

10/5/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968782	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/5/2015
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Name of Facility

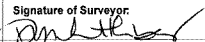
CROSSROADS CARING HOME LLC

Street Address, City, State, Zip Code

2563 RIVER RD
CARYVILLE, FL 32427

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 10/05/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____ CMS RO	Date: _____	Signature of Surveyor: 	Date: 10/5/15
Followup to Survey Completed on: 8/25/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/05/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED R 10/05/2015
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 desk review (revisit) was completed. The previously identified citation was found corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 5, 2015

Administrator
Crossroads Caring Home
2563 River Rd
Caryville, FL 32427

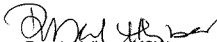
Dear Administrator:

This letter reports the findings of a state licensure survey revisit (desk review) conducted on October 5, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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.

Should you have any questions please call me at 850-412-4540. Thank you.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

