



April 03, 2024

Certified Mail: 9589 0710 5270 0726 0532 02

*THIS LETTER SENT VIA BOTH MAIL AND EMAIL*

Mr. Anthony Hatam  
Program Director  
Crossroad Transitional, Inc.  
19646 Ballinger Street  
Northridge, California 91324

### **Extension License and Certification Report – 190884AP**

Dear Mr. Hatam:

The extension application packet for Crossroad Transitional, Inc., located at 19646 Ballinger Street, Northridge, California 91324, has been reviewed and determined deficient in meeting the minimum requirements for renewal. Enclosed is an Extension License and Certification Report, which requires a written response and/or revised documents.

You are required to review, sign, and return the original report and written verification of correction, for each deficiency specified **within 30 days** of this notice, to:

Department of Health Care Services  
Licensing and Certification Division  
Licensing Branch 1, MS 2600  
P.O. Box 997413  
Sacramento, CA 95899-7413  
Attention: Dawn McMillan Collier

If the licensee fails to submit documentation necessary to complete the application, the application for renewal of license and certification shall be denied and the license and certification shall automatically expire as of the date specified on the certificate in accordance with Title 9, California Code of Regulations, Section 10529(a)(2) and the Alcohol and/or Other Drug Program Certification Standards, Section 3000(d).

Thank you for your cooperation. If you have any questions, please contact me at (916) 345-8033, or by email at Dawn.McMillan@dhcs.ca.gov.

Sincerely,

*Dawn McMillan Collier*

Dawn McMillan Collier  
Licensing and Certification Analyst  
Substance Use Disorder Licensing and Certification Section

**NOTICE OF DEFICIENCIES**

LEGAL ENTITY NAME: CROSSROAD TRANSITIONAL, INC	IDENTIFICATION NUMBER: 190884AP
FACILITY NAME: CROSSROAD TRANSITIONAL, INC	DATE OF APPLICATION REVIEW: MARCH 27, 2024
ADDRESS: 19646 BALLINGER STREET, NORTHRIDGE, CALIFORNIA 91324	
TYPE OF REVIEW:  <b>EXTENSION APPLICATION REVIEW</b>	
LICENSING AUTHORITY: Health and Safety Code Section 11834.01 and Title 9, California Code of Regulations (CCR), Section 10502	

Dawn McMillan Collier, Substance Use Disorder, Licensing and Certification Analyst completed a review of the Request for License and/or Certification Extension (DHCS 5999) and supporting documents to ensure minimum requirements are in adherence with Title 9, Chapter 5, California Code of Regulations (CCR), Section 10529.

**Instructions – Please review the Department’s Notice of Deficiency (NOD) for the Extension License application Review, sign the report, make and retain a copy, and mail the original back with any necessary documentation to complete the application within 30 days of notification to the Department.**

**Written Verification of Correction – The licensee shall submit any necessary documentation to complete the application within 30 days of notification to the Department.**

**If the licensee fails to submit documentation necessary to complete the application, the application for renewal of the license shall be denied, and the license shall automatically expire as of the date specified on the current certificate of licensure.**

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Attention: Dawn McMillan Collier

**DEFICIENCIES:**

- 1) Title 9, Section 10529 (a) (2) (A)                      Extension of Period of Licensure                      Class C

The above section states, in part, “*inform the licensee that the period of licensure will be extended if the licensee: (A) Updates the licensing information contained in the licensee’s application...*”

The licensee was deficient in meeting this requirement because of the following:

- The Yes or No box for the question ‘Have there been any changes since your current license/certification was issued?’ was not checked.

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- Total Capacity (15) does not match the capacity on file (6) with the Department.
- Date of current fire clearance (2022) is not a complete date, in reviewing the file the Fire Clearance the last fire clearance obtained is more than 5 years old (01-29-2016) and requires a new fire clearance from local fire authority.

The analyst is sending a STD.850 form directly to the local fire authority to request a renewal of fire clearance.

- A-5 Facility Staffing Data (DHCS 5050) provided by licensee in regards to staff credentials is not accurate according to the websites of the certifying organization the credentials are either expired or were not disclosed on form as required.
  1. S. Nasiri (Program Director) CCAPP 134128 expired on 03/02/2023
  2. H. Hill (BHT) CCAPP 136525 expired on 06/14/2023
  3. K. Naope (BHT) has current CCAPP registration but not provided on A-5 submitted
  4. A. Towner (BHT) CCAPP 137604 expired on 02/10/2023

Analyst is requesting copy of signed job descriptions for each person listed above to determine if they are required to be Licensed/Certified or Registered to perform job duties.

**2) Title 9, Section 10564 (e) (1)****Personnel Requirements****Class B**

The above section states, in part, *"All personnel shall be in good health. (1) ...good physical health shall be verified by a health screening, including a test for tuberculosis, performed under licensed medical supervision...renewable every year..."*

The licensee was deficient in meeting this requirement because the tuberculosis test result dates are expired or missing for the following staff:

- |                     |                       |
|---------------------|-----------------------|
| 1. Nahid Modabber   | missing TB test date  |
| 2. Shahin Nasiri    | expired 01/18/2024    |
| 3. Marcia Landau    | missing TB test date  |
| 4. Faway Basta      | expired on 01/03/2024 |
| 5. Alex Hamidfeshki | missing TB test date  |

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The program states that M. Landau is N/A for a TB test, as Clinical Director the analyst cannot determine why she would not have face to face contact with the program residents. Program needs to provide job description to analyst so she can determine if clinical director meets the requirements for not providing a TB test.

Verification of current tuberculosis test results and a revised A-5 – Facility Staffing Data (DHCS 5050) is required.

**3) Health & Safety & Safety Code, Section 11831.12 (b)**

SB 541 (HSC, Section 11831.12) – (a) A facility licensed by the department pursuant to Chapter 7.5 (commencing with Section 11834.01) shall disclose its license number and the date that the license is scheduled to expire in all of the following circumstances:

- (1) To any person who inquires about the facility's license in writing, verbally, electronically, or by any other method of communication between the person and the facility.
- (2) By posting on the internet website of the facility in a clear and conspicuous manner the following language and a link to the department's internet website that contains the facility's license number and expiration date: "Licensed by the State Department of Health Care Services."
- (3) Included in any print, audio, or electronic advertising or marketing of the facility in a clear and conspicuous manner. For the purpose of complying with this paragraph, a facility may include the following language and a link to the department's internet website that contains its license number and expiration date, as described in paragraph (2): "Licensed by the State Department of Health Care Services."

The provider was deficient in meeting this requirement because when analyst reviewed website [www.mycrt.org](http://www.mycrt.org). It did not contain a link to DHCS or provide the License/Certification number and expiration dates as required by BHIN 22-022.

**4) Health & Safety & Safety Code, Section 11833.05(a) Disclosure to DHCS****Class C**

*Pursuant to this statute, and in accordance with MHSUDS Information Notice No.: 19-03 and all statutes, regulations, and standards governing the operation of the facility, all AOD facilities are required to disclose any ownership or control of, or financial interest in a recovery residence. Additionally, applicants, licensed residential treatment facilities, and AOD programs must disclose any contractual relationship with an entity that provides professional services, addiction treatment, or recovery services to clients of programs licensed or certified by DHCS. These disclosures must be made at the time of application for extension of licensure or certification.*

The licensee was deficient in meeting this requirement because a Disclosure to DHCS (DHCS 5140) was not submitted with the Request for License/Certification Extension (DHCS 5999).



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**3) Health & Safety Code, Section 11834.26 (d) Relapse Plan****Class C**

Pursuant to this statute, a licensee shall develop a plan to address when a resident relapses, including when a resident is on the premises after consuming alcohol or using illicit drugs. The plan should include details of how the treatment stay and treatment plan of the resident will be adjusted to address the relapse episode, and how the resident will be treated and supervised while under the influence of alcohol or illicit drugs, as well as discharge and continuing care planning, including when a licensee determines that a resident required services beyond the scope of the license. Refer to [MHSUDS IN No.: 19.003](#), issued by the Department on January 29, 2019.

The licensee was deficient in meeting this requirement as the relapse policy was not submitted with extension application.

**4) Health and Safety Code Section 11834.10(d)****Liability Insurance****Class B**

This section states, in part, a licensee that serves six or fewer residents shall, at all times, maintain general liability insurance coverage.

The licensee is deficient in meeting this requirement because proof of general liability insurance coverage was not submitted with the DHCS 5999 Request for License and/or Certification Extension Application.

**A quality assurance file review was conducted, and it was determined the following documents are missing and are required:**

Current Lease

**CLASS B DEFICIENCY** – A Class B deficiency is any deficiency relating to the operation or maintenance of the facility, which has a direct or immediate relationship to the physical health, mental health, or safety of facility residents. Class B deficiencies shall be corrected within thirty (30) days of receipt of the notice of deficiency, unless the reviewer determines, based on review, that the deficiency is sufficiently serious to require correction within a shorter period of time. In the event, the reviewer shall explain how the deficiency jeopardizes the health or safety of the residents. If the licensee fails to correct a deficiency by the date specified in the notice of deficiency or subsequent correction action plan, a civil penalty will be assessed at three hundred seventy-five dollars (\$375) per day, for each Class B deficiency, until verification of correction is received and approved.

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**CLASS C DEFICIENCIES** – A Class C deficiency is a deficiency relating to the operation or maintenance of the facility, which the Department determines has only minimal relationship to the health or safety of facility residents. Class C deficiencies shall be corrected within thirty (30) days of receipt of the notice of deficiency, unless the reviewer determines that the deficiency cannot be completely corrected within thirty (30) days. In the event, the reviewer shall specify in the notice of deficiency the time in which the deficiency shall be corrected and the reason why it cannot be corrected within thirty (30) days. If the licensee fails to correct a deficiency by the date specified in the notice of deficiency or subsequent correction action plan, a civil penalty will be assessed at two hundred fifty dollars (\$250) per day, for each Class C deficiency, until verification of correction is received and approved.

**MAXIMUM DAILY CIVIL PENALTY** – The maximum daily civil penalty for all deficiencies shall not exceed one thousand dollars (\$1000) per day.

**APPEAL RIGHTS** – Title 9 CCR, Section 10550 states, in part, "(a) The licensee may appeal a notice of civil penalty by forwarding a written request for review... (b) The written request for review shall be postmarked within fifteen (15) working days of receipt, by the licensee of the written notice of civil penalty. The written request for review shall include: (1) A statement of the statute or regulation, which is at issue and the legal basis for the licensee's appeal. (2) A statement of the facts supporting the licensee's position. (c) Failure to submit the written request for review, pursuant to Subsection (b) of this regulation, shall be deemed a waiver of administrative review. A written request for review, of the written notice of civil penalty, can be submitted to the Division Chief, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

**LICENSING RECORD** – The notice of deficiency is a part of the licensing record for the facility and the licensing agency, and is available for public review. The Department takes caution not to disclose any confidential information on the report. Inquiries concerning the location, maintenance, and content of these reports should be directed to the Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

**Please remember that the original signed report and written verification of correction for each deficiency shall be submitted within 30 calendar days from date of notification to the Department.**

ANALYST SIGNATURE Dawn McMillan Collier	DATE 03-27-2024		
SUPERVISOR SIGNATURE Andrew Mack	DATE 03-29-2024	PROGRAM REPRESENTATIVE SIGNATURE	DATE SIGNED