

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964115	(X3) DATE SURVEY COMPLETED 10/15/2018
NAME OF PROVIDER OR SUPPLIER ROYAL LIVING REST HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2926 SW 2 STREET MIAMI, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On , 2018 an abbreviated biennial relicensure survey was conducted at Royal Living Rest Home with Limited Mental Health component license# 8886. Deficient practice was identified during survey: 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on observation, record review, and interview, the facility failed to ensure that one out of six sampled staff had the updated training for assistance with self-administration of medication (Staff D). Findings included: Employee record review revealed Staff A's last training was dated , Staff D's training was dated , and Staff E's was dated . The facility did not have the updated medication training after . On at 11:30 AM Staff B stated that she was going to let the Administrator know that the Staff D needed to have the extra two hours required. Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on observation, record review, and interview, the facility failed to updated one of six sampled staff (F) in the employee roster in the background screening clearinghouse database. Findings included: During employee record review reveled Staff F was hired on and stopped working on . Review of the background screening clearinghouse database listed Staff F as an active employee of the facility. On at 11:30 AM Staff B stated that she was going to informed this to the Administrator . Unclassified		