STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105437	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Cove Care Center	700 SE Dr Martin Luther Jr Ave Crystal River, FL 34429

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review the facility failed to complete assessments for self-administration of medications for 2 (Resident #12 and Resident #75) of 3 residents. Findings include: 1. During an observation of Resident #75's room on 04/27/2026 at 10:13 AM, unsecured medications were present on bedside table. Resident #75 had 2 bottles of Chloraseptic spray. Review of physician orders dated 11/17/2025 for Resident #75 read, Cepacol Extra Strength Mouth/Throat Lozenge 15-2.6 MG (milligram) (Benzocaine-Menthol (Mouth-Throat) Give 1 lozenge by mouth every 8 hours as needed for cough. May Keep at bedside and self-administer. Review of physician orders for Resident #75 there was no order for Chloraseptic.Review of Resident #75's medical record documented no assessment completed self-administration of medications. 2. During an observation of Resident #12's room on 04/27/2026 at 10: 20 AM, unsecured medications were observed on the bedside table, a bottle of Thera Tears and a bottle of Tart Cherry capsules. Review of Resident #12's physician orders dated 11/7/2025 read, Artificial Tears Ophthalmic Solution (Artificial Tear Solution) Instill 1 drop in both eyes every 8 hours as needed for dry eyes may keep at bedside. Review of physician orders for Resident #12 documented no order for self-administration. Review of Resident #12 medical record documented no assessment completed to self-administer medications. During an interview with the Director of Nursing (DON) on 04/27/2026 at 11:23 AM she stated her expectations were that all meds [medications] should be secured and not at bedside. During an interview on 04/29/2026 at 1:00 PM the DON stated, The medication self - administration assessment was missing for both [Resident #12's name and Resident #75's name]. The nurse who initiated the orders for both residents should have completed an assessment for self-administration.Review of the facility policy titled, Resident Self- Administration of Medication Policy. approved on 02/18/2026, reads: It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self- administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. Policy Explanation and Compliance Guidelines: 2. Resident's preference will be documented on the appropriate form and placed in the medical record. 4. The result of the interdisciplinary team assessment are recorded on the Medication Self-Administration Assessment Form, which is placed in the resident's medical record. 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective. b. The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105437	A. Building B. Wing	04/30/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to properly secure medications in one of four halls observed for medications unsecured at the bedside. Findings include:During an observation on 04/27/2026 at 10:13 AM unsecured medications were present on bedside table in Resident #75's room. Resident #75 had 2 bottles of Chloraseptic spray.During an observation on 04/27/2026 at 10:20 AM unsecured medications were observed on the bedside table in Resident #12's room, a bottle of Thera Tears and a bottle of Tart Cherry capsules.Review of Resident #12 physician orders dated 11/07/2025, read, Artificial Tears Ophthalmic Solution (Artificial Tear Solution) Instill 1 drop in both eyes every 8 hours as needed for dry eyes may keep at bedside.During an interview on 4/27/2026 at 11:15 AM, Staff A, Licensed Practical Nurse (LPN) stated, I was not aware that the resident had medication at bedside, I did not see them.During interview with the Director of Nursing on 04/27/2026 at 11:23 AM, she stated that her expectations were that all meds [medications] should be secured and not at bedside.Review of the policy titled, Medication Storage Policy, approved on 2/18/2026, read, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacture's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Policy Explanation and Compliance Guidelines 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls.Review of the facility policy titled, Resident Self- Administration of Medication Policy. approved on 02/18/2026, reads: It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. Policy Explanation and Compliance Guidelines: 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective. b. The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy.