STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969175	**11/21/2018**
NAME OF PROVIDER OR SUPPLIER **COUNTRY COMFORT CARE II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **863 KUENZ PL** **OCOEE, FL 34761**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted on . Country Comfort Care II, Inc. Assisted Living Facility, had deficient practice at the time of the monitoring visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan.

Findings include:

On at 8:30 a.m. during an interview and tour of the facility, the agency did not observe any equipment to provide alternative power source during an emergency. Interview with the administrator revealed they were in the process of obtaining quotes and installation for the alternate power source.

Class III