RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Pacifica Senior Living Ocala
11311 SW 95th Circle
Ocala, FL 34481

RE: CCR #2014010040

Dear Administrator:

This letter reports the findings of a complaint survey and initial Limited Nursing Services licensure survey that were conducted on , 2014 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N.W. Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964742	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Ocala	**11311 Sw 95th Circle Ocala, FL 34481**	

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

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR 2014010040, and an initial Limited Nursing Services survey were conducted on . 2014 at Pacifica Senior Living, an assisted living facility in Ocala, FL. Discernible deficiencies were identified at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review the facility failed to ensure grievance procedures were followed for one (Resident #1) of 5 residents sampled. The facility also failed to refund money according to the contract agreement.

Finding:

An interview on at 9:15 AM with the POA (power of attorney) for Resident #1 revealed he called and spoke to the Business Office Director on more than one occasion to complain about a refund that was due. The previous administrator had agreed to refund money because the resident was transferred for a medical reason. He asked for the new administrator to call. The long term care insurance company also needed information from the facility's registered nurse (Director of Nursing) and reached out to her for information so they could get information for insurance reimbursement. On and the insurance company provided to him information saying no information was provided to them from the ALF. No one at the facility will return his phone calls.

An interview with the Director of Nursing on at 5:30 PM revealed she was very busy and had not had time to complete the notes since She acknowledged the notes did not show the resident being discharged. She could not remember when the resident ' s belongings were removed. She did not see who removed them and was not notified when they were removed.

She further stated she handles the grievances personally. Grievances are not logged in the grievance book. She handles them immediately. The grievances are brought to her. There are no notes kept because she handles them as complaints and resolves them right away. There is no record kept.

Interview on at 11:10 AM with the Business Office Director revealed Resident #1 came in on Her was $3420 monthly. An additional cost for level care was $600 additionally for medication administration, assistance with ADL ' s. When she came in she was charged

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$2000 community fee, a onetime charge that is charged to all residents on admission. On the family paid an additional $6020 prior to being billed. She would not have received that bill until 20th. The 2014 statement would have shown a zero balance. The bill was $3420 for the $600 for level of care for He acknowledged there was no appendix B explaining the charge of $600 for level of care. The facility received over $10,000. The resident arrived in and left before the end of

On at 12:20 PM the Executive Director said if a resident is sent to the hospital or nursing home, etc. the families are told if higher level of care is needed, the 30 day notice is waived if furnishings and items removed from the premises so the be rented. She agreed a record should have been kept of when the resident was moved out. No one knows when the resident's belongings were moved. No dates were written and no one was sure of the date.

A review of resident #1's contract showed the terms for termination of the contract. The contract states, "You may terminate this agreement at any time, with or without cause, by giving the Executive Director thirty (30) days prior written notice of termination. You will continue to be responsible for your full monthly fee until the thirty (30) day period has expired. In the event of your discharge due to medical reasons (or , this Agreement will terminate on the date your Apartment is vacated and cleared of all personal belongings."

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on interview and record review the facility failed to ensure the record was complete 1 (Resident #1) of 3 residents reviewed had a notice of consent for unlicensed staff to assist with medication and

Finding:

A review of Resident #1's record revealed there was no informed consent for unlicensed staff assisting the resident with self-administration of medications in Resident #1's record.

On at 5:30 PM the Director of Nursing (DON) stated there was no informed consent for unlicensed staff to assist with self-administration of medication for Resident #1.

Class III