STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Landing Assisted Living	**2820 Old Moultrie Road Saint , FL 32086**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2014007730, was conducted on . Coral Landing Assisted Living had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview the facility failed to have an accurate health assessment for 1 out of 6 sampled Residents (Resident #4)

The findings include:

Record review of Resident #4's health assessment dated revealed under section 2 B of the form, that two contradictory boxes were checked that the resident did not need help with taking medications and that Resident #4 Needs Assistance with Self-Administration of Medications.

During an interview on at 3:00 pm with the Director of Nursing (DON) she confirmed that Resident #4's health assessment was inaccurate.

During an interview with on at 2:55 pm with Employee A she stated that she assists Resident #4 with her medications.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and staff interview the facility failed to properly assess the physical well being of 1 out of 6 sampled Residents after a (Resident #1)

The findings include:

Record review of Resident #1 revealed she was admitted to the facility on 014.
An incident report dated revealed the Resident stated she and hit her right knee. No or marks were noted to right knee.

Record review fax to physician dated revealed Resident had a on at 1:45 pm and complained of right knee pain. Requested X-ray.

Record review of nursing note dated 5 pm revealed that an order for a mobile X-ray was requested to the physician. Further review revealed that the mobile X-ray would be there in the morning as it was past the facility cut off time.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	10/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Landing Assisted Living	2820 Old Moultrie Road Saint FL 32086	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of nursing note dated 8:30 am revealed that the Resident #1's daughter had taken her mother to the emergency at 7:30 pm for an X-ray. The note reported Resident #1 had a broken right knee cap and a broken left wrist.

During an interview on at 3:40 pm with the Director of Nursing (DON) she confirmed that Resident #1 did complain of right knee pain which was documented on the fax to the physician dated She also confirmed that the date on the fax was incorrect and was actually sent on She confirmed that the incident report dated was incorrect and should have had documentation that Resident #1 did complain of right knee pain. She confirmed that she left for the day on without confirmation of when Resident #1 would be having an X-ray or receiving treatment.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview, the facility failed to post the telephone number for lodging complaints against a facility or facility staff, in full view in a common area accessible to all residents.

The findings include:

During a tour of the facility on at 2:15 PM there was no poster found in the building, providing phone numbers for the Florida Hotline.

During an interview with the Administrator by phone on at 2:30 PM she agreed there was no poster for calling in complaints for the Florida Hotline or to the Agency for Health Care Administration posted in the building.

During a conversation with the Director of Nursing on at 2:20 PM she stated she was not aware of a poster with a phone number to the Agency for Health Care Administration.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and staff interview the facility failed to centrally store medication for 1 out of 3 sampled Residents who need assistance with self-administration of medication. (Resident #4).

The findings include:

During the initial tour of the facility on at 10:15 am, several over the counter medications were observed on the and on the bedside table in Resident #4's Resident #4's a double occupied

Record review of Resident #4 health assessment dated revealed that Resident #4 Needs Assistance with Self-Administration of Medications.

During an interview with on at 2:55 pm with Employee A she confirmed that she assists Resident #4 with her medications. She confirmed that Resident #4 should not have any medications in her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	10/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Landing Assisted Living	**2820 Old Moultrie Road Saint FL 32086**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During an interview with the Director of Nursing (DON) on at 3:00 pm she confirmed that Resident #4 needs assistance with self-administration of medications and should not have any type of medication in her

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Coral Landing Assisted Living
2820 Old Moultrie Road
Saint FL 32086

RE: CCR #2014007730

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/PM/JM/sm
Enclosure

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