STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966826	10/26/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A biennial licensure survey with an Extended Congregate Care was conducted at Heritage Crossing (License #10950) on . The provider had deficiencies at the time of the visit.

0032 Resident Care - Elopement Standards

Based on facility record review and staff interview, the facility failed to conduct elopement drills twice a year.

The findings include:

The Director of Nursing (DON) was asked for evidence of two elopement drills per year. She presented a sign in sheet on with staff members listed on it. However, the second page with the description of the elopement drill was blank. She also presented a 2015 list of employee signatures with different dates on it. This was elopement training, not an elopement drill.

The DON on at 2:01 pm stated, she did an elopement drill on , but did not finish documenting it. She also confirmed, she did not have one for 2016.

Class III

0090 Training -

Based on record review and staff interview, the facility failed to ensure 3 of 6 sampled employees, received a minimum of 1 hour of training in the facility's policy and procedures regarding ( ), within 30 days of employment.(Employee A, C and J) and failed to have 1 of 3 employees, Employee H, be able to demonstrate knowledge of .

The findings include:

Record review for Employee A (hired) found she received .5 hours of training in the facility

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966826	10/26/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

policy's related to on and on I/ . Record review for Employee C (hired) found she received .5 hours of training in the facility policy's related to on I/ , and / / .

On at 11:06 a.m. Employee H was interviewed. She stated, she has been employed as a caregiver at the facility for 4 years. She did not know what a was and did not recall any training.

During an interview with the Administrator and Director of Nursing on at 1:00 PM, the facility was asked to provide evidence of the training for Employee J to ensure the facility training related to that was given to new employees was at least an hour in duration. Record review for Employee J hired on found no evidence of training. The findings were shared with the Administrator and the Director of Nursing on at 2:38 PM. The Director of Nursing stated on at 2:38 PM that Emplyee J had other relatives working at the facility so she had someone looking in those employees files to see if they had Employee J's training.

Class III

Z814 Backaround Screenina Clearinahouse

Based on record review and staff interview, the facility failed to ensure that 5 of 5 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administration's background screening website. (Employee A, B, C, D, and E)

The findings include:

A review of Employee A's personnel file revealed a hire date of and an eligible level II background screening dated . A review of Employee B's personnel file revealed a hire date of I/ and an eligible level II background screening dated / . A review of Employee C's personnel file revealed a hire date of and an eligible level II background screening dated . A review of Employee E's personnel file revealed a hire date of and an eligible level II background screening dated . A review of Employee D personnel file revealed and eligible level II background screening date of . Employee D was the Administrator and her hire date was not in the personnel file. She stated during interview on at 2:00 PM her hire date was when they opened in of 2007.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966826	**10/26/2016**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

A review of the Agency for Health Care Administration's background screening website on / at 2:30 PM revealed that the facility had no employees listed under their facility employee roster.

In an interview with the Director of Nursing on at 2:30 PM, she stated the person responsible for background screening would come and talk with me. An interview was held with the Administrative Assistant on at 2:32 PM. She confirmed the findings. She was not aware that all employees of the facility needed to be entered into the website. She also stated she was not aware of the requirement and was not aware of the need to enter a new employee into the employee rooster when they start working at the facility and remove them when they are no longer employed at the facility.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregate Care 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 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 this office at -4201.

Sincerely,

a Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com