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
	AL11910367	A. BUILDING: _____ B. WING _____	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTHAVEN	5100 CRESTHAVEN BLVD. HAVERHILL, FL 33415

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A 000	Initial Comments An unannounced Relicensure, Complaint (#2024005250) and Generator Monitoring survey was conducted on through at Cresthaven. The facility had deficiencies related to Relicensure and Complaint (#2024005250) at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 3 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ..., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care	A 030		

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030		

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview, record review and observation, the facility failed to ensure a safe living environment free of from the . . . . (s) of Resident #1 upon two (2) of two (2) Residents (Residents #2 and #3). The Findings Include: A review of Resident #1's Interdisciplinary	A 030		

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A 030	Continued From page 6 Progress Notes documented an entry dated at 8:00 AM which documented the following: "Upon arrival nurse was told by cna that the resident got into an altercation with another resident. In the bathroom observed resident in the D/R sitting down. She took my stuff." Resident has a scratch on upper Right arm, small . Clean area with NS and applied bandage, Resident c/o , on L , when is palpated, resident stated "It hurts." Applied ice bag over . Notified (Long Term Care program) and will order an . No additional entries related to the incident were observed during review. A review of Resident #2s facility electronic Progress Notes provided to this surveyor by the Director of Nursing (DON) documented an entry dated at 4:38 PM: The resident sustained three cuts to the of her after being hit by fellow resident, (Resident #1) with a soup cup. CNA alerted nurse at approximately 12:50 PM. Area cleansed with NS and aid applied. Nurse informed POA via text message. Nurse also contacted (Long Term Care) and spoke to (case Manager). She passed the message along to APRN. The APRN came to see the resident. A review of Resident #1's Health Assessment (AHCA form 1823) dated documented her diagnosis included , , Major , GAD, , , . Review of Resident #1's facility file and documents revealed she moved into the facility on , and was placed in a room with Resident #3, until Resident #3 was moved because Resident #1 had an issue with her----	A 030		

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A 030	Continued From page 7 according to the DON. A review of Resident #2's AHCA Form 1823 (Health Assessment) dated documented her diagnosis as 's, A review of Resident #3's AHCA Form 1823 (Health Assessment) dated documented her diagnosis included 's, On at 10:48 AM observation was made of Resident #2 sitting at a table in the Memory Care Unit dining room with three other residents coloring. The DON had her lift her left , and pointed out the scratches on her left , and the right , which she incurred during the by Resident #1. This surveyor began an interview with the Resident. She was unable to say how she got the injury or have any coherent conversation. She simply stated that her sister was over there (pointed to her right) and started to cry. This surveyor discontinued the interview as she was not interview able. On at 10:58 AM, this surveyor observed Resident #3 sitting in the dining/activity room in the Memory Care Unit (MCU). Observation revealed she had a black ring around her right . This surveyor attempted to interview the Resident to ascertain what happened to her , but she was unable to to this surveyor what happened. The Resident was unable to be interviewed by this surveyor. In an interview with the DON on at 11:07 AM, the facility's internal Incident Reports were requested related to the by	A 030		

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A 030	Continued From page 8 Resident #1 toward Resident #2 and 3, or any other residents. She further stated that when she asked Resident #3 who hurt her, she pointed out Resident #1. She stated the information was in (facility's electronic system) and she was unable to print it. This surveyor asked if she could email it from the system, which she stated she wasn't sure. This surveyor and the DON proceeded to the Administrator's office to inquire as to how we could get the information. Observation was made of the Administrator and Chief Execuitve Officer (CEO) sitting in the Administrator's room. This surveyor requested the facility's Incident Reports related to the by Resident #1 towards other residents. The CEO stated only they (nodding to indicate staff) are able to see the Incident reports that are in (facility's electronic system). As such, the information was not provided. On . . . . . 11:21 AM, during an interview with the DON she was asked if there was any consideration to moving Resident #1 to another room so that the Resident's whom she has . . . . . do not have to pass her room, which may reduce/or eliminate the potential for future . . . . . She stated Resident #1 is in a quad and no consideration had been given to moving her. In an interview with the DON on at 11:53 AM, she stated that the Resident #1 was not taking anything for her behavioral issues. She also stated she did not feel Resident #1 was properly medicated, and that the medications were not effective, didn't do anything. She stated all this happened before this (medication change) and that the last incident happened on Monday with Resident #3. She stated that her Long-Term Care Case Manager came in to see her on Monday and stated that the	A 030		

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A 030	Continued From page 9 new medication will arrive on the . She stated the new meds just started yesterday and it was given to the Resident. The DON further stated in the interview that Resident #2 had a on her and a deep on her (left) as a result of the . She said Resident #1 "got her pretty good." In an interview with the Director of Nursing (DON) on at 12:05 PM she stated that when the by Resident #1 towards Resident #2 first started, they moved Resident #2 to another room. She stated that as soon as Resident #2 passes Resident #1's door, Resident #1 becomes aggressive, and that she has a problem if they (Residents #2 and 3) come past her door. Observation by this surveyor of the MCU revealed the secured unit is located on the 1st floor, in which a open courtyard surrounds all rooms on the floor. Further observations of the MCU rooms, revealed that Resident #2's apartment #door is located in the most Southwestern section of the MCU, and one door from Resident #1's room door. In order for Resident #2 to go to the open courtyard area, or the dining room, she must pass Resident #1 apartment, which is one door North of hers. Observation on , this surveyor was standing by Resident #1's room located in the MCU, with the DON standing near the gate that separates the rooms and the courtyard. Observation revealed Residents #2 and #3 on their walkers leaving their room, located at the Southwest section of the MCU. As they began to approach Resident #1's room, Resident #1 saw them through the gate. Resident #1 (who was sitting in the courtyard with a male Resident)	A 030		

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A 030	Continued From page 10 started yelling very loudly: [agressive and threatening language] I swear, if she come by here, I will jump up and [F.....] kill her!" This was directed primarily toward Resident #2 whom she is said to have [redacted] on [redacted]. The DON acknowledged hearing the threat and asked this surveyor if he also heard it. The Resident was not re-directed or had the behavior addressed by staff at the time of the threat. In an interview with the DON on [redacted] at 12:16 PM, she stated that no resident(s) had to go to the hospital as a result of Resident #1 hitting them. She also stated the aggressive actions by Resident #1 takes place when Residents #2 and 3 walk past/or enters her room. She further stated Resident #1 is very territorial of her space, and restated that she becomes aggressive whenever they pass her door. In an interview with the DON on [redacted] at 12:19 PM, she stated Resident #1 was given a 45-day notice on [redacted] due to the constant conflict with the two residents (Resident's #2 and #3). She further stated [supplemental plan program] was notified and will be assisting with her discharge/relocation. However, as of the day of survey, Resident #1, who has a documented history of [redacted] residents since at least [redacted], remained at the facility with direct exposure to Residents #2 and 3 whom she has [redacted] and threatened to do so in the presence of this surveyor and the DON on [redacted]. No additional information was provided during the survey. Class II	A 030		

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A 164	Continued From page 11	A 164		
A 164	59A-36.015(4) FAC; 429.35(1) & (3) FS Records - Inspection Availability 59A-36.015 (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. 429.35 Maintenance of records; reports.- (1) Every facility shall maintain, as public information available for public inspection under such conditions as the agency shall prescribe, records containing copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. (3) Every facility shall post a copy of the last inspection report of the agency for that facility in a prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the facility shall also provide a copy of the report to any resident of the facility or to an applicant for admission to the facility. This Statute or Rule is not met as evidenced by:	A 164		

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A 164	Continued From page 12 Based on record review and interview the facility failed to make available/provide requested facility records/or documents for review for Two (2) of Four (4) Residents reviewed (Resident #2 and #3). The Findings Include: On at 11:04 AM a request was made to the Director of Nursing (DON) for the Incident Report involving Resident #1 Residents #2 and #3. She stated she was unable to provide/print the information and requested we speak with the Administrator of the facility. In an interview on at 11:13 AM with the Administrator, Director of Nursing (DON), and the facility's Chief Executive Officer (CEO), this surveyor requested the facility's Incident Reports for Residents #2, 3 and any resident involved in an altercation with Resident #1. The CEO stated only they (nodding toward the Administrator) are able to see the Incident reports that are in (their electronic system). During the interview on this surveyor informed the CEO that we (Agency for Health Care Administration) are a covered entity and are entitled to see confidential information for the purpose of conducting surveys. He restated that only staff are able to see the reports. He stated that I was able to see the resident Progress Notes for each. This surveyor then informed him that our decisions are based on the information made available to us. He nodded in the affirmative and said yes. No Incidents reports were provided during the survey. Class	A 164		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTHAVEN	5100 CRESTHAVEN BLVD. HAVERHILL, FL 33415

(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