STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910672	02/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Forest Trace	5500 Nw 69th Avenue Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Change of Ownership survey was conducted on [redacted] at Pacifica Senior Living Forest Trace. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) was completed every three years, for 1 out of 2 sampled residents' records reviewed (Resident # 12) .

The findings include:

A review of Resident # 12's file revealed an admission date of [redacted]. A review of Resident # 12's Resident Health Assessment (AHCA form 1823) dated [redacted] documented the following diagnosis: [redacted] Spinal [redacted] and [redacted] Further record review found no new AHCA form 1823 completed and in file for Resident # 12 since [redacted].

In an interview conducted on [redacted] at approximately 2 PM, the Administrator and the Director of Nursing acknowledged the findings and stated no further documentation was available for review.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 1 out of 4 sampled staff records reviewed (Staff B).

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The findings include:

A record review of Staff B's personnel record revealed a date of hire of [redacted] as a certified nurse assistant who provides direct care including assistance with meals for residents. Further record review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service training: Nutrition and Safe Food Handling.

In an interview with the Administrator on [redacted] at approximately 2 PM, he acknowledged the finding. He stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Pacifica Senior Living Forest Trace
5500 NW 69th Avenue
Lauderhill, FL 33319

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure 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 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 Manager

AMD/dlt
Enclosure

XG90

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