STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	**07/10/2019**
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A re-licensure was conducted on at Crestwood House, Titusville. Deficiencies were found at the time of the visit.

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 3 staff (A) has completed courses in First Aid and , ( ) and holds a valid card documenting completion of such courses must be in the facility at all times.

Findings:

1. In a record review on of Staff A's personnel record, a direct care giver hired revealed the staff's First Aid and expired in and did not have a valid card documenting a renewal for /First Aid course was taken.

2. In an interview on at 11am with the manager and Staff A, they confirmed the findings.

Class III

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

Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was approved by the county Office of Emergency Management on a annual basis as required by 58-5.026 (2) FAC.

Findings:

Request to review on of the facility's CEMP and approved letter confirmed the facility failed to obtain an approval letter from the Emergency Management Office. The Emergency plan was present and reviewed.

On at 10:00am, the manager stated he had submitted the plan for approval, was not sure of the date and did not have a current approval letter from the county.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	**07/10/2019**
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and review the facility failed to develop written policies and procedures for its plan, failed to notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency.

Findings:

1. A review of the Florida Health Finder on revealed the Emergency Power Plan (EPP) or the facility was approved on .

2. A request was made to review the facility's policies and procedures that addressed how the facility would ensure it could effectively and immediately activate, operate and maintain its alternate power source and any fuel required for the operation of the alternate power source and how it would address the care of residents occupying the facility during a declared state of emergency, specifically a description of the methods to be used to mitigate the potential for heat related injury. Another request was made to review the required written notification provided to each resident and the resident's legal representative within 5 business days of the facility submitting its plan for review and approval.

4. On at 11:00am the manager stated he did not have the developed policies and procedures, did not develop a process and did not provide written notification to the residents and legal representatives.

Class III