STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967515	09/22/2016
NAME OF PROVIDER OR SUPPLIER CASA ADULT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6856 ROAD JACKSONVILLE, FL 32217	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation (CCR #2016007513) was conducted at Casa Adult Living (License # 11548) on Casa Adult Living Facility had deficiencies at the time of the investigation

0026 Resident Care - Social & Leisure Activities

Based on document review and staff interview the facility failed to provide social and leisure activities at least 6 days a week for a total of not less than 12 hours per week for 6 of 6 residents.

The findings include:

The activity calendar was posted in the common area. The calendar for , 2016 was reviewed and found to have an average of 8 hours of activities scheduled for each week during the month.

During an interview with the house manager at 12:30 PM on she agreed there are 8 hours of activities scheduled weekly in . She stated, she was not aware 12 hours were required and will add more activities to the calendar to meet the standard.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016007513

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2016 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. **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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering

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

JS/JM/sm
Enclosure
XG90

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