STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	C 03/08/2019
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 , , an unannounced complaint investigation survey (CCR #2019003292) was conducted at Crystal Gem Manor Assisted Living Facility. Deficient practice was identified at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to notify the physician and family members after incidents with injuries for 2 of 3 residents, Residents #1 and #3.

Findings:

Record review of the incident report for Resident #1, dated revealed the resident was in his room and was observed to have a cut under his . 911 was called and the resident was transferred to the hospital. On the transfer form it revealed the Responsible party notification line was blank, and the Primary care physician notification line was blank.

Record review of the nurse's progress note dated revealed the resident had a cut under the . Hospice and 911 were called. There was no documentation on the note of the physician or family member being notified.

Record review of the incident report for Resident #3 dated revealed the resident was found on the floor in in their room. The resident's and were . The resident was sent to the hospital. On the transfer form it revealed the Responsible party notification line was blank, and the Primary care physician notification line was blank.

Record review of the nurse's progress note dated revealed Resident #3 was found on the floor. Hospice was notified and 911 was called. The note did not document that the physician or family member was notified.

In an interview on at 8:30 AM, the Administrator confirmed the incident report documentation was incomplete and did not have documentation of the family or physician being notified.

Record review of the facility's Policy on Incident Investigations, Effective dated Page 1, revealed the resident's physician and family/guardian should be informed when a critical resident or visitor incident occurs.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0076 - ( ) - 58A-5.0186 FAC

Based on record review and interview the facility failed to ensure Form 1896, the Florida Form was available to medical staff in the event of an emergency for 1 of 3 sampled residents, Resident #1.

Findings:

Record review of Resident #1's incident report revealed Resident #1 was sent to the hospital via 911 on for a cut on the .

In an interview on at 11:04 AM, with Staff A, Resident Care Aide she said she was the one who found the resident with the cut and said he was sent to the hospital. She said she did not find the ( ) paperwork until after the resident was sent out to the hospital. She did not fax it to the hospital because she didn't know what to do with it.

In an interview on at 6:36 AM, with the Assistant Administrator she said 911 is called, and the sheet, medication sheet, insurance information, and code status information is to be sent to the hospital with the resident. She confirmed Resident #1 did not have the necessary paperwork to include the Form when he was sent to the hospital.

Record review of the facility's Policy and Procedure for Sending a Resident to the Hospital, revealed that when a resident is sent to the hospital the following steps are required: 1) Notify 911 of Incident, 2) Copy from resident's chart, a) Sheet, B) Insurance information, C), Advance Directives, D) copied on canary yellow paper, E) 1823 Health Assessment Form, F) Current Medication Records.

Class III