STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911942	**10/29/2014**
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
N278-Lns - Records-10/29/2014

An unannounced follow-up to the Limited Nursing Service (LNS) survey was conducted 10/29/14 at Royal Palm, an Assisted Living Facility (ALF) in Port Charlotte, Florida.

The facility was found to be in substantial compliance and the citations were cleared.

N278-LNS - Records 58A-5.031(3) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2014

Administrator
Royal Palm Retirement Centre
2500 Aaron Street
Port Charlotte, FL 33952

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 29, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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