STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	**02/15/2018**
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

On , , 2018, a biennial re-licensure survey with extended congregate care (ECC) services in conjunction with a revisit to CCR#2017014526 and CCR#2017010730 of was conducted at Pacifica Senior Living of Belleair. Deficient practice was identified during the surveys.

License # 9666

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to use Universal Precautions to prevent the spread of , while assisting residents with medication (med) for three Residents (#10, #13, and, #14) of three, sampled residents who require assistance with self-administration of meds.

Findings Included:

During a med observation with Staff D for Resident #13 conducted on at 09:34am revealed that, Staff D med technician (tech) did not wash or sanitize hands prior to med preparation. Staff D put on gloves pulled from her pants pocket. Staff D did not change gloves after assisting Resident #13 with medication. Staff D did not wash or sanitize hands after assisting Resident #13 with meds.

During a med observation with Staff D for Resident #14 conducted on at 09:40am revealed that, Staff D did not wash or sanitize hands prior to med preparation. While continuing with the same gloves worn for Resident #13, Staff D did not wash or sanitize hands while assisting Resident #14. Staff D did not change gloves or wash hands after assisting and prior to assisting Resident #13 with the instillation of eye drops. Staff D did not change gloves and did not wash or sanitize hands before answering the phone and returning to med cart document Resident #13's med observation. Resident #13 is on for a on the date of survey.

During a med observation with Staff D for Resident #10 conducted on at 09:34am revealed that, Staff D did not wash or sanitize hands prior to med preparation. Staff D did not wash or sanitize hands after assisting Resident #13 with meds.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with the Resident Care Director (RCD) who oversees med techs conducted on at 01:50pm revealed that it is the expectation that med techs use Universal Precautions during med assistance. The RCD stated that med techs should be washing their hands prior to beginning med assistance and upon completing med assistance and med techs should sanitize between every two to three residents. The RCD stated that hand washing should be done as frequently as possible especially after potential contact with body fluids such as eyes.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that freedom from ( ) was documented annually for one employee (Staff D) of four sampled employees.

Findings Included:

An employee record review for Staff D conducted on revealed that Staff D's last documented negative screening dated . Staff D's date of hire is .

During a staff interview with the Regional Director conducted on , the Regional Director acknowledged and confirmed that Staff D's negative screening has been longer that the annual requirement.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview, the facility did not provide 1(staff A) of 3 direct care staff at least 2 hours of in-service training for extended congregate care (ECC), provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility.

Findings included:

Record review on of the personnel file for Staff A revealed she was hired on and she did not have documentation in her file showing she had completed at least 2 hours of extended congregate care training within 6 months of beginning employment in the facility.

When interviewed on at 2:00 pm, the administrator verified the documentation was not in Staff

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

A's file.

Class III