Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964887	A. BUILDING: _____ B. WING _____	R 06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORAL SAND INC	7800 ABBOTT AVENUE MIAMI BEACH, FL 33141

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{A 000}	Initial Comments A second revisit to a complaint investigation (complaints #2022017860 and #2022017061) was conducted at Coral Sand, Inc from . . . . . through . . . . . . The provider had deficiencies identified at the time of the survey.	{A 000}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	{A 032}		

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{A 032}	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow its policies and procedures regarding residents assessed for elopement or with any history of elopement for 1 out of 40 sampled residents (Resident #24). Findings included:	{A 032}		

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{A 032}	Continued From page 2 On . . . . . at 10:20 AM, the Manager stated that Resident #24 was identified on the health assessment as an elopement risk. The Manager further stated that Resident #24 would go out alone to the store, to church or to visit family. Review of Resident #24's health assessment completed showed the resident was identified as risk for elopement. Review of the facility's elopement policies and procedures revealed that: "As of , ... [facility] has implemented the use of the Apple Air Tag for Resident locator purposes. The is a bracelet with a smart system that is attached to a smart device which allows for the administrator/manager or staff assigned to see the location of the Resident at any time. The device will be implemented only on those residents that are considered an Elopement Risk once the Elopement Risk Assessment is conducted and the Resident identified." On . . . . . at 10:30 AM, during an interview Resident #24 stated that sometimes he would go out of the facility. When asked if he had an identification with him Resident #24 stated that he did not have one. On . . . . . at 10:30 AM, observation showed Resident #24 without an Apple Air Tag bracelet on him. On . . . . . at 11:45 AM, the Manager stated that Resident #24 had the bracelet, but the resident had removed it. Class III	{A 032}		

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{A 032}	Continued From page 3 Uncorrected	{A 032}		
{A 152} SS=I	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who	{A 152}		

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{A 152}	Continued From page 4 require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible]. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a safe living environment free of hazards to its residents, ensuring that building structure components, systems and furnishings are maintained in good working order. Findings as follow: On [illegible] at 7:18 AM, observation revealed detected [illegible] odor in [illegible] # and [illegible] # 's bathrooms. On [illegible] at 8:15 AM the Assistant Administrator stated bathrooms were cleaned every day. He added the [illegible] odor in [illegible] # was because Resident #14 went constantly to the bathroom due to his [illegible], problems. On [illegible] at 11:35 AM Staff O stated she cleaned the bathrooms everyday and kept them clean during the day using cleaning and [illegible] liquids. She said that she did not know why [illegible] # bathroom smell like that. On [illegible] at 7:20 AM observed [illegible] # , # , # , #15, #16, #17 did not have a bedside or floor lamp available to the residents living there and in [illegible] # only one of the two residents had a lamp. On [illegible] residents interviewed stated: At 7:45 AM Resident #21 said he killed a German roach he observed in his room not long ago. He stated he had a roach killer spray in his room in	{A 152}		

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{A 152}	Continued From page 5 case needed. On . . . . . at 7:50 AM observed a roach on the first floor in the office/medication room. At 10:47 AM Resident #25 said "Yes, we have roaches. Facility has a guy that comes to exterminate them". At 10:48 AM Resident #9 said he had observed roaches because they were fixing the building walls. A company fumigated all, they put venom to exterminate roaches. On . . . . . at 11:15 the Assistant Administrator stated the facility had been fumigated the facility in its entirety to exterminate the roaches and he showed a copy of the exterminator company invoice. Class III Uncorrected	{A 152}		
{A 162} SS=E	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual	{A 162}		

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{A 162}	Continued From page 6 designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff,	{A 162}		

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{A 162}	Continued From page 7 or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , (), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:	{A 162}		

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{A 162}	Continued From page 8 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview he facility failed to provide accurate health assessments for two out of forty sampled residents, (Residents # 7, and #19). Findings included: Review of Resident # 7's record showed he was admitted to facility on . . . . . . Further review documented the resident's health assessment dated . . . . . showed a diagnosis of , , , , and , ,	{A 162}		

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{A 162}	Continued From page 9 care. The resident was oriented to person and place. He was independent eating and toileting, needed supervision with ambulation, transferring and, assistance with bathing, , and grooming. The assessment also documented the resident needed administration of medications. On , at 8:47 AM, Staff F said she assisted Resident #7 with medications, and added, "No, he does not have any issues taking his medications, I put medications inside the cup, and he takes them." At 9:04 AM, Staff F stated, "I have no idea why the doctor would say that he needs administration of medications." Review of Resident 19's record, showed he was admitted to facility on . Further review showed health assessment in records was not dated. It documented Resident #19 was diagnosed with 's and . The resident was alert and oriented times three and he was under risk. He was independent on all activities of daily living and needed assistance with self-administration of medications. On , at 9:06 AM, the Assistant Administrator stated, "Oh, the doctor forgot to put the date, but this is the last health assessment." referring to Resident #19. Class III Uncorrected	{A 162}		
{A 165} SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and	{A 165}		

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{A 165}	Continued From page 10 reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report	{A 165}		

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{A 165}	Continued From page 11 must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary	{A 165}		

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{A 165}	Continued From page 12 adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit an adverse incident report within 1 and 15 business days after the occurrence of an adverse incident through the Agency's portal for one of 40 sampled residents, (Resident 19). Resident 19 was transferred to a local institution by the local authorities. Findings Included: Review of Resident 19's record showed an admission on [redacted]. The record had a health assessment showing a diagnosis of [redacted]'s [redacted], and [redacted]. The resident was alert, was independent on all activities of daily living, and needed assistance with medications. Notes on [redacted] showed the resident was noted to be some [redacted]. Notes on [redacted] showed the resident was still depressed, and the staff had to assist him when getting dressed; the doctor was contacted. Notes on [redacted] showed the resident was sent to a local hospital due to [redacted]. Notes on [redacted] showed that it was reported by the hospital, that the resident was transferred to the rehabilitation center, and continued at the center on [redacted]. Review of the resident's hospital record, showed	{A 165}		

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{A 165}	Continued From page 13 an admission on [redacted], and a discharged date [redacted]. The resident was admitted with a diagnosis of unspecified [redacted], and [redacted]'s [redacted]. The resident was taken to the hospital by the local authorities by a professional certificate. The resident was [redacted], agitated, demanding, preoccupied, and guarded. The resident was admitted for further treatment and stabilization. The resident was presented with poor judgement, [redacted] but refused to elaborate about the content of the [redacted]. The resident demonstrated poor insight and poor judgement into his condition. On [redacted], the resident remained [redacted], unpredictable, restless, [redacted], and depressed; he was also irritable, [redacted], and disorganized. He was responding to internal stimuli. He denied any acute medical issues. The patient was taking and tolerating his medications without side effects. On [redacted] the resident was whispering to himself and laughing inappropriately. The resident was noted to be distracted easily, and was periodically scanning the room. He required multiple prompts and attempts to be re-directed. On [redacted] at 3:50 PM, the Administrator acknowledged that the adverse incident was not reported. Uncorrected Class III	{A 165}		
{A 167} SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain	{A 167}		

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	AL11964887	A. BUILDING: _____ B. WING _____	R 06/13/2023

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{A 167}	Continued From page 14	{A 167}		

the following provisions:
(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;
(b) The daily, weekly, or monthly rate;
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;
(d) A provision stating that at least 30 days written notice will be given before any rate increase;
(e) Any rights, duties, or [illegible] of residents, other than those specified in section 429.28, F.S.;
(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;
(g) A refund policy that must conform to section 429.24(3), F.S.;
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or [illegible] facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;
(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the

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{A 167}	Continued From page 15 facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, ... (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative	{A 167}		

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must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.

429.24 FS
(1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration.

(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for

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{A 167}	Continued From page 17 other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general	{A 167}		

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{A 167}	Continued From page 18 responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have a contract executed by the resident's legal representative before or at the time of admission for three out of forty sample residents (Residents #28, #39 and #40).	{A 167}		

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{A 167}	Continued From page 19 Findings as follow: Facility's admission/discharge log review showed Residents #28 was admitted on , Resident #39 was admitted on and Resident #40 was admitted on . Review of Residents #28, #39 and #40 records showed the agreements between residents and the facility had not been signed neither by the residents or their legal guardians nor by the facility administrator. On at 11:40 AM the Manager acknowledged Residents #28, #39 and #40's agreements were not signed, adding the facility was working in updating residents records. Class III Uncorrected	{A 167}		