

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/22/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966826	(X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER Heritage Crossings	STREET ADDRESS, CITY, STATE, ZIP CODE 2689 Art Museum Dr Jacksonville, FL 32207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0000 - - Initial Comments

St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR#2013010249, along with an Extended Congregate Care (ECC) monitoring survey was conducted at Heritage Crossings in Jacksonville, Florida on , 2013. No licensure deficiencies were identified related to the complaint, however, licensure deficiencies were identified related to the ECC survey.

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and staff interview, the facility failed to ensure that direct-care staff providing care to residents in an Extended Congregate Care (ECC) program completed at least two hours of in-service training within six months of beginning employment in the facility for 3 of 3 sampled employee records. (Employees #1, #2, and #3)

The findings include:

A review of the employee personnel files revealed that Employees #1, #2, and #3 did not have at least 2 hours of Extended Congregate Care (ECC) training within six months of employment at the facility. The date of hire was for Employee #1 was . The date of hire for Employee #2 was . The date of hire for Employee #3 was .

An interview with the administrator on at approximately 12:35 PM confirmed that the above-referenced employees did not have two hours of ECC training within 6 months of employment. The administrator stated, "I wasn't aware that they needed more than one hour of training."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

22, 2014

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

Re: CCR #2013010249

Dear Administrator:

This letter reports the findings of a state licensure complaint and Extended Congregate Care survey that was conducted on 12/2, 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the ECC deficiency that was 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. Staff from this office will conduct a review on 2/22, 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 this office at 8-4201.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JG/RED/sm
Enclosure

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