STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967380	**06/06/2018**
NAME OF PROVIDER OR SUPPLIER **CRESTA COMFORT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18610 NW 21 AVENUE** **MIAMI GARDENS, FL 33056**	

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

0000 - Initial Comments

A Standard biennial Survey was conducted at on . . . . . , 2018. Cresta Comfort Living Inc, with Limited Mental Health Services component, had the following deficiencies found at time of the survey:

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

Based on record review and interview, the provider failed to maintain an accurate, up-to date medication observation record (MOR) for two of six sampled residents (Residents 1 and 2).

Findings included:

A review of the MOR revealed that it was missing the staff signature signature for Residents #1 and #2. The MOR did not have signatures for Resident #1after medication pass on at 8:00 am. Resident #2's MOR was not signed for . . . . . (night) and . . . . morning.

On at 10:30 am Staff B stated, "Staff F knows that she has to sign the MOR as soon as she assists with medications."

Class III

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

Based on record review and interview, the facility failed to provide documentation of a negative annual examination for four of four sampled staff (Staff A and D).

Findings included:

Record review revealed that Staff A, hired , had a statement expired on .

Record review revealed that Staff D, hired , had a statement expired on .

On at 11:00 am Staff B confirmed that Staff A and D's examinations were expired.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

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

Based on record review and interview the facility failed to ensure that one of three (Staff D) sampled employee received the (Initial 8 hours) training for Limited Mental Health.

Findings included:

Record reviewed revealed that Staff D (hired) did not have 8 initial hours training for Limited Mental Health in her file. Staff D had 3 hours training dated .

On at 11:00 am Staff A stated, "Staff D is missing her initial LMH."

Class III

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain an updated staff roster within the background screening clearinghouse. Staff B, who had not been working at the facility for more than a year was still listed as employed.

Findings included:

Review of background screening clearinghouse database reflected Staff F as a current employee . The current facility staffing pattern did not list Staff F.

On . . . at 12:30 pm Staff B stated, "Staff F does not work with us since , 2016. She is not on call; she does not work with us."

Unclassified