STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	**07/09/2014**
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey CCR #2014006519 was conducted at Crystal Gem Manor Assisted Living Facility in Crystal River, Florida on 2014. Deficient practice was identified as a result of the complaint survey. The facility was not in compliance.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on interview and observation the facility failed to ensure centrally stored medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times for 3 of 7 sampled residents (Residents #5, #6 and #7).

Findings:

1. An observation conducted on at 11:35 AM revealed medications were on the Assistant Administrator's desk unsupervised. At 11:37 AM the Administrator entered the office, and this writer made the Administrator aware of the unsupervised medications for residents #5, #6 and #7 on the desk.

2. An interview conducted on at 11:37 AM with the Administrator revealed verification that the medications were left on the desk unsupervised. "The medications should be locked up, and not just sitting on the desk unsupervised".

3. An interview conducted on at 11:47 AM with Staff D, Medication Technician revealed she left the medication unsecured and unattended while she went to assist a resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

RE: CCR #2014006519

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative 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 **. 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

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