STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910406	R 06/21/2017
NAME OF PROVIDER OR SUPPLIER **CRESTVIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **603 NORTH PEARL STREET** **CRESTVIEW, FL 32536**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at Crestview Manor, state license #5649. This was a revisit to the facility's biennial survey dated . Deficient practice was found at the time of the revisit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on staff interview and review of random medication observation records (MORs), the facility failed to immediately update the MOR as the medication was given for 2 of 7 records observed (#4, and #5).

The findings are:

On observations were made of seven random MORs for completeness. Resident #4 was observed to have medication 50 mg at bedtime that had not been initialed on . Resident #5 was observed to have medication 50 mg at bedtime not initialed on , 13th, or 16th.

An interview was conducted with the head medication tech (Employee B) on at 10:10 am. She confirmed the MOR was not initialed for Resident # 4 for the and the for resident #5. She also confirmed there was no explanation on the back as to why it was not initialed. She stated she checked the MORs daily to ensure they were properly initialed, and stated, "They are supposed to initial the MOR as the medication is given."

Class III