STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963899	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Oaks	**2650 West Lake Road Palm Harbor, FL 34684**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2014003321, was conducted in conjunction with a limited nursing services (LNS) monitoring visit on .

The Coral Oaks, assisted living facility, had a deficiency at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interviews, unqualified staff provided assistance with management for 1 (Resident #1) of 4 residents sampled for their use.

Findings include:

Interview with Staff G, an unlicensed caregiver, on at approximately 2:25p.m. revealed that she had worked with Resident #1 when she was assigned to her before. She reported that for residents with if their tank is low, "we switch out the tank and make sure the levels are right." She believed it was 2 liters setting) for Resident #1."
In the interview with Resident #1 on at approximately 2:35pm, she stated that the aides help her change the tanks. Sometimes she can do it by herself.
Review of Resident #1's records revealed a physician's order form signed that listed the resident's current medications. On this form, she had ordered at 3 liters continuous per nasal cannula for that was originally ordered on .
Interview with the administrator on at approximately 3:15pm revealed that the staff (unlicensed) is trained and told not to assist with the .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Coral Oaks
2650 West Lake Road
Palm Harbor, FL 34684

RE: LNS Monitoring Visit & **CCR# 2014003321**

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit and a complaint survey that were conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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