

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER CROSSROADS CARING HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2563 RIVER RD CARYVILLE, FL 32427	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A complaint investigation (CRR#2015004931) was conducted at Crossroad Caring Assisted Living Facility from [redacted] to [redacted]. Deficiencies were found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that 3 out of 3 staff members (Staff A, B, C) provided a statement from a health care provider within 30 days of employment showing that they were free from communicable [redacted]. In addition, the facility failed to ensure that Staff A when providing transportation for the resident had a valid Driver's License.

Findings Include:

On [redacted] record review revealed that 3 out of 3 staff members (Staff A, B and C) failed to submit within 30 days of employment a statement from their health care provider documenting that they were free from communicable [redacted].

On [redacted] a review of the employee file for Staff A revealed no statement indicating the employee was free from communicable [redacted].

On [redacted] a review of the employee file for Staff B revealed no statement indicating the employee was free from communicable [redacted].

On [redacted] a review of the employee file for Staff C revealed no statement indicating the employee was free from communicable [redacted].

On [redacted] an interview was conducted with the office manager who stated that she thought that the [redacted] assessment was the same as the freedom from communicable [redacted] statement.

On [redacted] during an interview with Staff A she stated she had a valid driver's license and attempted to assist with providing the documentation. On [redacted] an interview was conducted with the Duval County State Attorney's investigator. He stated that Staff A failed to maintain a valid driver's license as it was suspended. Documentation received from the State Attorney's office revealed that Staff A driver's license was not suspended but actually expired on [redacted]. (See photographic evidence)

[redacted] at 10:08 am, an interview was conducted with the administrator. He stated that he and Staff A are the primary drivers for the facility. He stated that he was not aware that Staff A driver's license was suspended and would make sure she corrects the problem. He stated that she must not be aware that her license had expired and will not be allowed to drive the residents until she has valid license.

[redacted] at 10:15 am, an interview was conducted with Staff A. Staff A stated that she was not aware that her license was suspended. She stated that she intends to correct this matter as soon as possible. Additionally, Staff A reported that she contacted the Florida Department of Motor Vehicle and that her license was not suspended but was expired. Although, Staff A stated that she would provide documentation showing that her license was only expired and not suspended this information was never received from her.

class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Crossroads Caring Home
2563 River Rd
Caryville, FL 32427

RE: CCR #2015004931

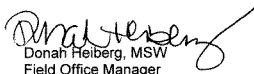
Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

Enclosure

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