STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966948	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **CARINGTON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3215 EAST JAMES LEE BLVD** **CRESTVIEW, FL 32539**	

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

0000 - Initial Comments

An unannounced abbreviated biennial survey with a limited nursing services specialty license was conducted at Carington Manor assisted living facility from to . Deficient practice was found at the time of the survey.

0075 - Use of Personnel; Emergency Care ( ) - 429.255( ) FS

Based on observation, and staff interview, the facility failed to have an Automated External Defibrillator ( ) in working order by having pads that were expired for 1 of 1 .

The findings were:

The was checked with the Administrator on at 11:00 am. The pads were observed to have an expiration date of . (Photo evidence obtained)

An interview with the Administrator was conducted on at 11:02 am. She was shown the expiration date. She then said I did not know they expired. We will re-order immediately.

Class III