STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965896	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Villa Adult Care, Inc	2860 Sw 122 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on , 2014. Coral Villa Adult Care Inc. had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the provider failed to ensure that prescribed medications for 2 out of 6 residents (#4, #6) were properly stored and locked.

Findings include:

Observation on , 2014 at 10 AM revealed prescribed silver cream for resident #4 was placed on top of the dresser in # ; which is shared with another resident. Further observation revealed prescribed silver cream for resident #6 was placed on top of the dresser in # , which is shared with another resident.

On , 2014 at 10 AM the adminsitrator confirmed the prescribed silver cream for residents #4 and #6 were not properly stored and locked.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, the facility failed to ensure the Community Living Support Plan for 1 out of 6 (#3) residents were updated annually.

Findings include:

Record review of resident #3's file revealed a community living support plan documentation dated , 2013. Further review revealed no documentation showing the community living support plan was completed annually.

On , 2014 at 2:37 PM, the administrator stated she thought it had to be done only once.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Coral Villa Adult Care, Inc
2860 Sw 122 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a standard 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 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:kb
Enclosure
XG90

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