Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966445	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL GEM MANOR ALF	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
A 000	Initial Comments An unannounced re-licensure survey with limited nursing services and emergency power planning monitoring was conducted at Crystal Gem Manor on - 17, 2021. Deficiencies were identified.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide assistance	A 036		

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A 036	Continued From page 1 with self-administration of medication in a manner that reduced the risk of transmission of . . . . . for 2 of 4 residents sampled, Resident #s 4 and 11. Findings: On at approximately 12:00 PM a medication observation was conducted with Staff B, Med Tech. Staff B was observed assisting with self-administration of medication to Resident #4 and Resident #11. Staff B did not utilize gel to sanitize her . . . or soap and water to clean her during assisting with self-administration of medication. On . . . . . at approximately 12:30 PM, during an interview with Staff A, she stated that she was nervous and forgot to complete . . . hygiene before and after assisting with medication to Resident #4 and Resident #11. On . . . . . at approximately 1:00 PM during an interview with the administrator, she stated that her expectation is for the staff to perform . . . hygiene before and after each resident. A review of the facility policy and procedures, titled " . . . . Control Policy" read, "Handwash with soap and water or use an -based . . . sanitizer before and after resident visit." Class III	A 036		