STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	06/11/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

The Pacifica Senior Living of Belleair, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review, the facility failed to honor the rights of one of four sampled residents (Resident #1) to be free of other than half-bed rails ordered by a medical provider. Specifically, the facility used a lap belt to restrain Resident #1 in a wheelchair.

Findings include:

On at 1:15 PM during a tour of one of the buildings of the facility, Resident #1 was observed sitting at one of the tables in the dining area. An empty plate and glass were on the table in front of Resident #1. Resident #1 was in a wheelchair and had a belt across her lap.

The facility's Resident Care Director was questioned about the belt on at 1:16 PM and stated she did not know it was being used and said she knows that are not allowed in an assisted living facility. The Resident Care Director stated that Resident #1 was recently put on Hospice and has and is most comfortable in a recliner or geri chair.

Employee A was interviewed on at 1:20 PM. Employee A stated "She always wears it in the wheelchair. If she doesn't, she slides down."

A review of the record for Resident #1 on revealed a health assessment dated indicated Resident #1 required assistance with all activities of daily living (ADLs), was a "high risk" and was diagnosed with . According to her record, Resident #1 was admitted to Hospice on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit that was conducted on , 2014, 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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida