STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	**05/30/2018**
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 complaint survey, CCR #2018004194, was conducted at Pacifica Senior Living of Palm Beach(License #9409) on , , 2018. There were deficiencies identified at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to ensure that one (1) of one (2) residents's records reviewed (#9) received health care services in a timely manner.

Findings includes:

During confidential interviews conducted on , it was revealed Resident#9 had a all over his body and had an extremely high and was sent to the Emergency further evaluation around . Resident #9 was admitted for medical care and ultimately sent to the Rehab for approximately 3 weeks.

Record review of the facility records revealed Resident #9 was admitted to the facility on with a diagnosis of . Further review didn't reflect any rashes upon admission. There was no evidence within the file to indicate onset of the and/or physician evaluation or contact prior to . Record review revealed Resident #9 was first seen on by the facility's doctor. No documentation was observed regarding resident #9 being seen by a physician prior to .

During an interview with Employee A (the Administrator) on between 3:45 PM and 4:30 PM, it was stated that "we didn't take his HMO, and no doctor takes his." Employee A also stated that resident #9's care manager and granddaughter was told that "we have a Dr. that comes here so you want have to take him out." Resident #9 was first seen by the doctor on .

During further discussion with employee A and employee E regarding whether Resident #9's and subsequent hospitalization was as a result of delayed care. Employee A stated that the was not there long, probably a day as it was observed by a staff person on a Tuesday, which would have been the 30th and (the doctor) was here on Thursday," as (the doctor) "comes on the first." However, the facility had no documentation of aformentioned.

Additionally, review of resident #9 resident record and facility's Incident log revealed that (the doctor) saw resident #9 on . After assessing the residents' condition, resident #9 was sent to the hospital on where he resident stayed for a week, and then was sent to Rehab for three

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weeks.

During the Exit Interview conducted on . . . . . between 3:35 PM and 4:30 PM, this surveyor asked if there was any documentation that the . . . was first observed on the date mentioned. Employee A stated that it would have been in the communication. In the book "it just stated he had a ." The was observed on a Tuesday, the doctor came in on the following Thursday." However there was nothing in the file verifying such. This surveyor asked to see the documentation/book, but was told by employee A and employee E that they don't have those notes (communication book). They are notes that are kept shift-to-shift and only kept for 30-days. Therefore, the notes no longer exist. As such, there is no facility information to substantiate that Resident #9 was observed/received care in a timely fashion.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and an interview, it was determined that the facility failed to ensure that one (1) of five (5) employees reviewed (employee B) had the required four (4) hours of Training.

Findings include:

The facility advertises "Our memory care community is carefully designed for seniors suffering From . . . . . and other forms of memory loss. Our community focuses on programs that help individuals with memory loss to prosper while managing health issues."

As the facility advertises that it provides special care to residents with 's or related . . . . . (ADRD), and is a secured facility, employees providing direct care to residents with . . . . . or related (ADRD) are required to have 4 hours of training.

During record review and interviews on . . . and . . , this surveyor reviewed Employee's record an observed all training documents in the file. However, employee B's training certificate for this requirement reflects 1 hour of training. This was discussed with employee A and E on . . . . . , who also reviewed the file and was not able to find the four (4) hours of required . . . . 's training. This was acknowledged by employee A and E.

Class III