

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2012
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING OF PALM BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 4760 JOG ROAD GREENACRES, FL 33467		
(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 CCR# 2012006051, 2012006162 and 2012007154 Allegations were not confirmed. The Pacifica Senior Living Assisted Living Facility is in compliance with the Requirements for Assisted Living Facilities, related to the allegations reviewed.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0099

6B4711

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 16, 2012

Administrator
Pacifica Senior Living Of Palm Beach
4760 Jog Road
Greenacres, FL 33467

**Re: CCR #2012006162, 2012007154 and
2012006051**

Dear Administrator:

This letter reports the findings of a complaint surveys completed on July 2, 2012 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

M.C. Boyles, HFE Supervisor
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

7MRZ

