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
	AL11953460	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL BAY	2400 CRYSTAL COVE LANE DESTIN, FL 32541

(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 On [redacted] an unannounced abbreviated biennial survey inclduding (Limited Nursing Services and Extended Congregate Care) was conducted at Crystal Bay ALF. At the time of survey there was deficient practice identified.	A 000		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as [redacted] glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including [redacted] glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to	A 053		

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A 053	Continued From page 1 maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review facility staff failed to administer medications in accordance with physician orders for 1 of 5 residents observed during medication pass (#4). The findings are: During medication pass on the secured memory care unit on [redacted] at 12:05 PM, the medication nurse (a licensed practical nurse) was observed to administer 1 spray of Nasal 0.05% nasal spray to each nostril for resident #4. The nurse stated immediately prior to administering the nasal spray "she gets nasal spray every day at noon". Review of the Medication Observation Record (MOR) revealed the following orders: 1) Nasal 0.05% 2 sprays to each nare daily PRN for nosebleeds, and 2) Deep Sea 0.65% spray 2 sprays to each nostril 3 times daily. The nurse was asked to verify what had just been administered to resident #4. He again presented the Nasal 0.05% bottle and outer package, stating "I gave her this [redacted] spray, it's the only one she has". The 2 separate nasal spray orders were pointed out to the nurse, who was not able to explain the discrepancy and again	A 053		

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A 053	Continued From page 2	A 053		

stated the nasal spray was the only one he had for the resident. The Wellness Director/Unit Manager then approached the medication cart, looked through it briefly, and produced a bottle of Deep Sea nasal spray 0.65%. She pointed out that the Nasal spray was for PRN use only and the Deep Sea spray was the spray ordered to be given routinely 3 times daily. The medication nurse then acknowledged he had given the resident the wrong nasal spray and the wrong dosage (1 spray rather than 2 sprays). The Wellness Director (a licensed practical nurse) instructed the medication nurse to report the error to the advanced registered nurse practitioner (ARNP), who was onsite at the time, and to administer the correct nasal spray when the resident was finished with her lunch. A followup interview with the medication nurse at 1:50 PM revealed he had administered the Deep Sea 0.65% nasal spray to the resident at 1:00 PM. Review of the MOR revealed he had signed this medication off as being administered at that time. He stated he had reported the error to the ARNP who acknowledged the error and assured him the administration of the PRN nasal spray would not be detrimental to the resident. He stated he had also completed a medication error report.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports the findings of a state licensure survey including Limited Nursing Services and Extended Congregate Care that was conducted on , 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
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Phone 850-412-4540; Fax (850) 922-9162