

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969175	(X3) DATE SURVEY COMPLETED R 02/20/2019
NAME OF PROVIDER OR SUPPLIER COUNTRY COMFORT CARE II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 863 KUENZ PL OCOE, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring revisit related to emergency environmental control plan was conducted at Country Comfort Care II, Inc. Assisted Living Facility, located in Ocoee, Florida on Deficient practice was found 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 2:30 p.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		