STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966933	R
NAME OF PROVIDER OR SUPPLIER **CORAL WAY SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2451 SW 143 COURT** **MIAMI, FL 33175**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on 07/13/2016 and concluded on . Coral Way Senior Care (license #11044) had the following deficiency found at time of survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have updated health assessments for 2 of 6 (#3 and #4) sampled residents.

Findings included:

Record review found Resident #3's health assessment stated that the resident required assistance with self administration of medications.

Interview with the Administrator on at 12:40 PM revealed that Resident #3's family was coming in to give her the medications.

Record review found Resident #3's family wrote a letter to the facility dated which stated they would be giving her the medications twice a day, morning and evening.

Record review found Resident #4's health assessment (dated) did not have any information regarding her . Record review found the last hospice plan of care (dated) stated Resident #4 had a on her sacral area.

On at 12:53 PM the health assessments were reviewed with the Administrator. She stated that the doctor was coming today to update the health assessments.

On at 8:15 AM updated health assessment were emailed to the agency by the facility's consultant for Residents #3 and #4.

Uncorrected Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER Y1	MULTIPLE CONSTRUCTION Y2	DATE OF REVISIT Y3
AL11966933	A. Building B. Wing	

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CORAL WAY SENIOR CARE, INC	2451 SW 143 COURT MIAMI, FL

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed	ID Prefix AL241 Reg. # 429.075(3-4); 58A-5.029(2) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) DK	DATE 7/29/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Coral Way Senior Care, Inc
2451 Sw 143 Court
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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