

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Crystal Health and Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 48 High Point Road Tavernier, FL 33070	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30599</p> <p>Based on interview, record review and facility policy the facility failed to ensure quarterly elopement risk assessments were completed appropriately for 1 of 6 residents surveyed for elopement risk (Resident #17). The lack of appropriately assessing the resident had a potential to contribute to the resident eloping from the facility.</p> <p>The findings included:</p> <p>The facility's policy on elopement reads, Cognitively impaired residents at risk for elopement will be appropriately monitored to reduce the potential for injury. Elopement is defined as a resident leaving the physical structure of the facility without the knowledge of the facility staff .Residents shall be reassessed at least quarterly related to elopement risk.</p> <p>Resident #17 was admitted to the facility on [DATE]. Upon admission she was diagnosed with Alzheimer's Disease. On 12/2/21 Resident #17 was diagnosed with General Anxiety Disorder, and Major Depressive Disorder.</p> <p>Review of the facility investigation shows On 2/26/24 at 3:45 p.m. facility staff were informed by the Sheriff's Department Resident #17 was seen off of the premises of the facility. According to the investigation, the resident was immediately returned to the facility without any harm. The investigation showed Resident #17 had not had any exiting behaviors prior to the incident.</p> <p>The Annual Minimum Data Set (MDS) dated [DATE] shows Resident #17 had a Brief Interview for Mental Status (BIMS) which scored a four. A score of 4 shows the resident to be cognitively impaired.</p> <p>Review of Section E of the MDS dated [DATE] shows Resident #17 had been having delirium that was a new behavior at the time of her annual MDS. Section E showed Resident #17 had not had any wandering behaviors.</p> <p>Review of the elopement assessments completed by staff for Resident #17 shows her last elopement assessment completed prior to incident was completed on 7/25/22. The score on the elopement assessment was a 6. The resident would be at risk for elopement if the score was 10 or higher.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 at 9:18 a.m., the MDS Coordinator said she did not complete quarterly assessments for elopement risk. She said she would check the elopement book to see if a resident was an elopement risk when completing the MDS.</p> <p>On 4/24/24 at 9:22 a.m., the Assistant Director of Nursing said The Director of Nursing (DON) was responsible for completing the elopement risk assessments.</p> <p>On 4/24/24 at 9:28 a.m., the Director of Nursing verified prior to 2/26/24, when the incident occurred, Resident #17 had not had an elopement assessment completed since 7/25/22. The DON said she was not completing quarterly assessments on all facility residents.</p> <p>On 4/24/24 at 9:32 a.m., the Administrator said he was not aware Resident #17 had not had a quarterly elopement assessment since 7/25/22. The Administrator verified it was the policy of the facility to assess all residents quarterly for elopement risk.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</p> <p>Based on observation, review of facility policy and procedure, review of the Operating Manual for the concentrator, review of the clinical record and staff interview, the facility failed to follow their policy and procedure and physician orders for the use of oxygen for 1(Resident #32) of 1 resident reviewed for oxygen use. The facility failed to have a system in place to ensure the oxygen concentrator filters were in place when the concentrator was in use per the manufacturers recommendations.</p> <p>The findings included:</p> <p>The facility policy Oxygen Equipment Use Policy documented, The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections. Clean oxygen concentrator filters weekly.</p> <p>Review of the Operating Manual for the 5-liter oxygen concentrator specified:</p> <p>Never block air openings of the oxygen concentrator or place it where the air openings may be obstructed. Keep the openings free of lint, hair dust, etc.</p> <p>Warning: Do Not operate the concentrator without the filters installed, or if filters are wet. Permanent damage to the concentrator could occur.</p> <p>Review of the clinical record revealed Resident #32 had an admitted [DATE] with diagnoses including chronic kidney disease stage 5, arteriosclerotic heart disease and anxiety disorder.</p> <p>On 4/22/24 at 10:53 a.m., Resident #32 was observed in her bed with oxygen on via a nasal cannula at 4.5 liters per minute (L/M).</p> <p>Photographic evidence obtained.</p> <p>On 4/23/24 at 10:35 a.m., Resident #32 was observed in her bed using oxygen via a nasal cannula. The oxygen concentrator set on at 4 L/M. The resident said she has panic attacks and the oxygen helps with her breathing and calms her.</p> <p>On 4/23/24 at 10:38 a.m., observation of the oxygen concentrator with Registered Nurse (RN) Staff A, the RN confirmed there was no filter in the concentrator and the oxygen was set at 4 L/M.</p> <p>On 4/23/24 at 1:44 p.m., in an interview the Director of Nursing (DON) said the nurse was responsible to turn the oxygen concentrator on and the resident puts the nasal cannula on when she needs it. The DON said, the resident gets anxious, panics, and then needs her oxygen. We put the oxygen on between 2 and 3 liters. The DON said sometimes it is difficult to adjust the flow dial, so you have to turn it up a little, sometime the dial is not accurate.</p> <p>Review of the Physician order dated 12/4/23 specified oxygen at 2 L/M as needed for increased confusion or shortness of breath.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>30599</p> <p>Based on interview and record review the facility failed to report Payroll Based Journal (PBJ) information on a quarterly basis and ensure staffing information was accurately reported as required by regulation.</p> <p>The findings included:</p> <p>Review of the PBJ report shows the facility had not been reporting quarterly staffing data as required by regulation.</p> <p>On 4/25/24 at 9:39 a.m., the Administrator verified the facility had not reported PBJ data for the last three quarters. There was a change of ownership in March of 2023 and he was not made aware of the company not reporting the PBJ data for two quarters. He said he had attempted to complete the data on the third quarter but was not able to. The Administrator said he now has a software contract that will enable him to report the PBJ data on time.</p>