

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/30/2019
NAME OF PROVIDER OR SUPPLIER CRYSTAL GEM MANOR ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 10845 WEST GEM STREET CRYSTAL RIVER, FL 34428		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain level 2 background screening for an employee with a break in service of more than 90 days from a position that requires screening for 1 of 6 reviewed employees (Staff A).	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CRYSTAL GEM MANOR ALF

**10845 WEST GEM STREET
CRYSTAL RIVER, FL 34428**

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CZ814	Continued From page 1 Findings: A record review of the facility roster revealed Staff A, a Resident Care Aide/Medication Tech (RCA/MT), was hired on A record review of background screening result for Staff A revealed an eligibility date of On at 3:37 PM, the Administrator confirmed that Staff A was hired on and Staff A had a greater than 90-day break in service for employment in the positions that requires screening. Class III	CZ814		
A 000	Initial Comments A complaint investigation (complaint number 2019016360) and Emergency Power Plan (EPP) monitoring survey was conducted at Crystal Gem Manor ALF on through The facility had deficiencies at the time of the survey.	A 000		