STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	03/24/2016
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4760 JOG ROAD** **GREENACRES, FL 33467**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015013359, was conducted on 03/21/2016, 03/23/2016, and 03/24/2016 at Pacifica Senior Living of Palm Beaches. The facility had a deficiency at the time of the investigation.

0167 Resident Contracts

Based on interviews and record reviews, it was determined the facility failed to provide a refund that conformed to Section 429.24(3), F.S. (The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident), for 2 of 3 sampled residents (Resident #2 and Resident #3).

The findings included:

1) During record review of Resident #2's business file it was determined that this resident's move in date was / and her move out date was /. The refund request form, dated , indicated a refund was due to the daughter/POA (Power of Attorney) in the amount of $1330.65. However, an email was located from Resident #2's daughter to the Administrator, dated /, reflecting the daughter did not understand how the incorrect address could have been utilized to send a refund check as the resident agreement/contract had the correct address.

During interview and record review conducted with the Leasing Coordinator, on / beginning at approximately 10:40 AM, she stated that the refund check in the amount of $1330.65 was re-sent to the daughter/POA after /. She acknowledged this was 4 months after the move out date and not within the required 45 day time frame for refunds.

During subsequent interview and record review conducted with the Leasing Coordinator, on / beginning at approximately 11:30 AM, she stated there may be additional correspondence for Resident #2 that she does not have access to at this time. She explained that the Administrator was due back from vacation, tomorrow, and that if any additional information was located it would be provided for review. As of at 10:00 AM, no other documentation was received from this facility.

During telephone interview conducted with Resident #2's daughter/POA, on beginning at approximately 3:00 PM, she stated she still had not received any refund from this facility (6 months after Resident #2 moved out of the facility). Resident #2's daughter/POA provided a copy of the email to the Administrator, dated , that indicated Resident #2 was moving out "at the latest on Saturday". This email also had the daughter's correct mailing address noted within the text of the email.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	03/24/2016
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4760 JOG ROAD** **GREENACRES, FL 33467**	

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

2) During record review of Resident #3's business file it was determined that this resident's move in date was 09/11/2015 and his move out date was 09/16/2015. The refund request form, date not noted on the form, reflected $640.00 was to be provided to son/health care surrogate. The refund check was dated ../ ... .. in the amount of $640.00 to Resident #3's son. This refund was provided 3 months after the resident's move out of the facility.

During interview and record review conducted with the Leasing Coordinator, on / beginning at approximately 10:40 AM, she stated that the refund check in the amount of $640.00 was provided to the son/health care surrogate on / . She acknowledged that this was 3 months after the move out date and not within the required 45 day time frame for refunds.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pacifica Senior Living Of Palm Beach
4760 Jog Road
Greenacres, FL 33467

RE: CCR #2015013359

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016, 23, 2016 and , 2016 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. **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 representative. Should you have any questions please call this office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida