STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968286	**06/06/2018**
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 re-licensure survey was conducted on [redacted] at Christallis Manor Corp. ALF, License #12232. The facility had deficiencies at the time of the visit.

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

Based on observation, resident record review, and interview, it was determined that the facility failed to ensure the Health Assessment was completed in its entirety and all care needs (including nursing needs) were documented (Resident #2 & #5).

The findings included:

a) During a record review of Resident #2's file on [redacted], the Health Assessment (AHCA form 1823) that is signed and dated by a physician, does not state physical [redacted] services and injections through a 3rd party provider. The AHCA form 1823 in the resident's record reveals a diagnosis of: [redacted]. It does not state [redacted] dependent.

b) During a record review of Resident #5's file on [redacted], the Health Assessment (AHCA form 1823) that is signed and dated by a physician, does not state physical [redacted] services and [redacted] injections through a 3rd party provider. The AHCA form 1823 in the resident's record reveals a diagnosis of [redacted] Surgery, Aneurysm, [redacted], and [redacted]. It does not state [redacted] dependent.

An interview with the Administrator conducted on [redacted] at 2:00PM, and confirmed the findings and no further documentation or information provided at that time.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 4 out of 7 staff members (Staff B; E; F and G).

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

A review of the current facility's staffing roster that was provided by the Administrator on [redacted] at 2:00PM, compared to the facility's Employee Roster on the Clearinghouse Background Screening revealed that 3 staff members were no longer employed by the facility. Further review revealed 1 staff has an end date, however currently on the schedule and works at the facility.
1-Staff B hire date of [redacted] and end date of [redacted] - however still on the schedule as an active staff member.
2-Staff E hire date [redacted] - no longer employed
3-Staff F hire date [redacted] - no longer employed
4-Staff G hire date [redacted] - no longer employed

During an interview with Administrator at 2:30pm on [redacted], the findings acknowledged and confirmed.

Unclassified