

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Childrens Comprehensive Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 200 SE 19th Avenue Pompano Beach, FL 33060	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to follow their own policy for labeling an insulin vial with an open date and administering insulin without an open date label for 1 of 3 sampled residents (Residents #3). Findings included:A record review of a facility's policy titled, Insulin Administration, dated 06/15/20, and reviewed on 07/20/25, it documented under procedure that opened insulin must be labeled with the date.Records review documented Resident # 3 was admitted to the facility on [DATE] with diagnoses which included Disseminated Intravascular Coagulation (Defibrination Syndrome), Personal History of Endocrine and Metabolic Diseases, Peritoneal Abscess and Chronic Obstructive Pulmonary Disease with Acute Exacerbation.A review of the most recent Minimum Data Set (MDS) assessment, dated 01/21/26, under Section C of the Brief Interview for Mental Status (BIMS), revealed the score was disabled. Section N documented yes responses to hypoglycemic and anticonvulsant medications.During a medication administration observation conducted on 03/26/26 at approximately 11:25 AM, with Staff E, a Registered Nurse (RN), it was observed that she pulled out a vial of insulin without any open date. When she was asked if she is allowed per facility policy to administer insulin without an open date, she responded, yes. When she was asked if she had been administered insulin without open dates labeling before, she responded, yes.This Staff drew the insulin per blood sugar reading and administered it to Resident #3.In an interview conducted with Staff F, an RN on 03/26/26 at approximately 2:08 PM, when she was asked about her responsibility for insulin administration to a resident inside the facility, she responded, she checks the expiration dates and ensures it has a label indicating an open date. She added that she would not administer insulin when the vial does not have an open date.The Director of Nursing (DON) was informed of the observation and added that all insulin vials are labeled with opening dates. In an interview conducted with Staff G, an RN on 03/26/26 at approximately 2:40 PM, when he was asked if they label insulin vial upon opening, he responded that all medications including insulin are labeled with opening dates. He added he would not administer insulin from a vial with a label that did not have an opening date. The Director of Nursing (DON) was informed of the observation and added that all insulin vials are labeled with opening dates.</p>

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
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