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 _____	03/03/2025

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 AMENDED REPORT An unannounced Complaint survey, complaint #2025002422, and Generator Monitoring survey was conducted on at Crest Manor. The facility had deficiencies at the time of the survey. The complaint was not substantiated.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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A 010	Continued From page 1 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of	A 010		

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A 010	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	A 010		

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A 010	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	A 010		

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, it was determined that the facility failed to have a resident reassessed after the resident demonstrated a signficiant help decline (including decline in Activities of Daily Living), and to ensure that the resident met the criteria for continued residency and that the facility was capable of providing all levels of care required, for 1 of 1 sampled resident (Resident #1) records reviewed for continued residency. The facility also failed to document these findings on a new Resident Health Assessment form (AHCA form 1823). The findings included: Review of Resident #1's file revealed an admission date of . Resident #1's health assessment record (AHCA form 1823) dated documented Resident #1's diagnoses as: ( ) Type II; Overactive ; Failure; Pruritus'; ( ); Prostatic Hyperplasia, etc. The AHCA form 1823 also documented that Resident #1 was alert and at times disoriented. Resident #1 was dependent. Further review revealed Resident #1 required total assistance for ambulation; assistance for bathing, self-care grooming, and toileting. The form noted that Resident #1 required supervision for transferring, and independent for eating. He required assistance for medication administration.	A 010		

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A 010	Continued From page 5 He was admitted to the facility on . During an interview on at 10:27 AM, the Assistant Administrator said that Resident #1 had been in-and-out of the hospital for medical reasons. Review of Resident #1's file revealed the following. On Resident #1 complained of , and was sent to the hospital. He returned to the facility on . On , Resident #1 complained of , and was again transferred to the hospital. Resident #1 returned to the facility on . However, on the same day at 4:20 PM, Resident #1 was sent to the hospital complaining of , . Resident #1 underwent surgery on and returned to the facility on at 3:08 PM. On (in the morning), Resident #1 , but he refused to go to the hospital. On the night of , Resident #1 again. When the emergency services returned to the facility, Resident #1 refused to go to the hospital, as the Assistant Administrator reported. On , although Resident #1 could not perform any activities of daily living (ADLs), and was heavily soiled, he still refused care assistance. Later that day, Resident #1 again and this time Resident #1 agreed to go to the hospital. An interview with Staff A, a Medical Assistant on at 11:32 AM, reported that Resident #1's health had considerably declined. Staff A said that Resident #1 could no longer do the things he used to do. Staff A said that sometimes Resident #1 refused to shower. Staff A informed that Resident #1 is a male of large physical stature. Staff A said when Resident #1 on , the staff present could not get him off the floor	A 010		

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A 010	Continued From page 6 and had to perform ADL care while Resident #1 remained on the floor. Staff A said that it took three staff to assist in bathing Resident #1. Staff A said while the other staff were assisting Resident #1, she went to the nursing station and left the others upstairs to go call 911. On at 11:56 AM, Staff B said, when she arrived to the facility on , one of the night shift staff told her that when Resident #1 returned to the facility, he was . Additionally, Resident #1 had uncontrollable loosened , which persisted even after he on the floor. Staff B said the two night-shift employees told her they could not provide care for Resident #1 by themselves. So, they waited for the morning staff to help clean Resident #1 up. Staff B stated, it took nearly six of them (the night shift staff and the day shift staff) to clean Resident #1, because Resident #1 was obese. Moreover, as they were cleaning him up, Resident #1 was still , moving his . When the emergency service arrived at about 8:00 AM, Staff B said Resident #1 was totally dependent on staff for all ADLs. The Administrator said on at 1:03 PM, he had visited Resident #1 at the hospital before he could accept him to the facility. He conducted a verbal interview with Resident #1 who told him that he was fine and felt that he was ready to return to the facility. However, the Administrator agreed that he should have obtained an updated health assessment for continued residency when he noted that Resident #1 was going and forth to the hospital. Additionally, the Administrator failed to update Resident #1's care level after he underwent surgery and could no longer perform tasks that he previously could perform.	A 010		

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A 010	Continued From page 7 Class III	A 010		