STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	R 09/25/2018
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 revisit survey, was conducted on . . . . . at Royal Care A.C.L.F., License #7462. The facility had uncorrected deficiencies at the time of the survey.

The above Relicensure revisit survey was conducted in conjunction with the Generator Monitoring survey. Please see separate report for findings.

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

Based on interview and record review it was determined the facility failed to ensure that all required components of each resident's health assessment is completed, for 2 of 3 sampled residents (Resident #2 and Resident #3).

The findings include:

During interview and resident record reviews conducted with the Administrator, on . . . beginning at approximately 8:45 AM, the following health assessments were provided for review:

1) Resident #2: the level of assistance required for medications was not checked
2) Resident #3 (health assessment dated . . . . .) the diet was not indicated

The Administrator acknowledged these items were not completed on these resident's current health assessments.

Class III

Uncorrected Deficiency

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

Based on interview and record review, it was determine the facility failed to ensure each newly hired staff member has submitted from a health care provider documentation that the individual does not have any signs or symptoms of communicable . . . . . , within 30 days of employment, for 3 of 3 sampled staff (Staff A, Staff B, and Staff C).

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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During interview and personnel record review conducted with the Administrator, on [redacted] beginning at approximately 9:45 AM, he was provided the opportunity to locate documentation of freedom from signs and symptoms of communicable [redacted] for the following staff:

1) Staff A (date of hire noted as [redacted]): the Administrator was not able to locate this required documentation.
2) Staff B (date of hire noted as [redacted]): the Administrator was not able to locate this required documentation.
3) Staff C (date of hire noted as [redacted]): the Administrator was not able to locate this required documentation.

Class III

Uncorrected Deficiency

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

Based on interview and record review, it was determined the facility failed to maintain documentation of trainings for Reporting Major Incidents/Adverse Incidents and the facility's Resident Elopement Response policies and procedures, for 1 of 3 sampled staff (Staff B).

The findings include:

During interview and personnel record review conducted with the Administrator, on [redacted] beginning at approximately 9:45 AM, he was asked to provide documentation of trainings for Reporting Major Incidents/Adverse Incidents and the facility's Resident Elopement Response policies and procedures for Staff B (with a date of hire noted as [redacted]). The Administrator acknowledged he could not find documentation of those trainings for Staff B.

Class III

Uncorrected Deficiency

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

Based on interview and record review it was determined the facility failed to ensure a copy of the written informed consent described in Rule 58A-5.0181, F.A.C. was maintained on file, for 2 of 3 sampled

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residents (Resident #1 and Resident #3) for this facility that has unlicensed staff assisting residents with the self-administration of medications.

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 8:45 AM, he was provided the opportunity to locate completed written informed consent forms for the following residents:

1) Resident #1: a blank form was located in this resident's record
2) Resident #3: an unsigned and undated form was located in this resident's record

The Administrator acknowledged Resident #1 and Resident #3 did not have completed informed consent for unlicensed staff to assist with the self-administration of medications on file.

Class

Uncorrected Deficiency

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

Based on interview and record review, it was determined the facility failed to ensure its contract with the resident (before or at the time of admission) contained a refund policy that must conform to Sectioin 429.24(3), F.S., for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3).

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 8:45 AM, the following resident's record were reviewed (the contract specifically) in order to determine if the facility's refund policy contained all of the required components noted in Section 429.24(3), F.S.:

1) Resident #1
2) Resident #2
3) Resident #3

The Administrator stated during the 14 years he has had this facility nobody has ever asked for a refund

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and they just donate the resident's belongings. He stated he was not aware he needed to have specific information in the facility's contract and that he has never been asked about it before. He acknowledged the facility's current resident contract does not contain refund information.

Class

Uncorrected Deficiency