Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969175	A. BUILDING: _____ B. WING _____	05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COMFORT CARE II, INC	863 KUENZ PL OCOEE, 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 complaint investigation (2021006036) including [illegible] control monitoring were conducted at Country Comfort Care II Assisted Living Facility on [illegible]. The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [illegible] or [illegible] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [illegible] or [illegible]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making [illegible] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on medication observation record (MOR) review, record reviews and interview, the facility failed to provide medications as ordered for 1 of 2 sampled residents (#2) and failed to maintain written documentation of a significant change (hospital transport) and that the family and health care provider was notified for 1 of 2 sampled resident (#2) and did not obtain , results as ordered for 1 of 2 sampled resident (#1) Findings:	A 025		

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A 025	Continued From page 2 1. On [redacted] at 9:15 AM, during an interview with resident #2, she said that unlicensed staff would bring her [redacted] to her and dial it to the units she was supposed to have because she was [redacted]. She also stated the staff did not change the needles each time she used the [redacted]. Resident #2 also stated that she [redacted] outside on the front porch while her friends were visiting and trying to assist her out of her wheelchair to step down because there was no wheelchair ramp, she said she had a [redacted] and [redacted]. She said she was transported to the hospital. The incident occurred the end of [redacted]. On [redacted] at 10 AM, staff A, an unlicensed caregiver, said she would turn the dial on the [redacted] after the resident #2 obtained her [redacted] results. She said she did not always change the [redacted] needles each time she assisted the resident. Observations during the medication pass on [redacted] at 12 PM, revealed staff A, removed the [redacted] from the locked medication cabinet and took it to the resident's room. Resident #2 attached the [redacted] strip to the [redacted], the resident pricked her [redacted], the staff placed the [redacted] in front of the resident so that she could place the [redacted] on it. The [redacted] read aloud 177. Staff A informed the resident that she was to receive 2 units and the resident agreed. Staff A removed the [redacted] from the plastic bag. Observations revealed the needle was already attached to the pen, staff A turned the dial on the [redacted] to 2 units and handed it to resident #2 who injected the [redacted] herself. Observation of the [redacted] revealed it had a prescription label that noted the following: [redacted] 100u/ML-give	A 025		

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A 025	Continued From page 3 150-180=8 units 180-220=10 units 220-300=15 units According to the prescription label the resident was to get 8 units. Record review for resident #2 revealed a resident health assessment form dated that included diagnosis of and she was legally . The health care provider noted she required assistance with the self-administration of her medications. An order dated noted the same order as the that was on the prescription label. Staff A said at the time she was going by the order that was noted on the (BS) log that noted it was for . 0-60=0 61-149-0 units 150-200=2 units 201-250=3 units 251-300=4 units 301-350=6 units 351-up-8 units notify MD The log had the order. 150-180=8 units 180-220=10 units 220-300=15 units Further review of both logs revealed they noted the BS results for breakfast, lunch, dinner and bedtime, the amount of given was not noted. Review of the Mor's for and revealed they both noted: 100U/ML	A 025		

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A 025	Continued From page 4 stick 150-180=8 units 180-220=10 units 220-300=15 units There were staff initials daily on one line of the MOR for the Pen, however there was no times listed, nor was the amount of given listed. On at 12:45 PM, the administrator reviewed the log for , and stated she wrote the wrong order on the log. She further stated the resident wanted to take 2 units of and that was her choice because of resident's rights. She confirmed the resident was not taking the according to the health care provider's order. Further record review revealed there was no written documentation found regarding the resident falling outside on the porch and having to be transported to the hospital and that the family and health care provider was contacted. On at 1 PM, the administrator reviewed the facility notes and stated the note written on was about the , review of the note written revealed it documented that the resident was at the facility nothing was found. She was informed there was no documentation of what occurred that required the resident to be transported to the hospital (higher level of care) and that the family and health care provider was contacted. 2. Record review for resident #1 revealed a resident health assessment form (1823) dated that noted the resident required assistance with the self-administration of her medications. The 1823 noted the following orders:	A 025		

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A 025	Continued From page 5 . . , . . 10 milligrams (mg) -1 daily-for . . take once daily Hold for , , ... (. .) </110 or </60. , 10 mg-one daily take once daily Hold for . . </110 or </60 Review of the MORs for and revealed the medications were marked as given daily. There was no documentation found to confirm that the resident's . . . . , ... was taken prior to providing the medication to her as ordered. On . . . . . at 10 AM, staff A, an unlicensed staff said she did not take the resident's , ... any longer because she was told it was no longer required. On at 11:30 AM, the administrator said the resident's . . . . , ... was taken and the resident's son had the paper with results and did not return them. The administrator could not provide any evidence that the resident's , ... was taken prior to giving the resident her medications as ordered. Class III	A 025		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule	A 030		

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A 030	Continued From page 6 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . . , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery	A 030		

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A 030	Continued From page 7 of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity,	A 030		

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A 030	Continued From page 8 individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate	A 030		

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A 030	Continued From page 9	A 030		

and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right

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A 030	Continued From page 10 includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated	A 030		

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A 030	Continued From page 11 . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on review of facility's grievance procedure and interviews, the facility failed to honor resident rights and did not have evidence to confirm that the concerns of resident's who mentioned a staff (A) was rude to them at times were addressed and resolved to ensure that the residents were treated with respect and personal dignity. Findings: During resident interviews on there were residents who said staff A talked rudely to them sometimes. The residents said it was reported to the administrator and nothing was done about it. During an interview with the administrator on . . . . . at 1 PM, she said the other facility owner did have a meeting with the resident's regarding staff A being rude to them. She said there was no documentation of what their concerns were and the resolution. Review of the facility's grievance policy revealed it noted: "This policy and procedure includes the	A 030		

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A 030	Continued From page 12 facility administrator's commitment to follow up and attempt to resolve these complaints within a reasonable time frame based on the nature of the complaint. Each resident complaint will be held in strict confidence and a record of each will be kept in the administrator's confidential file but made available to the agency." On . . . . . at 2 PM the other facility owner said she conducted an investigation regarding staff A being rude to a couple of the residents. She said after her investigation she concluded that she could not confirm that anything happened because not all of the residents gave the same information. She said two of the resident's did not like staff A and told her they were going to get her fired. She said she did not maintain written documentation of the meeting and the resolution as required. Class III	A 030		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication	A 052		

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A 052	Continued From page 13	A 052		

from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change.
(c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(h) Using a to perform - level checks.
(i) Assisting with putting on and taking off stockings.
(j) Assisting with applying and removing an but not with titrating the prescribed settings.
(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
(l) Assisting with measuring vital signs.
(m) Assisting with , bags.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for

Agency for Health Care Administration

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A 052	Continued From page 14 measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and	A 052		

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A 052	Continued From page 15 must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with	A 052		

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A 052	Continued From page 16 this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to notify a health care provider when 1 of 2 sampled residents who received assistance with self-administered medications was noncompliant with her medication (#2.). Findings: Observations during the medication pass on at 12 PM, revealed staff A, and unlicensed caregiver, removed the from the locked medication cabinet and took it to the resident's room. Resident #2 attached the strip to the	A 052		

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A 052	Continued From page 17 , the resident pricked her , the staff placed the in front of the resident so that she could place the on it. The read aloud 177. Staff A informed the resident that she was to receive 2 units and the resident agreed. Staff A removed the from the plastic bag, observations revealed the needle was already attached to the pen, staff a turned the dial on the to 2 units and handed it to resident #2 who injected the herself. Observation of the revealed it had an prescription label that noted the following 100u/ML-give 150-180=8 units 180-220=10 units 220-300=15 units According the the prescription label the resident was to get 8 units. Record review for resident #2 revealed an resident health assessment form dated that included diagnosis of and she was legally . The health care provider noted she required assistance with the self-administration of her medications. An order dated noted the same order as the that was on the prescription label. Staff A said at the time she was going by the order that was noted on the , (BS) log that noted it was for 0-60=0 61-149-0 units 150-200=2 units 201-250=3 units 251-300=4 units 301-350=6 units 351-up-8 units notify MD	A 052		

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A 052	Continued From page 18 The [illegible] log had the [illegible] order 150-180=8 units 180-220=10 units 220-300=15 units Further review of both logs revealed they noted the bs results for breakfast, lunch, dinner and bedtime, the amount of given was not noted. Review of the mor's for , and revealed they both noted: [illegible] , 100U/ML [illegible] stick [illegible] 150-180=8 units 180-220=10 units 220-300=15 units On [illegible] at 12:45 PM, the administrator reviewed the [illegible] log for , and stated she wrote the wrong [illegible] order on the log. She further stated the resident wanted to take 2 units of [illegible] and that was her choice because of resident's rights. The administrator was asked at the time if she had documentation to confirm that the resident's health care provider was aware that the resident was refusing to follow his order. The administrator said she did not and asked resident #2 to call her health care provider at the time of the survey. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container;	A 054		

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A 054	Continued From page 19 or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 2 of 2 sampled residents (#1 and #2) who required assistance with self-administered medications. Findings: Record review for resident #1 revealed a resident health assessment form (1823) dated	A 054		

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A 054	Continued From page 20 that noted the resident required assistance with the self-administration of her medications. The 1823 noted the following orders: , 10 milligrams (mg) -1 daily-for take once daily Hold for ( ) </110 or </60. , 10 mg-one daily take once daily Hold for </110 or </60 Review of the Mors for and revealed the medications were marked as given daily. There was no documentation found to confirm that the resident's , was taken prior to providing the medication to her as ordered. On at 10 AM, staff A, an unlicensed staff said she did not take the resident's , any longer because she was told it was no longer required. On at 11:30 AM, the administrator said the resident's , was taken and the resident's son had the results with him and did not return them. 2. On at 9:15 AM, during an interview with resident #2, she said that unlicensed staff would bring her , to her and dial it to the units she was supposed to have because she was . Record review for resident #2 revealed a resident health assessment form dated that included diagnosis of , and she was legally . The health care provider noted she required assistance with the self-administration of her medications. On at 9:15 AM, during an interview	A 054		

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A 054	Continued From page 21 with resident #2, she said that unlicensed staff would bring her , to her and dial it to the units she was supposed to have because she was . Observation of the resident's , revealed it had a prescription label that noted the following : 100u/ML-give 150-180=8 units 180-220=10 units 220-300=15 units An order dated noted the same order as the that was on the prescription label. There was log for , (BS) results that noted it was for . 0-60=0 61-149-0 units 150-200=2 units 201-250=3 units 251-300=4 units 301-350=6 units 351-up-8 units notify MD The log had the , order. 150-180=8 units 180-220=10 units 220-300=15 units Further review of both logs revealed they noted the BS results for breakfast, lunch, dinner and bedtime, the amount of given was not noted. Review of the mor's for , and , revealed they both noted: , 100U/ML stick 150-180=8 units 180-220=10 units 220-300=15 units	A 054		

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A 054	Continued From page 22 There were staff initials daily on one line of the MOR for the [redacted] Pen, however there was no times listed, nor was the amount of [redacted] given throughout the day listed. There was no documentation found on the MORs or the BS logs that noted the amount of that was given. Staff A said on [redacted] at 10:10 AM she did not document amounts given on the MOR or log when the resident took her [redacted] because she always turned the dial on the [redacted] to the amount the resident required after she took her BS. She did not know she should have documented each time she assisted with the [redacted] and the amount that was given. Class III	A 054		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill	A 056		

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A 056	Continued From page 23 organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort	A 056		

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A 056	Continued From page 24 to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on medication review, medication observation records (MOR) and interview, the facility failed to ensure when an order changed for 1 of 2 sampled residents (#2), the new directions were promptly recorded in the resident's medication observation record and did not obtain a revised label from the pharmacist or place an alert label on the medication. Findings:	A 056		

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A 056	Continued From page 25 Record review for resident #2 revealed an order dated for [redacted] that noted decrease [redacted] to 3 times weekly. Review of the medication package revealed the label noted Rosuvastatin 5 milligrams (mg) 1 by [redacted] at bedtime. [redacted] written on the prescription label was Mon/Wed/Fri. There was no alert label on the medication package to direct staff to examine the revised directions. Review of the MOR for [redacted] and [redacted] revealed both MORs noted Rosuvastatin 5 mg for [redacted] -Take one at bed time. There were staff initial on the MOR to reflect the medication was given to reflect the new order on Monday, Wednesday's and Friday. The MOR was not updated to reflect the new order. On [redacted] at 11 AM, the administrator confirmed the findings. Class III	A 056		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without	A 078		

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A 078	Continued From page 26 a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with	A 078		

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A 078	Continued From page 27 this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observations, medication observation records (MOR), record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing unlicensed caregivers to prepare an syringe for injection for 1 of 2 sampled residents (#2). Findings: On at 9:15 AM, during an interview with resident #2, she said the facility's unlicensed staff would bring her , to her and dial it to the units she was supposed to have because she was . She also stated the staff did not change the needles each time she used the On at 10 AM, staff A, an unlicensed caregiver, said she would turn the dial on the after the resident #2 obtained her results. She said she did not always change the needles each time she	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969175	A. BUILDING: _____ B. WING _____	05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COMFORT CARE II, INC	863 KUENZ PL OCOEE, FL 34761

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A 078	Continued From page 28 assisted the resident. Observations during the medication pass on [redacted] at 12 PM, revealed staff A, removed the [redacted] from the locked medication cabinet and took it to the resident's room. Resident #2 attached the [redacted] strip to the [redacted], the resident pricked her [redacted], the staff placed the [redacted] in front of the resident so that she could place the [redacted] on it. The [redacted] read aloud 177. Staff A informed the resident that she was to receive 2 units and the resident agreed. Staff A removed the [redacted] from the plastic bag, observations revealed the needle was already attached to the pen, staff A turned the dial on the [redacted] to 2 units and handed it to resident #2 who injected the [redacted] herself. Observation of the [redacted] revealed it had a prescription label that noted the following [redacted] 100u/ML-give 150-180=8 units 180-220=10 units 220-300=15 units According to the prescription label the resident was to get 8 units. On [redacted] at 12:45 PM, the administrator said she was not aware that unlicensed staff could not prepare the [redacted] for injection. She said she was informed in the last medication training that the unlicensed staff could prepare the [redacted] for the residents to use. Class III	A 078		