STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	01/19/2017
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 #2016014000 was conducted on 1/17/17 through 1/19/17 at Royal Palm Retirement Center, an assisted living facility (license#3915) in Port Charlotte, Florida. This complaint survey was conducted in conjunction with a relicensure and a revisit survey.

This complaint contained two allegations that were substantiated.

The following is a description of the deficiencies.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to determine that 1 (Resident #4) of 3 residents sampled was not appropriate for continued residency at the facility. Resident #4 had a or

The findings included:

Resident #4 was admitted to the facility in of 2013. Review of the "Charting Notes" showed Resident #4 was seen by the dietician on / for on her .

On / , the Licensed Practical Nurse (LPN) / Director of Nursing (DON) documented, "Area to the continues to be excoriated."

On / / , the DON documented, "Redness continues to . Resident care provided with barrier cream ... [medical doctor] made aware ..."

At 7:00 p.m. on / , LPN Staff L said she contacted the DON by phone on / at 2:00 a.m. and told her she needed to look at the resident's and that the was open. The DON responded back to her that she would look at the . LPN Staff L said she documented there was an open to the resident's area on a 24-hour report sheet sometime the week prior to / / . When she had not received a response she became concerned and contacted the DON by text.

At 1:38 p.m. on / / , the DON verified she had received a text from LPN Staff L about an open on / . The DON said Staff L should have contacted the medical doctor about the . The DON said she does not stage wounds. The DON said the could have been a when she was documenting the was excoriated.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 11/30/16, there was a signed shower sheet that the resident had open sores and discoloration to her area.

At 10:19 a.m. on 1/19/17, the home health nurse said she had discovered the to Resident #4's on / / . She said she was drawing labs and it was routine for her to check for on any resident with a potential for . She said when she pulled down the resident's pants, the was visible to her immediately. She said the and surrounding skin was covered in skin barrier cream. She said any staff applying the barrier cream would have seen the . She said it was obvious to her the had been there for a long time. She said Resident #4 told her she was having pain to the area for a long time and that the had been there for a long time. The home health nurse said she immediately notified the physician who told her to send the resident to the hospital by emergency medical services. The home health nurse said the DON called her back on / / and told her she had been told on / that there was no on her . The DON told her she had never looked at the .

On / / at 2:00 p.m., Resident #4's primary care physician said he had sent the home health nurse out to draw labs on the resident so he could see Resident #4 in his office. He said he felt the was avoidable and that it would have taken at least a month for the to develop. He said the would have been an open for at least two weeks before the home health nurse reported the on / / . He had treated the after admitting the resident to the hospital. He called the a (full thickness tissue loss) or possible (full thickness tissue loss with exposed bone, , or muscle) .

At approximately 1:00 p.m. on / the DON said an Advanced Registered Nurse Practitioner was available to assess residents with wounds who were on LNS (limited nursing services).

Review of the facility's LNS records showed Resident #4 was never placed on LNS.

At 3:00 p.m. on / / , the Administrator said she was never notified by the DON or a staff member at the facility Resident #4 had a or . She verified a resident was not appropriate for continued residency at the facility with greater than a .

Class II

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

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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
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Based on observation and interview the facility failed to ensure a clean and safe environment. The facility had at least 2 areas of possible microbial growth without adequate remediation.

The findings included:

According to the Centers for Control and Prevention, "Some people are sensitive to m[illegible] these people, exposure to molds can cause symptoms such as nasal stuffiness, eye irritation, , or skin irritation. Some people, such as those with serious to molds, may have more severe reactions ... Some people with chronic lung illnesses, such as lung , may develop mold in their lungs.
In 2004 the Institute of Medicine (IOM) found there was sufficient evidence to link indoor exposure to mold with upper tract symptoms, , and in otherwise healthy people; with symptoms in people with ; and with in individuals susceptible to that -mediated condition." (source: <https://www.cdc.gov/mold/faqs.htm>)

1. On / / at 3:20 p.m., observations during a tour of the facility included on the first floor near the kitchen entrance, on the lower portion of the corridor wall, the wallpaper was removed. The wall was recently painted.

During an interview on / at 3:35 p.m., the Facility Manager stated the wallpaper was removed and possible microbial growth was treated with water and bleach earlier that day, then the area was painted.

2. During the tour of the facility with the Administrator and Facility Manager on / at 3:55 p.m. observations included possible microbial growth on the exterior wall in near the window. The area in question was near bed A. There was evidence of water intrusion. The baseboard below the window was separated from the drywall.

During the exit conference on / at 4:20 p.m. with the Administrator and three corporate representatives these findings were confirmed. The Administrator agreed to hire an environmental hygienist to evaluate the entire structure. The administrator explained that corporate has already been notified and a plan to correct the concerns was noted. The Administrator said once the culture results come, in the facility will take the appropriate actions to remediate the affected area if needed. The facility will provide a complete scope of work for this project from an outside vendor if needed.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on interview and record review, the facility failed to determine that 1 (Resident #4) of 3 residents sampled was not appropriate for continued residency at the facility. Resident #4 had a or

The findings included:

Resident #4 was admitted to the facility in of 2013. Review of the "Charting Notes" showed Resident #4 was seen by the dietician on / for on her

On / , the Licensed Practical Nurse (LPN) / Director of Nursing (DON) documented, "Area to the continues to be excoriated."

On / / , the DON documented, "Redness continues to . Resident care provided with barrier cream ... [medical doctor] made aware ..."

At 7:00 p.m. on / , LPN Staff L said she contacted the DON by phone on / / at 2:00 a.m. and told her she needed to look at the resident's and that the was open. The DON responded back to her that she would look at the . LPN Staff L said she documented there was an open to the resident's area on a 24-hour report sheet sometime the week prior to / / . When she had not received a response she became concerned and contacted the DON by text.

At 1:38 p.m. on / / , the DON verified she had received a text from LPN Staff L about an open on / / . The DON said Staff L should have contacted the medical doctor about the The DON said she does not stage wounds. The DON said the could have been a when she was documenting the was excoriated.

There was a signed shower sheet dated / that documented the resident had open sores and discoloration to her area.

At 10:19 a.m. on / , the home health nurse said she had discovered the to Resident #4's on / . She said she was drawing labs and it was routine for her to check for on any resident with a potential for . She said when she pulled down the resident's pants, the was visible to her immediately. She said the and surrounding skin was covered in skin barrier cream. She said any staff applying the barrier cream would have seen the . She said it was obvious to her the had been there for a long time. She said Resident #4 told her she was having pain to the area for a long time and that the had been there for a long

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SUMMARY STATEMENT OF DEFICIENCIES
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On / / at 2:00 p.m., Resident #4's primary care physician said he had sent the home health nurse out to draw labs on the resident so he could see Resident #4 in his office. He said he felt the was avoidable and that it would have taken at least a month for the to develop. He said the would have been an open for at least two weeks before the home health nurse reported the on / /. He had treated the after admitting the resident to the hospital. He called the a (full thickness tissue loss) or possible (full thickness tissue loss with exposed bone, , or muscle) .

At approximately 1:00 p.m. on / the DON said an Advanced Registered Nurse Practitioner was available to assess residents with wounds who were on LNS (limited nursing services).

Review of the facility's LNS records showed Resident #4 was never placed on LNS.

Review of documentation showed the resident never received skilled nursing services for a .

At 3:00 p.m. on / /, the Administrator said she was never notified by the DON or a staff member at the facility Resident #4 had a or . She verified a resident was not appropriate for continued residency at the facility with greater than a .

Class II

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a complaint survey for CCR #2016014000, conducted on , 2017, by representatives of the Agency for Health Care Administration (Agency). [illegible] the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC).

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0000 - Initial Comments
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency Class II
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other Class III
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards Class II

Directed Corrective Actions:

The facility is required to complete skin assessments on all residents currently living in the Assisted Living Facility. The skin assessments must be completed by a Registered Nurse (RN) and be documented. The skin assessment documentation, along with a copy of the RN's license, must be kept on file at the facility and be available for review by the Agency. The skin assessments must be completed no later than . If any resident is observed or reports having skin integrity issues during the skin assessment evaluation, the facility must contact the resident's primary health care provider and consult for a course of treatment. This contact and course of treatment must be documented in the resident's file.

The facility will implement a written, detailed plan of how the facility will have each resident currently residing at the Assisted Living Facility assessed for continued residency by their health care provider. The assessment will include obtaining a Resident Health Assessment (1823), dated after for all residents currently residing in the Assisted Living Facility. The facility will give required written notice and ensure safe transfer of the individual to a location in which their needs can be met to any resident who is deemed inappropriate for continued residency according to Florida Administrative Code 58-A018. This will be done with coordination and input from the resident and their primary guardian/ Power of Attorney. Notice will be sent to the Agency for Health Care Administration, no later than , of residents who were deemed

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Royal Palm Retirement Centre
, 2017

inappropriate for continued residency. The notification must include the resident's name, Power of Attorney or guardian's name and phone number where they can reached, and location of discharge. The documentation for each resident must be kept in the resident's file at the facility, and be available for review by the Agency.

The facility will conduct an in-service training for all staff regarding the criteria for admission and continued residency as stated in Florida Administrative Code 58-A0181. The training must include the minimum criteria for admission and continued residency in an assisted living facility holding a standard license with Limited Nursing Services. This training must be completed by . The facility must have documentation of the completion of this training. This documentation must be kept on file at the facility, and be available for review by the Agency.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Amanda Beagles, Survey and Certification Support Branch, at (850) 412-4662 or Jon Seehawer, R.N., Field Office Manager, at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/arb

D7JR

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Tallahassee, FL 32308
http://ahca.myflorida.com

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