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 _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST MANOR ASSISTED LIVING FACILITY	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 Abbreviated Relicensure survey was conducted on [redacted] at Crest Manor Assisted Living Facility. The facility had deficiencies found at the time of the visit.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 58A-5.0181, 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 for 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; [redacted] Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida [redacted] Hotline, 1(800)96[redacted] or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and must be a minimum of 14-point font. (d) The facility must have a written statement of	A 030		

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A 030	Continued From page 1 its house rules and procedures that must be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility ' s policies regarding: 1. Resident responsibilities; 2. and tobacco; 3. Medication storage; 4. Resident elopement; 5. Reporting resident neglect, and 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation, unless the facility rules or the facility contract includes a requirement that residents be responsible for cleaning their own sleeping areas or apartments. 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 not prohibit 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 telephone on each floor of each building where residents reside. (g) In addition to the requirements of Section 429.41(1)(k), F.S., the use of physical by a facility must be reviewed by the resident ' s	A 030		

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A 030	Continued From page 2	A 030		

physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical

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 achieve 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

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A 030	Continued From page 3	A 030		

representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] 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) Access to adequate and appropriate health care 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 [illegible] the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. 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 [illegible] interference, coercion, discrimination, or reprisal. Each facility shall

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A 030	Continued From page 4	A 030		

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.

This Statute or Rule is not met as evidenced by:
Based on observation an interviews, it was determined the facility failed to maintain a resident's privacy with respect to the provision of 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. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, the facility failed to provide private telephones that were readily accessible on the four floors of this building in which residents reside. In addition, the facility also failed to maintain the privacy of their residents during medical care and treatment, specifically related to the provision of podiatry services for 4 random residents observed.
The findings include:
1) During interview with facility Administrator, on [redacted] beginning at approximately 11:50 AM, he was asked to identify where private telephones that are accessible to residents are located on each floor of the facility. He showed this surveyor a land line standard telephone that is located in the main a hallway directly outside of the dining [redacted] adjacent to the Administrator's office (this phone is on an overbed table with a chair next to it). He stated there are phone jacks on the other floors of the facility but that he thought only the first and second floors had land line phones for resident's to use. He stated he knows

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A 030	Continued From page 5 the third and fourth floors do not have phones for residents to use. He stated that some residents have cell phones. He acknowledged that not all residents have cell phones. During subsequent interview with the facility manager, conducted on beginning at approximately 12:00 PM, she was asked to identify where private phones that are accessible to residents are located on each floor of the building. She stated she was not aware that this was a requirement. This requirement was reviewed with the facility manager at this time. She acknowledged that the only phones the facility has for resident use are the two land lines that are located in the hallways on the first and second floors. She acknowledged that there are no phones for resident use on the third and fourth floors of this facility. She also acknowledged that the phone on the first floor is directly next to the dining it is also the facility phone. She also acknowledged that this phone is adjacent to the Administrator's office. During observation of Resident #20 (who was predominantly Spanish Speaking), on at 1:00 PM, Staff A called her to the phone, that was located directly next to the dining and stated she had received a call for her birthday. This resident proceeded to talk on the telephone for approximately 15 minutes while sitting in a chair in the main hallway (directly outside of the dining adjacent to the Administrator's office). Observation of the second floor telephone was conducted on beginning at approximately 1:20 PM, and this telephone was located in the main hallway of the second floor just outside of the elevator. It was a land line telephone that was set up on a small table with a chair next to it. 2) During observation of the TV	A 030		

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A 030	Continued From page 6	A 030		

beginning at approximately 12:15 PM - 12:45 PM, four random residents were observed to be receiving podiatry services in this ... This has a half (lower half) door. The upper half of the door has been removed from the hinges. There were 3 residents sitting in chairs directly outside of this their turns with the podiatrist.

During interview and observation with the facility manager, conducted on ... at approximately 12:35 PM, she was asked if this was the the podiatrist usually utilizes for his visits with the residents of this facility. She acknowledged that this is the he utilizes. She also acknowledged that privacy is not being provided to the residents that the podiatrist has provided care and services for at that time. She subsequently had the podiatrist's assistant place a cloth partition up where the upper half of the door belongs while the podiatrist finished providing care and services to the remaining patients. There were residents and staff walking by this care and services were being provided to residents of this facility. The clipping of the toenails and the conversations of the podiatrist with the residents was easily overheard, although visual privacy had subsequently been obtained for the remaining residents scheduled to see the podiatrist.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

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

Dear Administrator:

This letter reports the findings of a Abbreviated State Relicensure Survey that was conducted on . 2015 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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