STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	**06/27/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL CARE A.C.L.F., INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5081 DUNN ROAD** **FORT PIERCE, FL 34981**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , 2018 at Royal Care A.C.L.F., Inc. (License #7462). The facility had deficiencies identified at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure the health assessments (AHCA Form 1823) was complete and accurate for 1 out of 2 sampled residents (Resident #1).

The findings included:

The health assessment for Resident #1 dated indicated that the resident required "medication administration" by a box marked on page 4, section 2. B. This resident was "assisted with self-administration" of medication, as this facility does not provide licensed staff to administer medication. The assessment also did not indicate what level of assistance, if any, was needed with "transfers" on page 2, section 1. A. This box was left blank.

All of the AHCA Form 1823 information was not obtained, or was inaccurate, on the assessment for this resident. The omitted information may be obtained orally from the health care provider and documented on the assessment by facility staff, with the name of the provider, name of facility staff recording the information, and the date the information was provided. The assessments did not have the erroneous or omitted information obtained and documented. The facility provided no additional information for review at this time.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and a staff interview, the facility failed to ensure 1 out of 2 sampled employees (Staff B) had submitted a written statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable , including ( ).

The findings included:

During review of the personnel file for Staff B, date of hire , a signed statement dated within 30 days of hire by a health care provider verifying this employee was free from all communicable ,

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including , could not be found.

A request was made to the Administrator for the documentation on at 10:00 AM, but the Administrator was unable to locate this documentation at the time of survey. The facility provided no additional documentation of the required statement for review at this time.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) who provide direct care to residents had received the required in-service training within 30 days of employment .

The findings included:

Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A was hired on .

1. Incident Reporting (part of 1 hour required)
2. Facility's Elopement Policy and Procedure (no minimum time required)

The Administrator was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. Staff A also stated during interview at this time that she had not completed these trainings. The facility provided no additional documentation of the required training at this time.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 1 out of 2 sampled staff (Staff B).

The findings included:

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Review of the personnel file for Staff B who works as resident aide from 1:00 PM to 8:00 PM revealed no current training with a valid card in First Aid or .

The Administrator stated during interview on at 11:30 AM that Staff B was left with residents by herself at times when Staff A was not working. The Administrator confirmed that the documentation of training in First Aid and was not present and available for review for Staff B who was left in sole charge of residents. The facility provided no additional documentation of the required training for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure a copy of written informed consent to have unlicensed staff assist the resident with self-administration of medication was kept on file (or noted in the resident's contract) for 1 out of 2 sampled residents (Resident #2).

The findings included:

On at 11:00 AM, the record for Resident #2 was reviewed. There was no written consent to receive assistance with self-administration of medication from unlicensed personnel found in the resident's records. The Administrator was notified of this finding during interview on at 11:30 AM. The facility provided no additional documentation for review at this time.

Class

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and an interview, the facility failed to ensure the resident contract contained a refund policy which includes all of the required components for 2 out of 2 sampled residents (Resident #1 and #2); and, failed to obtain an executed contract for 1 out of 2 sampled residents (Resident #1).

The findings included:

1. On at 10:30 AM, the resident contract used by the facility for Residents #1 and #2 was reviewed and did not contain the following required components:

a) Requirement that the facility will provide no less than 14 days for the resident to respond to a written

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claim against a refund due.

b) Requirement that the refund due will be disbursed no more than 45 days after , discharge or transfer.

c) In case of or discharge due to medical reasons, including mental health, the notice of termination requirement does not apply. The resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee.

d) In the event of closure, refunds will be disbursed within 10 days of such closure.

1. On , the contract for services between the facility and Resident #1 was reviewed. The contract did not contain signatures of either the resident or the resident's representative, or the facility representative. Additionally, there was no rate for charges documented in the contract.

The Administrator was notified of these findings on at 11:30 AM. The facility provided no additional documentation for review at this time.

Class