

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2023
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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 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 A complaint investigation (#2022018688, #2023000744, & #2023001563) was conducted at Pacifica Senior Living of Belleair on Deficiencies were identified at the time of the visit.	A 000		
A 030 SS=G	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030			

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030			

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4 relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility	A 030			

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to honor resident rights to provide a safe living environment by providing staff a key to all resident rooms thus failing to ensure immediate access to locked resident rooms in the event of an emergency, for 31 of 55 residents rooms observed. By failing to provide staff keys to resident rooms that had locks inside the room, the facility placed all 31 residents at risk for physical or emotional harm/or injury.	A 030		

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A 030	Continued From page 6 Finding included: An observation was conducted on _____ at 9:45 a.m. in cottage 1 and 2. A resident room (112) was observed to have a "pin lock" type door handle, which required staff to have a "pin key" to enter room if the door was locked from the inside of the room. An observation conducted on _____ from 10:30am to 12:00pm in Cottage Buildings 4, 5, and 7 there were resident rooms with silver lever door handles with a small slit lock on the center of the lever. The door levers had locks on the inside of the rooms with the small slit facing the outside. An interview conducted on _____ at 10:21am with Staff F, caregiver (Date of Hire _____) Staff F stated that buildings 4 and 5 had doors that locked from the inside of the resident rooms. They stated, "I don't think we have the keys, so they use a coin or a _____." In an interview with Staff C, caregiver (Date of Hire _____), conducted on _____ at 10:50am Staff C stated there was a key for the resident rooms but only the Medication Technician had one. They could not say how they would get into the room if the Medication Technician was on break. In an interview conducted on _____ at 10:55am with Staff D, caregiver (Date of Hire _____) they confirmed the Medication Technician keyring had a tool to unlock the resident rooms. They stated that staff told management approximately a year and a half ago that they needed keys to the resident rooms, but nothing was done.	A 030		

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A 030	Continued From page 7 During an observation and interview on /2923 at 11:08 a.m. with the Administrator, she observed 's door and stated she did not know there was a door with a "pin lock" type door handle. During an observation and interview on at 11:09 a.m. with the Administrator she stated there is a pin type key to open the doors with pin lock type door handles. The Administrator stated the pin key is kept in the kitchen; but was unable to locate the pin key during the observation. Administrator questioned Staff N, a caregiver (Date of Hire) staff, who stated that they were not aware of a pin key or the location of it. The Administrator stated if there was an emergency, we would call the Maintenance person or 911 and the resident would have to wait until we gain access. During an interview conducted on at 11:33 a.m. with Staff E, Medication technician (Date of Hire), Staff E stated he had the pin key in his pocket while he was on break when the surveyor and Administrator needed to enter # . During an interview conducted on at 11:40 a.m. with the Administrator she stated "It has never been an issued with safety until you brought it up, you can open the door with anything, a coin, even your Corporate said not to give the staff a key because they lose them." During an observation conducted on at 12:35 p.m. Staff M, caregiver (Date of Hire), was unable to open a resident room, staff stated the medication technician had the key	A 030		

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A 030	Continued From page 8 and she would not know how to open a resident room without the key. An interview was conducted on _____ at 12:38 p.m. with Staff B, caregiver (Date of Hire _____). Staff B stated it was difficult to get into resident rooms because if they were locked by the resident from the inside of the room, the staff would have to go down to the kitchen to find a knife or would need to have a quarter or penny in their pocket in order to unlock the room. Additionally, they stated "Someone should change the locks because they do lock the doors on the inside. In case of emergency, we need to be able to get in quicker." An interview was conducted on _____ at 3:30pm with the Administrator. The Administrator stated the renovations completed in cottage buildings 4, 5 and 7 were done with the wrong door handles installed. Photographic Evidence Obtained Class II	A 030		