STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967515	**12/20/2018**
NAME OF PROVIDER OR SUPPLIER **CASA ADULT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6856 ST ROAD** **JACKSONVILLE, FL 32217**	

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

0000 - Initial Comments

An unannounced abbreviated biennial relicensure survey was conducted on at Casa Assisted Living Facility. The facility had deficient practice at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on interveiw and record review, the facility failed to conduct elopement drills twice yearly with staff for 2 of 2 years sampled.

The findings include:

On at 10:00 AM, the facility's manager was asked for documentation of the facility's elopement drills. Review of the facility's records did not produce any evidence drills had been conducted.

She confirmed at that time that the facility was not conducting drills twice yearly with the staff.

Class III

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

Based on record review and interview, the facility failed to ensure 2 of 3 employees sampled obtained a statement from a health care provider indicating freedom of signs and symptoms of communicable (the manager and Employee C), and failed to ensure 1 of 3 employees obtained annual ( ) screening (Employee B).

The findings include:

1. Review of the file for the facility' manager showed she was hired on . There was no staement in her file to show she had no signs or symptoms of communicable .

Review of Employee C's file showed she was hired on . The file contained no statement indicating she was free of signs and symptoms of communicable .

These findings were confirmed with the facility's manager on at 10:56 AM.

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2. Review of Employee B's file showed a hire date of . Employee B's last screening was documented as . At 10:49 AM on , this was reviewed with the facility manager. She called the employee to ask about the screening, but at 11:05 AM on she confirmed Employee B did not have the screening done anually.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review, observation, and interview, the facility failed to ensure 2 of 3 sampled employees obtained the required amount of education to assist with medication self administartion (employees A and C).

The findings include:

A record review conducted on showed that Employee C was hired on . Her duties included assisting residents with medication self- administration. A training certificate in her file showed she recieved 4 hours of education on ; 2 hours short of the requirement. The Administrator confirmed that her employees all recieved 4 hours of initial training in medication self- administration, and was unaware of the new 6 hour requirement, during an interview at 11:00 AM on . She confirmed Employee A, hired several weeks prior, only recieved 4 hours of initial training, at 11:30 AM.

During an interview with Employee A on at 12:10 PM, she confirmed one of her duties was to pass medications. She was observed passing medications to residents on at 12:35 PM.

Class III