STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967559	01/21/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Casa Assisted Living	220 N Grove Street Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:
0000-Initial Comments
A complaint investigation #2014010686 was conducted on at La Casa Assisted Living Facility. A deficiency was identified at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility did not ensure the use of physical was limited to the use of 1/2 side rails for 3 of 4 sampled residents (#1, #3 and #4).

Findings:

Tour of facility conducted on at 11:00 AM revealed resident #1 was reclining in a Geri-Chair with a lap tray. Resident #1 is unable to sit himself up in the Geri- Chair or remove the tray. Resident #3 is sitting in a wheel chair with a lap buddy across her lap. The resident is unable to remove the lap buddy without assistance from staff. Resident #4 is observed reclining in a Geri-Chair she is unable to manipulate the chair so she can stand without assistance from staff. The residents are and under the care of hospice.

1. Record review for resident #1 revealed a Facility Health Assessment Form (AHCA 1823) dated with diagnosis of of The physician indicated that the resident's needs can be met in an ALF. The resident requires medication administration. The resident requires total care for ADL's. The residents record revealed that the resident was placed on hospice on admission Further record review revealed physician order for wheel chair with lap buddy and Geri-Chair with tray table for safety dated .

2. Record review for resident #3 revealed a Facility Health Assessment Form (AHCA 1823) dated with diagnosis of DMII, DDD, and A-Fib. The physician indicated the resident needs can be met in an ALF. The resident requires assistance with self-administration of medications and assistance with all ADL's. The resident was assessed and placed on hospice on Further review of the resident's record revealed a physician order for the wheel chair with the lap buddy and Geri-Chair with a

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table tray for the resident's safety.

3. Resident record review conducted on at 4:00 PM for resident #4 revealed a Facility Health Assessment Form (AHCA Form 1823) dated with diagnosis of DMII, , and . The physician indicated the resident needs can be met in an ALF. The physician indicated further that she requires medication administration. The resident requires assistance with all ADL's. The resident placed on Hospice on . Further review of the resident's record revealed a physician order for the wheel chair with lap buddy and Geri-Chair with table tray for resident's safety.

Interview conducted with Facility Administrator Keith Krodel who stated he believed that the wheel chair with lap buddy and Geri-Chair with table tray would be allowed if there was a physician order and family consent. He stated further that they were in place for the safety of the residents. He was not aware assisted living facilities are limited to the use of ½ side rails only.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
La Casa Assisted Living
220 N Grove Street
Merritt Island, FL 32953

RE: CCR #2014010686

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on 2015 by representative(s) 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 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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