STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965581	**02/21/2018**
NAME OF PROVIDER OR SUPPLIER **CREST MANOR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **504 THIRD AVENUE SOUTH** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2018002546 was conducted on , 20 - 21, 2018 at Crest Manor ALF, License #10028. The allegations were not substantiated, however, an unrelated deficiency was cited.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure an annual Comprehensive Emergency Management Plan (CEMP) was submitted and approved by the local Emergency Management Agency.

The Findings Included:

On at 10:00AM, a review was conducted of the facility's Comprehensive Emergency Management Plan, which revealed the last approved CEMP was dated , and expired on . Further review revealed, the CEMP's plan year was documented as to , 2017. The last approval letter on file requires a submission by , 2017, to allow for a 60 day review period established by the Florida State Statues before the CEMP expires. Review of the CEMP receipt documents the CEMP was not submitted until . The facility did not have a current approved CEMP on file in the facility.

During an interview with the Administrator on at 10:30AM, he confirmed that he submitted the CEMP late, and acknowledged the findings.

Class III