STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966525	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **ROYAL DESTINY HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 NW 179 STREET** **CAROL CITY, FL 33056**	

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

0000 - Initial Comments

A biennial survey was conducted at Royal Destiny Home Care Llc. on . . . . . Deficiencies were identified at the time of the survey.

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

Based on record review and interview the facility failed to ensure that there was a staff with a valid . /First Aid card with the residents at all times.

Findings included:

On . . . . at 8:30 AM arrived to the facility and Staff C stated that the Administrator had gone with Resident #3 to an , , .

Review of employee records revealed that the Administrator's /First Aid card had expired on . . . . .

On . . . . at 10:10 AM the Administrator stated, "I did the training but my card did not come yet."

Class III

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

Based on record review and interview the facility failed to provided evidence that a staff (C) completed at least one hour of training in the facility's policy and procedures regarding . . . . . ( ) within 30 days after employment.

Findings included

Review of the employee records revealed Staff C had been hired on and did not have training documentation on receiving . . . training.

On . . . . at 11:03 AM the Administrator stated, "ok".

Class III

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

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

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 free of hazards.

Findings included:

On [redacted] at 8:40 AM observed in [redacted] a box full of belongings by the closet and some clothes on the floor; there was also a sharp container on the floor with [redacted] syringes that was open and that the resident could have easy access to it.

On [redacted] at 8:55 AM Staff C stated, "Resident # 2 likes to keep his things like that."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure that two out of four sampled staff (Administrator and Staff B) had the application with references furbished.

Findings included:

Review of the employee records revealed the Administrator and Staff B did ont have references listed in their applications.

On [redacted] at 10:15 AM the Administrator stated, "Do you know how long those applications have been there and nobody ever told me that? I will write them."

Class III

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

Based on record review and interview the facility failed to keep the order for nursing services for one out of four sampled residents (# 2).

Findings included:

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

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

Review of Resident #2's record revealed that he was receiving home health services for administration of . . twice a day. There was no copy of the prescription for home health services.

On . . . . . at 11:50 AM the Administrator stated, "I will ask the doctor for a copy today."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to be in compliance with the approved emergency power plan.

Findings included:

Review of the emergency power plan letter revealed that it had been approved on . . . . .

The containers for gasoline in the shed in the backyard were empty.

On . . . . . at 9:10 AM Staff C stated, "We are going to fill them."

Review of the emergency power plan revealed that there were no policies and procedures for the emergency power plan.

On at 10:30 AM the Administrator stated, "I did not know about it."

Review of the resident records revealed that there was no written notification of the approval of the emergency power plan.

On . . . . . at 11:43 AM the Administrator stated, "I did not know that."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **ROYAL DESTINY HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 NW 179 STREET** **CAROL CITY, FL 33056**	

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

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

Based on record review and interview the facility failed to have the eligibility results of the most recent level II background screening for one out of four sampled staff (Staff C).

Findings included:

Review of the employee records revealed the last results of the level II background screening for Staff C was from .

Review of the facility's roster revealed that Staff C had a new level II background screening completed on .

On at 11:04 AM the Administrator stated, "My daughter has to print it."

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse for one out of four sampled staff (D).

Findings included:

Review of the facility's roster revealed that Staff D was listed.

On at 11:11 AM the Administrator stated, "That was a long time ago. Staff D married and went to live to another state almost 2 years ago."

Unclassified