STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	C 01/05/2017
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

On , , a complaint survey (CCR#206011848, #2016013233) was conducted at Crystal Gem Manor Assisted Living Facility (facility license number 10687). During the survey, deficient practice was identified.

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

Based on record review and interview, the facility failed to give written notice for 2 of 2 residents (Resident #1 and #2) who were discharged from the facility.

Findings:

On , a record review was conducted on Resident #1. Resident #1 was by law enforcement to The Centers on for violent behavior towards his roommate and staff. He was not given a 45 day notice or permitted into the facility because he engaged in a pattern of conduct that was harmful to other residents. No written documentation was given stating the reasons for the relocation without a 45 day notice.

On , a record review of Resident #2's facility record showed she was from the facility without a 45 day notice on and discharged for threatening to blow up the facility with a fire extinguisher. There was no written documentation stating the reasons why she was relocated without a 45 day notice.

On at approximately 12:30 PM, the Administrator stated she did not document in writing the reason for discharge and relocation, without a 45-day notice, of Resident #1 or #2.

Class III