

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965581	(X3) DATE SURVEY COMPLETED 07/26/2018
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#2018010518, was conducted on and at Crest Manor ALF, License #10028. The facility had a deficiency identified at the time of the survey.

Please note this survey with conducted as a joint inspection(survey) with the Department of Health.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide an environment free of pests (bed bugs) for 6 of 17 sampled residents (Resident #3, #7, #9, #15, #16, #17).

The Findings Included:

On between the hours of 9:30AM and 10:30AM a observational tour was conducted with Department of Health and the facility Administrator and Director of Nursing. The tour revealed 12 live bed bugs found in the following:

- # . . . -observed 7 live bed bugs in the fold of the top outer edge of the top bed sheet
- . . . :# 311B- 2 live bed bugs observed on bed.
- # 101 -2 live bed bugs observed on bed
- . . . # . . . - 1 live bed bug found on bed

On during the observational tour between 9:30AM and 11:00AM, 14 resident interviews were conducted and 3 of 14 residents interview reported, they had either seen, reported, or been bitten by bed bugs.

. a pest control document was reviewed and revealed the facility had a onetime bed bug treatment of . . . 's numbers: 407, 408, 409, 410, 412, 209, and 210. There was no invoice or documentation of the findings, or if any additional were inspected. The bed bug company has completed no additional bed bug treatments. The facilities Administrator conducted steam treatments on his own and has no way of determining if the treatments are affective.

During an interview with the Pest Control company (hired to treat the) on at 11:50AM,

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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stated the recommended treatment for bed bugs is a 3 service minimum treatment that is conducted 3-5 days apart with a chemical aerosol treatment. The facility requested a one-time treatment of the specific and no follow-up service was requested. There was no guarantee given, as the facility did not follow the recommended bed bug treatment. On 7/26/2018 at approximately 1:10PM, the Administrator acknowledged the findings, and provided no additional documentation for review. Class III		