STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	04/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING FORT MYERS	9461 HEALTHPARK CIRCLE FORT MYERS, FL 33908

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

0000 Initial Comments

An unannounced Extended Congregate Care survey was conducted on at Pacifica Senior Living, an Assisted Living Facility located in Fort Myers, Florida.

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

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to provide documentation for an annual negative examination for the Extended Congregate Care (ECC) Supervisor.

The findings included:

On , a review of the ECC Supervisor's personnel file revealed there was no annual evidence of a negative examination.

On at 1:15 p.m., the Executive Director stated, "Unfortunately we were not able to track down a current for her."

Class

E210 ECC - Training

Based on record review and staff interview, the facility failed to maintain documentation for continuing education for the Extended Congregate Care (ECC) Supervisor.

The findings included:

On , a review of the ECC Supervisor's personnel file revealed there was no documentation of completion of 4 hours of continuing education.

In an interview on at 1:20 p.m., the Executive Director confirmed the documentation was not in the file.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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 , 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 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

XG90

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