Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965581	A. BUILDING: _____ B. WING _____	09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST MANOR	504 THIRD AVENUE SOUTH LAKE WORTH, FL 33460

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced licensure Complaint (#2023014281) survey was conducted on at Crest Manor. The facility had a deficiency identified at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain a safe living environment and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. This has the potential to affect all of the current 40 residents residing in the facility. The findings included: 1) On at 12:30 PM, an observational tour of the facility was conducted with the Business Office Manager (BOM). The following concerns were noted at this time (photographic evidence obtained): a) On the 3rd floor of the building, , there was peeling paint on the wall near the vanity/handwashing sink located in the bedroom area. The toilet was missing its seat, and the plastic insert for the toilet paper holder that was attached to the wall was missing. b) had an array of cable and electric plugs coming out from the wall and outlet to the cable box and TV, creating an unsafe situation. The toilet paper holder was also missing. c) On the 1st floor, , was missing the plastic insert for the toilet paper holder. The blinds in the bathroom and the bathroom floor were dirty, and the handrail opposite the toilet was rusted. Both bathroom doors were heavily	A 152		

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A 152	Continued From page 2 marred on the side facing the inside of the bathroom. d) On the 1st floor, the steps leading up to the 2nd floor have broken, cracked rubber treads on the edges of the stairs. e) The ceiling tiles in the small activity alcove off the main dining/activity room appeared to have water damage and black, mold-like stains. On at 1:00 PM, the BOM acknowledged the concerns found during the tour. 2) Per the "Use and Occupancy Inspection" Report for inspection completed on , which was received via email from the Department of Community Sustainability, this facility has been denied a business license due to violations related to the need for a permit for canopy, damaged fencing, missing electrical panel covers in the kitchen and 1st floor. It is also noted that there are outstanding code cases;, outstanding code liens from the Fire Department; and outstanding permits. All outstanding items must be resolved prior to issuance of a Lake Worth Beach Business License (Photographic evidence obtained). 3) Also, per notice from Palm Beach County Fire Rescue (PBCFR), the initial inspection completed on had numerous violations which have yet to be completely corrected by the facility. As of the 5th Reinspection completed on , the following areas were still found to be uncorrected (Copy of the inspection report was obtained.): a) Repairs completed on the exterior metal stairs but there has been no documentation submitted showing an approved permit for the repairs or any documentation showing what was done to complete the repairs.	A 152		

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A 152	Continued From page 3 b) Egress Doors Require annual inspection and testing. There has been no documentation received by PBCFR stating the patient rooms doors field modifications comply with NFPA (National Fire Protection Association) 101 (Code for Means of Egress for Buildings and Structures). The doors have been altered since originally approved. There cannot be any work completed until there is a permit approved by the Lake Worth Beach Building Department and Palm Beach County Fire Rescue. c) Test and Maintain Required Generator - Provide annual inspection report for the generator in accordance with NFPA 110 (Standard for Emergency and Standby Power Systems). Provide inspection logs for life safety generator. The generator on-site does not comply with Florida Rule 58A-5.036 for Emergency Environmental Control for ALFs (Assisted Living Facility). There is a temporary portable generator on-site to meet the requirement. d) The door to the laundry area is not a fire rated door and must be replaced. e) Fire door assemblies shall be installed, inspected, tested, and maintained in accordance with NFPA 80. There has been no documentation received stating the patient room doors field modifications comply with NFPA 80. There was no new documentation submitted by the facility since the ..... inspection showing that the above concerns have been corrected and approved by Palm Beach County Fire Rescue. An email was sent to the Palm Beach Fire Rescue inspector on ..... at 9:24 AM requesting an update on the current situation, but no response was received as of the date of this report at 5:30 PM. Per interview with the BOM on at 12:05	A 152		

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A 152	Continued From page 4 PM, she stated, "We have replaced 31 resident doors, installed all new windows, and installed a new fire system. We are working on the drywall around the doorframes. The county inspector should be coming out, maybe within the next week or so, to re-inspect for the fire safety corrections. No specific date was provided. Class III	A 152		