

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 05/02/2020
NAME OF PROVIDER OF SUPPLIER CRYSTAL HEALTH AND REHAB CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0835 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to report suspected [MEDICAL CONDITION] Disease 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 3/1/20, 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 revealed 13 deaths in the facility since 3/1/20. Seven of the deaths were suspicious for COVID-19 infection. In an interview on 5/2/20 at 1:10 p.m., the (NAME) County DOH Epidemiology Nurse said they have no facility-based reports of resident deaths since 3/1/20. The nurse said the facility was advised as early as February to report deaths as there was a flu outbreak at the facility during that time. In an interview on 5/2/20 at 1:12 p.m., the (NAME) 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 5/2/20 at 1:30 p.m., the facility Medical Director said there were 7 deaths that had COVID-19 testing ordered. In an interview on 5/2/20 at 1:32 p.m., the facility Administrator confirmed she had not reported the deaths.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to enact appropriate [MEDICAL CONDITION] Disease 2019 (COVID-19) precautions for 19 (room [ROOM NUMBER], 104, 105, 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. The findings included: On 4/13/20 The Centers for Disease Control (CDC) released Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed [MEDICAL CONDITION] Disease 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 5/2/20 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 infections. Observation on 5/2/20 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 5/2/20 at 12:02 p.m., 2 residents (#44 and #45) were moving about the second floor corridor without wearing facemasks. In an interview on 5/2/20 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 5/2/20 at 12:05 p.m. doors were open for rooms [ROOM NUMBER]. Residents were present in the rooms and were persons under investigation (PUI) for COVID-19 infection. Observation on 5/2/20 at 3:10 p.m., on the first floor, rooms 101, 104, 105, 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 infection. Observation on 5/2/20 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. In an interview on 5/2/20 at 3:25 p.m., the Administrator acknowledged the doors to rooms with PUI for COVID-19 should be closed.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.