STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964887	12/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Sand Inc	7800 Abbott Avenue Miami Beach, FL 33141	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (2013010556 and 2013012075) Investigation Survey was completed at Coral Sand Inc on . There was a deficiency identified at the time of survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview the assisted living facility to ensure that 2 out to 7 (#1 and #7) sampled residents met the continued residency criteria. The facility failed to demonstrate their ability to provide one on one supervision to meet the needs of 2 out to 7 (#1 and #7) sampled residents.

Findings include:

Record review for resident #1 revealed the doctor wrote on " no significant positive change on behavior continues to drink at every opportunity. Continues to pan handle daily. Very difficult to manage, although non-combative & calm ".

facility writes " resident #1 continues to be very challenging to manage so much so that his habitual drinking & falling over on the street requiring him to be taken back to the facility by police. " Resident #1 was on and returned from the VA (Veterans Administration) on .

facility writes "resident #1 left the facility in the early hours of the morning and returned with . He was unable to give a coherent account of how these occurred ". Resident #1 was again on and discharged the same day by the VA.

Interview with the administrator and assistant administrator on at 11:20 a.m. revealed that resident #1 goes out but not sure if he pan handles. Resident #1 is an " " but they are not sure what he does when he leaves.

Record review revealed that resident #7's doctor wrote on " Try as we might, we cannot persuade resident #7 to change his behaviors, he is constantly being a trouble with the police for panhandling. " On the doctor wrote " no significant change in overall behaviors he miss some or all medications quite frequently very challenging to manager at times ". On the doctor wrote " difficult to manage, continues all pass behaviors panhandling, smoking crack ". On the doctor wrote " No significant change in anti social behavior continues to smoke crack and pan handles to support the habit ". And on the doctor wrote " poor appetite, continues to pan-handle and use crack ".

Interview with the administrator and assistant administrator on at 11:20 a.m. revealed that resident #7 pan handle and that he has problems.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Coral Sand Inc
7800 Abbott Avenue
Miami Beach, FL 33141

Dear Administrator:

Re: CCR #2013010556 & 2013012075

This letter reports the findings of two state complaints survey that were conducted on , 2013 by representative(s) 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

Enclosure
XG90

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