

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED 02/16/2015
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 2/16/15 an initial survey was conducted at Crossroads Caring Home. No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 17, 2015

Administrator
Crossroads Caring Home
2563 River Rd
Caryville, FL 32427

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on February 16, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

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