

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Crestview Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1849 First Avenue East Crestview, FL 32539	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to follow physician orders and maintain infection control practices for 1 of 3 residents observed for direct care. (Resident #64)The findings Include:On 08/18/25 at approximately 4:15 PM, an observation of Resident # 64 was made. He was noted sitting in his wheelchair at the nurses' station in front of the medication cart. Nurse A, a Licensed Practical Nurse (LPN), was kneeling in front of the resident applying Diclofenac External Gel 1% (a topical medication used to treat pain) to the left knee with her bare hand. Nurse A then squeezed the gel into her bare hand and applied it to the resident's right knee and finally squeezed gel into her bare hand again and applied it to the resident's right shoulder. Nurse A then replaced the lid onto the medication and laid the medication on top of the medication cart and performed hand hygiene. The Director of Nursing (DON) was also present during the observation. On 08/18/25 at approximately 4:20 PM, an interview was conducted with Nurse A, who indicated that applying the medication without gloves would be considered an infection control issue. Nurse A further indicated that the medication was over the counter and she placed the tube into her uniform pants pocket. She stated that she liked to do her treatments as she goes down the hall with her residents. Nurse A was asked to clarify if the same tube of medication was used on multiple patients. Nurse A indicated that, because the medication was over the counter, it was not signed out to individual residents and further indicated that she should have dispensed the medication into a medication cup to use on multiple residents instead of her hand.The box that the medication came in had no open date and no resident room number to indicate single resident use. Nurse A was asked where for the dispensing card (pre-marked plastic card used for measuring the appropriate dosage) for the medication. She indicated that she was not aware of a dispensing card. Upon reviewing the medication box, the dispensing card was located inside the box, attached to the pharmaceutical insert in the box.The physician orders on the electronic treatment administration record (ETAR) revealed that the order for the Diclofenac Sodium External Gel 1% was to apply 2 grams to the left knee twice daily, apply 2 grams to the right knee twice daily, and 2 grams to the left shoulder twice daily for arthritis, not to exceed 16 grams in 24 hours. Nurse A confirmed that she did not follow the physician's order by applying the medication to the right shoulder not the left shoulder, Nurse A further indicated that the resident refuses to have the medication to the left shoulder but requests the medication for the right shoulder. When asked if she had contacted the physician to have the order clarified, Nurse A stated that she should have contacted them prior to applying the medication. On 8/18/25 at approximately 4:32 PM, an interview was conducted with the DON, who indicated that the expectation is that the nurse follows the physician orders, to contact the physician if the order needs to be clarified, and to use proper technique, such as gloves and dispensing card, to administer the medication. The facility's policy states, Policies and Practices-Infection ControlPolicy StatementThis facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. Policy Interpretation and ImplementationThis facility's infection control policies and practices apply equally to all personnel, consultants, contractors, resident, visitors, volunteer workers, and the general public alike, regardless of race, color, creed, national origin, religion, age, sex, handicap, [NAME] or veteran status, or payor source.The objectives of our infection control policies and practices are to:a. Prevent, detect, investigate, and control infections in the facility;b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; etc .3. The Quality Assurance and Performance Improvement Committee, through the Infection Control Committee, shall establish, review, and revise infection control practices, and help department heads and managers ensure that they are implemented and followed.4. All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of the employee training shall be appropriate to the degree of direct resident contact and job responsibilities.</p>		