STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966933	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Way Senior Care, Inc	2451 Sw 143 Court Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Abbreviated Survey was conducted on , 2014. Coral Way Senior Care had the following deficiencies was identified at time of survey.

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive a minimum of 6 hours training provided by or approved by the Department of Children and Families Services for 1 out of 3 (C) sampled staff.

Finding included:

Record review on , 2014 document that staff C (hired on) had no documentation of having completed the req inimum 6 hours training for administrator and staff who are in direct contact with mental health residents. .

Interview with the administrator on / at 2:30 p.m. acknowledged that the staff C did not have the required training regarding limited mental he residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Coral Way Senior Care, Inc
2451 Sw 143 Court
Miami, FL 33175

Dear Administrator:

This letter reports findings of a abbreviated biennial survey that was conducted on 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

AMD:kb
Enclosure

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