

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911942	(X3) DATE SURVEY COMPLETED R 04/26/2017
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 second revisit survey was conducted on 4/26/17 at Royal Palm Retirement Center, an assisted living facility (license # 3915) located in Port Charlotte, Florida. This was a follow-up to the first revisit survey completed on 3/1/17. The previous deficiencies were found corrected and no new deficiencies were identified.		