

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965265</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/15/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PACIFICA SENIOR LIVING OF BELLEAIR**

**620 BELLEAIR ROAD  
CLEARWATER, FL 33756**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | Initial Comments<br><br>A revisit to the complaint (complaint numbers 2020017288 and 2020018527) survey of in conjunction with a complaint (complaint number 2021000657) with a COVID-19 focused control and generator monitoring survey was conducted at Pacifica Senior Living of Belleair on . The facility had deficiencies at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {A 000}             |                                                                                                                          |                          |
| {A 078}<br>SS=D          | 59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . . .<br>2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care | {A 078}             |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PACIFICA SENIOR LIVING OF BELLEAIR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 BELLEAIR ROAD</b><br><b>CLEARWATER, FL 33756</b>                         |                          |                                                                    |
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| {A 078}                                                                       | <p>Continued From page 1</p> <p>provider indicating that the individual does not constitute a risk of transmitting a communicable</p> <p>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 (Staff B) of 4 staff were free from communicable , including</p> | {A 078}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 078}                                                                       | Continued From page 2<br><br>..... ( ).<br><br>Findings include:<br><br>During a review of employee records conducted on ..... revealed that Staff B was hired on ..... no documentation was provided to assure Staff B was free from communicable ..... and had no signs and symptoms of .....<br><br>An interview with the Business Office Manager conducted on ..... at 11:01AM, she stated she did not have the free from communicable statement or results of most recent test for Staff B.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                      | {A 078}                                                                                    |                                                                                                                          |                                                                    |
| {A 081}<br>SS=D                                                               | 429.52(1 & 7) FS; 59A-36.011(.....) FAC Training<br>- Staff In-Service<br><br>429.52(1)<br>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.<br><br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice | {A 081}                                                                                    |                                                                                                                          |                                                                    |

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| {A 081}                                                                       | <p>Continued From page 3</p> <p>orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.</p> <p>59A-36.011<br/>(2) STAFF PRESERVICE ORIENTATION.<br/>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br/>(b) New staff must complete the preservice orientation prior to interacting with residents.<br/>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br/>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br/>1. Resident's rights; and,<br/>2. The facility's license type and services offered by the facility.<br/>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br/>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its</p> | {A 081}                                                                                    |                                                                                                                          |                                                                    |

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| {A 081}                  | Continued From page 4<br><br>..... control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to ..... borne ..... may be used to meet this requirement.<br><br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br><br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident ..... neglect, and ..... The facility must use its ..... prevention policies and procedures when offering this training.<br><br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br><br>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br><br>(f) All facility staff shall receive in-service training | {A 081}             |                                                                                                                          |                          |

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| {A 081}                                                                       | <p>Continued From page 5</p> <p>regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 1 (Staff A) of 4 sampled staff, who performed direct care for residents, had all their required training completed.</p> <p>Findings Included:</p> <p>During a review of employee records on _____ it was revealed that Staff A, who has a hire date of _____ and was missing documentation with date of completion of receiving training of Pre-service in-service training, Activities of Daily Living (ADL) and Behavioral Needs training, Resident Rights training, and Recognizing _____, Neglect, and _____ training.</p> <p>During an interview with the Business Office Manager (BOM) conducted on _____ at 11:01AM she stated she did not have the training for Staff A.</p> <p>Class III</p> | {A 081}                                                                                          |                                                                                                                          |                                                                    |

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| {A 083}<br>{A 083}<br>SS=D | <p>Continued From page 6</p> <p>59A-36.011(5) FAC Training - First Aid and</p> <p>(5) FIRST AID AND .</p> <p>( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times.</p> <p>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.</p> <p>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 4 (Staff A, Staff B, Staff C and Administrator) of 4 sampled staff hold a valid card documenting completion for First Aid and . ( ).</p> <p>Findings Included:</p> <p>During a review of employee records conducted on . . . revealed that Staff A who has a hire date of . was missing documentation of completion of first aid and . training.</p> | {A 083}<br><br>{A 083} |                                                                                                                          |                          |

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| {A 083}                  | Continued From page 7<br><br>During a review of employee records conducted on ..... revealed Staff B who has a hire date of ..... was missing documentation of completion of first aid and ..... training.<br><br>During a review of employee records conducted on ..... revealed Staff c who has a hire date of ..... was missing documentation of completion of first aid and ..... training.<br><br>During a review of employee records conducted on ..... revealed the Administrator who has a hire date of ..... was missing documentation of completion of ..... training.<br><br>An interview with the Business Office Manager (BOM) was conducted on ..... at 11:01AM she stated the administrator has a ..... class scheduled for staff but she does not have any of the documentation of completion for the ..... or First aid for any of the staff currently.<br><br>Class III | {A 083}             |                                                                                                                          |                          |
| {A 084}<br>SS=D          | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:                                                                                                                                                                                                                                                                                                                                                      | {A 084}             |                                                                                                                          |                          |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PACIFICA SENIOR LIVING OF BELLEAIR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 BELLEAIR ROAD</b><br><b>CLEARWATER, FL 33756</b>                         |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| {A 084}                                                                       | <p>Continued From page 8</p> <p>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.</p> <p>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:</p> <ol style="list-style-type: none"> <li>1. Read and understand a prescription label;</li> <li>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:               <ol style="list-style-type: none"> <li>a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms;</li> <li>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;</li> <li>c. Recognize the need to obtain clarification of an "as needed" prescription order;</li> <li>d. Recognize a medication order which requires judgment or discretion, and to advise the</li> </ol> </li> </ol> | {A 084}                                                                        |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PACIFICA SENIOR LIVING OF BELLEAIR**

**620 BELLEAIR ROAD  
CLEARWATER, FL 33756**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 084}                  | Continued From page 9<br><br>resident, resident's health care provider or facility<br>employer of inability to assist in the administration<br>of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse<br>reactions to medications and report such<br>reactions;<br>h. Assist residents with _____ syringes that are<br>prefilled with the proper dosage by a pharmacist<br>and _____ that are prefilled by the<br>manufacturer by taking the medication, in its<br>previously dispensed, properly labeled container,<br>from where it is stored, and bringing it to the<br>resident for self-injection;<br>i. Assist with _____;<br>j. Use a _____ to perform _____<br>testing;<br>k. Assist residents with _____<br>and continuous positive airway pressure (CPAP)<br>devices, excluding the titration of the _____<br>levels;<br>l. Apply and remove _____ stockings and<br>hosiery;<br>m. Placement and removal of _____ bags,<br>excluding the removal of the _____ or<br>manipulation of the _____ site; and,<br>n. Measurement of _____ rate,<br>temperature, and _____ rate.<br>(c) Unlicensed persons, as defined in section<br>429.256(1)(b), F.S., who provide assistance with<br>self-administered medications and have<br>successfully completed the initial 6 hour training,<br>must obtain, annually, a minimum of 2 hours of<br>continuing education training on providing<br>assistance with self-administered medications<br>and safe medication practices in an assisted<br>living facility. The 2 hours of continuing education<br>training may be provided online. | {A 084}             |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PACIFICA SENIOR LIVING OF BELLEAIR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 BELLEAIR ROAD</b><br><b>CLEARWATER, FL 33756</b>                         |                          |                                                                    |
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| {A 084}                                                                       | <p>Continued From page 10</p> <p>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52</p> <p>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 1 (Staff A) of 4 sampled staff, who assist with self-administration of medication, received the initial six hour required training or the additional two hours of required training.</p> <p>Findings Included:</p> <p>During a review of employee records was conducted on 02/15/2021 it was revealed that Staff A who has a hire date of 11/30/2020 was missing documentation of completion of the initial six hour required training or the additional two hours of required training for staff that assist with self-administration of medications.</p> <p>During an interview with the Business Office</p> | {A 084}                                                                        |                                                                                                                          |                          |                                                                    |

Agency for Health Care Administration

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| {A 084}                  | Continued From page 11<br><br>Manager (BOM) conducted on . . . . . at<br>11:01 AM she stated she did not have the training<br>for Staff A.<br><br>Class III | {A 084}             |                                                                                                                          |                          |