

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967559	(X3) DATE SURVEY COMPLETED 02/04/2019
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 complaint investigation #20180165378 conducted on La Casa Assisted Living Facility, (LIC#11568) had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was approved by the county Office of Emergency Management on an annual basis as required by 58 A-5.026(2) FAC. Findings: Request to review the facility's CEMP and approval letter revealed there was no approval letter received. The Emergency plan was present and reviewed. On at 10:00 am, the administrator stated she had submitted their plan for approval but did not have a current approval letter from the county. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

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