Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910672	A. BUILDING: _____ B. WING _____	01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING FOREST TRACE	5500 NW 69TH AVENUE LAUDERHILL, FL 33319

(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 licensure Complaint (#2023001564) survey was conducted on at Pacifica Senior Living Forest Trace. The facility had a deficiency identified at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a sanitary and pest free living environment for the residents residing in the facility as evidenced by observation of live and roaches in resident living quarters and the satellite kitchen. The findings included: On . . . . . , the Assisted Living Facility, which has a Memory Care Unit, had a resident census of 118 with a resident capacity of 194 beds. A review of the Pest Control Logs revealed language encouraging everyone to participate in their Integrated Pest Management Program. If activity is suspected, they would have the pest control company investigate during their next visit. Review of the document further revealed documentation of the pests observed, location and date identified. A review of the facility's Grievance Log provided by the Administrator, revealed an email dated , at 12:42 PM from a family member regarding Resident #9 documenting the roach problem still existed (photographic evidence obtained). Observation of # on at 10:37 AM, an observation was made of 1 live	A 152		

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A 152	Continued From page 2 roach and 1 . . . . roach on the floor of the bathroom. The apartment is occupied by Resident #9. A review of the facility's undated document entitled Main Kitchen Cleaning Schedule identified the items and areas to be cleaned on a daily, weekly, and monthly basis. However the document contained no information on cleaning protocols or sanitation measures. (Photographic evidence obtained). Review of a Department of Health (DOH) Inspection Report for Permit Number (number) dated . . . . . , documented 2 live roaches were observed in the cabinet near the sink. It also documented 5 . . . . roaches were observed in the cabinet under the microwave. Further documented on the Inspection Report under Results is documented 'Unsatisfactory'. Review of a second DOH Inspection report dated . . . . . for Permit Number (number) documented that at the time of the investigation observation was made of 1 . . . . roach on the floor in the produce walk-in refrigerator and 1 . . . roach in the dry food storage room on the floor, and several roaches in cabinets in the pantry serving area. Further documented on the Inspection Report under Results is documented 'Unsatisfactory'. Review of a third DOH Inspection Report dated for Permit Number (number) documented observations were made of live roaches in . . . . ,268. Observations were also made of . . . . roaches in . . . . Further documented on the Inspection Report under Results is documented 'Unsatisfactory'.	A 152		

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A 152	Continued From page 3 Observation of by on at 10:39 AM, an observation was made of a live roach crawling along the baseboard in the bathroom. The apartment is occupied by Resident #10. In an interview conducted with the Administrator on at 9:50 AM, he provided a list of rooms documented on the Pest Monitoring Log that they identified and gave to the pest control company that they want to be treated. He stated they could be from complaints or something the resident reported they may have seen. In an interview conducted with Resident #4 on at 11:11 AM, he stated he has seen roaches here and there and he has been asking for 3 weeks for it to be sprayed and is scheduled to be sprayed today. No additional information was provided. In an interview conducted with Resident #5 on at 11:24 AM, she stated she has had roaches for quite a while, but it has slowed down the last week or so. No additional information was provided. In an interview conducted with Resident #6 on at 11:34 AM, she stated she saw a small roach in the kitchen this morning, hit at it and it ran. She did not provide any additional information. In an interview conducted with Resident #7 on at 12:18 PM, she stated she has seen small roaches on occasion. No additional information was provided. In an interview conducted with DOH	A 152		

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A 152	Continued From page 4 representatives on [redacted] at 11:57 AM, they stated they found [redacted] and live roaches in the satellite kitchen of the facility. In an interview conducted with the Administrator, the DOH representative and this Surveyor on [redacted] at 2:06 PM, the DOH representative informed the Administrator they identified [redacted] roaches in the Satellite kitchen (2 [redacted] roaches in the main kitchen: 1 in the walk-in freezer and 1 in the dry food storage room under the shelf. The recommendation was made they stop using the Satellite kitchen until a DOH re-inspection was conducted. They also informed them in the interview they found roaches in [redacted]. A review of the Pest Monitoring Log revealed the room was on the undated list of those identified with potential roach issues but had not been treated as of the day of the survey. In an interview conducted with the Administrator, Maintenance Director and the DON on [redacted] at 2:28 PM, a request was made for the pest control treatment documentation (Service Tickets) as review of the pest control binder provided revealed the last pest control Invoice/Service Ticket was dated [redacted] (Photographic evidence obtained). The Administrator stated they do not have any additional Service Tickets verifying when the pest control company was onsite. He stated they give the pest control company their Pest Monitoring Log and they treat those rooms when they come. He stated they will begin requesting they leave a Service Ticket at each visit. No additional documents were provided during the Survey. In an interview conducted with the Chef Dietary Manager on [redacted] at 3:18 PM, he provided an undated document entitled "Main Kitchen	A 152		

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A 152	Continued From page 5 Cleaning Schedule" outlining the items and areas to be cleaned on a daily, weekly, and monthly basis (Photographic evidence obtained). He stated he does not have a policy, he uses this document and delegates tasks to be performed to his kitchen staff. No other documentation was provided during the survey. On . . . . . at approximately 5:17 PM, the Administrator was informed of and acknowledged the findings with no further information provided to review. Class III	A 152		