

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED 08/23/2016
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

An unannounced Biennial Licensure survey to include Limited Mental Health Services was conducted at Crossroads Caring Home Assisted Living Facility (license # 12630) located in Caryville, FL from 08/23/2016 to 08/25/2016. A complaint survey and revisit survey were conducted in conjunction. Deficient practice was identified at the time of the survey.

0081 Training - Staff In-Service

Based on record review and staff interviews the facility failed to ensure and document direct care staff have 1 hour of in-service training for reporting major incidents, reporting adverse incidents, facility emergency preparedness and evacuation and 3 hours of in-service training for resident behavior and needs and assistance with activities of daily living within 30 days of employment for 3 of 4 sampled direct care staff. (employee B, C and D)

The findings include:

Review of employee B's record revealed a hire date of 08/23/2016. The record revealed no training regarding resident's rights, reporting major incidents, reporting adverse incidents, emergency preparedness and evacuation, resident behavior and needs, and assistance with activities of daily living. Review of employee C's record revealed a hire date of 08/23/2016. Employee C's record revealed no training regarding resident's rights, reporting major incidents, reporting adverse incidents, emergency preparedness and evacuation, resident behavior and needs, and assistance with activities of daily living. Review of employee D's record revealed a hire date of 08/23/2016. Employee D's record revealed no training regarding emergency preparedness and evacuation, resident behavior and needs, and assistance with activities of daily living.

An interview was conducted with employee D on 08/23/2016 at approximately 10:25 AM. She stated if any items were missing from the employee files she does not have it complete. An interview was conducted with the Administrator on 08/23/2016 at approximately 11:09 AM. The Administrator stated if the documents were not in the employee record he was not going to search for them, the facility would just fix it within 30 days.

Class III

0161 Records - Staff

Based on record review and staff interviews the facility failed to ensure personnel records for each staff

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member include a copy of the employment application with references for 1 of 4 sampled staff. (employee A)

The findings include:

Review of employee A's record revealed a hire date of . The record did not contain a copy of employee A's employment application with references.

An interview was conducted with employee D on at approximately 10:25 AM. She stated if any items were missing from the employee files she does not have it complete. An interview was conducted with the Administrator on at approximately 11:09 AM. The Administrator stated if the documents were not in the employee record he was not going to search for them, the facility would just fix it within 30 days.

Class III

0162 Records - Resident

Based on record review and staff interview the facility failed to ensure resident records contain a complete resident health assessment form (AHCA form 1823) for 1 of 2 sampled residents. (#1)

The findings include:

Review of resident #1's record revealed a health assessment form dated . Page 2 section C-5 was left blank and failed to indicate if the resident required 24 hour or nursing care.

An interview was conducted with employee D on at approximately 1:14 PM. She stated the physician would be coming to the facility tomorrow and could complete the missing information then.

Class III

Z814 Background Screenina Clearinahouse

Based on record review the facility failed to update the employee roster in the Background Screening Clearinghouse within 10 business days for 1 of 3 sampled employees. (employee A)

The findings include:

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Review of employee A's record was conducted on . The record revealed employee A was hired on and had a level 2 clearing house background screen on . As of the facility had not created an employee roster in the Background Screening Clearinghouse.

Z815 Background Screenina: Prohibited Offenses

Based on record review and staff interview the facility failed to ensure all direct care staff have a level 2 background screen or an exemption from background screening from the agency on file for 1 of 4 sampled employees. (employee B)

The findings include:

Review of employee B's record revealed a hire date of . The record contained a background screening application for exemption dated . There was no granted exemption or level 2 background screen on file.

An interview was conducted with the Administrator on at approximately 11 AM. The Administrator confirmed employee B had been working at the facility and he did not have an exemption on file for employee B.

Z816 Backaround Screenina-Compliance Attestation

Based on record review and staff interview the facility failed to ensure employee files contain a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, F.S. for 4 of 4 sampled employees. (employees A, B, C and D)

The findings include:

Review of employee A's file revealed a hire date of . Review of employee B's file revealed a hire date of . Review of employee C's file revealed a hire date of . Review of employee D's file revealed a hire date of . None of the employee's files contained a signed affidavit of compliance with background screening requirements.

An interview was conducted with employee D on at approximately 10:25 AM. She stated if any items were missing from the employee files she does not have it complete. An interview was conducted with the Administrator on at approximately 11:09 AM. The Administrator stated if the documents were not in the employee record he was not going to search for them, the facility would just fix it within 30 days.

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Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016008429

Dear Administrator:

This letter reports the findings of a state licensure biennial survey with limited mental health services that was conducted on , 2016 by representatives of this office in conjunction with a complaint survey and a survey revisit for a complaint survey originally conducted on 7, 2016.

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 as well as uncorrected deficiencies and/or new deficiencies identified during the revisit. 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 surveyors. Should you have any questions please call me at 850-412-4540.

Tallahassee Field Office
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Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



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SlideShare.net/AHCAFlorida

Sincerely,

Kristi Candace

For

Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90