STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965494	06/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Park Senior Care Of Miami	9640 Sw 10 Terrace Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2014. Coral Park Senior Care of Miami had the following deficiencies at time of survey

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the assisted living facility failed to have a completed health assessment for 1 out of 5 (#2) sampled residents.

Findings include:

Record review found that resident #2's health assessment (dated) did not have and activities of daily living levels documented on the form.

The health assessment was reviewed with the administrator on at 2:05 p.m. She stated that the facility had another health assessment for resident #2 but that health assessment was not completed, it did not have the medication mode. A third health assessment was shown but that did not have all of resident #2's past and current diagnoses. She stated that she was going to the doctor to have the health assessments completed.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview the assisted living facility failed to maintained 1 out of 5 (#5) sampled residents medication observation records.

Findings include:

Record review found that resident #5's medication observation record documented that Alprozolam was discharged on and signed by hospice's registered nurse. Record review revealed that the facility initialed "N" for the 8 p.m. dosage.

Interview with the administrator on at 1:10 p.m. revealed that the hospice nurse was at the facility yesterday morning and discharged resident #5's medication.

Interview with hospice nurse on at 1:17 p.m. revealed that both medications for resident #5 were discharged yesterday morning when she visited the facility at 8:30 a.m.

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Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the assisted living facility failed to show documentation that the administrator had at a minimum a high school diploma or GED.

Findings include:

Record review found that the facility's administrator and manager had what appeared to be the same certificate at the facility. Both certificates were dated , 1982, they had the same school same, same seal with signatures and both had the same registration numbers. The facility did not have any other documentation to show that the administrator met the education requirement.

Phone interview with the administrator on at 12 p.m. The administrator stated that her and the manager are cousins and they went to school at the same time. She did not have any other documentation at the facility to show proof of education.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview with the administrator and review of employee records the facility failed to make sure one (1) out of three (3) sampled employees received mandatory one (1) hour in-service training in incident reporting within 30 days of employment.

The Findings include:

Record review of Staff C reflected that she was hired on . In addition the administrator verified that the staff was hired on the same date listed on employment application.

Further review of the staff employment record reflect no documentation that Staff C received training in Incident Reporting.

Interview with the administrator on @ 1: 40 p.m. she acknowledged that the training documentation was not in the Staff C file and that Staff C has been scheduled to take the training.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on interview with the administrator of the facility and review of the staff employment records the facility failed to make sure that one (1) (Staff A) out of three(3) sampled employees had an employment application on file.

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The findings include:

Record review of Staff (A) reflects that the employment application was not on file when reviewed on .

Interview with the administrator on at approximately 12:40 p.m. she acknowledged that the employment application was not in Staff (A) employment file. The administrator stated the application was at another location. The administrator failed to provide the employment application for Staff A.

Class

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the assisted living facility failed to ensure that 1 out of 5 (#2) sampled residents have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

Finding include:

Record review found that resident #2's contract was signed by the resident's daughter. Record review found that the resident's admission forms were signed by her daughter. Record review found that the facility did not have any documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

The contract was reviewed with the administrator on at 2:09 p.m. she stated the daughter does not have a power of attorney and she confirmed that she did sign the contract. She confirmed that there was no paperwork in the record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Coral Park Senior Care Of Miami
9640 Sw 10 Terrace
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 10, 2014 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, RN
Field Office Manager

AMD:
Enclosure
XG90

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