

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED 02/01/2018
NAME OF PROVIDER OR SUPPLIER CRESTVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 603 NORTH PEARL STREET CRESTVIEW, FL 32536	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care monitoring visit was conducted on _____ at the Crestview Manor assisted living facility (license #5649). The Crestview Manor assisted living facility had deficiencies at the time of the visit. E206 - ECC - Service Plans - 58A-5.030(7) FAC Based on record review and staff interview, the facility failed to ensure the service plan was reviewed and updated quarterly for 1 of 2 residents that were sampled for Extended Congregate Care (ECC) services (#2). The findings were: Record review for resident #2 revealed a service plan for ECC services which began on _____. The service plan was also signed by the resident on _____. Further review of the record failed to reveal any documentation of the service plan being updated since _____. On _____ at 2:35PM, an interview and record review was conducted with the activities director who had the administrator on the telephone and they both confirmed the above findings. The administrator stated she would get this taken care of quickly. Class III		