STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	10/28/2016

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

An unannounced Change of Ownership survey was conducted on at Coral Landing in St. Florida. Deficiencies were found during the visit. License # 7135

0081 Training - Staff In-Service

Based on employee record review and an interview with the Executive Director the facility failed to provide inservice training for Safe Food Handling within 30 days of employment for 1 of 3 employees reviewed (Employee B).

The findings include:

A review of the employee file was conducted for Employee B with a date of hire documented as Employee B did not have any documentation of receiving the Safe Food Handling training observed in the file.

An interview was conducted with the Executive Director (ED) at 1:00 PM on . The ED confirmed Employee B did not have any documentation of Safe food handling training and would be attending a class on Monday.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff and resident interview the facility failed to ensure a safe living environment which includes environment free of maintenance/repair needs in 11 of 48 inspected (# _, 5, 6, 9, 20, 21, 22, 24, 27, 30, 32).

The findings include:

A tour of the facility was conducted between 9:15 am and 10:10 am on

The following environmental observations were made:

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CORAL LANDING ASSISTED LIVING	**2820 OLD MOULTRIE ROAD SAINT , FL 32086**

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The toilet seats in the for # and # were found to be very worn out with little paint left on the seating area. An interview with Resident # 2 at 9:20 am revealed the toilet seat in her in bad shape and needed to be replaced.

The doors and door frames for resident were found with numerous large gouges and deep scratches and in need of patching and painting in # 2, 20, 21, 22, 24, 27, 30 and 32.

in # was not able to be closed all the way and was left ajar .An interview was conducted with Resident # 3 at 9:45 am When asked if she was able to close the , she stated "no" it has been that way for a long time. She stated she did ask for the door to be repaired, but had not yet been fixed.

The handrails in the hallway across from the solarium, outside # , and the electrical across from the laundry observed to be cracked and .

An interview was conducted with the administrator on at 11:30 am regarding the doors, door frames and hand rails. She stated that the facility had a change of ownership in and was in the process of making all necessary repairs.

Class III

E210 ECC - Training

Based on employee file record review and an interview with the Executive Director the facility failed to provide inservice training for Extended Congregate Care(ECC) within 3 months of beginning employment for 1 of 3 employees reviewed.

The findings include:

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	AL11910307	10/28/2016
NAME OF PROVIDER OR SUPPLIER **CORAL LANDING ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 OLD MOULTRIE ROAD** **SAINT , FL 32086**	

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

A record review was conducted of the employee file for the Executive Director which revealed a date of documented as taking over the Administrator position. No documentation of ECC training was observed in the file.

An interview was conducted with the Executive Director on at 1:00 PM . The Administrator confirmed she did not have any ECC training and would be scheduling a class.

Class III

Z814 Background Screening Clearinghouse

Based on employee record review and interview, the facility failed to ensure that 3 of 3 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations background screening website (Employee A, B and C).

The findings include:

A review of the Agency for Health Care Administration' s background screening website on at 2:30 PM revealed that the facility had no employees listed under their facility employee roster. Three employees were sampled. Employee A was hired .Employee B was hired , and the Executive Director date of hire was .

An interview was conducted with the Health Wellness Director and the Executive Director on at 3:00 PM. The Health Wellness Director and the Administrator confirmed there are no employees listed on the Employee Roster of the Background Screening Website. Both stated they were unaware and were updating the roster now.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure change of ownership survey that was conducted on , 2016 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 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. Should you have any questions please call this office at -4201.

Sincerely,

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

KJ/JM/sm
Enclosure
XG90

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