STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	R 03/01/2017
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 revisit survey complaint survey was conducted at Royal Palm Retirement Center (license #3915), an assisted living facility, in Port Charlotte, Florida. This is the follow up to a relicensure survey completed on .

The following is a description of the deficiencies.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure medications ordered by a physician were acquired and available for 2 (Resident #12 and #20) of 2 resident medication reviews.

The findings included:

1. On at 10:00 a.m., review of Resident #12's medications showed resident is receiving , 20 mg po daily. There was an order in the chart dated to discontinue , . On at 10:10 a.m. Staff N contacted the MD office for clarification of the order. On at 12:50 p.m., there was no response from the MD. Resident #12 has a consent dated for self administration of Over The Counter Iron and , . The , was stored in the medication cart and had been given daily. Staff N was unable to explain whether or not the resident is to receive , .

2. Resident #20 has medication 40 mg po every 8 p. m. On at 11:50 a.m., review of resident's medications with med tech Staff S showed the medication card for was empty. Administration history for Resident #20 for 40 mg showed the resident received the medication . On the medication was recorded as "med not available, pharmacy notified." On it showed the medication was given.

Review of medication cart with Staff S showed there were no other cards of for that resident. Staff N could not explain why it was not given one night and then indicated as to why the medication was given the next night.

On at 12:50 p.m., a call was placed to the pharmacy. Pharmacy staff said the medication will be here tonight ( ) On at 12:50 p.m., Staff N said there were no other cards of the medication in the nurses station.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	R **03/01/2017**
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)

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

Based on observation and interview, the facility failed to provide a safe living environment ensuring existing structures are in good working order and that each resident has a clean comfortable bed.

The findings included:

On at 10:00 a.m., had a fridge/freezer unit in the resident's was thick with ice.

Resident has a strong foul odor in the resident's .

On at 10:00 a.m., Staff O confirmed there was a strong odor in the . The odor was much stronger in the .

On at 10:00 a.m., Staff R said the resident's mattress was replaced .

Class III