

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910367	(X3) DATE SURVEY COMPLETED 10/23/2014
NAME OF PROVIDER OR SUPPLIER Cresthaven East	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 Cresthaven Blvd. Haverhill, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring survey was conducted on at Crest Haven East, Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to ensure an accurate medication observation (MOR) was maintained for all residents in which the facility provides medication assistance. This affected 1 of the 3 sampled residents observed during the medication observation pass (Resident #5).

The findings include:

Observation during the medication observation pass conducted at approximately 9:58 AM on _____ with the Med Tech (on the 2nd floor D-Unit) revealed she prepared seven (7) medications for the resident. These medications included (based on review of the pill packets during preparation): 50 mg, _____ 500 mg, Citaloprm _____ 20 mg, _____ 81 mg, _____ 25 mg, _____ 25 mg, and _____ 100 mg. Review of Resident #5's MOR for the month of _____ 2014 and physician orders dated _____ revealed the physician ordered 10 mg daily and it was on the MOR to be provided at 9 AM.

Review of the pill-packets with the medications in them with the nurse on duty revealed there was no _____ in the packet. The nurse called the pharmacy supplier and said medication will be supplied this afternoon. It was not determined why this medication was not supplied prior with the other medications.

During further interview with the nurse and med tech, it was determined the medication had not being provided to the resident since the prior week, possibly Friday. Review of the MOR revealed the Med Techs had signed that the _____ had been provided to the resident each day of _____ 2014 to the present day. The med tech had signed that it was provided today during observation. There was no evidence or documentation provided to say why the medication was not provided.

Class III

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E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff providing care to residents in an extended congregate care program completed at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility to include training that addressed extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility. This affected 2 of 7 staff personnel files reviewed (Staff F & Staff G).

The findings include:

- a) Review of the personnel file for Staff F, a nurse employed with date of hire documented as _____ revealed there was no evidence of the 2 hour required ECC (extended congregate care) training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility to include training that addressed extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.
- b) Review of the personnel file for Staff G, a certified nursing assistant employed with a date of hire documented as _____ revealed there was no evidence of ECC (extended congregate care) training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility to include training that addressed extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.

The Director of Nurses (DON) reviewed the files of Staff F & Staff G with the surveyor and confirmed that there was no evidence of ECC training. The surveyor requested of the DON if there was a sign-in sheet for an ECC training for these staff members but none was provided up to the time of leaving the facility. The DON confirmed at 2:10 PM that there was no evidence of ECC training for these two staff and no sign-in sheet to indicate that they attended the 2 hour training as required.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cresthaven East
5100 Cresthaven Blvd.
Haverhill, FL 33415

Dear Administrator:

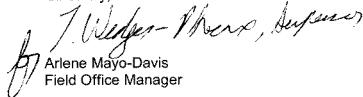
This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at 561 381-5850.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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