STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	**07/06/2017**
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

A Biennial and Limited Nursing Services survey was conducted on , 5 -6, 2017 at Crystal Gem Manor, License #10687. Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, according to the Health Assessment, AHCA Form 1823, the facility failed to obtain and document omitted information for 1 of 2 residents (Resident #15).

Findings:

On , 2017 a record review was conducted on Resident #15. The Health Assessment, AHCA form 1823, dated , , 2017 was observed not to identify Hospice services within the nursing/treatment/ , , service requirements (photographic evidence). Hospice care plan present in Resident #15 chart is dated .

During an interview with Administrator on , 2017 at 2:08 p.m., she stated the 1823 dated is the most current form for Resident #15 and confirmed Resident #15 is receiving hospice services. She stated she was unaware of the need for hospice services to be included in the AHCA form 1823.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview, and record review, the facility failed to prevent the possibility of for 54 of 54 residents by failing to perform hand hygiene after exiting a resident's contact precautions for an active -resistant .

Findings:

On , 2017 at 11:40 a.m., Staff A was observed to leave Resident #14's who required contact isolation for active -resistant , , ( ). When staff A exited resident #14 had gloves on her hands, which she failed to remove. Staff A was observed to push the medication cart through hallway while wearing the same gloves she exited the .

During an interview with Staff A on , 2017 at 11:42 a.m., she stated "I should have taken my gloves off before moving the cart. There is no hand sanitizer on the cart and I have to go to the nurse's station to sanitize my hands".

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A record review of the facility's policy and procedure reveal that gloves are to be worn when assisting with resident care, including bathing, toileting, care and any contract with bodily fluids. Hand washing is done before and after resident care, between medication passes, after toileting, and other tasks to avoid cross contamination.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure unlicensed staff provided assistance with self-administration of medications as required for 3 of 5 residents observed (Resident #2, #12, and #13).

Findings:

On , 2017, at 1:35 p.m., unlicensed Staff D was observed to wash her hands and remove medication from the locked medication cart. Staff D verified medication with the medication observation record (MOR) and stated to resident "I have your 2 o'clock Requip." Staff D placed the medication into a medicine cup and handed the cup to Resident #2. Resident #2 took the medicine cup and placed the medicine in her mouth. Staff D observed Resident #2 consume the medication and completed documentation on MOR. Staff D did not read medication label in the presence of the resident which stated "Requip 1 mg by mouth take 1 tablet three times a day".

On , 2017, at 1:40 p.m., unlicensed Staff D was observed to sanitize her hands, unlock the medication cart, verify medication with MOR and stated to Resident #12, "You are taking your 2 PM medication." Staff D placed the medication in a medication cup and handed the medication cup to Resident #12. Staff D observed Resident #12 take the medication and documented on the MOR. Staff D did not read medication label in the presence of the resident which stated " , 50 mg take 1 tablet by mouth at 8 am, 2 PM, and 2 tablets at bedtime".

On , 2017, at 1:45 p.m., unlicensed Staff D was observed to sanitize hands and remove the medication from the locked medication cart, verified the medication with MOR and place the medication in a medicine cup and stated to resident "This is your 2 o'clock ." Staff D handed medication cup to Resident #13 and observed resident ingest medication and completed documentation on the MOR. Staff D did not read medication label in the presence of the resident which stated "Mapap 500 mg gel cap take two gel cap by mouth three times a day".

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On , , 2017 at 2:00 p.m. in an interview with Staff D, she stated she had received her required training in assisting with self-administration of medication. Staff D stated she was unaware that she was to read the entire medication label to the resident.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to provide secure storage of medication potentially endangering 24 of 24 residents within the memory care unit.

Findings:

On , , 2017, at 10:30 a.m., a tour was conducted of the common area the secured memory unit. The was found unlocked. Nine residents were seen within twenty feet of the common living area, with one additional resident seen in hallway near the . A resident was observed to enter the common staff supervision. In the common was an unsecured plastic storage drawer unit. It contained a tube of triple ointment, a tube of , ointment, a bottle of , , powder all in the top drawer. Located in the second drawer was a jar of cream. On the shelf in the common shower, an opened jar of Hydrocerin cream (Photographic evidence obtained).

During an interview on , , 2017 at 10:35 a.m. with Staff E, Secured Unit Supervisor, she stated the is left unlocked for the resident use. Staff E stated that the medications should have been returned to medication cart. She verified that unsecured medication is a potential hazard to residents.

During an interview with administrator on , , 2017 at 10:40 a.m., the administrator stated the door to the common be locked. The medications and creams should be locked in the secured medication cart when not in use. The administrator confirmed that unsecured medications could be hazardous to residents on the secured unit.

A record review of facility's Medication Standards policy, the policy states that centrally stored medications are kept in a locked cabinet, locked cart or other locked storage receptacle, , or area at all times.

Class III

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0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review, the facility failed to ensure prescription medications were refilled in a timely manner for 1 of 3 residents reviewed. For resident #8.

Findings:

An interview was conducted with Resident #8 on at 12:15 PM. He stated he was not given his medication for pain for several days. He stated the staff told him his prescription ran out and that it was on order.

A review of the control drug usage sheet showed the 8 AM dose of had 0 (zero) pills left on and the 8 PM dose of had 0 (zero) pills left on , indicating Resident #8 has not had for pain since the morning of .

A review of the Medication Observation Record for Resident #8 dated 2017 revealed no was given from through .

An interview was conducted with the Medication Tech, Staff A on at 12:40 PM. She stated when a resident runs out of medication, she would tell the Administrator. She stated you are supposed to report it to the Administrator 8 days before the medication is gone.

An interview was conducted with the Administrator on at 1:24 PM. She stated medication reorders are supposed to be completed when the resident supply is down to 8 days. All Medication Techs are responsible for ordering. She confirmed the facility did not order the medications timely and therefore Resident #8 has run out of medication for pain.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to post a weekly menu easily available for residents and failed to have a plan for obtaining water in an emergency for 54 of 54 residents.

Findings:

During the initial tour of the facility on at 10:00 AM there was no observed weekly menu posted in

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the facility.

An interview was conducted with the Dietary Manager on at 10:05 AM. She confirmed there is no weekly menu posted in an area where the residents can view it.

An observation of the emergency water supply was conducted on at 1:00 PM. It was confirmed by observation that the emergency water supply was 75 gallons.

An interview was conducted with the Maintance on at 1:00 PM. He confirmed there were 75 gallons of water on hand.

An interview was conducted with the Administrator on at 11:15 AM. She confirmed the facility does not have an adequate water supply for the census of 54 residents. She further confirmed the facility does not have a plan for obtaining water in an emergency. She confirmed the last agreement for emergency water was dated , 2013. The agreement stated it was valid for one year from the date of issue.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide an environment free of hazards by not securing cleaning chemicals and within the secured memory care unit for 24 of 24 residents and failed to ensure all existing architectural, mechanical and electrical systems were maintained in good working order for 54 of 54 residents.

Findings:

On , 2017 at 10:30 a.m., a tour was conducted of the common the secured memory unit. The was found unlocked. Nine residents were noted within twenty feet of the common living area, with one additional resident noted in hallway near the . During observation, a resident entered the common staff supervision. Within the , an unlocked closet containing the water heater, two spray cans of Hot Shot roach spray, one spray bottle of Clorox, one spray bottle of glass cleaner, four bottles of Spic and Span spray cleaner and two bottles of Dawn dish soap were accessible to residents. In the common was an unsecured plastic storage drawer unit containing safety razors in the first and second drawers (Photographic evidence).

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In an interview on , 2017 at 10:35 a.m. with Staff E Unit Supervisor. She stated the is left unlocked for the resident use. Staff E stated the closet door inside the be locked, safety razors should not be in plastic drawers. She also verified unsecured cleaning supplies and razors are hazardous to residents on the secured unit.

In an interview with the Administrator on , 2017 at 10:40 a.m. She confirmed the door to the common be locked as well as the closet door and the safety razors should not be in plastic drawers. The administrator confirmed cleaning supplies and razors are hazardous to residents on the secured unit.

Class III

On at approximately 9:45 AM the following physical plant concerns were observed in level 1 & 2 of the facility during the tour.

An bottle was observed stored and unsecured in the office of the memory care unit.
1. Level 2: Memory care unit hallway observed peeling paint on walls and fire doors.
2. Level 2: , scraped off paint on door.
3. Level 2: , door jamb paint scraped off.
4. Level 2: Handrails sticky, , under fire extinguisher.
5. Level 2: Missing lights after entrance of level 2.
6. Level 2: Uneven floor covered with a strip of tape.
7. Level 1: Vents with a black, dusty substance in the grates observed in hallway.
8. Level 1: Missing light before entrance of level 2.
9. Level 1: : missing the "2" in the number.
10. Level 1: : scraped as well as door jam at entrance of .
11. Level 2 Outdoor Area: Seat of lawn chairs with frayed material at the seams.
12. Level 2 Outdoor Area: The little bridge with black and green substance observed on all areas including the handrails (photographic evidence available).

On at approximately 2:43 PM an interview was conducted with the Administrator in reference to the unsecured bottle in the memory care office. During the interview the Administrator stated that the bottle should be stored and secured in an

On at 2:50 PM an interview and brief tour was conducted with maintenance director, who

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confirmed the above-listed concerns needed repaired.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to obtain an Affidavit of Compliance for Background Screening Requirements (AHCA Form 3100-0008) or a similar document attesting under penalty of perjury each employee is in compliance with Florida Statute Chapter 435 for 2 of 3 personnel records reviewed (Staff B and C).

Findings:

A record review of the personnel records for care Staff B (hired) and C (hired) was completed on , , 2017. There was no Affidavit of Compliance for Background Screening Requirement (AHCA for 3100-0008) or a similar document attesting under penalty of perjury each employee was in compliance with Florida Statute Chapter 435.

During an interview with the Assistant Administrator at 9:20 a.m. on , she confirmed there are no Affidavit for Compliance for Background Screening Requirements for Staff B and C.

Unclassified