STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	11/24/2014
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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care (ECC) Monitoring survey was conducted at the Pacifica Senior Living of Palm Beach on . . . The facility had a deficiency identified at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation and interview, the facility failed to ensure that the facility does not retain unlabeled prescription and over the counter medication in the medication storage area for 2 of 7 medication . . . . . (Cottage # 6 and # 7).

Findings include:

An observation of the medication storage of Cottage #7 was conducted on . . . . . at 11:42 AM, accompanied by the ECC Supervisor and the Nurse assigned to that Cottage. Five unlabeled . . . . . 4.6 mg . . . patches and a bottle of Eckerd ear drops were observed in the medication cabinet. The Nurse was unaware of who the medications belonged to due to the lack of prescription labels on the medications and she confirmed that the facility should not store unlabeled medications.

The Surveyor, ECC Supervisor and the Nurse then went to Cottage # 6 to conduct an observation of medication storage in the medication . . . . . An unlabeled bottle of Caltrate with . . . . . was in the cabinet. The Nurse stated that the Caltrate probably belonged to a resident who was no longer at the facility and that it should have been labeled with a prescription label to indicate who it was for and the dose to be administered. The ECC Supervisor confirmed that the facility should not accept and/or retain unlabeled medications.

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 with Extended Congregate Care (ECC) survey that was conducted on , 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manger

AMD/dso
Enclosure: State form 5000-3547
XG90

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