RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 , 2015 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	07/30/2015
NAME OF PROVIDER OR SUPPLIER **CRYSTAL GEM MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10845 WEST GEM STREET** **CRYSTAL RIVER, FL 34428**	

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

0000 Initial Comments

An unannounced Biennial Licensure Survey was conducted on 29- , 2015 at Crystal Gem Manor Assisted Living Facility. Deficient practice was not identified at the time of the survey.

0010 Admissions - Continued Residency

Based on interview and record review, the facility failed to ensure that there was an inter-disciplinary care plan contained within the facility record of 1 of 4 residents (Resident #9) receiving Hospice care services.

Findings:

Review of Resident #9's facility record showed an order for Hospice care dated . Further review of the facility record showed a Hospice of Citrus County and the Nature Coast plan of care for certification period of through , signed as reviewed by Hospice Registered Nurse (RN) and Case Manager, and signed by the physician. The plan of care did not include care responsibilities of the facility and was not signed as reviewed by a facility representative.

An interview was conducted on , 2015 at 11:53 AM with the Administrator. She stated they do not have a facility care plan for Resident #9. She stated the facility did not sign off on an interdisciplinary care plan with Hospice for Resident #9. She stated the Hospice Social Worker tells them what Hospice will do and what the facility will do, regarding Resident #9's care.

An interview was conducted on , 2015 at 11:57 AM with the Assistant Administrator. She stated Resident #9 is receiving Hospice care, ordered on . When asked if the facility has a separate plan of care from the Hospice plan of care, she stated the facility refers back to what is written on Resident #9's Resident Health Assessment, AHCA Form 1823.

Class III

0078 Staffing Standards - Staff

Based on observation, interview and record review, the facility failed to ensure that 1 of 3 staff (Staff B) had documentation of an annual negative screening.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	07/30/2015
NAME OF PROVIDER OR SUPPLIER **CRYSTAL GEM MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10845 WEST GEM STREET** **CRYSTAL RIVER, FL 34428**	

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Review of Staff B's employee record showed the most recent negative screening for Staff B was dated .

An observation was conducted during the survey dates of , 2015 and , 2015, of Staff B on the premises of the facility and working.

An interview was conducted on , 2015 at 10:03 AM with the Administrator. She confirmed the most recent negative screening for Staff B occurred on . She stated she was told as long as staff has not been out of the country, they do not have to have annual screens.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to ensure that a substitution log for dietary menus was on file for at least the past 6 months.

Findings:

Review of facility dietary menus showed the lack of a substitution log for at least the past 6 months.

An interview was conducted on , 2015 at 12:58 PM with the Kitchen Manager. She stated she does not have a substitution log on hand. She stated she marks through the menu item if she has to substitute something.

An interview was conducted on , 2015 at 1:50 PM with the Administrator. She stated she did not know that there was an actual log of substitutions that they had to keep. She stated they do not keep a substitution log, they just line through menu items that they substitute for.

Class