an environment free from .

Findings included:

On at 11:25 AM an interview was conducted with Resident #1. Resident #1 stated the Administrator has verbally " thrown the threat of a 45-day notice in my face " on several occasions. Resident #1 was concerned about speaking to the state for fear of retaliation. Resident #1 stated the Administrator has been rude to her and yelled at her on several occasions, and has yelled at her in front of other residents.
On at 11:45 AM the Administrator was observed as she arrived at the facility. The Administrator was observed as she spoke rudely to Resident #1 in front of two other residents and surveyor. The Administrator told Resident #1 she had already been given a 45-day notice once, she would do it again.
On at 12:05 PM an interview was conducted with Resident #2. Resident #2 stated the Administrator is sometimes disrespectful. Resident #2 stated the Administrator has yelled at him, and sometimes she has yelled at him in front of other residents.
On at 12:12PM an interview was conducted with Resident #3. Resident #3 stated the Administrator is rude to her. Resident #3 stated the Administrator made rude comments to her from behind the front counter, in front of several other residents. Resident #3 said it was embarrassing. Resident #3 was concerned about retaliation for speaking with the Agency. Resident #3 said the Administrator doesn ' t like for them to talk to the Ombudsman ' s office either.
On at 12:25 PM an interview was conducted with Resident #4. Resident #4 stated he fears retaliation by the Administrator. Resident #4 said he is not allowed to speak to or call the state, or speak to or call the Ombudsman. Resident #4 stated the Administrator is a " shouter. " Resident #4 said the Administrator is disrespectful to him.
On at 1:19 PM an interview was conducted with Resident #8. Resident #8 stated the

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Administrator yells at him frequently.
On : at 1:44 PM an interview was conducted with Resident #9. Resident #9 stated he was yelled at by the Administrator and he did not appreciate it.
On : at 2:55 PM an interview was conducted with the Administrator. The Administrator stated she does not yell at the residents. The Administrator admitted to yelling at Resident #1 in front of surveyor and stated " but I didn ' t know you were from the state. " The Administrator denied she retaliated against residents for talking with the Agency or the Ombudsman. The Administrator did not see that there were any resident rights violations.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain an employee roster with the employment status of all employees of the facility within the clearinghouse.

Findings included:

On : at 11:20 AM a record review was conducted of the employee roster for the facility on the Agency for Health Care Administration Care Provider Background Screening Clearinghouse website. No employees were located.
On : at 2:16 PM a record review was conducted of the facility's list of all current employees. There were eight employees documented on the list.
On : at 2:26 PM an interview was conducted with the Administrator. The Administrator was not aware of the employee roster on the Care Provider Background Screening Clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Royal Oaks Manor
1833 Seminole Blvd
Largo, FL 33778

RE: CCR# 2016003102

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016, 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 , 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90