RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Crescent Lake House
2301 S. Hwy. 17
Crescent City, FL 32112

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964723	**07/21/2016**
NAME OF PROVIDER OR SUPPLIER **CRESCENT LAKE HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 S. HWY. 17 CRESCENT CITY, FL 32112**	

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

0000 Initial Comments

On , 2016, a Change of Ownership survey was conducted at Crescent Lake House (facility license number #9265). Deficient practice was identified during the survey. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information for 2 of 2 residents (Resident #3 and #5) on their Resident Health Assessments (AHCA Form 1823).

Findings:

1.) On / , a record review was conducted on Resident #3's Resident Health Assessment (AHCA Form 1823), dated /. It was observed that the required comments for page 2., for Activities of Daily Living (ADLs) were missing and the required comments for page 3., for daily tasks, were missing.

On / at approximately 2:37 PM, the Assistant Administrator stated she did not know the required comments were missing from resident #3's Resident Health Assessment (AHCA Form 1823).
2.) During an interview with the Assistant Administrator on / at 2:30 PM, she stated that Resident # 5 did not have a when she checked her at the nursing home prior to admission to the assisted living facility. Assistant Administrator stated Resident #5 was admitted on with an open to the sacral area and a to both her right and left heel with photographic evidence on file. She stated that both wounds are being treated by Home Health Agency nurses. When asked if the dressing comes off, how does facility handles the situation, Assistant Administrator stated that she will call the home health agency. She stated the facility is unable to assess the as there is no licensed nurse in the facility.

An observation was conducted during the facility tour on / at 10:00 AM, which revealed Resident #5 was seated in her wheelchair in the main dining a visible dressing to both lower extremities.

/ review of the home health patient information communication sheet for Resident #5, dated , reads: Right heel unstageable thick callous measuring 3 centimeter (cm) x 3 cm x 0 cm, left heel unstageable fluid filled with reddened borders. Sacral fold with - 4 cm x 0.5 cm. x 0.25 cm. , no drainage.

/ review of the Resident #5's Resident Health Assessment (AHCA Form 1823), dated

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, showed no documentation of the wounds, no treatment orders and no order for home health to manage the .

During an interview with the Assistant Administrator on / at 2:35 PM, she confirmed that Resident #5's Resident Health Assessment (AHCA Form 1823) was incomplete and stated she will get it updated.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide training documentation for safe food handling for 1 of 3 direct care staff (Staff C).

Findings:

On / , a record review was conducted on direct care staff, Staff C, who was hired / . It was observed that there was no documentation of Safe Food Handling Training in Staff C's record.

On / at approximately 3:30 PM, the Assistant Administrator stated she could not find the Safe Food Handling Training documentation for Staff C.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to document training as required for 3 of 3 care staff (Staff A, B, and C).

Findings;

On / , a record review was conducted on Staff A, B, and C's training records, who were all hired by the new owner on . It was observed that Staff A's training documentation was not complete for Activities of Daily Living (ADLs), /Acquired Deficiency (/), Emergency Preparedness and Evacuation, Resident Rights, Recognizing/Reporting Neglect , , and ( ).

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Staff B's training documentation was not complete for Emergency Preparedness and Evacuation Training.

Staff C's training documentation was not complete for /Acquired Deficiency (/) and ( )Training.

On / at approximately 11:45 AM, the Assistant Administrator stated the training documentation was completed by the previous owner and she does not know why it is not completed as required.

Class III