STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967515	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Adult Living Facility	6856 St Road Jacksonville, FL 32217	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Casa Adult Living Facility in Jacksonville, Florida on 2013. Licensure deficiencies were identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that staff submitted a statement from a health care provider, based on an examination conducted within the last six months, that the person did not have any signs or symptoms of a communicable including for 1 of 2 sampled employees, (Employee A). The facility also failed to ensure that freedom from was documented on an annual basis for 1 of 2 sampled employees, (Employee B).

The findings include:

A review of the employee personnel files revealed that Employee A (administrator) had no documentation of freedom from communicable in her file, and Employee B's most recent test was dated indicating that she had not been tested in more than one year.

An interview with the administrator on at approximately 11:30 AM confirmed that she had no statement of freedom from communicable in her personnel file, and Employee B was overdue for a test.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on interview and record review, the facility failed to maintain a written work schedule which reflected it's 24-hour staffing pattern for a given time period.

The findings include:

A review of the facility records on revealed that the facility had no written work schedule available for review.

An interview with Employee A (administrator) on at approximately 11:30 AM confirmed that there was no written work schedule.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967515	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Adult Living Facility	6856 St Road Jacksonville, FL 32217	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and interview, the facility failed to employ or contract with a nurse who would be available to provide Limited Nursing Services (LNS) as needed by potential residents.

The findings include:

A review of the facility's LNS records on revealed a contract with a registered nurse which was signed and dated on by both the nurse and the facility's owner.

An interview with the contracted nurse on at approximately 12:05 PM revealed that because the facility had not contacted her since the day she signed the contract, she no longer considered herself the facility's LNS nurse.

An interview with Employee A (administrator) on at approximately 12:10 PM confirmed that she no longer had a LNS nurse, and she said that she would contract with someone new right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Casa Adult Living Facility
6856 St Road
Jacksonville, FL 32217

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on 2013 by a representative 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. Staff from this office will conduct a review after **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

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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