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)		

Revisit Corrected Tags:
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

An unannounced follow-up to complaint survey CCR #2014010332 was conducted on 2/26/15, at Pacifica Senior Living, an Assisted Living Facility in Fort Myers, Florida.

All previous citations have been substantially improved or corrected.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 4, 2015

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

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on February 26, 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 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

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