

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105910	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Coral Reef Subacute Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152nd Street Miami, FL 33157	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on record review, observation, and interview, the facility's staff failed to answer incoming calls after 8:00 PM. Six documented calls to the facility were not answered by the staff. This deficient practice had the potential to affect all 159 residents residing in the facility at the time of the survey. The findings include. Observational tour on 01/20/2026 at 3:35 PM, revealed the East Wing nursing station had three desk phones and one portable phone. The [NAME] Wing nursing station had three desk phones and one portable phone. The North Wing nursing station also had three desk phones and one portable phone on the counter. There were three nurses at each nursing station engaged in various tasks. On 12/29/2025 the surveyors made multiple attempts to contact the facility by phone at different times as follows: 9:34 PM - The phone rang 10 times, but no one answered. 9:42 PM - The phone rang 15 times, but no one answered. 9:48 PM - The phone rang 15 times, but no one answered. 10:01 PM - The phone rang 15 times, but no one answered. 10:16 PM - The phone rang 17 times, but no one answered. 10:28 PM - The phone rang 16 times, and no one answered. During an interview on 12/30/2025 at 10:35 AM, the Administrator explained that the facility's phone system routed calls to the receptionist between 8:00 AM and 8:00 PM, who then distributed calls to residents and the nursing station. After 8:00 PM, calls were directed straight to the nursing station, where nurses were responsible for answering. The Administrator stated that she did not understand why nurses failed to respond to the calls during the reported time frame. On 12/30/2025 at 11:20 AM, Staff A (Concierge) stated that she did not recognize Resident #2's name. Staff A stated that her role involved maintaining communication with residents and their families and also family members had her personal cell phone number to contact her directly in case of emergencies. On 01/20/2026 at 3:52 PM, Staff B Registered Nurse (RN), stated that when nurses received calls for the residents, the calls are transferred to the portable phone taken to the resident. Review of the facility's Policy and Procedures for Residents' Rights (published 10/20/2022) indicated: Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: Federal and state laws guaranteed certain basic rights to all residents of this facility. These rights included the residents' right to communicate with and access people and services, both inside and outside the facility.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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