STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967559	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **LA CASA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **220 N GROVE STREET** **MERRITT ISLAND, FL 32953**	

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

0000 - Initial Comments

A Change of Ownership (CHOW) Survey was conducted on . La Casa ALF 2017 LLC. Assisted Living had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure the health assessment form 1823 was complete for 1 of 4 sampled residents (#13).

Findings:

Record review for resident #13 revealed a health assessment form 1823 that was dated . The section regarding how much assistance she required with taking her medications was not answered. There was no documented evidence in the record to indicate the facility obtained the omitted information from a health care provider.

During an interview with the administrator on at 2:45 pm, she confirmed the finding.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record reviews, and interviews, the facility retained 1 of 1 residents (#13) who exceeded the continued residency criteria in an Assisted Living Facility that held a standard license.

Findings:

On at 9:30 am, staff A said resident #13 required total assistance with her Acitivities of Daily Living (ADLs) and transfers.

On at 9:40 am, Staff F said resident #13 required total assistance with her ADLs and transfers.

On at 12:37 pm, staff E said resident #13 required total assistance with her ADLs and transfers.

Observations made during a transfer of resident #13 on 12:42 pm revealed that staff A and staff F transferred the resident from a broda chair to her bed. During the transfer, the staff placed their arms under her arms and lifted her onto the bed. During the transfer, the resident's feet were off the floor and she did not participate. Observations made following the transfer revealed that staff A and staff F

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provided total assistance to the resident for incontinence care.

On at 2:15 pm, staff G said resident #13 required total assistance with her ADLs and transfers.

Record review for resident #13 revealed no documented evidence to indicate that she received hospice services.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 4 personnel records (administrator) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

Personnel record review for the administrator revealed a hire date of .

The record contained a negative exam that was dated on .

The record did not contain evidence to indicate the administrator had a negative exam for 2017, as required.

On at 3 pm, the administrator confirmed the finding.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on review of the staff work schedule and interview, the facility failed to maintain a 24-hour staffing pattern for a given time period.

Findings:

Review of the , 2017 staffing work schedule revealed no hours documented or written identifying each staff's begin work time and end work time. The staff work schedule showed codes

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written on it only known to the staff and administrator.

Example: staff B scheduled to work on at 6 with lower case 3 beside it.

On at 4 PM, an interview with the Administrator who confirmed the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on review of the facility's signed food menus, observation, and interview, the facility failed to use the correct menu for date in use; and the facility failed to have an updated menu approved and signed by the registered dietician as required annually to ensure meals meet the nutritional standards.

Findings:

On at 11:30 AM, observation of the resident's dining experience and food served was: 6oz of shepherds pie, 1 cup of vegetables, 1 dinner roll, 1/2 cup of jello (served also non sugar jello); 6oz of juice/beverage of choice in both east and west wings of the facility matching the menu posted in the kitchen for dates week in use of - .

The West wing of the facility menu reviewed (wrong past dates of week in use -) posted 6 oz. of shrimp with cheese, 1/2 cup salad, 1 bread roll, piece cake and 6 oz. juice/beverage of choice.

The East wing of the facility menu reviewed (was not dated week in use at all) posted 6 oz. lasagna, 1 cup Cesar salad, 1 garlic bread, piece of cake, and 6 oz. juice/beverage of choice.

Further review revealed that all the menus posted in the facility last menu was approved and signed .

On at 12:30 PM, an interview with the Administrator who confirmed the findings.

Class III