STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	07/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Of Palm Beach	4760 Jog Road Greenacres, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on and at Pacifica Senior Living Of Palm Beach. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and an interview, the facility failed to ensure the Medication Administration Observation Record (MOR) was up-to-date and accurate, for 4 out of 8 sampled residents (Residents 14, 15, 17 and 18).

The findings include:

On at 11:30 AM the 2014 MOR's were reviewed and the following omissions were noted.

a) Resident 14
All 9:00 AM medications were not documented as given for (reviewed at 11:30 AM).

b) Resident 15
The 9:00 AM medications were not documented as given for (reviewed at 11:30 AM).

c) Resident 17
The resident's Sugar reading and whether or not was given to the resident was not documented on at 11:30 AM and on at 7:30 AM (reviewed at 11:30 AM on .

d) Resident 18
The 9:00 AM dose of was not documented as given on and (reviewed at 11:30 AM on .

These findings were acknowledged by the LPN (licensed practical nurse (resident services director) during interview at 11:45 AM on . She further stated no further documentation was available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the assisted living facility failed to ensure the facility menu was followed at all times and to ensure all regular and therapeutic menus to be used by the facility are reviewed annually by a registered dietician.

The findings include:

A review conducted on at 11:45 AM ,of the facility ' s posted lunch menu for revealed the menu to be meatloaf with gravy, mashed potatoes, vegetable medley, dinner rolls with margarine , marshmallow crisp, milk and beverage of choice. In an observation conducted on at 11:45 AM of the facility' s lunch meal served to

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the residents consisted of meatloaf with gravy, mashed potatoes, vegetable medley, marshmallow crisp and a beverage. There was no dinner roll, bread or milk served.

In an interview conducted on at 2:37 PM with Staff H, she stated that she asked the chef about the rolls and he told her that the bread was in the meatloaf all pureed together and confirmed there was no pureed bread served.

In an interview conducted on at 12:15 PM with the food service designee, he confirmed that rolls were not served at lunch on , that he substituted regular bread, but was unaware why the bread or milk was not served in any of the cottages.

A review of the menu currently being used by the facility revealed that the menu was titled Spring/Summer 2013 and signed and dated by the Registered Dietician on .

In an interview conducted on at 10:50 AM with the Administrator, she stated that the facility did not have a current menu signed and approved by a dietician. She further stated, that the facility is currently using menus from last year that expired on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure 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 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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