

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/18/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964870	(X3) DATE SURVEY COMPLETED 04/02/2014
NAME OF PROVIDER OR SUPPLIER Pacifica Senior Living Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 9461 Healthpark Circle Fort Myers, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-04/02/2014
0026-Resident Care - Social & Leisure Activities-04/02/2014
0079-Staffing Standards - Levels-04/02/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-04/02/2014

This is to report the findings of an unannounced follow-up to Complaint Survey, CCR# 2013012957, CCR# 2013012908, CCR# 2013013368, and CCR# 2014002215 conducted on 4/2/14 at Pacifica Senior Living an Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

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

0079-Staffing Standards - Levels 58A-5.019(4) FAC

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 18, 2014

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

Dear Administrator:

This letter reports the findings of a second complaint survey revisit conducted on April 2, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. 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

