STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTWOOD HOUSE LLC	**848 CRESTWOOD AVE TITUSVILLE, FL 32796**

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

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure 2 of 4 sampled staff (A and C) had documentation of annual assessment for ( ) signed by the healthcare provider and 1 of 4 sampled staff (B) had a freedom from communicable statement and 1 of 4 sampled staff (D) had a freedom for and communicable statement upon hire that was more than 6 months before the submission of the statement

Findings:

1. Personnel record review for staff A hired in revealed the last documentation to confirm she was free from was dated .

2. Personnel record review for Staff C hired in revealed the last documentation to confirm he was free from was dated .

3. Personnel record review for Staff D hired on revealed the documentation to confirm she was free from and communicable was dated , this was more than 6 months before the submission of the statement.

4. Personnel record for staff B hired had no documentation to confirm she was free from communicable .

On at 3:30 PM the administrator confirmed the findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on staff schedule review and interview, the facility did not maintain written work schedules that reflected its 24-hour staffing pattern for a given time period.

Findings:

Review of the staff schedule revealed it was dated week ending , there were 4 staff listed and the days of the week were listed starting with Sunday ending with Saturday. Further review of the schedule revealed there were no times listed to indicate when the staff arrived and left, there were only numbers

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

such as 12, 9, 5 and 16 in the spaces next to their names.

On at 11 AM, the administrator said the numbers represented the hours the employees worked for that day. She said she was not aware she was required to document the time the staff worked.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview the facility failed to ensure that 4 of 4 sampled staff (A, B, C and D) received the required in- service training within 30 days of hire.

Findings:

1. Personnel record review for Staff A hired in and she provided personal care to the resident and did not have a 3 hour in-service in 30 days for Resident behavior and needs and providing assistance with the activities of daily living.

2. Personnel record review for Staff B hired in and she provided personal care to the residents revealed the following training was not received within 30 days:

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Resident rights in an assisted living facility and Recognizing and reporting resident , neglect, and ,
3. Safe food handling practices

3. Staff C was hired in and he provided personal care to the residents. He did not have the 3 hour in-service training for Resident behavior and needs and providing assistance with the activities of daily living.

4. Staff D was hired in and the following training was not received within 30 days of hire:

1. Safe food handling practices
2. Reporting major incidents and Reporting adverse incidents
3. ADL and Resident needs and behavior 3 hours.
4. control before providing care
5. Recognizing and reporting resident , neglect, and ,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

6. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation

On at 3:30 PM, Staff A confirmed the findings.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on personnel record review and interview, the facility failed to ensure that 1of 4 sampled staff (D) had obtained the one-time education course on and within 30 days of employment.

Findings:

Personnel record review for staff D hired revealed there was no documentation to confirm she had obtained the one-time education course on and within 30 days of employment.

On at 3:30 PM, the administrator confirmed the findings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record review and interview the facility had no evidence to confirm that 1 of 4 sampled unlicensed staff (B), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) that was not online.

Findings:

On at 2 PM, the administrator said staff B provided assistance with the resident's medications. Personnel record review for staff B hired revealed a certificated dated for an online course. There was no documentation to confirm staff B had received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) that included hands-on learning through practice exercises.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE TITUSVILLE, FL 32796**	

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

On at 3:30 PM, the administrator confirmed the certificate that was in the file was an online course and there was no documentation to confirm she had received any hands-on learning through practice exercises.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility failed to ensure that 2 of 4 sampled staff (B and D) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel record review for staff B hired and staff D hired revealed there was no documentation to confirm they had received at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

On at 3:30 PM, the administrator confirmed the findings.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to ensure they maintained an up-to-date admission and discharge log that included all residents.

Findings:

On at 10 AM, the administrator was asked to provide the admission and discharge Log. Record review for resident #1 revealed there was an admission and discharge log in the chart with only her name and admission information.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

The administrator said at the time she did not have a log that included all of the residents. She said each resident record including the residents who were discharged were kept in their individual records. She was not aware she needed to maintain a log that included all residents.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to obtain weights semi-annually for 2 of 4 (#1 and #2) residents who required assistance with Activities of Daily Living and did not obtain a contract for 1 of 4 sampled residents at Admission (#1)

Findings:

1. Record review for Resident #1 revealed that she was admitted to hospice care on and she required assistance with her Activities of Daily Living. Further record review revealed that there was no documentation to confirm her weights were recorded semi-annually as required. The last weight recorded was in . There was a note on the weight record that noted " bed ridden can't weigh has gained tho."

2. Further record review for resident #1 revealed there was no signed contract in her record. She was admitted into the facility in . On at 1:15 PM, the administrator confirmed the contract was not signed. The administrator signed the contract at the time because resident #1 was her family member.
3. Record review for resident #2 revealed that she was admitted to the facility on . Her admission health assessment form 1823 that was dated on indicated that she required assistance with her activities of daily living.

Continued review of her record revealed that her weight was not recorded semi-annually, as required.

On at 4 pm, the administrator confirmed the findings.

Class III

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on record reviews and interview, the facility failed to ensure that records were not altered for 1 of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

5 sampled resident records (5.)

Findings:

Record review for resident #5 revealed a health assessment form 1823 that was dated on . In addition to check marks, the section that pertained to how much assistance resident #5 required with his activities of daily living also contained initials that were documented in alternative answers.

Additionally, the sections that pertained to the extent to which resident #5 was able to perform self-care tasks and general oversight and how much assistance he required with self-administration of his medications all contained the same initials.

During an interview with the administrator on at 2:35 pm, she said the initials belonged to her. She said she altered the form because the information that was provided by the health care provider who completed the form was inaccurate. She said she did not contact the health care provider for clarification before she altered the form.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record review, background screening roster and interview, the facility failed to ensure that 1 of 4 sampled staff (B) was in compliance with background screening requirements.

Findings:

Personnel record review for staff B revealed she was hired on . Review of her Level II background screening revealed it was dated .

Review of the facility's background screening roster revealed it noted the last screening for staff B was .

Review of her employment application revealed the last time she was employed by one of the Agency's licensed providers was . This was more than a 90 day lapse in employment.

On at 3:45 PM, The administrator said she was not aware staff B was required to have a new

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

screening due to the lapse in employment, she used her previous screening because it was not over 5 years.

Unclassified

0000 - Initial Comments

The re-licensure survey was conducted in conjunction with complaint investigation #2017009157 on . Crestwood House LLC Assisted Living Facility, License #12735 had deficiencies at the time of the visit related to the re-licensure survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interview, the administrator admitted 2 of 5 sampled residents (#2 and #3) who exceeded the admission criteria.

Findings:
1. Record review for resident #3 revealed she was admitted to the facility on . Her admission health assessment form 1823 dated on indicated she required total assistance with bathing, dressing, toileting, and transfers and that she was bedridden, all of which exceeded the admission criteria.

During an interview with the administrator on at 1:15 pm, she said the information on the 1823 correctly described the needs of resident #3.

2. Record review for resident #2 revealed that she was admitted to the facility on . Her admission health assessment form 1823 dated on indicated she was mostly bedridden, which exceeded the admission criteria.

On at 4:30 pm, the administrator confirmed the finding.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record reviews and interviews, the facility failed to ensure the health assessment form 1823 was complete for 1 of 5 sampled residents (#3) and failed to ensure that 1 of 5 sampled residents (#5) had a face-to-face medical examination completed by a health care provider within 60 days prior to or

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

within 30 days following admission.

Findings:

1. Review of the health assessment form 1823 that was dated on for resident #3 revealed that the following information was incomplete:

The question as to whether resident #3 was an elopement risk was not answered.
The question as to whether he required assistance with his medications and how much assistance he required was not answered.
The address and telephone number for the health care provider who completed the form was not documented.

His record contained no documented evidence to indicate the facility obtained the omitted information from a health care provider.

On at 1:15 pm, the administrator confirmed the findings.

2. Record review for resident #5 revealed that he was admitted to the facility on . His record did not contain documented evidence to indicate that he had a medical examination within 60 days prior to or within 30 days following his admission to the facility, as required.

On at 2:30 pm, the administrator confirmed the finding.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record reviews and interview, the facility failed to ensure that a new health assessment form 1823 was completed for 2 of 5 sampled residents (#1 and #3) who experienced a significant change.

Findings:
1. Record review for resident #3 revealed that she was admitted to the facility on . She was admitted to Hospice services on . Her record did not contain a new form 1823 that was completed when she was admitted to Hospice, which was a significant change.

On at 4:15 pm, the administrator confirmed the finding.
2. Record review for resident #1 revealed she was admitted into hospice services on . The only

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

AHCA form 1823 available for review was dated .

On at 1 PM, the administrator said she was not aware an AHCA form 1823 was required for a hospice admission.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observations and interviews, the facility failed to ensure it complied with the Resident's Bill of Rights and every resident was treated with consideration and respect and with due recognition of personal dignity for 1 of 4 sampled residents (#6) and 2. The need for privacy for the residents of the facility (#1, 2, 5 and #6) and 3. Did not obtain a health care providers order for the use of half-rails for 1 of 4 sampled residents (#1).

Findings:

1. Observations on at 9 AM revealed Resident #1 and #6 shared a . Further observations revealed there was a computer and a desk in their , the desk had paperwork on top of it.

On at 11:30 AM, the administrator was asked for resident's records, the administrator was observed going into the Resident #1 and #6, she was observed bringing all of the requested records from Resident #1 and #6's . The administrator said that she did keep all of the resident's records in the Resident #1 and #6.

On at 1:50 PM Staff C was asked for the personnel records for staff. He was observed going into the Resident #1 and #6's obtain the staff records. Staff C said at the time that the staff records were also kept in Resident #1 and #6's .

The facility used the Resident #1 and #6 as an office and did not have a secure location in the facility to store the resident and staff files. The residents who were in the anyone visiting the resident's in their have access to the residents of the facility and employees personal information.

2. Observations on at 9:15 AM revealed Resident #1 had half -bed rails. An interview was attempted with Resident #1; she was and could not answer any questions. She was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	08/17/2017
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

not capable of removing or avoiding the half-bed rails without assistance.

Record review including the review of her hospice record revealed there was no order for the half bed rails.

On at 3 PM, the administrator said she could not locate the order for the half-bed rails.

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3. Observations made during a medication pass for resident #6 on at 9:10 am revealed the administrator approached resident #6, who was sitting at a dining with a male resident and told the resident that she was going to apply a patch to her back. The administrator instructed resident #6 to stand and lift her gown. The administrator then applied the patch to the right lower back of resident #6.

When resident #6 lifted her gown, her undergarments were exposed, which violated her right to personal dignity and privacy.

On at 4:45 pm, the administrator confirmed the finding.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 2 sampled residents (#6) with self-administration of medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #6 on at 9:10 am, revealed the administrator, who was unlicensed, took a patch to resident #6, told resident #6 that she was going to apply her pain patch, then she applied the patch to the right lower back of resident #6.

The administrator did not take the patch in its previously dispensed and properly labeled container to the resident and did not read the label in the presence of resident #6, as required.

On at 4:45 pm, the administrator confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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