RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2015 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964742 | 12/30/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**PACIFICA SENIOR LIVING OCALA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11311 SW 95TH CIRCLE**<br>**OCALA, FL 34481** | |

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

**0000 Initial Comments**

On an unannounced Limited Nursing Service monitoring survey was conducted at Pacifica Senior Living, an assisted living facility at 11311 SW 95th Circle, Ocala, Fl. Deficiencies were identified as a result of this survey. The facility is not in compliance at the time of the survey.

**N277 LNS - Resident Care Standards**

Based on record review and interview the facility failed to ensure a Registered Nurse was on contract to provide Limited Nursing Services (LNS) to the residents.

Findings:

During a review of the contract for the nurse that the Business Office Manager identified as the LNS Nurse (Staff D) did not reveal that the nurse was contracted to provide LNS Services. The only services listed in the contract was for Pharmacy Nurse Consultant.
During an interview on at 1:25 PM with the Business Office Manager she confirmed the facility does not have a contract for a Registered Nurse to provide LNS Services for the residents. The facility also does not have a Registered Nurse as direct care staff employee of the facility staff to provide LNS services for the residents.

Class III