

**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 complaint survey was conducted at Crossroads Caring Home Assisted Living Facility (license # 12630) located in Caryville, FL from - to review allegations contained within CCR 2016008429. A biennial survey and a survey revisit were conducted in conjunction. Deficient practice was identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and staff interview the facility failed to ensure staff submit a written statement from a health care provider documenting freedom from communicable within 30 days of employment for 3 of 4 sampled staff. (Staff A, B and C)

The findings include:

Review of staff A's record revealed a hire date of . The record revealed no documentation of freedom from communicable . Review of staff B's record revealed a hire date of . The record revealed no documentation of freedom from communicable . Review of staff C's record revealed a hire date of . The record revealed no documentation of freedom from communicable .

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

0092 Food Service - General Responsibilities

Based on observation and interview, the facility failed to ensure that the administrator was responsible for total food services, specifically that the food items in the pantry and kitchen were appropriate for resident use and not past their use by date.

Findings include:

A tour of the kitchen was conducted on at 11:45 AM. A cardboard box was located under the microwave that contained two jars of peanut butter with a use by date of . A tour of the freezer

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was conducted on _____ at 12:45 PM. In the freezer was a five pound bag of alfredo sauce with a use by date of _____ otographic evidence obtained)

An interview was conducted with Staff C on _____ at 11:50 AM. She stated the items were expired so she placed them in the box. Staff D was interviewed as the ServSafe designee for the facility. An interview was conducted with Staff D on _____ at 12:36 PM. She stated, "Several items I bought were expired when I got them and I didn't realize it." She further stated that she was the person responsible for ensuring that no expired items were at the facility. "I check for them every two weeks."

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to ensure that the menus were reviewed annually by a dietitian as well as failed to substitute menu items with items of comparable nutritional value.

Findings include:

The menus for the facility were reviewed. The menu was signed on _____ by the registered dietitian. There was no documentation that the menus had been reviewed since that time. An interview was conducted with the staff D on _____ at 12:36 PM who confirmed that the menus had not been reviewed by a dietitian since 2014. _____, "I didn't know I was supposed to do that."

The posted menu for _____ stated the lunch meal should consist of lima beans, white rice, candied yams, okra, cornbread, _____ chocolate cake. During observation of the lunch service on _____ at 12:15 PM, butter beans, rice, corn nuggets, biscuit, and a piece of yellow cake was served. An interview was conducted with staff C on _____ at 12:00 AM who stated, "We didn't have enough okra so we substituted the corn nuggets for that." No substitution was provided for the candied yams. Staff C confirmed that the menu day was Weekly Menu #3 for Monday's lunch.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, resident interviews and staff interviews the facility failed to maintain a safe living environment, provide a clean, comfortable bed and maintain all existing architectural and structural systems in good working order in 4 of 4 resident buildings and the office building.

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The findings include:

Observation of resident #11's bed was conducted on building 1. The bed was observed to be caved in approximately 3 inches or more in the center and stained. There were blankets tucked underneath the bed in between the mattress and the box spring. An interview was conducted with resident #11 at this time. He stated the bed was not comfortable and hurt his back, he stated he had placed the blankets between the mattress and box spring. Observation of resident #10's mattress was conducted on 8/22/2016 at approximately 10:05 AM. The mattress was thin, stained and caved in. A dresser in male building 1 was observed to be soiled with debris on top and down the front of the dresser on 8/22/2016. A female building 1 was observed to have peeling paneling. Observation of female building 1 was conducted on 8/22/2016 at approximately 10:30 AM. There was an area approximately 12 inches long on the ceiling near the trailer seam by the front door stained with a dark substance. Holes in wall were also observed around the thermostat in female building 1. An interview was conducted with resident #12 on 8/22/2016 at approximately 10:42 AM. Resident #12 stated his bed was hard as a rock and not comfortable. Resident #12 was located in male building 2. An observation of male building 2 in resident #9's room was conducted on 8/22/2016 at approximately 10:46 AM. An area of exposed wiring was observed on the wall in resident #9's room. Resident #9 stated a former resident had banged the fire alarm off the ceiling for a couple of days. Observation of female building 2 was conducted on 8/22/2016 at approximately 11:10 AM. On the porch of female building 2 there were 2 rusted cans with trash observed in them. Resident #1 residing in female building 2 stated he did not like the office floor was observed to be stained and uncomfortable. Several residents were observed to come in the office on 8/22/2016. (Photographic evidence was obtained.)

On 8/22/2016 at approximately 11:10 AM, observation of female building 2 was conducted. On the porch of female building 2 there were 2 rusted cans with trash observed in them. Resident #1 residing in female building 2 stated he did not like the office floor was observed to be stained and uncomfortable. Several residents were observed to come in the office on 8/22/2016. (Photographic evidence was obtained.)

On [redacted] at approximately 10:00 AM the Administrator measured the width of the cigarette butt cans and he does not know what else to use. The Administrator stated it was less than 5 inches. He also stated they ask the residents if they have any other things that they can use to make the building be unlevel and stated he planned to get rid of the building.

Four of Female Building 2 was conducted on 8/22/16 at 11:10 AM. The door had a section of missing wall with exposed board. The edges to the floor. There was an attic access and several tiles that had been missing and was hanging off the ceiling.

of resident #1's mattress
throw trash in the
nfirmated the office floor

the right of the
were sharp and
of the wall and onto
1. The vent fan above

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the was missing the cover. The blades to the fan were covered in dust and dirt. The blade was rusty. Any of the hazards had the potential to cause injury to the residents of the unit. (photographic evidence obtained) An interview was conducted with the Administrator on 8/23/2016 at 11:45 AM. He stated, "I'm in charge of the maintenance. Each of the buildings are cleaned daily and if there is a problem the staff notify us verbally." The Administrator confirmed that 8 residents live in the Female Building 2.

tour of the Male Building 2 was conducted on 8/22/2016 at 10:45 AM. The front door was in poor repair. The door was split. The door showed areas of previous repair, including a wood patch around the area of the doorknob. The door was not attached securely. The door did not shut and latch when pulled closed. (photographic evidence obtained) An interview with the Administrator was conducted on 8/23/2016 at 11:45 AM. He stated, "They like slamming that door when they get angry. It's patched and repaired three times. I've known about it for three months." The Administrator stated he knew the door needed to be replaced. The Administrator confirmed that 7 residents live in the Building 2.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

Administrator
Crossroads Living Home Llc
2563 River
Caryville, FL 32427

, 2016

RE: CCR #2016008429

Dear Administrator:

This letter reports the findings of a state assurance biennial survey with limited mental health services that was conducted on 23, 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 23, 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.

allahassee Field Office
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allahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
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SlideShare.net/AHCAFindings

Sincerely,

Kristi Condon

For

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

DH/kc
Enclosure

XG90