STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	03/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Fort Myers	9461 Healthpark Circle Fort Myers, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2013012957, CCR# 2013012908, CCR# 2013013368, and CCR# 2014002215 which was conducted at Pacifica Senior Care an Assisted Living Facility (ALF) located at Fort Myers, FL.

The following is description of non-compliance.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review, the facility failed to ensure there was sufficient supervision to prevent an injury for 1 (Resident #5) of 14 residents reviewed.

The findings include:

1. Resident #5 was admitted to the facility on . This resident has , poor safety awareness, and a . At the time of admission, it was noted the resident did not ambulate, but was able to transfer with supervision. This resident also is a hospice patient.

On , the documentation in the record indicated the resident . The resident had had several prior to this. The nurse's note dated , at 7:00 p.m., stated the resident l at 6:30 p.m. When the nurse arrived at the resident's side, the resident was noted to laying the right side. The resident complained of pain in the right wrist and was sent to the emergency . At the emergency ays were taken which showed a of the wrist.

Further documentation in the record indicated the resident had just been transferred to a recliner chair after finishing supper by 2 staff members. One of the staff members went to go help another resident. The second staff member went to clean up the kitchen, leaving the residents alone in the sitting area. The kitchen is about 50 feet away from the residents. There is no straight line to get from the kitchen to the chair where the resident was sitting, it requires the staff to go around the furniture to get to the resident. The staff heard the alarm (chair alarm) go off, but by the time the staff arrived at the resident's side, the resident had already taken a step and . The staff were required to perform housekeeping tasks along with the duties.

During an interview on at 3:30 p.m. Staff I indicated agreement this resident did indeed l which resulted in a fractred the wrist. He further stated they have not had a housekeeper for several months. As a result of this, the staff providing care to the residents were also providing housekeeping care to both the kitchen after meals and to the resident to keep them neat and clean. There had been no increase in staff to provide this additional staff for these additional duties.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

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Based on observation, record review and interview, the facility failed to provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

The findings include:

Observation during a tour conducted on from 9:10 a.m. to 10:30 a.m., revealed that resident were providing activities of fold and chat. Further observation revealed that there was a bus at the facility's parking lot.

Interview with Staff H, that was observed providing activities on from 9:10 a.m. to 10:30 a.m., revealed that she is a Resident Aid. Staff stated that some time in 2013 the Activities Director was terminated and she and Staff G were told that needed to provide activities to all residents for a total of 25 hours a week. Staff H stated that she had never received an additional training related to activities. She said that she utilized calendars from previous years as a guide in preparations of activities. She further stated that residents complained to her because the facility's bus used to be utilized for outing and was in disrepair since 2013. She said that residents used to have at least two outings a month and loved them. She said that she felt that more needed to be done in relation to the activities program in order to stimulate all residents.

Resident council meeting reviews revealed the following: During the meeting that took place on residents asked to have the walking club back, to go on bus trips to get out of this place a little bit, go to Wal-Mart, go to the shop, to have a treadmill for exercise, to play bingo at least twice a week, to have more movie nights with movies like Mama Mia, The world's Faster Indian and Fiddler on the roof. Furthermore, they wanted to be able to see kids in their costumes for Halloween and have nice Christmas decorations, lights and music.

During the meeting that took place on , the residents again requested the bus to be fixed in order to have more outings and to play bingo more often.

During the meeting that took place on , the residents requested more reading material such as magazines, books and wanted more outings. They asked again about the bus repair.

During the meeting that took place on , the residents again asked to go out for outings, go to the store, go to the shop. Also, residents asked to have a newspaper delivered so they can keep up with current events.

Resident #4 stated during interview on at 2:40 p.m.: "I like bingo but it's always the time I take a nap, at 1:30 p.m. I talked to them and told them to change the time so I can participate. They did not change the time. It's still 1:30 p.m."

Resident #8 stated during interview on at 9:27 a.m.: "The activities are worse than before. I like bingo, watch movies. When I first got here I used to go on the bus, we went to the beach. We did not go out of the bus but was nice to be out and see the water. They don't do that anymore."

Resident #9 stated during interview on at 10:00 a.m.: "I like bingo but sometimes is when I take an nap around 1:30 p.m., we never go out on a bus. I never go outside to sit in the sun. I never do any exercise."

Resident #12 stated during interview on at 11:20 a.m.: "I just watch TV all day. Back in we had an issue with Comcast and had no TV for 2-3- days. I don't do anything else, I loved it when we used to go out on the bus. It was great. Loved it but the bus has been broke for about 6 months now."

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Resident #7 stated during interview on . . . . . at 11:55 a.m.: "Bingo is my favorite activity. Its every other day around 1:30 p.m. They take me out once in a while to be in the sun, I like that, we never go on any outings in the beach with the bus. I wish we go out with the bus."

An interview was conducted with Resident #5's daughter on . . . . at 11:15 a.m. She stated the activity person quit a long time ago and they have never replaced him. She stated the TV did not work for a long time and they had no activities over Christmas. There is no mechanism to get the residents to the activities they do have. She said if she or her sister did not take their mother to activities she would not go. No entertainment is being given at all.

An interview with Executive Director (ED) Staff I on at 1:40 p.m., revealed that facility did not have an activities director since . . . . . of 2013 and Staff G and H were told to provide activities to residents in memory care facility without any prior training.
He also acknowledged that the bus has been in disrepair since . . . . . of last year and subsequently residents had no outings. Furthermore he stated that there was no cable for a prior of 2-3 days some time last year. He said it was Comcast's fault.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on interview and record review, the facility failed to ensure there was sufficient staffing and training to meet the needs for 1 (Resident #5) of 14 residents reviewed.

The findings include:

Resident #5 was admitted to the facility on . . . . . This resident has , ... poor safety awareness and a . . At the time of admission, it was noted the resident did not ambulate, but was able to transfer with supervision. This resident also is a hospice patient.

On , the documentation in the record indicated the resident . . . The resident had had several . . prior to this. The nurse's note dated . . . at 7:00 p.m., stated the resident . . . at 6:30 p.m. When the nurse arrived at the resident's side, the resident was noted as laying the right side. The resident complained of pain in the right wrist, was sent to the emergency . . . . . At the emergency there X-Rays taken which showed a . . . . of the wrist.

Further documentation in the record indicated the resident had just been transferred to a recliner chair after finishing supper, by 2 staff members. One of the staff members went to go help another resident. The second went to clean up the kitchen leaving the residents alone in the sitting area. The kitchen is about 50 feet away from the residents. There is no straight line to get from the kitchen to the chair where the resident was sitting, it requires the staff to go around the furniture to get to the residents. The staff heard the alarm (chair alarm) go off, but by the time he arrived the resident's side, the resident had already taken a step and . . . . The staff were required to perform housekeeping tasks along with the . . . . . duties.

Interview with Staff I on . . . . at 3:30 p.m., indicated agreement this resident did indeed . . which resulted in a fractred the wrist. He further stated they have not had a housekeeper for several months. As a result of this, the staff providing care to the residents were also providing housekeeping care to both the kitchen after meals and to

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the resident to keep them neat and clean. Additionally these staff were also responsible to do all of the resident activities. There had been no increase in staff to provide this additional staff for these additional duties.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on interview, and record review, the facility failed to ensure there was an adverse incident report filed for a resident injury and hospitalization for 1 (Resident #5) of 14 residents reviewed.

The findings include:

Resident #5 was admitted to the facility on This resident has poor safety awareness and a At the time of admission, it was noted the resident did not ambulate, but was able to transfer with supervision. This resident also is a hospice patient.

On the documentation in the record indicated the resident The resident had had several ; prior to this. The nurse's note dated at 7:00 p.m., stated the resident at 6:30 p.m. When the nurse arrived at the resident's side, the resident was noted as laying the right side. The resident complained of pain in the right wrist, was sent to the emergency At the emergency there X-Rays taken which showed a of the wrist.

Further documentation in the record indicated the resident had just been transferred to a recliner chair after finishing supper, by 2 staff members. One of the staff members went to go help another resident. The second went to clean up the kitchen leaving the residents alone in the sitting area. The kitchen is about 50 feet away from the residents. There is no straight line to get from the kitchen to the chair where the resident was sitting, it requires the staff to go around the furniture to get to the residents. The staff heard the alarm (chair alarm) go off, but by the time he arrived the resident's side, the resident had already taken a step and The staff were required to perform housekeeping tasks along with the duties.

Interview with Staff I on at 3:30 p.m., indicated agreement this resident did indeed which resulted in a fractred wrist. When asked for the adverse incident report, Staff I did not provide one. There was none filed with the state as required for this incident.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Pacifica Senior Living Fort Myers
9461 Healthpark Circle
Fort Myers, FL 33908

Re: CCR# 2013012957, CCR# 2013013368 and CCR# 2013012908

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2014 to verify that the necessary corrections are in place to correct the deficiencies 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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