Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968751	A. BUILDING: _____ B. WING _____	R-C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT RIVERVIEW (THE)	8451 US HIGHWAY 301 SOUTH RIVERVIEW, FL 33578

(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) COMPLETE DATE
{A 000}	Initial Comments A revisit to complaint investigation (complaint number: 2023007989) and a complaint investigation (complaint number: 2023009969 and 2023010374) were conducted at The Crossings at Riverview on . Deficiencies were identified at the time of survey.	{A 000}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	{A 152}		

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{A 152}	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain the air conditioning (AC) mechanical systems in good working order. Findings Included: During observations, conducted on at 12:00pm, the employee breakroom on the second floor had a window AC chiller unit. There was no air blowing from the central AC vent. The memory care unit was observed from 01:10pm through 02:00pm. There was a window AC chiller unit in dining and in Residents #1, #18, #19, #20, and #21 rooms. There was no air blowing from the central AC vent in these areas. A review of work orders, conducted on , revealed that Residents #1, #18, #19, #22, and #23 had placed work orders since because the AC units were blowing hot air and not functioning properly. During an interview with the Maintenance Director, conducted on , the Maintenance Director stated that all seven of the facility's window AC chiller units were in use. The Maintenance Director stated that he needed purchase more of the window AC chiller units if	{A 152}		

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{A 152}	Continued From page 2 other resident rooms or common areas have issues with the AC central unit system. During an interview with the Administrator, conducted on at 12:19pm, the Administrator agreed that the memory care unit and employee breakroom continued to have issues with the central AC system. The Administrator stated that there were two roof top commercial AC units #1 and #2. The Administrator stated that AC unit #1 was 100% repaired but #2 was awaiting additional parts. The Administrator stated that the AC unit #2 cooled the employee breakroom and the memory care unit. The Administrator was unable to provide a timeline for the completion of the additional repairs needed. Photo Evidence Obtained. Class III	{A 152}		