

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED 09/28/2016
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 investigated into allegations (CCR#2016010615, CCR#2016010195 and CCR#2016011154) in conjunction with revisits at Crossroads Caring Home Assisted Living, license number 12630 on . At the time of survey deficient practice was identified.

0079 Staffing Standards - Levels

Based on observation, interviews and record review the facility failed to provide adequate supervision and maintain the minimum staff hours per week, including awake staff at night.

Findings include:

On at approximately 05:15 AM, two residents (resident #2 and male resident, name unknown) was observed sitting outside kitchen area waiting for "coffee". There was no staff members observed supervising the residents. Resident #2 used her personal cell to send the staff a text to request her to greet state surveyors. State Surveyors knocked on the door of the house the resident informed us that the staff was sleeping in. When attempts were made to enter the areas the resident told us the correct door to knock on was behind fencing that was locked from the inside, resident then instructed surveyors to "knock on the window".

A record review was conducted of the facility' Employee schedule for 2016. The employee total hours for 32 residents totaled 218 weekly instead per regulation 26-35 residents 294 weekly.

On at approximately 12:00 PM, Employee B, Care giver reported that she works the night shift by herself since she has no other staff member to work the shift. Employee B stated the staff member who was working the night shift was terminated. The Care giver reported that she conducts hourly rounds at night however it is really not documented anywhere. She stated, "We have a hard time filling the night position."



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

1, 2016

Administrator
Crossroads Caring Home
2563 River Rd
Caryville, FL 32427

RE: CCR #2016011154, 2016010615, 2016010195

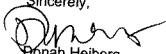
Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representatives 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 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.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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