

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/14/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PACIFICA SENIOR LIVING OF PALM BEACH

**4760 JOG ROAD
GREENACRES, FL 33467**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced second revisit to a licensure complaint survey, #2019003960, #2019004627, #2019005643, #2019005968 and #2019006499, was conducted on _____ and _____ at Pacifica Senior Living of Palm Beach. The facility had an uncorrected deficiency identified at the time of the survey.	{A 000}		
{A 165} SS=D	429.23(&) FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements. (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. _____; 2. _____ or _____ damage; 3. Permanent _____; 4. _____ or _____ of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the	{A 165}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 165}	Continued From page 1 resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) Neglect, or abuse, must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct	{A 165}		

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NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING OF PALM BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 4760 JOG ROAD GREENACRES, FL 33467		
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{A 165}	Continued From page 2 by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. 58A-5.0241 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that the 1-day report (preliminary report) and 15-day report (full report) are submitted to the Agency for Health Care (AHCA) in its entirety and any	{A 165}			

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{A 165}	Continued From page 3 additional information required by ACHA is submitted timely, for 2 out of 2 sampled residents' records reviewed. The findings included: 1) Review of confidential records on _____ at approximately 10:00 AM, revealed Resident #1 eloped from the facility on _____, sometime after 11:00 AM. Resident #1 was last seen at approximately 11:00 AM in Cottage#7 by Staff A. Resident#1 was located at approximately 2:00 PM, at the guard gate to his son's living community, which is located 28 miles from the facility in Delray Beach. The son notified the facility, and Resident#1 was returned to the facility at approximately 3:00 PM. During an interview with Staff A on _____ at 11:21 AM, the local police was contacted. Review of Resident #1's record revealed a diagnosis of _____. Therefore, the elopement places the resident at risk for harm and injury. Review of the Adverse Incident Day 1 report submitted to the Agency on _____ at 10:48 AM revealed the agency requested additional information on _____. The facility submitted the full report on _____ and the agency requested more information on _____. As of _____, the additional information requested by AHCA based on the submitted 1 day and 15-day report had not been received. 2) On _____, a confidential record review was conducted and revealed on _____, Resident#2 was assaulted by Resident #3 and had to be transported to the hospital for medical attention. Local law enforcement was contacted and involved in the incident. The facility initiated	{A 165}		

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{A 165}	Continued From page 4 the Day 1 preliminary Adverse incident on . Further review revealed the 15 Day Full report was due . On at approximately 3:00 PM, a review of the Agency Adverse Incident Report revealed another preliminary report was submitted. There was no analysis of the incident, and no corrective action summary attached, resulting in the 15-Day full report being incomplete. Class III Uncorrected	{A 165}		