STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968751	**03/01/2017**
NAME OF PROVIDER OR SUPPLIER **CROSSINGS AT RIVERVIEW (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8451 US HIGHWAY 301 SOUTH** **RIVERVIEW, FL 33578**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial re-licensure survey in conjunction with complaint surveys, (CCR# 2016014765 and CCR# 2017000082) was conducted at Crossings at Riverview, LLC. Deficient practice was identified related to the biennial re-licensure survey.

(License # 12642)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, interview and record review, the facility failed to provide proof of in-service training, within 30 days of employment, for one (Staff A) of four employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff A was hired on . The review of Staff A's record revealed that training certificates in the subjects of facility emergency procedures, reporting major and adverse incidents, and resident rights in an assisted living facility did not contain any dates of training.

A review of the facility's staffing schedule showed that Staff A provided direct care to the residents. Staff A was observed providing assistance with self-administration of medications at 1:07 PM on .

An interview was conducted with the administrator at 3:14 PM on concerning the lack of proof of in-service training within 30 days of employment for Staff A. The administrator reviewed Staff A's record and acknowledged that there were undated training certificates in the subjects of facility emergency procedures, reporting major and adverse incidents, and resident rights in an assisted living facility on file.

Class III