RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014010332

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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	12/22/2014
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 - 0000 - - Initial Comments
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:
An unannounced complaint survey for CCR# 2014010332, was conducted on through , at Pacifica Senior Living Fort Myers, an Assisted Living Facility in Fort Myers, Florida.

The complaint contained 4 allegations. One of the allegations was not substantiated; two were substantiated without deficiencies; and one was substantiated with the following deficiencies cited.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and interview, the facility failed to ensure direct care staff received and Related Level 1 and/or Level 2 training within mandated time frame from hire date for 8 (Staff: B, C, F, H, J, K, M, and N) of 10 records reviewed.

The findings include:

On , review of records for direct care staff (Staff: B, C, F, H, J, K, M, and N) found no documentation of Level 1 training being completed within 30 days of hire. Staff B hired on , Staff C hired on , Staff F hired on , Staff H hired on 2007, Staff J hired on , Staff K hired on , Staff M hired on , and Staff N hired on , files revealed no documentation of Level 1 training.

The facilitie brochure is titled Pacifica Senior Living Fort Myers Memory Care. Under the title Wellness, it states "Legacies is our specialized memory care neighborhood where our compassionate team members provide quality care to our residents that are facing and other related It also states that "staff is specially trained to enrich the lives of our Legacies' residents and family members."

The facility includes 5 buildings housing up to 14 residents each. Only four buildings are currently in use, with building 3 currently under renovation. All buildings are located behind 1 of 2 locked gates, which a code is needed to enter and exit. The doors for each building have an alarm that sounds when opened.

On at 4:45 p.m. the Director of Resident Care provided a sign-in sheet for employees who have had the Level 1 training and confirmed the staff members noted above, have not had training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	12/22/2014
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)		

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview, the facility failed to maintain appropriate documentation for required training in an Assisted Living Facility for 8 out of 8 employees.

The findings include:

On , record review of 8 out of 8 staff records (Staff A, B, F, J, K, L, M, and N) revealed certificates of training, maintained in all employee files lacked training program subject matter, agenda, number of hours of the training programs, location, training provider's credentials and professional license number.

Staff B, J, K, L, M, and N's files contained a one page document listing the Employees name, training date, course title, and Instructors signature. The document lacked other required information.

Staff A and Staff F's records had only certificates containing the name of the employee, the title of the training, and Instructor signature with date.

Interview on at 4:30 p.m. with the Administrator confirmed there was no other documentation available for these staff members.

Class