

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965494	(X3) DATE SURVEY COMPLETED 08/28/2014
NAME OF PROVIDER OR SUPPLIER Coral Park Senior Care Of Miami	STREET ADDRESS, CITY, STATE, ZIP CODE 9640 Sw 10 Terrace Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-08/28/2014
0054-Medication - Records-08/28/2014
0077-Staffing Standards - Administrators-08/28/2014
0081-Training - Staff In-Service-08/28/2014
0161-Records - Staff-08/28/2014
0162-Records - Resident-08/28/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was conducted on August 28, 2014. Coral Park Senior Care of Miami had no deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2014

Administrator
Coral Park Senior Care Of Miami
9640 Sw 10 Terrace
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on August 28, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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