



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 9, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 8, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure



|                                                                                                        |                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964742</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>01/08/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Pacifica Senior Living Ocala</b>                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>11311 Sw 95th Circle<br/>Ocala, FL 34481</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-01/08/2015

0162-Records - Resident-01/08/2015

0000-Initial Comments

An unannounced revisit as follow-up to an initial Limited Nursing Services licensure and complaint survey #2014010040 was conducted on January 8, 2015, at Pacifica Senior Living, an assisted living facility in Ocala, Florida. No deficient practice was found at this time. Previously cited deficiencies were cleared.