FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Crystal Gem Manor Alf
10845 West Gem Street
Crystal River, FL 34428

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) 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 . 2013 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	07/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Crystal Gem Manor Alf	10845 West Gem Street Crystal River, FL 34428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Biennial Licensure Survey in conjunction with a Limited Nursing Service Survey was conducted from to at Crystal Gem Assisted Living Facility located at 10845 W. Gem Street, Crystal River, Florida 34428. The facility was found not in compliance.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to ensure personal assistive equipment was maintained in a safe manner.

Findings:

During the initial tour of the facility conducted commencing at 9:00 AM and concluding at 9:40 AM, a resident's wheel chair belonging to the resident in was observed to have numerous tears including sharp edges on both arm rests of the resident's wheel chair.

Interview with the resident on the same date at 9:10 AM revealed that she is careful to wear long sleeved sweaters so she "doesn't hurt" her arms and elbows. Continued interview with the resident on the same date and time revealed that she had not told the facility about the repairs that her chair needed.

The wheel chair belonging to the resident who resides in # had numerous tears on the right arm rest. Interview conducted with the resident during the tour revealed that she had not brought this to the attention of any staff.

Other environmental concerns observed throughout the tour of the facility are as follows:

There was a hole in the wall approximately 5" X 5" to the left of the closet in

The wall between #38 and 40 in the hallway, revealed that the wall had been patched but was not painted.

Resident had a hand held shower device in the The device had no shower head.
The toilet has "run on", where the toilet never shuts off but continues to run day and night. Interview with the resident during the initial tour revealed that he had not complained to the facility about either issue.

Interview with the administrator on at approximately 4:00 PM revealed that she was not aware of any of the above problems in the facility.

Class III
Correction Date: