STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910672	**10/23/2018**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING FOREST TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5500 NW 69TH AVENUE LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

An unannounced Relicensure survey with a capacity increase to 194 beds, was conducted on through at Pacifica Senior Living Forest Trace, License #7448. The facility had deficiencies identified at the time of the survey.

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

Based on interview, and record review, the facility failed to ensure that a resident's health assessment (AHCA form 1823) was accurate, up-to-date, and reflective of the resident's current care needs (including significant health changes) to ensure that a resident met the criteria for continued residency, for 1 of 2 sampled residents' records review (Resident#15). It was also determined that the facility failed to ensure that residents in the facility received a face-to-face examination every three years and/or upon signficiant health changes and the results documented on the AHCA 1823 form .

Findings included:

During a record review of Resident #15's file , it was noted that there were discrepancies identified regarding the examination dates and care needs for the resident. It was found that the AHCA 1823 form was initially dated , however, the date was written over the original date. Further review revealed that on the AHCA form 1823, in the section detailing whether the resident required assistance with administering medication, it was initially check "No". The checked mark was crossed thru and there was no initials beside the change. Review of the ADLs section of the form, revealed that Resident #15 required assistance with bathing and dressing. Further review of the in-house facility monthly resident assessments for the last 5 months revealed that Resident #15 was total assist in the ADL's of bathing and dress. Further record review failed to indicate the resident was enrolled in hospice services.

During an interview with the Director of Resident Services on at 1:55pm, it was stated that the AHCA 1823 form is not always completed face to face, and in some instance, the physician's go upward of six weeks after seeing the resident, before the AHCA 1823 form is completed. It was also revealed that the document is usually faxed to the physician's office to be completed.

During an interview with Resident #15 physician's medical assistant on at 11:10am, it was revealed that the office had no proof or a copy that the AHCA form 1823 was completed. According the medical assistant, the resident's medical records were discussed on , 2017 visit.

During an interview with the Director of Resident Services on at 12:55pm, it was revealed that

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the monthly assessments for the residents are done "in- house", and are used to make sure resident is getting assistance with their ADL's. It was stated that Resident #15 is assisted in dressing, but total in bathing.

During an interview with Staff E, on at 11:43am, it was revealed that Resident #15 is unable to bathe or dress herself, and that these services are performed for Resident #15, three days out of the week; Mondays, Wednesdays, and Fridays. It was further revealed that the resident has declined signficiantly since admitted to the facility.

During an interview with the Director of Resident Services on at 1:55pm, it was stated that the various resident physicians have previously given her permission to make changes on the AHCA form 1823 form as needed. She also confirmed that Resident #15 had not been properly assessed for continued residency and a new Health Assessment completed by the physician face to face .

Class III