RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
Crescent Park Village
551 Redstone Ave W
Crestview, FL 32536

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2016 by representatives 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 [redacted], 2017.**

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965787	11/22/2016
NAME OF PROVIDER OR SUPPLIER **CRESCENT PARK VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **551 REDSTONE AVE W** **CRESTVIEW, FL 32536**	

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

0000 Initial Comments

An unannounced Change of Ownership (CHOW) survey with no specialty license was conducted at Crescent Park Village Assisted Living Facility (license number 10102) on 11/21-22, 2016. At the time of survey there were deficiencies identified.

0007 Admissions - Criteria

Based on observation, staff interview, resident interview and record review the facility failed to have a physician's order in place for the use of anti- stockings for 1 of 3 residents (#3); failed to have licensed staff to assist with anti- stockings for 2 of 3 residents (#3 and 9).
The findings:
On / / at approximately 11:11 am, an observation and interview was made of resident #3 who reported that employee B and C, resident aides, help put on her anti- stockings. Resident stated that the stockings are used for her ankle and she wears the stockings every day because her doctor requested her to wear the stockings. During this observation resident #3 did not have on the support stockings. At approximately 3:00pm an observation was again made of resident #3 in her during this observation she was observed to have on the black anti- stockings on both legs. A record review was conducted of resident #3 medical charts and there was no physician's order for the support stockings.
On / / at approximately 2:00pm an observation was made of resident #9 sitting in the dining engaged in bingo and observed to be wearing his anti- stockings. An interview was conducted with resident #9 who reported that staff put his anti- stockings on and staff takes his stockings off. A record review was conducted of resident #9 medical file to find a signed order from his health care provider for Jobst stockings to be worn during the day and off at night.
On / / upon entry into the facility and then again on / at approximately 10:19 AM, the Administrator confirmed that she had no licensed staff in the facility. A record review was conducted of the Employee/Contractor Roster which also confirmed no licensed staff at the facility. The Administrator reported that she has a contracted registered nurse just for employee's training, no resident care. The Administrator reported that she was not aware that resident #3 was wearing anti- stockings and she was not aware that staff was putting and taking the stockings off for resident #3 and #9. The Administrator reported that staff supposed to assist with the anti- stockings.
class III

0078 Staffing Standards - Staff

Based on staff interview and employee file review the facility failed to have evidence of negative test for 1 of 3 employees (C) and failed to have a written statement from a health care

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professional for freedom of communicable for 1 of 3 employees (C).

The findings are:
Employee (C's) file revealed a hire date of 6/21/16. The file failed to have a negative test and failed to have a statement showing freedom from communicable .

On 11/ about 9:23 am an interview with the administrator was conducted. She was asked to find the test results and the communicable statement in the file. She checked the file and could not find them. She then said it might be on her desk and left to check. At 9:35 am she confirmed she did not have the required documentation.

Class III

0082 Training - / .

Based on staff interview and employee file review the facility failed to have the required 2 hours of training for / (/) for 1 of 3 employees (Employee C).
The findings are:
Employee C was hired on / . Her file failed to have the required 2 hours of training for / within 30 days of employment.
An interview was conducted with the administrator on / / about 9:10 am . She checked the file and confirmed it was not in the employee file.
Class III

0090 Training -

Based on staff interview and employee file review the facility failed to have the 1 hour required Training ( ) for 1 of 3 employees (Employee C).
The findings are:
Employee C's file showed she was hired / . A review of the file failed to reveal training for 1 hour training.
An interview with the administrator was conducted on 11/ about 9:10 am. She said there might be some certificates on her desk. She came back with a training with completion date of . (Photographic evidence)

A follow-up interview was conducted with the administrator on / about 9:48 am. She confirmed

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the training was before Employee C's hire date.
Class III

0093 Food Service - Dietary Standards

Based on record review and staff interview the facility failed to ensure that all regular and therapeutic menus used by the facility reviewed annually by a registered dietitian.

The Findings:

On / / a record review was conducted of the facility's 7 days plan menu to find that it was last signed and reviewed on by the registered dietitian.

On / / at approximately 12:00pm interview with the Administrator who confirmed that the dietitian's last review of the facility's menu was on . The Administrator reported that the facility wanted to get through the winter months, then re-do the menu putting new items on the menu.

On / / at approximately 12:12pm interview with the cook who confirmed menu last reviewed by dietitian on . The cook reported that she used the menu to prepare the menus for breakfast this morning and lunch. The menu was observed to be posted on the board in the kitchen area.

class III

Z816 Background Screening-Compliance Attestation

Based on staff interview and employee file review the facility failed to have the required attestation of compliance with Chapter 435 for 1 of 3 employees (Employee C).
The findings are:
A review of employee C's file revealed she was hired on / . The Affidavit of Compliance for Background Screening requirements was viewed. The front page (page 1) had the employees name. On page 3 where a date and signature is required is blank. (Photographic evidence obtained.)
An interview was conducted with the administrator on / at 9:08 am. She was asked to look at the Affidavit and confirmed it was not signed or dated by Employee C.
Unclassified