| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910307 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Coral Landing Assisted Living | 2820 Old Moultrie Road Saint FL 32086 | |

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

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

**0000-Initial Comments**
An unannounced biennial licensure survey with Extended Congregate Care standards, and a complaint survey, CCR# 2013004889 were conducted at Coral Landing Assisted Living Residences in St. Florida on , 2013. Deficiencies were identified as a result of the biennial licensure survey and the complaint survey.

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**
Based on employee record review and an interview with the administrator, the facility failed to ensure that three of four employees (A, B, C) were free from .

The findings include:

A review of employee records for staff members A, B, and C, revealed that the employees had not been screened for freedom from during the last twelve months.

This was confirmed in an interview with the administrator on , 2013, at 2:30 pm.

Class III

**0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC**
Based on observation, resident and staff interview, the facility failed to ensure that all existing mechanical and electrical equipment were maintained in good working condition by keeping call lights in functional condition in 5 out of 7 observed # ' s 18, 27, 13, 30, 31).

The findings include:

1. In an interview with Resident #1 in # on at 9:40 am found that she reported that the call light in her not work. An observation of the call light on at 9:45 am found a 8 X 11 piece of paper taped over the call bell reading " Call bell out of order " .

2. In an interview with Resident #3 in at 10:10 am found that the call bell in her not working. An observation of the to on had a 8 X 11 piece of paper taped over the call bell reading " Call bell out of order " . Resident #3 reported that the call bell has not worked in a while.

3. In an interview with Resident #5 on at 10:52 AM, she reported the call light in her her were not working. An observation of both the call lights at 10:56 am in the resident ' s (#31) found an 8 X 11 piece of paper taped over the call bell reading " Call bell out of order " . Resident #5 reported that when she came to the facility she was shown and told that resident had

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910307 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Coral Landing Assisted Living | 2820 Old Moultrie Road Saint FL 32086 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

call lights.

4. An observation of on at 11:10 am found that the call light in the not functional. An 8 X 11 piece of paper taped over the call bell reading " Call bell out of order ".

5. An observation of on at 11:50 am found that the call light in the not functional. An 8 X 11 piece of paper taped over the call bell reading " Call bell out of order ".

6. In an interview with the Executive Director and the Maintenance Director on at 1:08 PM, the Executive Director reported that the facility was not required to have a call light system. The Maintenance Director reported that the system was an outdated system and they are having problems with it. He confirmed that he was unsure what the cause of the outage to some was and confirmed that certain in the facility, the call lights were not functional.

7. In an interview with the Director of Nursing on at 12:58 PM, she reported that the facility had not fixed the call lights in some because " we were not required to have them ".

Class III

**E210-ECC - Training 58A-5.0191(7) FAC**

Based on record review and staff interview, the facility failed to ensure that the extended congregate care (ECC) supervisor completed the assisted living facility core training which was a prerequisite to the required ECC training within three months of beginning employment in the facility as the ECC supervisor.

The findings include:

Review of the employee personnel files on revealed that there was no evidence of core training in the ECC supervisor's (Employee # E) personnel file.

An interview on at approximately 2:00 PM with Employee E confirmed that she had not completed assisted living facility core training.

An interview with the facility's administrator on at 3:37 pm confirmed that Employee E had been the ECC supervisor for longer than 3 months and that she, the administrator, would now be serving as the ECC supervisor.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Coral Landing Assisted Living
2820 Old Moultrie Road
Saint , FL 32086

Re: CCR #2013004889

Dear Administrator:

This letter reports the findings of a state biennial licensure; Extended Congregate Care and Complaint #2013004889 survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Sincerely,

for Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/RED/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054