STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	**03/09/2017**
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

Two complaint investigations (CCR #2016014607 and CCR #2017000298) were conducted on . . . . . at Pacifica Senior Living of Palm Beach, license #9409, Deficiencies were identified the day of survey.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview, record review and observation, the facility failed to follow a physician's order, for 1 out of 9 (Resident #6) sampled residents.

Findings include:

On . . . . . at 12:19 PM, a record review was conducted of the file for Resident #6. Resident #6 had a doctor's order dated for thickened liquids. An AHCA form 1823 dated did not show any dietary restrictions.

On . . . . . at 12:23 PM, an observation was conducted of Resident #6 as he ate lunch. He was served water and juice. Neither appeared to have been thickened.

On at 12:27 PM, an interview was conducted with Staff E. Staff E stated the thickening liquid was in the refrigerator, but she does not put it in his liquids because then he won't drink them. She stated she did not inform the doctor or nurse, and did not get permission to stop using the thickening liquid.

On . . . . . at 3:44 PM, Staff H stated she was not aware of a physician's order for Resident #6 to have thickened liquids. She stated she had not been told he had refused to drink the thickened liquids.

On at 3:50 PM, an interview was conducted with the Director of Nursing (DON). The DON had not been informed that Resident #6 refuses to drink thickened liquid.

On . . . . . at 4:00 PM, an interview was conducted with the Executive Director (ED). She stated she was aware that without a discontinue order, the employees are required to follow the physician's order. The ED stated Staff E should never have stopped without an order.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

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

Based on interview and record review, the facility failed to file the required adverse incident report to the agency for an adverse incident for 1 out of 9 (Resident #2) sampled residents, within one business day.

Findings include:

On at 1:10 PM, a record review was conducted of an internal incident report regarding a that resulted in hospitalization and a broken jaw for Resident #2. The incident occurred on .

On at 1:10 PM, a record review was conducted of the hospital discharge summary for Resident #2. Resident #2 was determined to have a broken jaw. Resident #2 was discharged back to the facility on .

On at 1:50 PM, an interview was conducted with the Executive Director. She stated she came to work at the facility on . She stated she had not been made aware of the incident. The Executive Director stated she had been trying to gain access to the portal since , and she only gained access today when she called and said AHCA was in the building.

On at 1:55 PM, an interview was conducted with the Director of Nursing (DON). The DON stated the facility was without an Administrator after , and the resident returned to the facility on . The DON stated she did not know how to complete the Adverse Incident Report online, and she filled out the internal incident report and filed it according to the facility's policy. The DON stated no investigation was completed regarding the incident beyond a statement from the employee who found the resident.

Class III