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
	AL11969340	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY CARE RESIDENCE PEMBROKE ALF LLC	7650 TAFT ST PEMBROKE PINES, FL 33024

(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 Unannounced Relicensure and Generator Monitoring surveys were conducted on at Cozy Care Residence Pembroke ALF LLC. The facility had deficiencies identified relating to the Relicensure and Generator Monitoring surveys at the time of this visit.	A 000		
A 056	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 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	A 056		

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A 056	Continued From page 1 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 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	A 056		

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A 056	Continued From page 2 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 interview and record review, the facility failed to follow the prescribed medication directions for 1 out of 1 sampled resident (Resident #1) by not providing the resident's medication "as needed" and not discontinuing the medication as directed by the resident's health care practitioner. The findings are: In an interview with Staff A (Direct Care) on ..... at 1:10pm, she stated that Resident #1 received the , 500mg oral caplets routinely, twice daily. She stated that she was responsible to assist the resident with his medications and she understood the "as needed" directions to provide the resident this medication routinely, twice every day. She stated that she has assisted the resident with this medication since the medication was ordered on or about . She stated that she was not aware of	A 056		

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A 056	Continued From page 3 the medication's date of discontinuation since she was presently providing this medication to the resident. Review of Resident #1's medication observation record (MOR) revealed that the resident received the , 500mg oral caplet on at 7:00am, with assistance from Staff A. Further review of the resident's MOR indicated that the resident received this medication twice daily at 7:00am and 9:00pm, from to . Review of the resident's health care practitioner's order dated on indicated that the resident was prescribed , 500mg, 1 capsule as needed orally every 6 hours, for 60 days. (Photographic evidence was obtained.) In an interview with the Administrator on at 1:40pm, she stated that she was not aware that Resident#1 was being provided with the , 500mg oral medication routinely and that this medication was to be discontinued on or about as per the resident's health care practitioner's order. Class III	A 056		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency	CZ830		

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CZ830	Continued From page 4 management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services	CZ830		

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CZ830	Continued From page 5 within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to submit a complete comprehensive emergency management plan (CEMP) to the local emergency management agency, which must contain the facility's current	CZ830		

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CZ830	Continued From page 6 emergency environmental control plan (EECP) as a supplement. The findings are: In an observation of the facility's portable power generator on at 3:00pm, the generator was stored in the covered patio along with 6 full propane tanks. Further observation at this time, it was noted that 2 out of the 3 five-gallon gasoline tanks stored in the outdoor patio had approximately 5 gallons of gasoline inside of them and 1 tank was empty. (Photographic evidence was obtained.) Review of the facility records revealed that its most recent CEMP was submitted for approval to the local emergency management agency on and this CEMP approval did not include the facility's most current EECP. Review of the facility's "Emergency Environmental Control" policy and procedures dated on revealed that the facility "will be equipped with sufficient generator to ensure temperature will be maintained at or below 81 degrees Fahrenheit for a minimum of 48 hours." Further review of this document indicated that the Administrator was responsible "to make sure the generator is filled with fuel when needed" and "the gasoline containers will be stored at the location of the facility". (Photographic evidence was obtained.) Review of the facility's EECP effective on revealed that the facility's portable power generator operated on gasoline and propane fuel, and it did not indicate the amounts of each fuel needed to have onsite to operate the power generator for a minimum of 48 hours. Further review of this EECP indicated that the power	CZ830		

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CZ830	Continued From page 7 generator "will be located" at 1130 NE 136 Street, North Miami, FL 33161, which was not the facility address. Review of the local emergency management agency's website at "https://webapps6.broward.org/HealthcareFacility/FacilityList.aspx" revealed that the facility last EECP approval was on . . . . (Photographic evidence was obtained.) In an interview with the Administrator on at 3:25pm, she stated that she was not aware that the facility's EECP dated on did not indicate the specific amounts of fuel it needed to have onsite for a run-time of at least 48 hours and the erroneous storage location of the facility's power generator. She stated that she did not know the actual run-time for the power generator which uses 2 types of fuel, gasoline and propane. She stated that a complete and current EECP was not submitted with the facility's most recent CEMP, which was approved on . . . Class	CZ830		