STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965581	08/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Crest Manor Assisted Living Facility	504 Third Avenue South Lake Worth, FL 33460	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014005417, was conducted on at Crest Manor Assisted Living Facility. There was no deficient practice identified related to this complaint. The facility had a unrelated deficiency identified at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the procedures outlined in F.S. 429.2563)(3)(a)(b) regarding assistance with self-administered medications, for 4 out of 4 residents observed during the medication pass (Resident #9, #10, #11, and #12).

The findings include:

a) Upon entering the facility on at 8:25 AM, an observation was made, through the window of the locked medication on the first floor near the dining of numerous, small, paper souffle cups lying on top of the med cart, along with numerous small slips of paper, each with an individual's name written on them.

The Med Tech (Employee A) on duty was notified of my arrival, and upon entering the Med began grabbing and crushing all the cups and slips of paper and placing them in the trash. When asked what the paper cups with the slips of paper containing personal names were doing lying on top of the med cart, the Med Tech appeared to get nervous (exhibiting signs of dry mouth, trouble swallowing, fidgety, shaking hands); she went to get a drink of water stating she still had some food in her mouth (Med Tech stated she had previously been eating). Employee A then stated, "We give pills out from here. The residents come, and we put the pills in the paper cups and give it to them." When asked why the slips of paper containing names are needed if the meds are distributed to the residents individually, she replied, " I don't know."

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b) Observations were conducted of Employee A assisting four residents (Resident #9, #10, #11, and #12) with their medications on between 10:52 AM and 11:25 AM.

1) Resident #9 - Employee A washes her hands, removes the bubble pack containing the resident's pills, pops the pill into a small, paper souffle cup, takes the cup containing the pills to the resident, who is standing outside the medication and pours the pill into the resident's hand. Employee A gives the resident a cup of water and watches her swallow the pill. Employee A states she has already informed the resident she was being given her pain pill. Staff then initials the medication in the Medication Observation Record (MOR).

2) Resident #10 - Employee A washes her hands, removes the bubble pack containing the resident's pills, pops each pill into a small, paper souffle cup; Employee A then unlocks the box and removes the resident's prescribed and places it in the paper souffle cup. Employee A gives the cup to the resident, who is standing in the hallway outside of the medication as she states the names of the medications. The resident is given a cup of water, and Employee A watches the resident swallow the pills. Employee A initials the medications given in the MOR, locks the back in the box, and she shows me the MOR to verify the medications initialed and the counting sheet for the

3) Resident #11 - Employee A washes her hands, removes bubble pack from medication cart, pops medications into a small paper souffle cup; She gives the cup to the resident, who is standing outside of the med as she states, "this is your mood pill". She then gives resident a cup of water and watches the resident swallow the pill. Employee A then initials the medications given in the MOR.

4) Resident #12 - Employee A sanitizes her hands, removes bubble pack from medication cart, pops medication into small paper souffle cup; She gives the cup to the resident, who is standing outside of the med and states the name of the medication. She then gives the resident a cup of water and watches the resident swallow the pill. Staff initials the medication given in the MOR.

Interviews were conducted with 5 residents (Residents #4, #5, #6, #7, and #8) on between 1:17 PM to 1:50 PM. Each of these residents confirm that when receiving their medications, the pills have already been placed in the small paper souffle cup. The residents state they are not told the names of the medications they are being provided, unless they ask.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Crest Manor Assisted Living Facility
504 Third Avenue South
Lake Worth, FL 33460

RE: CCR #2014005417

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2014 by a representative from 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 - 5840 .

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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