

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963865	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2024
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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 Limited Nursing Services (LNS) monitoring survey was conducted on at Pacifica Senior Living Sunrise. The facility had a Limited Nursing Services deficiency at the time of the visit.	A 000		
AN278	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain required Nursing Progress Notes for resident care for 2 of 2 sampled residents receiving Limited Nursing Service (LNS) Resident #1 and Resident #2. The findings include:	AN278		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING SUNRISE		STREET ADDRESS, CITY, STATE, ZIP CODE 4201 SPRINGTREE DRIVE SUNRISE, FL 33351		
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AN278	Continued From page 1 1. Resident #1 was admitted to the facility with medical diagnoses including _____ and history of a _____ with _____. The resident requires assistance with bathing, _____ and toileting. The resident requires total care of the _____. Resident #1 resides in the memory care unit of the facility. Review of the LNS Admission and Discharge Register log reveals Resident#1 was placed on _____ for _____ care. Review of the facility nursing progress notes starting from _____ reveals no documentation of LNS nursing care provided to monitor and care for the _____, site including assessment of Resident #1's skin condition and _____ site/ function. Review of the facility Treatment Administration Record (TAR) for _____ indicated that Resident #1's _____ bag was changed by nursing staff every three days and as needed per a physician order. 2. Resident #2 was admitted to the facility with medical diagnoses including _____, retention and _____. The resident requires assistance with Activities of Daily Living (ADL) care except ambulation. He has a _____ in place for _____ retention. The resident goes out to the health care provider for monthly changes. Resident #2 is alert but _____ and unable to care for the _____. During an interview with Resident #2 on _____ at approximately 10:30 AM when asked if he was receiving _____ care from the facility staff, the resident stated he didn't have a _____.	AN278		

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AN278	Continued From page 2 Review of the LNS Admission and Discharge Register log reveals Resident #2 was placed on LNS services on _____ for _____ care. Review of the facility nursing progress notes for Resident #2 from _____ reveals no documentation of the LNS nursing care provided to monitor and care for the _____. The notes indicate that Resident #2 went to the urologist for monthly _____ replacement. Review of the facility Limited Nursing Services policy dated _____ indicated " b) All limited nursing services will be documented in the residents's record. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services, including the progress note must be completed by the nurse who delivered the service; must describe the date, type, scope, amount, duration, and outcome of the services that are rendered, must describe the general status of the resident's health, must describe any deviations in the resident's health; must contact with the resident's physician and must contain a signature and credential initials of the person rendering the care." During an interview with the Resident Services Director () on _____ at approximately 11:00 AM she confirmed that Residents #1 and #2 were admitted to the LNS care. She stated that the facility aides were emptying Resident #1's _____ bag and the facility nurses were changing the _____ bag as ordered but she could not provide any documentation of nursing assessment of skin condition and _____ function at the _____ site. She stated that Resident #2 was receiving daily _____ care from the facility aides. She confirmed there was no nursing	AN278		

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AN278	Continued From page 3 documentation of any observation/ monitoring of the function and status. The acknowledged the residents should be monitored for / , care and nursing care documentation completed appropriately. Class III	AN278		