

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL HEALTH AND REHAB CENTER, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>48 HIGH POINT ROAD TAVERNIER, FL 33070</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An unannounced control focused survey was conducted on _____ at Crystal Health and Rehab Center LLC, a skilled nursing facility in Tavernier, Florida.  Crystal Health and Rehab Center LLC is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities.  The following is a description of the noncompliance.	F 000		
F 835 SS=F	Administration CFR(s): 483.70  §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to report suspected Corona 2019 (COVID-19) case to the Department of Health as directed. Administration is responsible for the overall conduct of the facility.  The findings included:  A review of the Governor of the State of Florida executive order, dated _____, directed the Florida Department of Health (DOH) to coordinate the State's response to the COVID-19 pandemic.  A review of the facility admission/discharge log	F 835	This Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.  1. No residents were affected by this deficient practice	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2020

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.

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F 835	Continued From page 1 revealed 13 deaths in the facility since ..... Seven of the deaths were suspicious for COVID-19 .....	F 835	2. The DOH (Department of Health) will be notified of all deaths in the facility within 12 hours of the expiration 3. Nursing staff will be re-educated by the Director of Nursing that all deaths that occur in the facility must be reported to the DOH and the administrator and documented in the medical record 4. Discharges including deaths will be audited by Administrator and reported at monthly QAPI until substantial compliance is achieved	
F 880 SS=F	In an interview on ..... at 1:10 p.m., the Monroe County DOH Nurse said they have no facility-based reports of resident deaths since ..... The nurse said the facility was advised as early as ..... to report deaths as there was a outbreak at the facility during that time.  In an interview on ..... at 1:12 p.m., the Monroe County DOH Preparedness Planner said he has told the facility to report deaths. He said he had learned of 4 of the deaths through other channels.  In an interview on ..... at 1:30 p.m., the facility Medical Director said there were 7 deaths that had COVID-19 testing ordered.  In an interview on ..... at 1:32 p.m., the facility Administrator confirmed she had not reported the deaths.  Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 ..... Control The facility must establish and maintain an ..... prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable ..... and .....	F 880		
	§483.80(a) ..... prevention and control program. The facility must establish an ..... prevention			

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F 880	Continued From page 2 and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling _____ and communicable _____ for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable _____ or _____ before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable _____ or _____ should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of _____ ; ( ) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the _____ agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable _____ or _____ skin _____ from direct contact with residents or their food, if direct contact will transmit the _____ ; and (vi) The _____ hygiene procedures to be followed	F 880			

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F 880	<p>Continued From page 3 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to enact appropriate Corona ..... 2019 (COVID-19) precautions for 19 ( ..... 106, 107, 108, 110, 111, 113, 115, 117, 122, 123, 124, 125, 127, 128, 129, and 130) of 31 resident rooms on the first floor. The facility failed to observe proper social distancing for 7 (Resident #37, #38, #39, #39, #40, #41, #42, and #43) of 78 residents in the facility. Failure to follow CDC Recommendations places all residents in the facility at risk.</p> <p>The findings included:</p> <p>On ..... The Centers for ..... Control (CDC) released "Interim ..... Prevention and Control Recommendations for Patients with Suspected or Confirmed Corona ..... 2019 (COVID-19) in Healthcare Settings". Section 3 "Patient Placement" indicates, "If admitted, place a patient with known or suspected COVID-19 in a single-person .....</p>	F 880	<p>Residents #37, #38, #39, #40, # #42, #43 were identified not practicing social distancing in the upstairs restorative dining room without wearing ..... masks. Other residents were identified outside of the restorative dining room not wearing ..... masks or keeping social distance. Residents have the potential to be affected by this deficient practice. Resident # ..... # ..... #106, #107, #108, #110, #111, # 111, #113, #115, #117, #122, #123, #124, #125, #127, #128, #129, #130 doors were open to the common hallway: Residents in those rooms were PUI for COVID-19 and this practice had the potential to increase the spread of possible</p> <p>2. The upstairs restorative dining room is now locked, and residents are now having meals and watching television in their rooms. Residents on the first floor were in serviced on the importance of</p>	

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F 880	<p>Continued From page 4 with the door closed.*</p> <p>In an interview on ..... at 11:45 a.m. the Administrator said the entire first floor is considered a COVID-19 unit for residents with confirmed or suspected COVID-19</p> <p>Observation on ..... at 12:00 p.m., 7 residents (#37, #38, #39, #40, #41, #42, and #43) were in the second floor restorative dining watching a movie. The room contained 5 tables and proper social distancing was not in use. Observation on ..... at 12:02 p.m., 2 residents (#44 and #45) were moving about the second floor corridor without wearing facemasks.</p> <p>In an interview on ..... at 12:00 p.m., Registered Nurse Staff A confirmed there were too many residents in the room and proper social distancing was not used. She said residents in the hall should wear facemasks.</p> <p>Observation on ..... at 12:05 p.m. doors were open for ..... Residents were present in the rooms and were persons under investigation (PUI) for COVID-19</p> <p>Observation on ..... at 3:10 p.m., on the first floor, ..... 106, 107, 108, 110, 111, 113, 115, 117, 123, 124, 125, 127, 128, and 129 had doors open to the common hallway. The residents in the rooms were PUI for COVID-19</p> <p>Observation on ..... at 3:15 p.m., 10 residents were sitting outside the entrance to the restorative dining room. None of the 10 residents were wearing facemasks or keeping social distance. No facemasks were observed in the</p>	F 880	<p>social distancing and wearing ..... masks to minimize the risk of spreading and specifically COVID-19</p> <p>3. Staff was in serviced by the Director of Nursing to ensure that residents on the second floor are supervised to maintain social distancing, and staff on the first floor was in serviced and reminded to encourage the first floor residents to keep their doors closed and wear ..... masks. Residents on the first floor were in serviced on the rationale for staying in their rooms with doors closed to minimize the risk of ..... exposure and the spread of other .....</p> <p>4. Daily rounds on both floors will be conducted by the DON/Designee to ensure compliance by both staff and residents X1 month, then 3X weekly and reported to monthly QAPI until substantial compliance is achieved</p>	

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F 880	Continued From page 5 vicinity of the residents or evidence of their being provided.  In an interview on _____ at 3:25 p.m., the Administrator acknowledged the doors to rooms with PUI for COVID-19 should be closed.	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>114403A</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2020</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced control focused survey was conducted on ..... at Crystal Health and Rehab Center LLC, a licensed nursing home in Tavernier, Florida.</p> <p>The following deficiencies were found at the time of the visit.</p>	N 000		
N 201 SS=F	<p>400.022(1)(I), FS Right to Adequate and Appropriate Health Care</p> <p>The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to enact appropriate Corona 2019 (COVID-19) precautions for 19 (....., 106, 107, 108, 110, 111, 113, 115, 117, 122, 123, 124, 125, 127, 128, 129, and 130) of 31 resident rooms on the first floor. The facility failed to observe proper social distancing for 7 (Resident #37, #38, #39, #39, #40, #41, #42, and #43) of 78 residents in the facility. Failure to follow CDC Recommendations places all residents in the facility at risk.</p> <p>The findings included:</p> <p>On ..... The Centers for ..... Control (CDC) released "Interim Prevention and</p>	N 201	<p>1. Residents #37, #38, #39, #40, # #42, #43 were identified not practicing social distancing in the upstairs restorative dining room without wearing ... masks. Other residents were identified outside of the restorative dining room not wearing masks or keeping social distance. Residents have the potential to be affected by this deficient practice. Resident ... # , # , # , #106, #107, #108, #110, #111, # 111, #113, #115, #117, #122, #123, #124, #125, #127, #128, #129, #130 doors were open to the common hallway: Residents in those rooms were PUI for COVID-19 ..... and this practice had the potential to increase the spread of</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE
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N 201

Continued From page 1

Control Recommendations for Patients with Suspected or Confirmed Corona 2019 (COVID-19) in Healthcare Settings". Section 3 "Patient Placement" indicates, "If admitted, place a patient with known or suspected COVID-19 in a single-person room with the door closed."

In an interview on ..... at 11:45 a.m. the Administrator said the entire first floor is considered a COVID-19 unit for residents with confirmed or suspected COVID-19

Observation on ..... at 12:00 p.m., 7 residents (#37, #38, #39, #39, #40, #41, #42, and #43) were in the second floor restorative dining watching a movie. The room contained 5 tables and proper social distancing was not in use. Observation on ..... at 12:02 p.m., 2 residents (#44 and #45) were moving about the second floor corridor without wearing facemasks.

In an interview on ..... at 12:00 p.m., Registered Nurse Staff A confirmed there were too many residents in the room and proper social distancing was not used. She said residents in the hall should wear facemasks.

Observation on ..... at 12:05 p.m. doors were open for ..... Residents were present in the rooms and were persons under investigation (PUI) for COVID-19

Observation on ..... at 3:10 p.m., on the first floor, ..... 106, 107, 108, 110, 111, 113, 115, 117, 123, 124, 125, 127, 128, and 129 had doors open to the common hallway. The residents in the rooms were PUI for COVID-19

N 201

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3. Staff was in serviced by the Director of Nursing to ensure that residents on the second floor are supervised to maintain social distancing, and staff on the first floor was in serviced and reminded to encourage the first floor residents to keep their doors closed and wear masks. Residents on the first floor were in serviced on the rationale for staying in their rooms with doors closed to minimize the risk of exposure and the spread of other .....

4. Daily rounds on both floors will be conducted by the DON/Designee to ensure compliance by both staff and residents X1 month, then 3X weekly and reported to monthly QAPI until substantial compliance is achieved



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N 201	<p>Continued From page 2</p> <p>Observation on ..... at 3:15 p.m., 10 residents were sitting outside the entrance to the restorative dining room. None of the 10 residents were wearing facemasks or keeping social distance. No facemasks were observed in the vicinity of the residents or evidence of their being provided.</p> <p>In an interview on ..... at 3:25 p.m., the Administrator acknowledged the doors to rooms with PUI for COVID-19 should be closed.</p> <p>Class III</p>	N 201		