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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910406</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/23/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Crestview Manor</b>                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>603 North Pearl Street<br/>Crestview, FL 32536</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

### Specific Tag Findings:

#### 0000-Initial Comments

An unannounced Extended Congregate Care monitoring visit was done on ..... at the Crestview Manor. This was done in conjunction with CCR#2014009011. The Crestview Manor had deficiencies found at the time of the visit as related to the Extended Congregate Care monitoring visit.

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

Based on review of staff personnel records and administrator interview the facility failed to maintain documentation of direct care staff training. The facility failed to ensure staff who may provide care to residents in the facility's extended congregate care program complete at least 2 hours of inservice training within 6 months of beginning employment in the facility for 2 of 5 staff personnel record reviews (A and C).

#### The findings are:

Record review of the personnel file for sampled staff A, a resident aide, revealed she had a date of hire of ..... Record review of the personnel file for sampled staff C, a resident aide, revealed she had a date of hire of ..... Review of these staff personnel records with the administrator on ..... at approximately 12:45PM failed to reveal any documentation either of these sampled staff had received the required 2 hours of inservice in extended congregate care. Interview with the administrator at this time confirmed the facility did not have documentation the training was provided as required.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

2014

Administrator  
Crestview Manor  
603 North Pearl Street  
Crestview, FL 32536

**RE: ECC Monitoring & Complaint # 2014009011**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg  
Field Office Manager

DH/dh  
Enclosure

XG90

