

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/10/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY COMFORT CARE II, INC

**863 KUENZ PL
OCFEE, FL 34761**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit to the biennial re-licensure survey was conducted at Country Comfort Care II, Inc Assisted Living Facility on Deficiencies were identified at the time of survey.	{A 000}		
A 180 SS=D	58A-5.026(1) FAC Emergency Management Emergency Management. (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated, which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-04010 . This document is available from the local emergency management agency. The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with 's	A 180		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 180	Continued From page 1 or related, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the local emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on interview, the facility failed to have evidence of a written comprehensive emergency management plan (CEMP) that was in accordance with the "Emergency Management Criteria for Assisted Living Facilities." Findings: On at 11 AM, the owner was asked to provide a copy of the CEMP to review and to provide to the fire department personnel for review. The owner said at the time the CEMP book was not at the facility and she would have to get the book to bring to the facility. Class III	A 180			
A 181 SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the	A 181			

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A 181	Continued From page 2 local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on the Florida healthfinder.gov website and interview, the facility failed to have their comprehensive emergency management plan (CEMP) approved by the local emergency	A 181			

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A 181	Continued From page 3 management agency. Findings: Review of the Florida health finder.gov website revealed the facility obtained an initial Assisted Living Facility License on On at 11 AM, the owner was asked to provide a copy of the CEMP approval letter. The owner said the CEMP was not approved because the facility was waiting on the fire plan to be approved by the county fire inspector, who required the facility to install a sprinkler system before approval. She said sprinklers were installed and the fire inspector approved the sprinkler system on On at 11:30 during a telephone interview with the administrator, she said the facility's CEMP was not approved because the fire plan was not approved, and the county fire inspector would not approve the fire plan until the facility installed the sprinkler system. She said based on her decision, the facility had been in litigation since 2017 regarding the sprinkler system because she was not originally told a sprinkler system was required when she received her Assisted Living Facility License. She said she decided to have the sprinkler system installed and inspection was conducted on Review of an email dated from the local emergency management agency representative revealed it noted the facility's emergency power plan and CEMP were both non-compliant and needed to resubmit with additional information, the representative requested the additional information on for both plans.	A 181			

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A 181	Continued From page 4 Class III	A 181		