STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	02/22/2016
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF BELLEAIR**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 BELLEAIR ROAD** **CLEARWATER, FL 33756**	

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

0000 Initial Comments

Assisted Living Facility

A Biennial with Extended Congregate Care (ECC) survey was conducted at Pacifica Senior Living of Belleair Assisted Living Facility on . Pacifica Senior Living of Belleair Assisted Living Facility, had deficiencies at the time of survey.

0052 Medication - Assistance with Self-Admin

Based upon observation, interview and record review, staff did not follow the required process during noon medication pass, for 2 (#13, #15) of 2 residents observed.

Findings Include:

During observation on of the noon medication pass for resident (#15) staff D assisted the resident completely by administering the medications to the Resident without any assistance demonstrated by Resident #15.

A review of the 2016 medication records for Resident #15 revealed the following medications were administrated to resident #15 during noon medication pass on . MAPAP 500 MG TABLET "Medication Observation Record" reads take two tablets by mouth three times a day routinely (7:00 A.M., 1:00 P.M., 7:00 P.M.). 50 MG TABLET, take one tablet by mouth four times daily (8:00 A.M. ,12:00 P.M. ,4:00 P.M., 8:00 P.M.).

During observation on of the noon medication pass for resident (#13) staff D assisted the resident completely by administering the medications to the Resident without any assistance demonstrated by Resident #13

A review of the 2016 medication records for Resident # 13 revealed the following medications were administrated to resident #.. during noon medication pass on 500 MG CHW "Medication Observation Record" reads chews one tablet by mouth three times daily for bone strength.

During observation on of the noon medication pass for resident (# 13) staff D assisted the resident completely by administering the medications to the Resident without any assistance demonstrated by Resident #13

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During a interview with staff D on 12:18 P.M. Staff D confirmed that he completely assisted residents #13 and resident #15 with all medications administered on during the noon medication pass. Staff D stated, " I always give them their medications this way, I am not sure if they can take her medications or dink her water without me completely doing it for them, I don't think they can hold it, I will try later today."

During an interview with the facility Regional nurse on 3:45 P.M. The Regional nurse confirmed she talked with staff D and confirmed findings. I he regional Nurse stated, " he should have used the hand over hand technique."

Class III

0078 Staffing Standards - Staff

Based on interview and record review the facility failed to ensure that 1 (Staff A) of 3 sampled employee's was free from communicable 30 days after beginning employed.
Finding Include:
A review of the employee personnel records on revealed staff A was hired on . Staff A file showed no documentation indicating she was free from communicable .
During an interview with Administrator Interim on at 1:15 p.m., Administrator Interim reviewed staff A personnel file with surveyor and confirmed findings. The Administrator Interim confirmed staff A currently works the first shift form 7:00 am to 3:00 P.M. and provides direct care to residents. No further documentation was provided to surveyor at this time.

Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to ensure (2 of 3 (employee A,B) sampled employee files reviewed had documentation of the required 1 hour in control, Activities of Daily Living and Behavior needs, Elopement response, Emergency preparedness and evacuation, Incident reporting, Residents Rights, Recognizing and Reporting & Neglect & , Nutritional & Food Safe Handling, in-service training within 30 days of employment status.

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Finding Include:
A review of the employee personnel records on revealed employee A was hired on . Employee A file revealed Employee (A) file did not have documentation indicating the required 1 hour for control, Activities of Daily Living and Behavior needs, Elopement response, Emergency preparedness and evacuation, Incident reporting, Residents Rights, Recognizing and Reporting & Neglect & , Nutritional & Food Safe Handling .
A review of the employee personnel records on revealed employee B was hired on Employee B file revealed Employee (B) file did not have documentation indicating the required 1 hour for control, Activities of Daily Living and Behavior needs, Elopement response, Emergency preparedness and evacuation, Incident reporting, Residents Rights, Recognizing and Reporting & Neglect & , Nutritional & Food Safe Handling.
During an interview with the Administrator interim on at 1:12 P.M. Administrator Interim reviewed employee files with surveyor for staff A, B and confirmed findings.

No further documenting was provided at this time.

Class III

0090 Training -

Based on interview and record review, the facility failed to ensure (2 of 3 (employee A,B) sampled employee files reviewed had documentation of the required 1 hour in in-service training within 30 days of employment status.

Finding Include:
A review of the employee personnel records on revealed employee A was hired on . Employee A file revealed Employee (A) file did not have documentation indicating the required 1 hour for in-service training.
A review of the employee personnel records on revealed employee B was hired on Employee B file revealed Employee (B) file did not have documentation indicating the required 1 hour for in-service training.
During an interview with the Administrator interim on at 1:12 P.M. Administrator Interim reviewed employee files with surveyor for staff A, B and confirmed findings.

No further documenting was provided at this time.

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Class III

0093 Food Service - Dietary Standards

Based on record review, observation and interview the facility failed to ensure 4 of (#4, #5, #6, #7) 4 cottages have a planned signed current menu posted in each cottage available for the residents to see. That the menu have portion sizes or a sheet with portion sizes is posted.
To ensure the facility have a 3 day food supply of nonperishable food on hand at all times.

Findings Include:

On the administrator provided a copy of the menu the facility was following for the week. The administrator stated it was week #1 of the four week rotating cycle.

During a tour of the five separate secured cottages it was revealed that cottage # 7 had Menu #2 posted. The menu was not signed and did not have portion sizes available .The facility did not have available a separate sheet with portion sizes to refer to while serving the residents their lunch.

Cottage #6 Did not have a menu posted. the facility did not have a separate sheet to indicate the portion sizes to be used when serving meals.

Cottage #5 did not have a menu posted for the residents to see and there was not a a separate sheet to indicate the portion sizes to be used when serving meals.

cottage #4 had week #2 posted The menu did not have portion sizes or a separate sheet with the portion sizes to use when serving residents their meal.

On at 3:00 PM the dietary director accompanied this surveyor to the locked emergency food supply. The storage had paper supplies, water and cases of #10 canned food, including Tuna, Ravioli and Chili that had all expired in 2013, and 2014. The Dietary director stated he had been told to incorporate the food into the everyday meals for the residents. The Cook/Dietary Director stated he didn't because he was afraid to make the residents sick.

Class III

E210 ECC - Training

Based on record review and interview, the facility failed to ensure the direct care staff had the training

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requirements to provide care to Extended Congregate Care Residents for one (staff A) out of two staff records reviewed.
Findings Included:
During a record review of a direct staff med tech (Staff A) working the day shift full time, it was revealed that she did not have the required training for the Extended Congregate Care.
At 3:23 PM, an interview with the Regional Nurse consultant acknowledged and confirmed that the direct care staff did not have the required training.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pacifica Senior Living Of Belleair
620 Belleair Road
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on , 2016 by representative(s) 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 , 2016.** 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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