STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	**05/01/2018**
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 complaint investigation (CCR #2018005166 and CCR #2018005411) was conducted on at Crystal Gem Manor Assisted Living Facility (License #10687), Crystal River, FL. Deficient practice was identified at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain and document evidence of an annual negative ( ) examination for 3 of 3 reviewed staff members (Staff A, Staff B, and Staff C) who have contact with residents.

Findings:

An employee record review was conducted on . Record review revealed Staff A had test on with negative result dated and Staff B had test on with negative result dated . Record review revealed Staff C did not have any screenings present in her chart.

On at 5:07 PM, an interview was conducted with the facility administrator. She was requested to provide up-to-date screening results for both Staff A and Staff B, and screening for Staff C. After the facility administrator reviewed staff records, she confirmed that both staff A and Staff B screenings were expired and Staff C did not have a screening available to provide.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure 3 of 3 reviewed direct care staff members (Staff A, date of hire: , Staff B, date of hire: , and Staff C, date of hire:) received in-service training within 30 days of employment in Resident Behavior and Needs and Activities of Daily Living. The facility also failed to ensure 1 of 3 reviewed direct care staff members (Staff C, date of hire:) received in-service training within 30 days of employment in Control, Reporting Major Incidents, Resident Rights, Reporting , Neglect, and , Resident Behavior and Needs and Activities of Daily Living, and Elopement Procedures.

Findings:

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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)

An employee record review was conducted on . Staff C records did not contain training certificates for control, reporting major incidents, resident rights, reporting , neglect, and , resident behavior and needs and activities of daily living, and elopement procedures.

An interview was conducted with the administrator on at 5:07 PM. During the interview, the administrator was requested to assist in locating both staff A and staff B training certificates for activities of daily living and emergency preparedness. After review of both employee records, the administrator confirmed both staff A and staff B records did not contain the certificates. The administrator was requested to assist in locating the training certificates for staff C. After review of staff C records, the administrator confirmed there were no training certificates to document any of her trainings.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure 2 of 3 reviewed staff members (Staff A, date of hire: and Staff C, date of hire:) that are involved in resident admissions received at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings:

An employee record review was conducted on . Record review revealed both Staff A and Staff C records did not contain documentation of having received training in .

An interview was conducted with the administrator on at 5:07 PM. During the interview, the administrator was requested to assist locating the training certificates for both Staff A and Staff C. Upon review of both employee records, the administrator confirmed Staff A and Staff C did not have training.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to provide the Agency with a preliminary adverse incident report within 1 business day after its occurrence.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	**05/01/2018**
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)

Findings:

A closed record review was conducted for Resident #2. Record review revealed an undated incident report documenting Resident #2's in level two with no witness. Discharge notice dated indicated Resident #2 was discharged on . The facility noted the reason for discharge as a recent that occurred on . The discharge notice indicated that the facility contacted Seven Rivers Hospital and was informed Resident #2 was admitted because of a right hip.

An interview was conducted with the administrator on at 2:13 PM. During the interview, the administrator was requested to proivde a copy of adverse incident report for the incident that occurred on . The administrator informed that she had not completed an adverse incident report for the incident. The administrator confirmed the incident form documenting Resident #2's did not contain a date or time.

Class III