STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968785	**02/14/2019**
NAME OF PROVIDER OR SUPPLIER **KOZIE KOTTAGE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12576 54TH ST N** **WEST PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at Kozie Kottage (Lic#12633) on . . . . . . The facility had deficiencies identified at the time of the survey.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to follow physicians orders when administering , for 1 of 5 sampled residents (Resident#3).

The Findings Included:

On . . . . . at approximately 8:30PM, a medication pass was observed with Staff C who is a Registered Nurse. Staff C washed her . . . . . and compared the medication label with the Medication Observation Record (MOR) for Resident#3 who receives . . . . . Succ. ER 50 mg. daily. Staff C administered the medication to Resident#3, watched her swallow the medication , and signed the MOR's. Further review of the MOR revealed the physician order directs the medication to be held if the . . . . . is lower than 100 and the . . . . . rate is lower than 55. During the medication observation no . . . . . was taken, and during an interview with Staff C and the Administrator, there is no . . . . . documented for Resident#3.

During an interview with the Administrator and Staff C on . . . . . at approximately 12:15PM, they acknowledged the findings and provided no additional documentation for review.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Bsed on record review and interview, the facility failed to record a . . . . . twice a year for residents receiving assistance with activities of daily living for 1 of 2 sampled residents (Resident#3).

The Finings Included:

On . . . . . at approximately 11:30AM, a review of Resident#3 resident record was conducted and revealed Resident#3 was admitted to the facility on . . . . . . On admission the resident was

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receiving Hospice services. Further review revealed Resident#3 receives assistance and supervision with all ADL's except eating, and requires a to be recorded twice a year. There was one documented on the admission date of , and no additional were recorded.

During an interview with the Administrator on at approximately 12:25PM, she acknowledged the findings and provided no additional documentation for review.

Class

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

Based on record review and interview, the facility failed to obtain an approved Comprehensive Emergency Managemnt Plan (CEMP) from the local emergency management agency.

The Finings Included:

On at approximately 11:35AM, the facility CEMP was requested. At this time, the Administrator stated the CEMP had not been approved. Further review revealed the CEMP was submitted and the first revision notice of deficiency was received on . The Administrator stated the facility has never had an approved CEMP since they change from an Adult Family Care Home. At this time the facility does not have an approved CEMP.

During an interview with the Administrator on at approximately 11:40AM, she acknowledged the findings and provide no additional documentation for review.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to ensure that the facility obtained an approved Enviromental Emergency Control Plan (EECP) from the local emergency management agency.

The Findings Included:

On at approximately 11:45PM, the facility EECP was requested. At this time, the Administrator stated the facility EECP had not been approved. The EECP was submitted on and a notice of deficiency was received on . The facility received an initial implementation extension until , which has expired. Further review revealed, the facility has not submitted a

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request for a variance extension as of . At this time the facility has two portable generators in place as the alternate power source, until an approval is obtained and implementation can be completed. At this time the facility does not have an approved EECP.

Durign an interview with the Administrator, she has met with a representative from the local emergency management agency and she is preparing to submit the revision soon. She acknowledged the findings and provide any additional documentation for review.

Class III