STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966525	**08/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL DESTINY HOME CARE LLC	**3260 NW 179 STREET CAROL CITY, FL 33056**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on , 2017 (Lic #10731). Royal Destiny Home Care Llc had the following deficiencies at time of the survey:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview the facility failed to ensure hospice documentation for care and care was in the facility of the services provided to one of four sampled residents (#1).

Findings included:

Record review of Resident #1's hospice record revealed an order for two open ; at the left upper leg. Resident #1's order dated on . However, the record did not have documentation regarding care or care.

Interview on at 10:00 am Staff A stated, "Resident #1 is under hospice care. The nurse came three weeks ago to replace the ." In addition, at 1:00 pm Staff A stated, "Resident #1 does not have care anymore, and I do not know why the hospice book does not reflect it."

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to complete two elopement drills per year.

Findings included:

Record review on revealed the facility last elopement drill completed was on .

Interview on at 1:00 pm the Administrator reviewed the elopement drill book, and she stated she forgot to do it.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to ensure the Medication Observation Records (MORs) were immediately signed after each medication administration for four of four sampled residents (#4).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Review of the MORs revealed Residents (1-4) did not have staff initials to indicate that Residents (1-4) had their medications.

Interview on at 9:27 am Staff A acknowledged that the Residents' (1-4) MORs were not initialed.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview the facility failed to label over the counter (OTC) medications. The facility also failed to ensure that OTC medications were not used for multiple residents.

Findings included:

During tour of the facility on at 9:20 am observed unlabeled over the counter medications (, , Adult Multi , C and Equate Nitetime & Flu) inside of the medication storage.

Interview on at 9:20 am staff stated that used them if any residents needed them; however, she did not know that they must be labeled.

Class III

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 and an environment free of hazards.

Findings included:

Observation on at 9:00 am revealed that the facility backyard have a mattress, two broken electrical equipment and debris.

Interview on at 1:00 pm Staff A stated that she had to clean the backyard.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to have a completed health assessment for two of four sampled residents (1 and 2).

Findings included:

Interview on at 10:00 am Staff A stated, "Resident #1 is under hospice care. The nurse came three weeks ago to replace the ."

Review of Resident #1's Health Assessment (dated) stated, "No care and required 24 hours nursing and/or supervision." In addition, Resident #1's health assessment did not reflect hospice care.

Review of Resident #2's Health Assessment (dated) stated, "Total for ambulation and needs assistance with self-administration of medication and needs medication administration."

Observation on at 11:50 am revealed that Resident #2 walked with supervision.

Interview on at 1:00 pm Staff A stated, "Resident #2 only needs assistance with self-administration of medication, she followed command and she is eating independently now." Staff A stated, "I do not understand why Resident #2's health assessment stated that she is total in ambulation."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have completed attestation forms for two of three sampled staffs (A and C) files.

Findings included:

On at 9:30 am record review revealed the facility's staffing pattern showed Staff A and C working in the facility.

Record review revealed Staff A and C did not have completed attestation forms on file at the time of the survey.

During an interview on at 12:43 pm, Staff A acknowledged that staff did not have attestations on file.

Unclassified Deficiency