

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38570</p> <p>Based on observation, record review, review of facility's policies and procedures, and staff interview the facility failed to implement timely preventive measures and failed to alter the plan of care to include offloading of the area when a pressure ulcer developed for 1 (Resident #6) of 2 residents reviewed who developed a pressure ulcer at the facility. The lack of timely and appropriate interventions resulted in Resident #6 developing a new unstageable pressure ulcer on her right heel as well as a worsening of her previously resolved pressure ulcer on her right heel. Resident #6 now has 2 unstageable facility acquired pressure ulcers.</p> <p>The findings included:</p> <p>On 4/25/24 at 9:50 a.m., during a wound care observation for Resident #6 performed by RN Staff C the resident was observed in bed laying slightly on her right side. Resident was awake and stated that she was ok with the nurse doing her wound care treatment at the time. Resident feet were uncovered and her left foot was observed to be laying on one pillow with her heel just slightly elevated off the bed. There was a small adhesive dressing that was coming off the left heel at the time of the observation. The nurses stated that the heel treatment had changed since the pressure ulcer was resolved for a week or two. A nurse and CNA staff B, who was assisting, lifted the resident heel up further so that it could be assessed. The nurse removed the dressing and started to assess the area. The area was noted to have a large area of redness that encompassed the entire heel. Then in the dorsal area of the heel an area about the size of a quarter was deeper red, boggy and non-blanchable. The nurse stated that she was going to call the wound care doctor and give him a report on the condition of the left heel and ask for a change in dressing. After this she got a new order she cleaned the area with normal saline apply skin prep, covered the area with a betadine-soaked dressing, covered with ABD pad (absorbant dressing) and wrap with Kerlex. After the nurse completed dressing and had it secured she plumped up the pillow under the resident lower leg so the foot would not be pressing on the bed.</p> <p>Next it was observed that the residents right foot was lying flat on the bed with no elevation of the foot. The nurse was asked if the right foot and heal could be looked at. The nurse stated that the heel was ok. Surveyor asked to observed Right heel. When staff CNA and Nurse picked up the lower leg and foot to reveal the right heel it was deep read encompassing the entire heal and the heel had an elongated fluid filled blister towards the right lateral side of the heel, the size of large peanut or 25 % of the heel area.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled, Pressure Ulcer and Skin Breakdown Policy Assessment and Recognition. The nursing staff, Wound Consultant, and practitioner will assess and document an individual's significant risk for developing pressure ulcers (i.e., immobility, recent weight loss, history of pressure ulcers).</p> <p>Current resident will receive weekly skin evaluations.</p> <p>The Wound Consultant, Practitioner, or physician will:</p> <p>*Order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressing and/or topical agents.</p> <p>A review of an Admission Record indicated the Resident #6 was admitted to the facility on [DATE] diagnosis that include: Multiple sclerosis, diabetes, dementia, history of stroke, obesity and muscle weakness.</p> <p>The Significant Change Minimum Data Set (MDS) (tool used to assess and plan care) dated 1/17/24 revealed resident #6 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated the resident had severe cognitive impairment. Resident's functional limitation in range of motion of upper extremities are impaired on one side. Resident is able to sit up in the wheelchair but is non-ambulatory. Resident is dependent for toileting, bathing, dressing and personal hygiene. Resident is maximum assist for transfers and bed mobility and frequently incontinent of bowel and bladder. Resident was noted to have pressure ulcer injury and is at risk for developing pressure ulcer injuries. At the time of the assessment resident had 1 stage 3 (full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss.) Resident also had 1 unstageable & 2 unstageable Deep tissue injury.</p> <p>Skin and Ulcer injury treatments indicated pressure ulcer care.</p> <p>Review of Resident #6 Care Plans initiated on 4/22/24 revealed Resident #6 was at risk for developing pressure ulcers related to a history of pressure ulcers. Interventions include, Apply pillows under left and right heels as tolerated to preventive measures date initiated 2/8/24, Apply treatment to left heel per primary care providers orders initiated 3/25/24. Strive to keep bed linens clean, dry and wrinkle free, strive to keep skin clean and dry, weekly skin assessment per facility protocol, wound care consult if needed.</p> <p>A Review of Resident #6 electronic medical record revealed only one Braden Scale for predicting Pressure Sore Risk dated 2/5/24. No other Braden Scale assessment was found in the record since 2019. The resident scored a 14 which indicated a moderate risk for developing pressure ulcers.</p> <p>A review of Resident last weekly skin/wound observation form dated 4/23/24 indicated that resident still had skin issues of a stage I pressure ulcer on her left heel with the dimensions of 1cm x 1 cm x 0.2. area was intact but had scant serous (thin, watery, clear drainage). Resident also had an area of Moisture Associated skin damage (MASD) on her sacrum. There was no mention of the condition of right heel.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/25/24 at 10:10 a.m., wound care nurse RN staff C she stated after completion of the above wound care treatment on resident left and right heels, that the left heel that had previously been resolved was now unstageable due to the noted closed blister with bogginess and discoloration. She said she would also stage the resident right heel as unstageable with the bogginess and a closed blister formation. The nurse stated that she did call the wound care ARNP and got new treatment orders for both heels. The nurse also said that the pillow use to elevate resident #6 leg were often not effective enough because her legs are heavy and push down the pillows. When asked RN staff C was unaware if the resident had any heel protectors.</p> <p>During an interview on 4/25/24 at 12:07 p.m. Director of Nursing (DON) stated that she was aware of the resident and that she did have a facility acquired pressure ulcer on her left heel that had recently been resolved on 4/18/24. The DON then reviewed the wound care Nurse documentation and acknowledged that the resident now had a worsening or reoccurrence of her left heel pressure ulcer which was now unstageable and a new unstageable area that on her right heel. DON stated that even though the resident was on hospice service she should not be getting new pressure ulcers. After reviewing the resident record the DON acknowledged that the only intervention was to offload the left heel with pillows which was put in in May of 2023. There was no interventions put in place for right heel or any positioning or preventative treatment for bilateral heels.</p> <p>During an interview on 4/25/24 at 12:14 p.m., facility Nurse Practitioner (NP) stated that even though the resident is on hospice care she should still not be getting new pressure ulcers. NP stated that he does not believe that the blister on the resident right heel could have developed in the 2 days since the last nurses weekly skin check.</p> <p>During an interview on 4/25/24 at 12:36 p.m., wound care Advanced Registered Nurse Practitioner (ARNP) via phone he said that he had been seeing the resident for a while treating her left heel house acquired pressure ulcer. He stated that it had recently been resolved. Wound care ARNP stated that he did get a call from the wound care nurse about the worsening of the left heel and the request for new order for the area she described as unstageable blister area and about the new unstageable area on the resident right heel. He stated that the resident will need to have her heels always offloaded and she will need an air mattress on her bed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37256</p> <p>Based on observation, interview, and record review, the facility failed to ensure the ice machine was kept clean and sanitary and maintained in safe operating order to prevent contamination of the ice for 1 of 1 ice machine in the facility. The facility also failed to ensure food items in 1 of 2 nourishment refrigerators on the units were dated and labeled so as to prevent the potential for foodborne illness.</p> <p>The findings included:</p> <p>On 04/22/24 at 11:27 a.m., during a tour of the kitchen, the white plastic flap inside the ice machine was noted to be dirty with condensation dripping down through the dirty areas onto the ice. When wiped with a cloth this substance revealed a milky, tan colored, slimy substance. The rear of the ice machine had black spots and when wiped with a cloth revealed a dry, black substance. The filter on the ice machine had spaces to write when it was installed and when to replace but both spaces were blank. The filter label said recommended filter replacement every 12 months. The inspection sticker was dated 9/20/21. *</p> <p>On 4/22/24 at 11:30 a.m., the Food Service Director (FSD) said the ice machine was cleaned every 2 weeks by the staff. He said it wasn't due to be cleaned for 2 more days. He said it was an old machine and he thought the filter had been changed within the last 6 months but would have to look for the paperwork documenting this. He said this was the only ice machine for the whole facility. FSD provided a cleaning schedule checklist. This checklist indicated the ice machine can be completed once a month. Instructions were to initial block under the date completed. 2 columns for month were both filled in with April 24. The only dates initialed for Ice machine were April 29 and April 26, both dates which had not yet occurred. The FSD also provided a Monday through Sunday Dietary Cleaning Schedule. The ice machine was not listed for any day.</p> <p>On 4/23/24 at 11:30 a.m., the Food Service director said the facility had changed hands multiple times and he did not have any paperwork documenting the last time the filter had been changed or when the ice machine had been serviced last. The FSD said this should be done yearly and he had taken the unit out of service for the time being.</p> <p>On 4/25/24 at 9:30 a.m., the FSD said each column of the cleaning schedule checklist should indicate a different month. He said it had been filled out wrong. He agreed at this time there was no way to discern the last time the ice machine was cleaned.</p> <p>Facility policy titled Food Brought by Others with approval date 3/1/23 indicated:</p> <p>4. Items stored for later consumption are labeled and dated before placing in the pantry located on the unit.</p> <p>A. Label includes resident name and room number.</p> <p>B. Label includes content of food/beverage if not a prepackaged item.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>C. Label includes date stored.</p> <p>5. Potentially hazardous food items that remain in the pantry will be discarded after 3 days.</p> <p>On 4/22/24 at 12:00 p.m., the second-floor pantry refrigerator was noted to have a bright orange posting on the front indicating everything must be labeled with name, room number and date. Open food must be discarded after 3 days. On the side of same refrigerator, the facility policy was posted. Upon opening the refrigerator, a grocery bag containing sandwich bags with various food in them was found. The outside of the grocery bag had been marked with initials and a three-digit number. Nothing further was written on the bag or the bags inside. A second grocery bag contained a Styrofoam container with food inside the container. Nothing was written on the outside of the bag or the container. A fast-food chain bag was also in the refrigerator containing food. A residents name was written on the bag but nothing else. The receipt stapled to this bag was dated 4/10/24. *</p> <p>On 4/22/24 at 12:12 p.m., the Administrator said the pantry refrigerators are for residents only for left-over food. He said they should be labeled, dated and kept for 3 days. He said this should be checked daily by dietary. The Administrator observed the 3 bags in the second floor pantry refrigerator and threw the bags away. He said the policy was posted right on refrigerator and staff should be following the policy.</p> <p>* photographic evidence obtained</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>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41155</p> <p>Based on observation and staff interview the facility failed to ensure the safety of residents, staff and guests by failing to ensure propane emergency shut off valve for the laundry room dryers was accessible in the event of an emergency.</p> <p>The findings included:</p> <p>On 4/23/24 at 8:23 a.m., during an initial tour of the laundry room the propane emergency shut off valve for the dryers was blocked by carts, cleaning carts and bins of clothing, making it unreachable in an emergency situation. *</p> <p>On 4/23/24 at 8:43 a.m., in an interview the Maintenance Director said he said he only handles the maintenance concerns and had nothing to do with the blocked access to the propane emergency shut off valve. The Maintenance Director said, The end dryer does not work so it does not matter if there is stuff blocking it, the dryer is broke. This writer asked if the other 2 working dryers run on propane and he said yes. He was asked how anyone would get to the propane shut off valve in case of an emergency and he replied, I see what you mean, I will get the Housekeeping Supervisor.</p> <p>On 4/23/24 at 8:55 a.m., during an interview the Housekeeping Supervisor said she was unaware that the propane shut off valve could not be blocked.</p> <p>* Photographic evidence obtained</p>