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
	AL11963865	A. BUILDING: _____ B. WING _____	10/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING SUNRISE	4201 SPRINGTREE DRIVE SUNRISE, FL 33351

(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 (#2023010442 and #2023015234) and a Generator Monitoring survey were commenced on [redacted] and concluded on [redacted] at Pacifica Senior Living Sunrise. The facility had a deficiency identified related to Complaint #2023015234 at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to honor the rights of 1 of 1 sampled residents (Resident #2) by failing to perform ( ) on an unresponsive resident who did not have a ( ) on file to give permission to staff trained in to withhold life sustaining treatment. The findings included: The facility's Policy and Procedure for honoring	A 025		

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A 025	Continued From page 2 residents' 's includes instructions for staff to "Alert staff that there is an unresponsive resident and you need help" and "Someone should grab the Automated External Defibrillator ( ) machine on their way to you and someone else is verifying that the resident has an executed in their chart". The facility's Policy and Procedure notes that staff are to respond to a resident experiencing as indicated by: a. ; b. absence of normal breathing; c. and, absence of a , or signs of circulation. It instructs that staff will "Initiate the chain of survival system and follow basic guidelines until the arrives". The protocol further indicates that staff will "Continue to follow prompts and perform until (Emergency Medical Services) takes over". Review of Resident #2's record revealed the resident was admitted to the facility on . The Resident Health Assessment (AHCA Form 1823) dated notes the resident had diagnoses including , , , and increased lipids. The resident required assistance with all activities of daily living. It was documented that the resident had " ( ) prn (as needed) via at 2 liters per minute for ( )." The resident had no on file. During interview with the Administrator on at 10:50 AM, she confirmed that the resident did not have a . During an interview on at 11:00 AM, Caregiver Staff B stated that Caregiver Staff A notified her on that Resident #2 was not responding. Caregiver Staff B went to Resident #2's room at 5:20 AM on and observed the resident with "blue , , no , and no	A 025		

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A 025	Continued From page 3 rising", and determined that the resident "was gone". She called 911 and went to the resident's record to gather information for the personnel. The staff member did not initiate or the . The resident was pronounced at 5:32 AM on after personnel arrived. Review of Caregiver Staff B's personnel file revealed the staff member had current training dated in Heartsaver First Aid, and with an expiration date of . This staff member was certified to perform and at the time of this incident. However, Caregiver Staff B did not initiate or the as directed by the facility's policy and procedure. In an interview with the Administrator on at 12:35 PM, she was notified of these findings. The facility provided no additional information for review at this time. Class II	A 025		