STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	05/27/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A biennial licensure and complaint survey, CCR #2015003845 was conducted on Coral Landing Assisted Living had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

A0008
Based on observation, interview and record review the facility failed to provide an updated and accurate AHCA 1823 Health Assessment for two of two sampled resident records (Resident #4, Resident #1).

The findings included:

A medical record review was conducted for Resident #4. Resident #4 was admitted on An AHCA 1823 Health Assessment was observed dated The AHCA 1823 Health Assessment should be updated every three years or if resident had a significant change.

An interview with Hospitality Director at 3:00 PM on confirmed Resident #4 does not have an updated health assessment. The Hospitality Director stated " Residents should have a new AHCA 1823 Health Assessment every three years or if there is a significant change. "

Class III

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

Based on record review and staff interview, the facility failed to update the Medication Observation Record (MOR) each time the medication was offered for 1 of 2 random medication observations. (Resident #14)

The findings include:

Record review of Resident #14 MOR dated 2015 revealed 4 medications that had blanks on the signature box indicating the medication was not given. D-3 10 milligrams (mg) (for high and had 2 dates on 2 and not signed as given. The 10 mg (for was not signed as given on 2nd. The 50 micrograms (for hyper were not signed as given on 9, 13, 14, and 21.

An interview on at 12:06 pm with Employee D, Licensed Practical Nurse (LPN) revealed she does not know why there are blanks on Resident #14 MOR. She said she was new here and did not work then. She said they should be signed each time the medication was givenor offered.
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0056 Continued From page 1

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and staff interview, the failed to ensure medications were filled or refilled to ensure continued dosing for 3 of 29 random Medication Observation Record (MOR) reviews. (Resident #3, #12, #13)

The findings include:

Record review of Resident #3's MOR dated 2015 revealed (for high 40 milligrams (mg) tablet was signed but circled. The back of the MOR revealed 2 notations dated and at 8pm that stated, on order."

Record review of Resident #12 MOR dated 2015 revealed 4 medications were signed and circled. 100 mg (for and Lamictal 100 mg (used for was circled on 3-5th at 8 am. The back of the MOR stated, " and Lamictal on order ". The medication 250 mg (for was signed and circled on and (for was signed and circled The back of the MOR revealed at 8am on that " and on order."

Record review of Resident #13 MOR dated 2015 revealed 10 mg (used for revealed the medication was signed and circled on 14-21st. The back of the MOR stated 15, 18, 19, 20, 21 at 8 am " on order " .

On at 12:20 PM an interview with Employee D, Licensed Practical Nurse (LPN) stated she was not sure why the MOR stated the medication was on order for Resident #3, #12, and #13.

On at 12:25 pm, an interview with Employee C, Medication Technician, stated Resident #13 was new. Resident #13 didn't have a primary care doctor when she was admitted. She said the day she was to be seen, the MD quit. She said the lady they hired after him also quit. She said for Resident #3 she was not sure why her medication ran out. She said for Resident #12, we were waiting on the doctor to give us a refill order. She said she trains the med techs about faxing the doctor when there are 15 days of medication left. Employee C stated that way the facility won't run out.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to ensure 2 employees were free of Communicable for 2 of 3 records reviewed. (Employee A, C)

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Continued From page 2

Record review of Employee A revealed a hire date of . There was no documentation that Employee A was free of communicable

Record review of Employee C revealed a hire date of . There was no documentation that Employee C was free of communicable

On at 1:38 pm an interview with the Community Relations Director revealed they do not have a separate record for the Communicable statement. She confirmed Employee A and C did not have it on file.

On An interview with the administrator at 4:21 pm. She stated she has never been asked for the Communicable Statement of any employee. She said no-one has that.

Class III

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

Based on record review and staff interview, the facility failed to record the hours of training for 1 of 3 sampled employees reviewed for in-services in Elopement, Emergency Preparedness and Evacuation, and Incident Report Training. The facility failed to provide documentation of in-service training on Control for 2 of 3 sampled employees. (Employee A, C)

The findings include:

Record review of Employee A revealed a hire date of . There was a certificate for reporting major incidents, reporting adverse incidents and emergency evacuation dated . All 3 were recorded on one certificate. The certificate did not provide the hours for the training. There was a second certificate for emergency procedures, elopement, and fire safety recorded on that certificate dated . The certificate did not provide the hours for the training. There was no documentation for Control training in the employee record.
Record review of Employee C revealed a hire date of . There was no documentation of training on control in her employee file.
On at 3:50 pm an interview with the Community Relations Director stated there are a lot of certificates that do not have the hours written on them, which will have to be corrected. She also stated she could not locate the training on control for Employee A or Employee C.

Level III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and staff interview, the facility failed to provide documentation of annual 2 hour training in Assistance with self-Administration of Medication for 1 of 2 sampled employees (Employee C).

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	AL11910307	05/27/2015
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CORAL LANDING ASSISTED LIVING	2820 OLD MOULTRIE ROAD SAINT FL 32086	

SUMMARY STATEMENT OF DEFICIENCIES
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0084 Continued From page 3

The findings include:

Record review of Employee C revealed a certificate of Assistance with self-Administration of Medication dated The hours were not recorded on the certificate. There was not a current certificate for Assistance with self-Administration of Medication located in her file.
On at 4:30 pm an interview with the Community Relations Director stated she could not find a more current certificate for Assistance with self-Administration of Medication in Employee C ' s file. She also confirmed the last certificate recorded did not include the hours of training.
Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and staff interview, the facility failed to ensure 1 of 3 employees had training on ' s Level 1 within 3 months of employment. (Employee A)

The findings include:

Record review of Employee A file revealed a hire date of There was no Level 1 Training in the employee file.

An interview on at 3:50 pm with the Community Relations Director stated he is on the list for the 2015 Level 1 training. She said he has not had it. She confirmed the facility has a locked Memory Support Unit that they advertise for.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and staff interview, the facility failed to ensure the documentation for hours of training for were recorded on the employee certificate for 1 of 3 records reviewed. (Employee A)

The findings include:

Record review of Employee A file revealed a certificate dated was in his file. The certificate did not record the amount of hours for the training.

On at 3:50 pm an interview with the Community Relations Director stated there are a lot of certificates that do not have the hours written on them, which will have to be corrected.

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0090 Continued From page 4

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and staff interview ' s the facility failed to have 3 days emergency supply of water and non-perishable milk which had the potential to affect all 43 Residents on the current census.

The findings Include:

An observation was conducted of the facility disaster stock on at 10:30am. The facility had 8, 5 gallon jugs of bottled water and there was no non-perishable milk in stock.

A review was conducted of the facilities Emergency Disaster Plan dated 2/14 and it revealed the facility was to serve cereal with milk daily for breakfast.

An interview was conducted with the Food Service Manager on at 10:30 AM. She confirmed the facility did not have enough emergency supply of water or a 3 day supply of non-perishable milk for the 43 residents on the current census.

Class III

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

Based on observation and an interview with the administrator, the facility failed to ensure a safe living environment related to a suspected biological growth in 2 resident This has the potential to affect all 43 residents through the air of the facility.

The findings include:

On at 11:15 am an observation of revealed the vacant. The of mold like substance upon entry. Observed a large area, that was at least one and a half feet in diameter of a heavily covered mold like substance in the 1st closet. It was located high up on the wall of the closet and ceiling. Certain areas were black and furry and other areas had a green color. The odor was very noxious in the closet that to stand in it could not be done without covering your nose or holding your breath. (See photographic evidence)

On at 11:30 am an interview with Employee C revealed a resident who lived in complained about the mold. She said the administrator sprayed bleach in there and in Employee C said in the hallway, there are areas they bleached as well. She said they painted over it with white paint to hide the mold like subtance.

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SUMMARY STATEMENT OF DEFICIENCIES
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0152 Continued From page 5

On at 11:37 am an observation of 's closet was conducted mold like substance was observed coming through the ceiling where paint was seen to have been painted over the mold like area. Employee C stated they sprayed bleach on it and painted over it. The occupied.

On at 11:43 am, an interview with the administrator revealed the facility did not have a maintenance director. She said they have been without one for a couple of months. She stated she does not have any concerns with mold that she knows of. She said there have been a couple of pipes in the buildings that have been fixed.

On at 11:50 am the Administrator and the Community Relations Director entered Upon entering the Administrator stated, "It smells like mold in here". She said the plumbing company was replacing pipes in the facility recently. She said there may have been some water leaking. They both observed the mold like substance in the closet of the The Administrator stated " It appears like mildew " . The Community Relations Director (CRD) said, "This is mold in here and it smells bad". This was a vacant The very hot and muggy. The a/c unit was not on. Then, the Administrator and CRD entered This was an occupied and it was very warm. The administrator stated she already knew about the mold in this She said she had seen leaks. She said they sprayed some bleach on it and the mildew never came back. She observed the closet of She looked up at the ceiling and observed mold like substance that was growing in the back. It had been painted over with white paint, but the mold like substance was coming through it. She said there were areas in the hallway ceiling that also has this, and it was sprayed with bleach.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2015003845

Dear Administrator:

This letter reports the findings of a state biennial licensure and complaint survey that was conducted on 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after **07/08/2015** 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. Should you have any questions please call this office at .

Sincerely,

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

MB/JM/sm
Enclosure

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