STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	10/10/2013
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

An unannounced complaint survey, CCR# 2013009784, and Extended Congregate Care visit was conducted on 2013 at Coral Landing in St. Florida. Deficiencies unrelated to the complaint were identified.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on staff interview and record review, the facility failed to provide treatments by a licensed nurse for 1 of 7 sampled residents (Residents #6).

The findings include:

Record review for Resident # 6 revealed an order for .083% inhalation solution, one vial per hand held daily at bedtime. Review of the 2013 Medication Observation Record revealed the medication was administered by the Medication Technician (MT).

An interview was conducted with MT on at 11:10 am. When asked if the nurse administered the treatment in the evening, she stated "no, there is no nurse after 5:00 pm." The MT further added that Resident #6 was and would not understand what to do.

An interview was conducted with the Director of Health Services on at 12:15 pm. When asked if she was aware the MT was administering treatments, she stated "yes" it was her understanding the resident could perform herself.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to obtain medications in a timely manner for 2 of 7 sampled residents. (Residents #7, and #5)

The findings include:

1. Record review for Resident # 7 revealed an order for 10 Meq once daily in the morning. Review of the 2013 Medication Observation Record (MOR) revealed the medication was circled 4-10, indicating the medication was not given. The reverse side of the record revealed the Medication Technicians (MT) documented that the medication was not available.

An interview was conducted with the MT on at 9:10 am. When asked if Resident #7 was receiving , she stated the resident had been out of the medication for a week. She added that it was

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ordered from the pharmacy, but had not been delivered.

An interview was conducted with the Director of Health Services (DHS) on at 12:15 pm. When asked what was the facility policy regarding obtaining medications if the medications ran out. She stated the medication was requested from the pharmacy. If there were no refills left, the pharmacy contacted the physician. When asked if she had been made aware that Resident #7 had been out of medication for a week, she stated "no".

2. Record review for Resident #5 revealed an order for Patch 4.6 mg apply 1 patch daily and remove used patch prior to application of new patch. Review of the 2013 MOR revealed the patches were not available and the resident did not receive the medication.

An interview was conducted with the MT on at 9:20 am. When asked if Resident # 5 had received patches in she stated "no". When asked why they were not available, she stated she did not know.

An interview was conducted with the DHS on at 12:15pm. When asked why Resident #5 had not received patches in she stated she would have to check with the MT. The DHS confirmed that Resident #5 did not receive the patches.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: CCR #2013009784

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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,

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

RS/KJ/KW/sm
Enclosure

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