STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965581	R 04/18/2018
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

A licensure complaint revisit survey to CCR #2018002546, was conducted by desk review on through for Crest Manor Assisted Living Facility, License #10028. There was an uncorrected deficiency found at the time of the review, A 0181.

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

Based on record review and interview, the facility failed to ensure that the facility's Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the local emergency management agency annually.

The findings include:

The facility was contacted on at 11:15 AM regarding documentation of the CEMP approval letter. Staff A stated that the facility does not have one due to the local emergency management agency stating that the one they have need corrections. During this time Staff A acknowledged that the facility's CEMP was still not approved.

Review of the letter from the local emergency management agency provided by the facility on dated for revealed a documented statement stating that the "CEMP cannot be approved in its current state". Staff A acknowledged the findings. The facility provided no additional information was provided for review. Therefore, the facility was not able to provide proof of an approved CEMP/approval letter.

Class III
Uncorrected