

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  01/14/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37256</p> <p>Based on observation and interview, the facility failed to ensure medications were secured, locked and inaccessible to unauthorized staff, residents, and visitors, or under direct observation of authorized staff for 1 (Resident #6) of 3 residents interviewed in their room.</p> <p>The findings included:</p> <p>Facility policy titled Medication Administration indicated under Bullet #7: Medications cannot be left at the bedside of residents. Nurses must ensure the residents take medications.</p> <p>On 1/4/24 at 9:31 a.m., during an interview with Resident #6 in her room, a medication cup with a blue pill in it was noted on her dresser. Resident #6 said she didn't know why the medication was there, what the medication was or who had left it there. (photographic evidence obtained)</p> <p>On 1/14/24 at 9:35 a.m., Staff F Registered Nurse (RN) said she hadn't given Resident #6 medications and that it may have been left there by the overnight staff.</p> <p>On 1/14/25 at 9:35 a.m., the Director of Nursing (DON) said it is policy not to leave meds unattended in room and she would begin an investigation and re-education.</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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