STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967380	06/09/2016
NAME OF PROVIDER OR SUPPLIER **CRESTA COMFORT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18610 NW 21 AVENUE** **MIAMI GARDENS, FL 33056**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Biennial survey was conducted on , 2016. Cresta Comfort Living Inc had the following deficiencies at time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for two out of six (#s 1 and 6) sampled residents.

Findings included:

Observation on at 12:30 pm Staff A assisted with self-administration of medication reflected the following procedure, " Staff A looked for the medication (/ Levo) and walked to the dining Resident #6 was seated to eat her lunch. Staff A did not have the Medication Observatin Record (MOR) and did not verify the medication or the resident. Staff A poured the medication out and placed it near Resident #6, then walked away. Staff B was serving the meals, and Staff B also walked away. There was no staff to verify that Resident #6 swallowed her medication. "

Observation on at 1:00 pm Staff A assisted with self-administration of medication reflected the following procedure, " Staff B did not use the MOR to verify resident #6's medication (300 mg). Next, Staff B took a spoon and tried to give the medication to resident #1, but could not do it because Resident #1 did not open her mouth. Staff A took the spoon and asked Resident #1 to take her medication. Resident #1 opened her mouth and Staff B put the spoon with the medication directly inside Resident #1's mouth. "

Intervieedw on at 1:40 pm, Staff A acknowledged that the technique to assist residents with self-administration of mediccation was incorrect.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the provider failed to ensure that the centrally stored medications were kept locked in a central storage area at all times.

Findings included:

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Observation during a tour on at 9:45 a.m. showed two medications (Kerolac and suspension) on the kitchen open cabinet (unlocked).

Observation during tour of the facility on at 10:03 a.m. showed a bottle of medication (D2 1000 Units) on top of a night stand in # . The door of the open and no staff were in sight to provide supervision.
Interview on at 10:03 a.m. Staff B stated, " it belongs to Resident #4. " However, it was not labeled.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the Administrator failed to appoint a manager that meets the requirements outlined in statute.

Findings included:

Review of Facility Finder website revealed that the Administrator operates 2 facilities.

Further record review revealed Staff E did not have proof of High School completion or equivalent in the facility.

Interviewed on at 1:50 pm, Staff A stated, " Staff E has a higher education that a High School; however, documentationis not here at this time. "

Class III

0082 Training -

Based on record review and interview the facility failed to ensure that one out of five (Staff D) sampled Staff completed a course on and .

Findings included:

Observation on revealed Staff A searched for the / training through Staff D' s, record, but could not find it.

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Record review on revealed Staff D's personnel file (hired on /) did not have documentaton of teh employee having completed / training.

Interviewed on at 1:55 a.m., Staff A stated, " Staff D did not have the training in her file. "

Class III

0085 Trainina - Nutrition & Food Service

Based on record review and interview the facility failed to ensure three of five (Staff B, C, and D) sampled staff members, who were responsible for food preparation, had a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Record review on showed the facility did not have evidence that Staff B, C, and D received a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility annually.

Interview on at 1:00 PM the Administrator acknowledged the findings that staff did not have updated training certificates avilable for review.

Class III

L243 LMH - Trainina

Based on record review and interview the facility failed to ensure that two of five (C and D) Staff received the 3 hours of Continuing Training in Limited Mental Health (LMH).

Findings included:

Observation on revealed Staff A searched for the LMH training through Staffs C and D files, but she could not find them.

Record review on revealed facility failed to provide (3 hours) the update training in Limited Mental Health to Staff C and D.

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Record review on revealed Staff C last LMH ' s training was on for 3 hours.

Record review on / revealed Staff D last LMH ' s training was on for 6 hours.

Interview on at 1:00 p.m. Staff A acknowledged that Staff C and D did not have an updated LMH trainings.

Class III

Z814 Backaround Screenina Clearinahouse

Based on observation and record review, the facility failed to register with the Background Screening Clearinghouse and maintain the employment status of all employees within the clearinghouse.

Findings:

Observation on at 9:30 am showed the staff schedule displayed on a bulletin board with the following staff listed : A, B, C, D, E and F.

Record review on to the Background Screening Database showed that the facility did not register its employees ton the facility's roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cresta Comfort Living, Inc
18610 Nw 21 Avenue
Miami Gardens, FL 33056

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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