

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911942	(X3) DATE SURVEY COMPLETED 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 3/1/17 at Royal Palm Retirement Center (license #3915), an assisted living facility, in Port Charlotte, Florida. This is the follow up to a complaint survey for CCR 2016014000, completed on 1/19/17. The previous deficiencies from this complaint were found corrected and no new deficiencies in reference to this complaint were found at time of survey.		