

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED 01/28/2015
NAME OF PROVIDER OR SUPPLIER Pacifica Senior Living Of PalmBeaches	STREET ADDRESS, CITY, STATE, ZIP CODE 4760 Jog Road Greenacres, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-01/28/2015

Specific Tag Findings:

0000-Initial Comments

An unannounced Revisit to ECC (Extended Congregate Care) Monitoring Visit survey was conducted on 01/28/2015 at Pacifica Senior Living of Palm Beach. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 10, 2015

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

Dear Administrator:

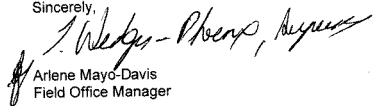
This letter reports the findings of a state licensure monitoring survey with Extended Congregate Care (ECC) revisit conducted on January 28, 2015 by a representative of this office.

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 representative. 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

DT9D

