

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/25/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965896	(X3) DATE SURVEY COMPLETED 08/02/2016
NAME OF PROVIDER OR SUPPLIER CORAL VILLA ADULT CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 SW 122 AVENUE MIAMI, FL 33175	

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

0000 Initial Comments

An Abbreviated survey was conducted on _____ at Coral Villa Adult Care Inc (Lic#10206). The following deficiency was found at the time of the visit:

0010 Admissions - Continued Residency

Based on record review and interview facility failed to provide documentation of an updated health assessment (AHCA form 1823) for two out of seven Residents who are in Hospice care services (#2 and #5).

Findings included:

Record review revealed that Resident (#2) started Hospice care services on _____. Section (A) of the health assessment showed that Activities of Daily Living (ADLs) in the areas of Ambulation, Bathing, Dressing, Eating, Self-care, Toileting, and Transferring all had been checked indicating that the resident required assistance. Section (C) of the health assessment, however, stated that the resident was bedridden.

Record review revealed that Resident (#5) started Hospice care services on _____. Section (A) of the health assessment showed that Activities of Daily Living (ADLs) in the areas of Ambulation, Bathing, Dressing, Eating, Self-care, Toileting, and Transferring all had been checked indicating that the resident required assistance. Section (C) of the health assessment, however, stated that the resident was bedridden.

Observation on _____ between 11:15 am and 3:00 pm showed that Residents # 2 and 5 and were in beds.

Interviewed Administrator on _____ at 3:00 PM, she confirmed the findings and stated that new health assessments shall be completed as soon as possible.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

XG90

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