STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	**05/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Crystal Bay	**2400 Crystal Cove Lane Destin, FL 32541**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0050 - 58a-5.0185(1) Fac - Medication - Self Administered Medications S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

0000-Initial Comments
An abbreviated biennial licensure survey, Extended Congregate Care and Limited Nursing Service survey was conducted at Crystal Bay Assisted Living Facility on . At the time of survey the facility had deficiencies.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation of a medication pass and staff interview the facility failed to administer medication under sanitary conditions which is "consistent with established and recognized standards within the community" for 2 of 4 residents (#7 and 8).

The findings are:

During medication pass on , staff A was observed to pour medication for resident #7. Staff A poured three of the medications into her hand before placing them into the medicine cup.

During medication pass on , staff A was observed to pour medication for resident #8, and again poured three medications into her hands before placing them into the medicine cup.

Resident #8 also received eye drops. Staff A put the gloves on at medication cart, proceeded to gather the water glass, medicine cup and box the eye drops were in. The cart was in one hallway, staff member proceeded to another hallway to the resident's . . . . . The medication cup was presented to the resident who placed the cup to his lips to take the medication. The staff took the cup from the resident still with the gloved hands. Then proceed to administer the eye drop without re-washing hands or changing gloves.

Class III

0050-Medication - Self Administered Medications 58A-5.0185(1) FAC
Based on observation, record review and staff interview the facility failed to allow 1 of 4 (#7) residents to self-administer their medications.

The findings are:

Review of resident #7's medical record for medication verification there was a clarification from the Physician dated . . . . . to indicated "No assistance needed with medications".
Additional assessment completed on . . . . . indicated self-administration of medication review was completed with resident.
Observation on . . . . . resident #7 was administered medications by the medicine technician.

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There was no further re-assessment to indicate the resident needed assistance with medications.
Interview with the Director of Nurses on . . . . . indicated the resident had been re-assessed regarding medications since 2012 but the assessment could not be found.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, review of facility policy on medication pass, resident and staff interview the facility failed to assist with self-administration of medications appropriately per statute for 2 of 4 residents (#7 and 8).

The findings are:

Observed on . Staff A pouring medication for resident #7 and 8 at the medication cart. Staff A proceeded to each resident's . . . . presented the medication cup to the resident without identifying each medications.
On . . . . . resident #7 was asked if she knew what medications she was taking. She indicated she knew some of them but not all.
Staff A stated during medication pass that many residents were on . when questioned on . . . . . what the medication was for, she indicated did not know.

Review on . . . . . of the Medication training presented by the facility to Medicine technicians indicated on page 5 and 6 the following:
Section 429.256(3) FS. "assistance with self-administration of medication" by an unlicensed person includes or shall be allowed for:
Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bring it to the resident.
In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container and closing the container.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports the findings of a state licensure survey including extended congregate care, limited nursing services, and a revisit that was conducted on , 2014 by representatives of this office.

Attached 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 , 2014 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

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