STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969340	11/07/2018
NAME OF PROVIDER OR SUPPLIER **COZY CARE RESIDENCE OF PEMBROKE PINES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7650 TAFT ST** **PEMBROKE PINES, FL 33024**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018012908, was conducted on at Cozy Care Residence of Pembroke Pines LLC, License #13135. The facility had deficiencies at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and record review, the facility failed to honor a resident rights for 2 of 3 sample residents' records reviewed (Resident # 1 and # 2). As evidence of the facility failure to issue a 45-day notice to Resident # 1 and # 2; the facility also failed to notify both resident's Power of Attorney's (POA) of their discharge.

The findings included:

a) On a review of the medical and financial records was conducted. Resident # 1 was admitted into the facility and discharged on . He suffers from , , Versatile Disk, Prostatic Hyperpiesia, , (in remission), and Age related decline. He is independent with , eating, transferring, toileting, and self-care grooming. He requires supervision with bathing.

A review of the Residential Contract reveals the section for monthly payment amount is blank. The contract was dated .

On at 09:35 AM, an interview was conducted with the Son of Resident # 1. It was revealed that he was made aware that Resident #1 had been moved to another facility on , . He was told by another resident's Power of Attorney (POA). He stated he was never given advance notice of the move. He stated he never gave his consent or authorization, as he is the POA for Resident #1. He further stated the facility never issued a 45-day notice. He stated he was never contacted by the facility. He says the Administrator told the facility that these 2 residents were homeless and had nowhere else to go. He says the Administrator stated the resident's were wards of the state.

A review of the following Nurse's progress notes revealed the following regarding Resident #1.
1) - POA notified to find a place for Dad. Resident # 1 is unable to sleep through the night. Staff states Resident # 1 is using foul language at them. The POA stated he was going away and is very busy.

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2) - We found a place for Resident # 1, stable condition. Accompanied Resident # 1. We texted his Son to let him know the address. Resident # 1 was transferred to the {facility} by Staff B, Supervisor.

b) A review of the medical and financial chart was conducted for Resident # 2. He was admitted into the facility on . He was discharged . He suffers from the following diagnosis: , without behavior disturbance and 's . Physical or sensory limitations noted as Unsteady gait. or behavioral status noted as, resident oriented x 2. Further review revealed resident is able to follow commands; special precaution noted as precautions.

A review of the Nurses progress notes revealed the following for Resident #2.
1) - Resident admitted to the facility in stable condition. Appetite is good.
2) - - POA notified that she needs to pay on time.
3) - POA came in with check dated . Took check to Bank. The bank would not honor the check. Advised the POA, resident cannot remain without payment. Will look for relocation.
4) - Resident was transferred to {facility}. Staff B, accompanied the resident. Call placed to POA and notified her of the change. POA was yelling on the phone and would not take down the address.

A review of Resident #2's file revealed no evidence/documentation indicating a 45-day notice was given to the Resident's POA, nor information regarding the POA being notified prior to relocation.

On at 02:05 PM, an interview was conducted with the POA for Resident # 2. She stated on she received a call from Staff B stating Resident #2 had been transferred to another Assisted Living Facility (ALF). She stated the staff told her that she accompanied him there. She stated she was extremely upset. She says she tried numerous times to contact the Administrator, but she would not take or return her calls. She says since her Father has been moved; he has become disoriented and has experienced a serious . She stated she has to go to the new facility daily to rid him of his . She says he had become familiar with the previous facility. She stated she did not give authorization, nor was she given prior notice of the move.

The facility policy states the following: The facility or Designee shall notify resident with a 45-day notice of tenancy. Resident shall inform facility with a 30-day notice of termination of tenancy. If Residence ALF LLC discontinues operation any advance payment for services not received shall be refunded to the resident's guardian within 10 days of closure, whether or not the refund is requested.

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On at 03:00 PM, an interview was conducted with the Administrator. She stated she admitted Resident # 1 and charged him $750. She advised the Surveyor that it was not reasonable to charge that price, but she wanted prospective clients to think she had at least one resident She stated the residents would not pay her properly. She was made aware of in the findings

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit the Comprehensive Emergency Management Plan (CEMP) for review and approval from the local emergency management agency annually.

The findings included:

On a review of the facility plans and policies was conducted. The CEMP was missing for the past 2 years.

On at 10:30 AM, an interview was conducted with the facility Administrator. She stated she did not have an approval letter for the CEMP for the past two years. She stated she had not been able to obtain the Fire Inspection approval.

Class III