STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969175	R 07/01/2019
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

A revisit to a biennial survey was conducted at Country Comfort Care II, Inc. on . . . . . Deficiencies were not corrected and one new deficiency at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to obtain a dated AHCA Form 1823 Health Assessment completed by the healthcare provider for 1 of 3 sampled resident (#4) who needs assistance with Activity of Daily Living (ADLs) as required.

Findings:

Resident #4's record review revealed admission date . An incomplete 1823 Health Assessment was not dated by the healthcare provider found in the file. Resident #4 needs assistance in ADLs with ambulation, bathing, grooming & toileting and supervision with . (Photographic evidence obtained)

On . . . . at 2 PM, an interview with the Administrator confirmed the finding.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on a letter from the local Fire Department and interview, the facility failed to maintain a satisfactory annual fire inspection report as required.

Findings:

The Administrator provided a letter from the local Fire Department dated . . . . . stating the facility is moving toward compliance for fire sprinkler and fire alarm systems. There was not a current approval or satisfactory letter for review. (Photographic evidence obtained)

Furthermore, the last satisfactory fire inspection was on . . . . . .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969175	R **07/01/2019**
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)

On . . . at 2 PM, an interview with the Administrator confirmed the finding.

Class III