STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	**09/18/2018**
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 relicensure with Extended Congregate Care (ECC) survey was conducted on . . . . . - . . . . . at Pacifica Senior Living of Palm Beach, License #9409 . The facility had deficiencies at the time of the visit.

This survey was completed in conjunction with a revisit to complaint survey CCR#2018004194 and complaint survey CCR#2018005110, see separate reports for details.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to ensure that all residents Agency for Health Care Administration Health Assessment (AHCA Form 1823) was updated to reflect a significant change for 1 of 2 sampled residents (Resident#12).

The Findings Included:

On at approximately 2:00PM, a record review was completed for Resident#12 and revealed an AHCA Form 1823 dated . . . . On page two section C, which addresses the residents status in regards to , was left black. Further review revealed on in the narrative charting notes, it is documented that the resident had a "significant change" relating to low amount of and was sent to the hospital. The resident returned to the facility on with a , ... Further review of the facility narrative charting notes revealed on . . . . . the resident had a , , that was later determined to be a Stag II. For either of the significant changes, a new AHA Form 1823 was not completed to reflect the significant change and the current care needs of the resident.

On at approximately 4:50PM, during an interview with the Administrator, and the ECC manager, they acknowledged the findings and provided no additional documentation for review.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to ensure all receipts of Third Party Services were documented and maintained in the resident and facility files for 1 of 2 sampled residents (Resident#12).

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SUMMARY STATEMENT OF DEFICIENCIES
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The Findings Included:

On at approximately 11:00AM during the observational tour, Residents#12 was identified as having a . On at approximately 12:30PM, a review of Resident#12's record revealed on , it was documented on the narrative charting record that Resident#12 had a open , no stage or condition of the was documented, and home health was ordered. At this time, the facility's home health documentation was requested. At this time, the facility was unable to provide documentation in reference to Resident#12's from home health. At this time, the facilities home health and other outside agencies policy and procedures were revived and revealed, the home health agency is expected to check in with the Resident Care Director on arrival and departure. The policy also calls for the facility to receive written information that addresses the on-site service being provided and clinical information necessary for the community staff to provide supplemental care. One home health document was provided regarding Resident#12's , dated and documented the as a measuring 1.5cm x 2.0cm x 0.10cm. At this time no additional no receipt for services was provided in the residents file.

On at approximately 3:30PM during an interview with the ECC supervisor and the Resident Care Director, they were unable to provide specific information or consistent documentation regarding Resident#12's , . At this time, the documentation was requested form the home health agency. The home health documentation was provided during exit. They acknowledged the findings .

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure that staff personnel records contained all the required documentation in 1 of 4 (Staff D) staff records reviewed.

The findings included:

A record review conducted on at approximately 10:30 AM of Staff D/the Administrator's personnel file revealed a core training certificate dated documenting that Staff D had a passing score on the Assisted Living Facility Core competency test; further review revealed that the file lacked the required 12 hours of continuing education to maintain her assisted living facility core training requirements for the period from - and a copy of her job description.

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

In an interview conducted on at 4:58 PM with the Administrator, she acknowledged the findings .

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Plan (CEMP) to the local Emergency Management Agency for review and approval.

The Findings Included:

On at approximately 11:00AM, the facility CEMP was requested. The Administrator provided a CEMP letter dated , and documented the Initial Review cannot be approved due to not meeting The Agency of Health Care Administration standards. The Administrator was unable to provide a previously approved CEMP.

On at 1:17PM, this surveyor obtained a copy of the facilities last approved CEMP from the local emergency managment agency dated , and was valid through , 2017. Further review revealed, the recommended submittal date for 2017 was . The facility does not have a approved CEMP.

During an interview with the Administrator on at approximately 4:50PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III

0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC

Based on record review and interview, the facility failed to ensure that all staff must be trained in their duties and are responsibility for implementing the emergency management plan in 1 of 4 (Staff D) staff records reviewed.

The findings included:

A record review conducted on at approximately 10:30 AM of Staff D/ Administrator's personnel file revealed that the file lacked documentation that the Administrator had been trained in her duties and responsibilities in implementing the emergency management plan.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview conducted on . . . . at 4:58 PM with the Administrator, she acknowledged the findings .

Class III

E206 - ECC - Service Plans - 58A-5.030(6) FAC

Based on record review and interview, the facility failed to maintain quarterly services plans, for 1 of 1 Extended Congregated Care (ECC) resident's (Residents#12).

The Findings Included:

On . . . . . at 10:00AM, the ECC Manager identified Resident#12 as receiving ECC services. A review of Resident#12's record revealed a the resident was admitted to ECC on . . . . . and at this time a preliminary service plan was completed.. On . . . . . a 14 day written service plan was completed and dated . Further review of the residents file revealed, no documentation of a quarterly service plan that documented any changes in the residents ECC needs or services.

On . . . . . at approximately 4:45PM, during an interview with the ECC manager and the Administrator, they acknowledged the findings and provided no additional documentation for review.

Class III