STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	R **04/24/2018**
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

A revisit was conducted on . . . for Pacifica Senior Living of Belleair Assisted Living Faciity. At the time of the survey, the facility had deficient practice.

License 9666

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

Based on record review and interview, the facility failed to ensure direct care staff received the required 2 hours training pertaining to Extended Congregate Care (ECC) for one of one sampled staff (Employee A).

Findings Included:

During an employee record review it was revealed the facility has not provided the 2 hour required training pertaining to their extended congregate care license. Employee A who has a hire date of . . did not have documentation of completeing the required 2 hour training.

On at 11:30am the Resident Care Director stated staff have not had any training since the last survey on . . . . The Resident Care Director stated that she was newly hired.

Class III