STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964887	**08/31/2017**
NAME OF PROVIDER OR SUPPLIER **CORAL SAND INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7800 ABBOTT AVENUE** **MIAMI BEACH, FL 33141**	

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

0000 - Initial Comments

A resident wellness monitoring was conducted on . Coral Sand Inc, License #9375 with a Limited Mental Health Component, had a deficiency identified at the time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that prescription and over the counter medications that residents kept in their and self administered, were locked.

Findings:

On during a tour of the facility between 7:10 am and 8:30 am, observed in prescribed 2% Cream and on a nightstand. The was unlocked and ajar, open and accessible to other residents. Observed in , Handihaler on a nightstand. The was unlocked and accessible to other residents. In , observed several cream medications in a clear, zip-close bag on a dresser belonging to a resident. Two residents were living in the , and the was unlocked and accessible to other residents.

On at 8:30 am, the Administrator stated that the facility had given residents a locked box in which to keep medications stored in their , but that the residents didn't always use these boxes.

Class III