STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	**02/11/2019**
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 complaint survey, CCR#2019000010, CCR#2019000997, CCR# 2018018188 and CCR#2018018603, was conducted at Pacifica Senior Living of Belleair on . . . . There were deficiencies at the time of the survey.

(License# 9666)

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

Based on records review and interview, the facility failed to ensure that 4 of 4 residents had a . . . -to- . . . medical examination, recorded on an AHCA form 1823, after a significant change in health, for 4 of 4 residents reviewed (#1, #2, #5 and #6).

Findings included:

A record review of Resident #1's record was conducted on . The record revealed an AHCA form 1823 dated . . (the latest). The latest 1823 indicated that Resident #1's needs could be met in an assisted living facility, but no mention that the resident required nursing services such as hospice. The record revealed a hospice interdisciplinary care plan, with an admission date to hospice services on . The record contained no updated AHCA form 1823 indicating that the resident had a significant change in health status that would provide evidence of a . . . to . . . medical examination to determine the resident would be a to receive hospice services. The Director of Nursing stated at 12:35p on . . . . that Resident #1 was recently admitted to hospice. (Photographic evidence obtained).

A record review of Resident #5's record was conducted on . . . . . The record revealed an AHCA form 1823 dated (the latest). The latest 1823 indicated that Resident #5's needs could be met in an assisted living facility, but no mention that the resident required nursing services such as hospice. The record revealed a hospice interdisciplinary care plan, with an admission date to hospice services on . . . . . The record contained no updated AHCA form 1823 indicating that the resident had a significant change in health status that would provide evidence of a to medical examination to determine the resident would be a . . . . . to receive hospice services. The Director of Nursing stated at 12:35p on that Resident #5 was receiving hospice services. (Photographic evidence obtained).

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PACIFICA SENIOR LIVING OF BELLEAIR	**620 BELLEAIR ROAD CLEARWATER, FL 33756**

SUMMARY STATEMENT OF DEFICIENCIES
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A record review of Resident #6's record was conducted on . The record revealed an AHCA form 1823 dated (the latest). The latest 1823 indicated that Resident #6's needs could be met in an assisted living facility. The record revealed no hospice interdisciplinary care plan, however narrative charting on stated "POA has called hospice to do an evaluation for admission" and on "resident admitted to hospice". The record contained no updated AHCA form 1823 indicating that the resident had a significant change in health status that would provide evidence of a to medical examination to determine the resident would be a to receive hospice services. The Director of Nursing stated at 12:35p on that Resident #6 was recently admitted to hospice.

A review of Resident #2's records on revealed that the resident was hospitalized on in the month of . During Resident #2's hospital stay, the social worker at the hospital was made aware, by the facility, that the resident's needs could no longer be met there and the hospital would need to discharge the resident to a skilled nursing or long term care facility. The social worker was able to place Resident #2 in a long term care facility in , of 2019.

The records the facility maintained for Resident #2 revealed no change in condition or to medical examination that would indicate a change of health status making it necessary to transfer the resident to a higher level of care. The latest AHCA form 1823, dated , indicated that the resident's needs could be met in an assisted living facility. There was another AHCA form 1823 in Resident #2's record, dated , which was mostly blank. It had listed diagnoses and medical history and indicated that the resident was not an elopement risk, however no other information was annotated on the form signed by health care provider. (Photographic evidence obtained).

Class III

E201 - ECC - Policies - 58A-5.030(2) FAC 429.07 (3)(b)5, FS

Based on records review and interview, the facility failed to develop and implement any written policies and procedures to address any of the specific extended congregate care (ECC) aging in place guidelines that would provide increased or adjusted services to a person to compensate for the physical or mental decline that may occur with the aging process.

Findings included:

The facility had their current license posted in the facility, a standard assisted living facility license with a specialty license to provide ECC services (Photographic evidence obtained).

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SUMMARY STATEMENT OF DEFICIENCIES
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At 9:30am, 12:30pm and again at 3:45pm on , the Director of Nursing stated that, although the facility holds an ECC specialty license, they do not use it and they have never had a resident who received ECC services.

The facility's ECC ECC policies and procedures and other required information, was reviewed on . The ECC book contained only 3 pages. The first page stated clearly that the facility had no residents currently under the ECC license, the second page stated "ECC Binder", the 3rd page was a 2 line, undated, contract with a registered nurse that the facility's Director of Nursing could contact the nurse 24 hours a day for any nursing issues or concerns, and the last page was a copy of the nurse's Florida State nursing license. (Photographic evidence obtained).

In an interview at 3:45pm on , the Director of Nursing offered to copy the Agency for Health Care Administration's (AHCA) regulations for ECC policies, and place it in the ECC binder, as an alternative for coming up with their own facility's policies and procedures.

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(3) FAC

Based on records review and interview, the facility failed to have a qualified nurse on staff or under contract, who would be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care (ECC) residents.

Findings included:

On at 12:30p, the Director of Nursing of the facility stated that the facility had with a registered nurse to provide ECC services. A review of the facility's ECC program binder on was conducted. Page 3 of the ECC binder was a was a 2 line, undated, contract with a registered nurse that agreed that the facility's Director of Nursing could contact the nurse 24 hours a day for any nursing issues or concerns. A copy of the nurse's Florida State nursing license was included in the binder, however there was no Level II background screening showing that the nurse was qualified to work in the facility. (Photographic evidence obtained).

In an interview at 3:45p on , the Director of Nursing and the Administrator stated they were not aware that the nurse was required to have a Level II background screening.

Class III

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E210 - ECC - Training - 58A-5.0191(8) FAC

Based on records review and interview, the facility failed to ensure that all caregiving staff completed extended congregate care (ECC) training within 6 months of beginning employment in a currently licensed ECC facility (the Director of Nursing).

Findings included:

A review of the facility's Director of Nursing's training record on revealed that, though the Director of Nursing had worked in the facility for more 6 months (hired on), there was no ECC training certificate in the record.

In an interview with the Director of Nursing at 3:45p on , the Director of Nursing said that the certificate was probably at home.

Class III.