STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	**04/02/2019**
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 relicensure survey and limited nursing services survey was conducted . . . through . . . at Royal Palm Retirement Centre, an assisted living facility in Port Charlotte, Florida.

The following is description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and observation, the facility failed to ensure resident's confidential information was kept private for 1 (Resident #14) of 1 resident record found.

The findings included:

On . . . at 8:37 a.m., the medication lounge was unattended by any staff. A computer screen was up and easily viewable on top of the medication cart and it was displaying Resident #14's personal information and medication list.

On . . . at 8:43 a.m., Staff D entered the medication lounge and agreed the information should not have been left up.

On at 10:00 a.m., the Director of Nursing said the proper procedure would be to lock the screen so personal information could not be seen.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure unlicensed staff that have been trained to assist with self administration of medications, follow the proper procedure in accordance with the Florida Administrative Code. Proper procedure includes, reading the medication label aloud in the presence of the resident, for 2 (Resident #12 and #13) of 2 medication observations observed.

The findings included:

On . . . at 8:50 a.m., Staff D assisted Resident #12 with medications. Staff D placed Resident #12's medications in a cup and handed the cup to him. Staff D did not tell Resident #12 what medications he

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019
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)

was taking.

On at 8:58 a.m., Staff D assisted Resident #13 with medications. Staff D placed Resident #13's medications in a cup and handed the cup to him. Staff D did not tell Resident #13 what medications he was taking.

On at 9:01 a.m., Staff D said she was trained. She agreed she was supposed to tell the resident what the medications were and what they were taking and had not done this.

On at 10:00 a.m., the Director of Nursing said the medications technicians are supposed to tell the residents what medications they are being given.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on interview and observation, the facility failed to ensure centrally stored medications are kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times.

The findings included:

On at 8:35 a.m., Resident #13 was walking out of the medication lounge and said he had been there twice and no one was there to give him his medications.

On at 8:37 a.m., Resident #12 was seated and waiting in the lounge. The medication cart was observed to be unlocked and unattended.

On at 8:42 a.m., Licensed Practical Nurse (LPN) Staff E entered the medication lounge and verified the drawer was unlocked. Staff E said this was Staff D's medication cart.

On at 8:43 a.m., LPN Staff D agreed the medication cart is supposed to be locked, but she had been called away for an emergency bell and didn't do it.

On at 10:00 a.m., the Director of Nursing (DON) agreed the medications should be locked when unattended at all times. The DON also provided the medication services policy dated that indicated medications stored in the community will be stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019
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)

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure all facility employees completed a one time education course on ( ) and ( ) for 3 (Staff A, B, and C) of 3 employee files reviewed.

The findings included:

Staff A was hired as a Resident Aide. Staff A's file contained no documentation of completing an education course on / .

Staff B was hired 11/16/18 as a Medication Technician. Staff B's file contained no documentation of completing an education course on / .

Staff C was hired as a Medication Technician. Staff C's file contained no documentation of completing an education course on / .

On at 11:00 a.m., the Administrator said he was aware their trainings are out of compliance and will be working on correcting this.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure a staff member be in the facility at all times who has completed courses in First Aid and ( ). Staff should also hold a current, valid card documenting completion of such courses for 3 (Staff C, F, and H) of 4 staff working the midnight shift.

The findings included:

A review of the staffing schedule for the 2 weeks prior to survey showed Staff C, F, G, and H worked on the midnight shift.

Staff C was hired as a medication technician on . Staff C had no or first aid card.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019
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)

Staff F was hired as a resident aide on . Staff F had a valid card that expires . Staff F had no first aid card.

Staff H was hired as a medication technician on . Staff H had no or first aid card.

On at 9:30 a.m., the Business Office Manager agreed they were out of compliance.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure newly hired direct care staff receive at least one hour of training in the facilities policy and procedures regarding ( ) within 30 days of employment for 3 (Staff A, B, and C) of 3 employee files reviewed.

The findings included:

Staff A was hired as a resident aide. Staff A's file contained no documentation of completing training in the facilities policy and procedures regarding .

Staff B was hired as a medication technician. Staff B's file contained no documentation of completing training in the facilities policy and procedures regarding .

Staff C was hired as a medication technician. Staff C's file contained no documentation of completing training in the facilities policy and procedures regarding .

On at 11:00 a.m., the Administrator said he was aware their trainings are out of compliance and will be working on correcting this.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation, record review and interview, the facility failed to serve food in a safe and sanitary manner. Food that is mishandled can lead to foodborne illness.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019
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)

1. On at 11:15 a.m., food server Staff I was observed servicing small salads he had on a rolling server cart. Staff I reached down and fluffed the lettuce in 3 different salads with his bare , then served the salads to residents.

On at 11:22 a.m., food server Staff I said he should not have fluffed the lettuce in the small salads with his bare . He acknowledge this was wrong. He reported he did receive training in safe food handling.

Staff personnel file review of food server Staff I shows he had safe food handling class on and food safety fundamentals class on .

On at 11:49 a.m., the Executive Chef said that Staff I should never touch the food with his bare and said he was trained in safe food handling.

2. On at 11:22 a.m., a sign on the outside of the memory care refrigerator said all things must be covered and labeled. The memory care freezer contained 3 containers of ice cream with chocolate sauce over them. The containers were not covered and were not labeled or dated. The memory care refrigerator contained a rotisserie chicken. This was not labeled.

On at 1:15 a.m., the Administrator said the policy is anything in the refrigerator should be labeled with name and date and be covered.

Class III

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on observations, record review and interviews, the facility failed to provide Limited Nursing Services (LNS) as indicated by specialty licensure and per resident need for these services for 3 (Residents #6, #7, and #8) of 5 residents interviewed. This lack of services rendered could lead to or improperly placed , and injury.

The findings included:

Per Florida Statute 429.255, a facility with a limited nursing services (LNS) license may apply and change routine , that do not require packing or irrigation, but are for , and closed surgical . LNS services also include: caring for casts, braces and , & replacing

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL PALM RETIREMENT CENTRE	2500 AARON STREET PORT CHARLOTTE, FL 33952

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

as well as care and maintenance.

Resident #6 was observed to have a /brace on his left lower and ankle and on his left and .

On at 10:14 a.m., Resident #6 said he needed staff to help him with the brace on his left lower and ankle. He said that he is unable to put the 2 different braces on and he is unable to get up or transfer to his wheelchair without them because he is unstable and cannot bear on his left without it. He said that he has to ask staff to help him but they do not want to because some do not know how to do it right. He has to wait until someone will help him before getting up and he said he gets frustrated because he is unable to do it on his own.

On at 11:52 a.m., Resident #7 was observed to have a . He had the bag hanging on his walker above the level of his as he stood or sat on a chair. The bag was not covered for dignity or privacy and the half-filled bag of was visible to all in the area. The tubing from the was hanging freely from the resident's shorts and was not secure in any way to prevent tension or accidental dislodgement.

On at 11:59 a.m., Resident #7 said he took care of the himself by emptying it when it needed. He said the nurses from home health come and change the once a month or so but he handles the rest. Resident #7 also admits to having memory problem after he had a .

Chart review of Resident #7's record shows he returned from the hospital on with the following orders for care and monitoring. The was to be changed for any leakage/blockage/dislodgement. Staff were to ensure the pubic tubing is secure and without tension. tubing should be secured to resident's , the drainage bag is to be kept below the level of the . This was to be monitored every shift. the pubic was to be irrigated with normal for blockage or sluggish output as needed. pubic care every shift.

Record review of Resident #7's chart also records he was recently hospitalized for and ( ).

On at 12:16 p.m., Resident #8 was observed to be sitting in the lobby with a multi on her left . (the multi is for and ankle & can be used to aid in treatment of injuries to the and ankle, including flexion, , and ... An bar under the cover can be used to control and rotation.)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL PALM RETIREMENT CENTRE	**2500 AARON STREET PORT CHARLOTTE, FL 33952**

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

On at 12:20 p.m. Resident #8 said she wears the because she has a on her left and the protects her . She said she had a surgical procedure a couple of weeks ago and the home health nurses come in and change her as needed. She says she is not supposed to put on the . The Resident also reported that she gets very frustrated with facility staff because they do not want to put on the when she gets up. Resident #8 said she is unable to put it on herself and they tell her to do it.

On at 10:09 a.m., the Wellness Director said she is aware LNS services could care for , and braces and do simple surgical changes. She agreed that Resident #6, #7, and #8 could benefit from LNS services and they were not, because she thought they could take care of the different things on their own. She acknowledge the LNS services were included in the rate paid to the facility. The Wellness Director said they have not been able to provide the service because they do not have the properly licensed staff (LPNs or RNs) for 16 hours a day to monitor and perform the services.

On at 10:15 a.m., the Administrator said the facility contract is all-inclusive for the medicaid resident. The Administrator said the facility provided LNS services and there is no added charge. The Administrator said he knew they did not at present have the nursing staff to provide the LNS services, but acknowledged Resident #6, #7, and #8 should be placed on LNS services for the care listed above. He said he would try to hire a nurse as soon as possible and review all in-house residents to see if any others could benefit.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on observations, record review and interview, the facility failed to employ or contract with adequate nursing staff who must be available to provide Limited Nursing Services (LNS) in the facility. This lack of services rendered could lead to or improperly placed , and injury.

The findings included:

Per Florida Statute 464, registered nurses (RN) conduct assessments. Licensed practical nurses (LPN) perform select acts under the direction of a registered nurse.

Per Florida Statute 429.255, a facility with a limited nursing services (LNS) license may apply and change routine that do not require packing or irrigation, but are for , and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL PALM RETIREMENT CENTRE	2500 AARON STREET PORT CHARLOTTE, FL 33952

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

closed surgical . LNS services also include: Caring for casts, braces and , & replacing as well as care and maintenance.

Resident #6 was observed to have a , /brace on his left lower and ankle and on his left and .

On at 10:14 a.m., Resident #6 said he needed staff to help him with the brace on his left lower and ankle. He said he is unable to put the 2 different braces on and he is unable to get up or transfer to his wheelchair without them because he is unstable and cannot bear on his left without it. He said he has to ask staff to help him but they do not want to because some do not know how to do it right. He has to wait until someone will help him before getting up and he said he gets frustrated because he is unable to do it on his own.

On at 11:52 a.m., Resident #7 was observed to have a . He had the bag hanging on his walker above the level of his as he stood or sat on a chair. The bag was not covered for dignity or privacy and the half-filled bag of was visible to all in the area. The tubing from the was hanging freely from the Resident's shorts and was not secure in any way to prevent tension or accidental dislodgement.

On at 11:59 a.m., Resident #7 said he took care of the himself by emptying it when needed. He said the nurses from home health come and change the once a month or so but he handles the rest. Resident #7 also admits to having memory problem after he had a .

Chart review of Resident #7's record shows he returned from the hospital on with the following orders for care and monitoring. The was to be changed for any leakage/blockage/dislodgement. Staff were to ensure , pubic tubing is secure and without tension. tubing should be secured to resident's and the drainage bag is to be kept below the level of the . This was to be monitored every shift. The was to be irrigated with normal for blockage or sluggish output as needed and care every shift.

Record review of Resident #7's chart also records he was recently hospitalized for , and (,).

On at 12:16 p.m., Resident #8 was observed to be sitting in the lobby with a multi , on her left . (The multi , is for the and ankle & can be used to aid in treatment of injuries to the and ankle, including , flexion, , and , . An bar under the for and ankle cover can be used to control , and rotation.)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	04/02/2019
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)

On at 12:20 p.m., Resident #8 said she wears the because she has a on her left and the protects her . She said she had a surgical procedure a couple of weeks ago and the home health nurses come in and change her as needed. She says she is not supposed to put on the . Resident #8 also reported that she gets very frustrated with facility staff because they do not want to put on the when she gets up. She said she is unable to put it on herself and they tell her to do it.

On at 10:09 a.m., the Wellness Director said she aware LNS services could care for , and braces and do simple surgical changes. She agreed Resident #6, #7, and #8 could benefit from LNS services and they were not because she thought they could take care of the different things on their own. She acknowledge the LNS services were included in the rate paid to the facility. The Wellness Director said they have not been able to provide the service because they do not have the proper licensed staff (LPNs or RNs) for 16 hours a day to monitor and perform the services.

On at 10:15 a.m., the Administrator said the facility contract is all-inclusive for the medicaid resident. The Administrator said the facility provided Limited Nursing Services (LNS) and there is no added charge for LNS services. The Administrator said he knew they did not at present have the nursing staff to provide the LNS services, but acknowledged Resident #6, #7, and #8 should be placed on LNS services for the care listed above. He said he would try to hire a nurse as soon as possible and review all in-house residents to see if any other resident could benefit from the service.

Class III