

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/14/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED 06/07/2016
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 for allegations contained within CCR 2016005391 was conducted at Crossroads Caring Home Assisted Living Facility (License#12630) on , 2016. Deficient practice was identified at the time of the survey.

0080 Trainina - Core & Competency Test

Based on interview and record review, the assisted living facility failed to ensure that 1 (facility manager) of 2 staff members successfully completed the assisted living facility core training requirements, including completing and passing the core training competency test within 3 months from the date of becoming the manager.

Findings include:

- 1) A review of the facility manager's personnel file revealed a date of hire of . A certificate of completion indicated 26 hours of core training was obtained on . There was no evidence indicating the manager completed and passed the core competency exam
- 2) During an interview on at 11:20 AM, the facility manager reported that the administrator was out of town for a couple of days. She reported her duties were administration tasks and the day to day facility operations. She confirmed that she had only completed 26 hours of core training and had not scheduled to take the core competency test.
- 3) A review of the Letter of Confirmation dated was signed by the administrator. The letter indicated that the facility manger was designated in the absence of the administrator and in charge of the facility operations.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview, observation and record review, the assisted living facility failed to ensure 1 of 4 staff members (facility manager) received the annual 2 hours of continued education training for assistance with self-administration of medications.

Findings includes:

- 1) A review of the facility manager's personnel file revealed, a date of hire of . The initial 4 hours assistance with self-administration of medication certificate indicated the training was obtained on 19-20, 2015. The personnel file lacked documentation of the 2 hours of continued education training for assistance with self-administration of medications.

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- 2) During an interview on at 11:20 AM, the facility manager confirmed that the 2 hours assistance with self- administration of medications continued education training was was past due. She reported that she did not know she needed the updated training.
- 3) During an observation on at 11:55 am to 12:40 PM, the facility manager was observed in the dining assistance with self- administration of medications to residents.
- Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Crossroads Caring Home Llc
2563 River Rd
Caryville, FL 32427

RE: CCR #2016005391

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2016 by a representative 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

Sincerely,

Kristi Combs RSC
For Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

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