STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968286	05/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Christallis Manor, Corp.	2119 Wilson Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0050 - 58a-5.0185(1) Fac - Medication - Self Administered Medications S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on . . . at Christallis Manor. The facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interviews and record reviews, the facility failed to provide assistance with prescribed medications for 1 out of 3 sample residents (Resident #3), during medication pass.

The findings include:

During medication observation on . . . at 12:35 PM, Staff B (a Certified Nursing Assistant) failed to make available and assist with self-administration of two medications (Gas Relief 180 mg capsule and . Balance Solution, eye drop) to Resident #4.

Record review of the Medication Observation Record (MOR) for . 2014 at 12:40 PM, revealed that the medications were to be given as follows: Gas Relief 180 mg cap to be given three times a day and . Balance (an eye drop) to be taken three times a day.

At 12:45 PM during a follow up interview with Staff B, she acknowledged the findings and reported that she forgot to give the medications as physician ordered.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968286	05/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Christallis Manor, Corp.	2119 Wilson Street Hollywood, FL 33020	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0050-Medication - Self Administered Medications 58A-5.0185(1) FAC
Based on observation, interviews and record reviews, the facility failed to follow the process of medication self-administration during medication pass for 1 out 3 sample residents (Resident #5).

The findings include:

During observation on at 10:00 AM, Resident #5 was noted to waking up at around 10:00 AM. When Staff B was questioned about this observation, she remarked that this resident is someone who enjoys waking up late and eating his breakfast alone in his . At around 10:30 AM, Resident #5 was in fact observed eating his breakfast in his .

During medication observation on at 12:30 PM, Staff B, (a Certified Nursing Assistant), approached Resident #5 with a small cup of pudding which also contained the resident's noon medication 600 mg tab). She was then observed feeding the medication to the resident and failed to provide the resident with the opportunity to self-administer his medication with assistance.

Record review of the resident's Health Assessment (AHCA Form 1823) revealed that the resident is identified as being "Alert, verbal and at times." The AHCA Form 1823 further revealed that the Resident needed assistance with self-administration of medication and not medication administration.

During an interview with Staff B following the medication administration, she reported that she fed the medication to the resident because she was not certain he would be able to do it himself since his hands shake at times. She acknowledged that she failed to provide the resident with the opportunity to self-administer his medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968286	**05/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Christallis Manor, Corp.	**2119 Wilson Street Hollywood, FL 33020**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Christallis Manor, Corp.
2119 Wilson Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 representative. Should you have any questions please call this office at (561)381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ b
XG90

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