STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	11/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Of Belleair	620 Belleair Road Clearwater, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013009967, was conducted on

The Pacifica Senior Living of Clearwater assisted living facility had one unrelated deficiency found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review, observation and interviews, the facility failed to discharge 2 (#1 & #3) out 3 sampled residents who no longer met the criteria for continuing residency and were not on either hospice or extended congregate care services.

Findings include:

Record review on of Resident #1's health assessment completed by a licensed health care provider and dated revealed the resident has a diagnoses of , and . The health assessment also stated was severely , required total care, required administration of medications and needs to be fed.

Staff #A and Staff #B both stated on at 10:30a.m. that Resident #1 was a total care in all of her activities of daily living. They stated it took two staff to transfer her from bed to chair and chair to bed. Staff #A stated she feeds the resident and Resident #1 can not do anything for herself.

Observation of Resident #1 during the noon meal on revealed a resident sitting in a a wheel chair and was being fed staff #A. She was being fed a mechanical soft diet with fortified foods. Staff #A encouraged the resident to eat with each bite. The resident made no attempt to fed herself.

When interviewed on at 1:00 p.m., the director of nursing stated she thought the resident was getting extended congregate care services but after further record review, it was found the resident was not getting extended congregate care services or hospices services.

Record review on of Resident #3's health assessment completed by a licensed health care provider and dated revealed the resident has a diagnoses of S/P non-syndopal intraparenchymal without midline shift with , , and osteipenia. The resident is disoriented, and forgetful. She is have administration with medication.

Staff#A and Staff #B both stated on at 10:35 a.m. that Resident #3 was a total care with all activities of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	11/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Of Belleair	**620 Belleair Road Clearwater, FL 33756**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

daily living. She can not walk and is a two person assist for transfer. Resident #3 is fed by Staff #B.

Observation of Resident #3 during the noon meal on / revealed a resident sitting in a wheel chair and was being fed by Staff #B. She was being fed a pureed no added salt diet with nectar thick liquids. Staff #B encouraged the resident to eat with each bite. The resident made no attempt to fed herself.

When interviewed on / at 1:10 p.m., the director of nursing stated she thought the resident was getting extended congregate care services but after further record review, it was found the resident was not getting extended congregate care services or hospice services.

Residents, who are total care with all activities of daily living, needs to be fed and must have medication administered by a nurse and is not getting either on hospice or extended congregate care services, are not meeting the requirements for continuing residency in an assisted living facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Pacifica Senior Living of Belleair
620 Belleair Road
Clearwater, FL 33756

Dear Administrator:

Re: **CCR# 2013009967**

This letter reports the findings of a complaint survey that was conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161