

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED 07/02/2018
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 licensure complaint survey, CCR# 2018005110, was conducted on _____ at Pacifica Senior Living of Palm Beach, License # 9409. The facility had deficiencies at the time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interview and record review, it was determined the facility did not provide medications per physician's orders, for 1 of 3 sampled residents (Resident #3). Specifically, related to the established parameters for anti-hypertensive medications for Resident #3.

The findings include:

During interview and review of Resident #3's _____ 2017 MAR (Medication Administration Record) conducted with the ED (Executive Director) the following concerns were identified:

- 1) _____ : 2.5 mg (take 3 tabs = 7.5mg) daily; "hold for _____ less than 100 and _____ rate less than 60." The _____ rate was not recorded on the following dates: _____ ; _____ ; _____ ; _____ ; _____ ; and _____. The ED acknowledged there was no documentation to reflect the _____ rate, therefore, the nurse did not have the ability to make an informed decision (following physician's orders related to parameters) regarding the provision of this anti-hypertensive medication.
- 2) _____ : 120mg take 1 tab by mouth daily; "hold for _____ less than 100 and _____ rate less than 60." The _____ rate was not recorded on the following dates: _____ ; _____ ; _____ ; _____ ; and _____. The ED acknowledged there was no documentation to reflect the _____ rate, therefore, the nurse did not have the ability to make an informed decision (following physician's orders related to parameters) regarding the provision of this anti-hypertensive medication.
- 3) _____ : 10mg take 1 capsule by mouth daily; "hold for _____ less than 100 and _____ rate less than 60." The _____ rate was not recorded on the following dates: _____ ; _____ ; _____ ; _____ ; and _____. The ED acknowledged there was no documentation to reflect the _____ rate, therefore, the nurse did not have the ability to make an informed decision (following physician's orders related to parameters) regarding the provision of this anti-hypertensive medication.

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The narrative note, dated at 4:00 PM, indicated Resident #3 was "showing ; sent via 911 to hospital for evaluation. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on interview and record review, it was determined the facility failed to ensure every reasonable effort was made for residents that receive assistance with self-administration of medications, that their medications were filled or re-filled in a timely manner, for 1 of 3 sampled residents (Resident #3). The findings include: During interview and review of Resident #3's MAR (Medication Administration Record) for 2017 conducted with the ED (Executive Director), on beginning at approximately 12:40 PM, revealed the following concerns related to the timeliness of filling or re-filling prescriptions: 1) : 3mg tab is to be taken daily at bed time. The 2017 MAR reflected "blanks" on the following dates: ; ; ; ; and This MAR also indicated this medication was "not available" on ; ; ; and The ED acknowledged that the narrative notes did not include any documentation related to the 2) Labetal: 100mg tab to be taken twice daily. The 2017 MAR reflected this medication was "not available" on (2 doses); (1 dose); (1 dose); (1 dose); and (1 dose). Narrative note, dated , indicated not delivered and no new orders; pharmacy was faxed an order on this date. The ED acknowledged medication should not have "run out" prior to refill. 3) : 5mg to be taken daily at bedtime. The 2017 MAR reflected this medication was "not available" on ; ; ; ; ; and Narrative note, dated , indicated order was faxed (went 6 days without this medication prior to contacting physician). The ED acknowledged medication should not have "run out" prior to refill. Class III		

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0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review, it was determined the facility failed to maintain an up-to-date admission and discharge log listing the name of each resident' date of admission; facility or place from which the resident was admitted; date of discharge; reason for discharge; and identification of the facility or home address to which the resident was discharged , for 5 of 7 residents reviewed (Resident #3, Resident #4, Resident #5, Resident #6, and Resident #7).

The findings include:

During interview and review of the facility's admission and discharge log conducted with the ED (Executive Director), on beginning at approximately 12:40 PM, acknowledged the required information was not noted on the log as follows:

- 1) Resident #3: date of admission reflected ; the location this resident was admitted from was not included; the discharge date was inaccurate (should have been and not); and the locations of discharge was inaccurate (should have been JFK hospital and not in-house hospice).
- 2) Resident #4: date of admission reflected ; the location and reason for discharge was not noted
- 3) Resident #5: date of admission reflected ; the location this resident was admitted from was not included; "off census" dated of was noted and date expired was also noted.
- 4) Resident #6: date of admission reflected ; the location this resident was admitted from was not included; "came off census" date of was noted; went to hospital on was noted (but not which hospital or reason for discharge).
- 5) Resident #7: date of admission reflected ; "off census" was noted; actual date of discharge and location of discharge was not noted

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review, it was determined the facility failed to ensure a weight record that

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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is initiated on admission and can be taken from the 1823 form (health assessment) was maintained for 1 of 3 sampled residents (Resident #3). The findings include: During interview and review of Resident #3's record, specifically the admission 1823 form (health assessment) dated , conducted with the ED (Executive Director) did not include weight or height information for this resident. The ED acknowledged this information was not completed for Resident #3. Class III		