STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968286	08/24/2016
NAME OF PROVIDER OR SUPPLIER CHRISTALLIS MANOR, CORP.	STREET ADDRESS, CITY, STATE, ZIP CODE 2119 WILSON STREET HOLLYWOOD, FL 33020	

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

0000 Initial Comments

An unannounced standard Relicensure survey with an initial Limited Nursing Services (LNS) was conducted on at Christallis Manor, Corp. (License #12232). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and an interview, the facility failed to ensure that all residents were reassessed after significant changes and that the Resident Health Assessment (AHCA 1823 Form) was accurate and reflective of the resident's care needs to ensure the resident met the criteria for continued residency, for 1 out of 6 sampled residents (Resident #1).

The findings included:

On at approximately 1:30 PM, a record review was conducted for Resident #1. The health assessment (AHCA 1823 Form), dated , documents on page 2, Section 1, part C that Resident #1 required 24-hour nursing or care. A further review of page 1, Section 1, part D documents that the resident's need can be met in an assisted living facility. It is also noted that this resident's health assesment does not document on page 4, Section 2-B, part B, whether the resident needs assistance with medications, and if so, the type of assistance needed. This Assessment does not contain name, signature, license number, or title of the resident's health care provider completing the assessment, or the date the assessment was completed.

An interview was conducted with Staff A approximately 1:45 PM, she stated Resident #1 was admitted to rehab for 7 weeks for a hip. Resident #1 was receiving Physical for hip from - . She stated Resident #1 does not require 24- hour nursing or care. The health assessment was not updated after returning to the facility on . During this time Staff A acknowledged the findings and provided no further evidence for the review (photographic evidence obtained).

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and an interview, the facility failed to provide a safe living environment by ensuring the facility maintained an environment free of hazards for 6 out of 6 sampled residents.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

On 8/24/2016 at approximately 10:50 AM, a tour was conducted of the facility and the following observations were made:
1) Backyard- observed hazardous object in the corner on the right side
a) The walkway directed towards the right of the back entrance had broken tile on the ground.
b) Unsecured ladder leaning against a metal object
c) Water hose laying on the ground; not securely stored
d) A shelf with removable wheelchair arms and metal objects
e) Mop bucket with wheels sitting in the middle of the area.

2) _____ # - closet door shutters were missing and it was off the hinges.
All of the above areas are accessible to residents.
At approximately 3:00 PM on , an interview was conducted with Staff A. She acknowledged the concerns and findings. Staff A did not provide any additional information for review.

Class III

0167 Resident Contracts

Based on record review and interview, the facility's resident contract failed to include:
1) a provision within the contract that states, "at least 30 days written notice will be given before any rate increase," for 2 of 2 residents whose contracts were reviewed (Residents #1 and #6)
2) monthly rate amount for 1 of 2 residents whose contracts were reviewed (Resident #6)..

The findings include:

On / during review of sampled resident contracts, the required statement notifying residents that "at least 30 days written notice will be given before any rate increase," was not found within the resident contracts reviewed (Resident #1 and #6).

Also, during review of Resident #6's contract, no monthly rate amount could be found documented anywhere within this resident's contract.

On at approximately 2:30 PM, the Designee (Staff A) was notified of the missing "30 day written notification of rate increase" statement in the contracts for Residents #1 and #6, and the missing monthly rate being charged to Resident #6 within Resident #6's contract. The Designee was unable to

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SUMMARY STATEMENT OF DEFICIENCIES
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provide any further documentation or information to show compliance with this regulatory requirement.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2016

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on [illegible], 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [illegible], 2016.** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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