STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	10/19/2016
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 was conducted at Royal Palm Retirement Center (License#3915) an Assisted Living Facility located in Port Charlotte, Florida.

The survey consisted of 3 complaints: CCR #2016009237, contained 4 allegations of which 4 allegations were not substantiated, CCR #2016008559 contained 1 allegation of which 1 allegation was not substantiated, CCR #2016010736 contained 3 allegations of which 1 allegation was substantiated without deficiency and 2 allegations were substantiated with deficiency.

The following is a description of the deficiencies.

0025 Resident Care - Supervision

Based on record review and interview the facility failed to provide the necessary supervision to prevent for 1 (Resident #3) of 3 residents reviewed.

The findings included:

Review of Resident #1's record revealed that she was admitted to the facility on . The record identified the resident's be 534. The Health Assessment Form (1823) in the file was dated . It documented that the resident needs assistance with ambulation and with transfers. The record contained the Resident Assessment completed by the facility dated . This assessment directs cost and care provided by the facility. It noted Resident #3 needs to be escorted throughout the community to attend meals, activities and events. It noted the facility will not provide assistance with transfers even though the 1823 completed by a physician says she requires this assistance. The record contained an Incident Report dated . It stated the resident was found on the floor next to the right side of the bed in . It stated Resident #3 wondered into looking for somewhere to sleep. The record had a 2nd Incident Report dated . It stated Resident #1 was found on the floor in the living and crying. The incident occurred at 10:05 a.m. It stated the was not witnessed.

On at 2:45 a.m., the Executive Director said Resident #3 resides in the secure unit and that on when the occurred the resident was ambulating throughout the unit un-escorted. She wandered into another resident's on the floor mat. The Executive Director said when residents are in the living of the secure unit they have a dedicated activity person who provides supervision for residents in this area. She couldn't say why the activity person was not present to provide supervision to ensure residents' safety.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to honor resident's legal right to receive a timely refund as outlined in the resident's contract. This has the potential to cause the resident financial hardship. The facility also failed to transport the resident to the emergency following a on /

The findings included:

Record review for Resident #3 found she had a on / resulting in an injury requiring the resident to be transferred to the hospital. The incident report dated / stated that the resident was found on the floor in the living was screaming and crying. The incident was noted to occur at 10:05 a.m. The incident report stated the resident was put in her bed. It stated resident was not taken to the hospital. The charting notes for Resident #3 dated / at 4:13 p.m. stated the resident is unable to ambulate safely and requires 1 person assist. The notes indicated that staff reported the resident had a today. It stated that Resident #3 is complaining of pain on left leg and left shoulder, at 4:18 a.m. the notes stated the facility received a return call from the physician and the resident was transported to the hospital. The notes dated stated that the resident remains out of the facility. The notes dated said the resident's daughter, who is her power of attorney, came in and said the resident will be going to a rehabilitation center once discharged from the hospital. She will not be returning to the facility. The record had a "Final account statement" dated . It stated the resident's move out date is . It noted the refund due is $394.26. The resident's agreement dated stated the requirement for a 30 day written notice is waved for medical reason. It stated a refund will be made within 45 days.

On at 3:10 p.m., the Executive Director said the refund has not been made. She said the resident's daughter was asked to sign a waiver not to seek legal recourse concerning any prior to the refund being made. She said the facility would not provide a copy of the document they wanted the daughter to sign. She said she spoke to the Claim of the Risk Management Department. The Executive Director provided a note of what the Claim said. The note says "We made offer to settle concerns They have not accepted it so it is in the hands of risk management team."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

. Anna Castellano
25159 Rosamond Court
Port Charlotte, FL 33983

CONFIDENTIAL
RE: CCR# 2016010736

Dear . Castellano:

Representatives from the Agency for Health Care Administration (AHCA) completed an unannounced visit at Royal Palm Retirement Centre on , 2016.

While at the facility, our staff thoroughly reviewed your concerns. The representatives observed care, interviewed residents and staff, as well as completed medical chart reviews.

The representatives found that rules and laws were violated at the time of our visit. The facility received a statement of deficiencies and will be required to correct the deficiencies.

Thank you for bringing your concerns to our attention. Inspection results will be available in approximately 45 days at http://apps.ahca.myflorida.com/ web or, if unavailable online, directions on how to obtain a copy of the report are included on the website as well. Your feedback is important to us and we invite you to complete a survey at http://tinyurl.com/ahcasurvey.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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IHKU

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016010736, CCR #2016009237 & CCR #2016008559

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
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Fort Myers, FL 33901
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