STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910406	**10/10/2017**
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 Extended Congregate Care monitoring visit was conducted on at Crestview Manor, assisted living facility (license #5649). This was done in conjunction with a complaint survey for allegations contained within CCR#2017010621. Deficient practice was identified at the time of the survey.

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on record review and staff interview, the facility failed to ensure the service plan was reviewed and agreed upon for 1 of 2 residents who were sampled for extended congregate care services (#3).

The findings are:

Record review for sampled resident #3 revealed the resident was admitted to the facility's extended congregate care services on . . . . . There was no extended congregate care service plan observed in the record for this resident.

Interview and record review with the facility administrator on at 11:42AM revealed the resident did not have a signed service plan at that time, nor did it reveal the most recent quarterly review of the service plan by the facility and the resident or her representative. The administrator stated the service plan was on the computer but she would have to send it to the resident's son, who was the residents power of attorney, to sign.

Class III