STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	10/13/2015
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

An unannounced Relicensure survey was conducted on / / through at Pacifica Senior Living, an assisted living facility in Fort Myers, Florida.

The following is a description of the deficiencies that were found at the time of the visit.

0007 Admissions - Criteria

Based on record review and interview, the facility failed to inform the resident or responsible party of 2 (Residents #3 and #13) of 2 resident records reviewed of the professional qualification of facility staff who will be providing assistance with self-administration of medication.

The findings included:

On / , record review of Residents #3 and #13 reviewed revealed there was no documentation as to unlicensed staff assisting with medication self-administration.

Interview with the Resident Services Director at 10:15 a.m. on said the addendum was mailed out to all the responsible parties this morning.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to maintain appropriate documentation for required training for 3 (Staff A, B, and C) of 7 employees.

The findings included:

On / record review of 2 (Staff A and C) have a list of training with no number of hours on the certificate of completion. All the trainings were done in one day. The certificate contains the name of the employee, the title of the training and instructor signature with date.

On / record review of 1 (Staff B) showed no certificates in the file. The staff member has a certificate of completion indicating 36 hours of training were done on one day.

On / at 11:51 a.m., spoke with owner & CEO of the Pharmacy that provided training regarding

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training 36 hours in one day. They had a training group and we had a problem with them. They were not giving certificates out at the time of the in-service. Every class the certificates are given out after each class is given. The trainers are going to be in Ft. Myers on Wednesday or Thursday. The staff will be given out immediately after the class is done. The training will have the number of hours and name of the course. He confirmed there was a problem with the people that had been doing the training.

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to ensure 2 (Staff A and D) out of 7 staff had job descriptions in their employee file.

The findings included:

On record review showed Staff D with a job description for a Registered Nurse / Licensed Practical Nurse.

On during entrance conference at 9:13 a.m., interview with Resident Services Director states she is not a nurse.

On / / record review showed Staff A as not having a job description in her file.

Interview with Administrator on / at 12:32 p.m. confirmed Staff D did have the incorrect job description in her file. Staff A did not have a job description in her file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 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 that was conducted on 2015 by representatives 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. 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

XG90

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