STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	**02/26/2015**
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)		

An unannounced Monitoring survey was conducted on _ _ _ _ at Pacifica Senior Living, an Assisted Living Facility in Fort Myers, Florida.

The following is the deficiency found at the time of visit:

0181-Emergency Plan Approval 58A-5.026(2) FAC

Based on record review and interview, the facility failed to file an Emergency Management Plan with the local emergency management agency.

The findings included:

Review of the Lee County Monthly Delinquency Report from the Lee County Emergency Agency revealed that the facility's emergency management plan expired on , 2014.

On at 1:05 p.m., the Administrator confirmed they have not submitted a plan to the emergency management office as yet. He says the are in the process of completing their plan, it is about 75-80% complete.

On _ _ _ at 2:35 p.m., telephone interview with the local Emergency Management Office confirmed the facility's previous emergency plan expired on and they have yet to submit a new plan for review.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a monitoring survey that was conducted on , 2015 by a representative 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 the 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 after 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. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:sp
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