STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967559	**05/06/2019**
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 re-licensure survey was conducted at La Casa Assisted Living Facility (License #11568) on . . . . . .
The provider had a deficiency at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record review and interview, the facility failed to ensure 1 of 1 newly hired staff (B) received the 2 hours pre-service orientation training that included 1. Resident's rights; and, 2. The facility's license type and services offered by the facility as required.

Findings:

Staff B's record review revealed date of hire on . There was no documented evidence of the 2 hours pre-service orientation training was completed.

On . . . . . at 5 PM, an exit interview with the Administrator confirmed the finding.

Class III