

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964870	(X3) DATE SURVEY COMPLETED R 08/24/2015
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING FORT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HEALTHPARK CIRCLE FORT MYERS, FL 33908	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A follow-up by desk review was conducted on 8/24/15 for Pacifica Senior Living, an Assisted Living Facility in Fort Myers, Florida.

The follow-up was in response to the monitoring visit completed on 2/26/15.

Based on the facility's supporting documentation, the deficiency was corrected as of 8/21/15.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964870

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/24/2015

Name of Facility

PACIFICA SENIOR LIVING FORT MYERS

Street Address, City, State, Zip Code

9461 HEALTHPARK CIRCLE
FORT MYERS, FL 33908

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0181	08/21/2015	ID Prefix		ID Prefix	
Reg. # 58A-5.026(2) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

[Signature] HFE5

Reviewed By

Date:

8-24-15

Date:

Signature of Surveyor:

[Signature] HFE5

Signature of Surveyor:

Date:

8-24-15

Date:

Followup to Survey Completed on:

2/26/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 24, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey follow-up conducted by desk review on August 24, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected by this desk review. **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, R.N.
Field Office Manager

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Enclosure: State Form

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