STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964887	03/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coral Sand Inc	7800 Abbott Avenue Miami Beach, FL 33141	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on . Coral Sand ALF. had deficiencies found at time of survey.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to provide a safe living environment at the time of the survey.

Findings included:

During the tour of the facility with the assistance of the Administrator observation of # observed the residents , toilet water tank top has a crack on it a (photo) was taken.
Observation of # , observed the ceiling area over the shower observed a large open space and can see the entire insides of the upper ceiling and pipes/ plus there is an area on the over the toilet peeling paint (photo) was taken.

In # observed an area on the ceiling there is a patch of peeling paint and broken window blinds.

Upstairs area . Resident #9-10. has a broken window screen the frame is bent and away from the frame. In the residents to # ', the window screen was not attached to the window frame, (photo) was taken.

Interview with the Administrator on at 12: 00 pm, he confirmed the findings in regards to the facility needed to correct the areas which needed to be fixed. Those areas were replacing the toilet top/ having the residents fixed from the leak and paint the area for the peeling paint. Fix the ceiling area in residents paint the walls needed to be painted and to have all of the window screens replaced if broken.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Coral Sand Inc
7800 Abbott Avenue
Miami Beach, FL 33141

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on , 2015 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
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