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 , 2016 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. **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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964742	02/18/2016
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **11311 SW 95TH CIRCLE OCALA, FL 34481**	

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

0000 Initial Comments

On , 2016 through , 2016 an unannounced biennial re-licensure survey in conjunction with a Limited Nursing Services survey was conducted at Pacifica Senior Living Ocala. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on interview and record review, the facility failed to provide an updated AHCA Form 1823 for a significant change of condition when referred to Hospice Care Services for 1 of 2 Residents (Resident #1).

Findings:

An interview was conducted on at 10:18 AM with Resident #1. The Resident stated, " I was admitted to the facility on Thanksgiving Day, 2015 and soon after started on Hospice services. "

A record review was conducted on Resident #1, which showed that Resident #1 had a significant change in condition and was started on Hospice Care services on / . The record reviewed showed no updated AHCA Form 1823 for the significant change in condition on / .

An Interview was conducted on at 12:00 PM with the Health and Wellness Director (HWD) regarding a significant change in condition on Resident #1. The HWD confirmed an updated AHCA Form 1823 had not been completed for the significant change on Resident #1 to Hospice Care services.

Class III

0078 Staffing Standards - Staff

Based on interview and record review the facility failed to provide evidence that newly hired staff had submitted a written statement, from a health provider, documenting free from communicable and that the free from communicable statement was received within 30 days after hire date on 3 of 4 staff records reviewed (Staff A, Staff C, Staff D).

Findings:

On a record review was conducted on staff C & D. Staff C was hired on / and staff D was hired as the Administrator . It was observed that staff C and D did not have a freedom

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from communicable statement signed by a physician in their records.

On at approximately 10:00 AM the Administrator stated that staff C did not have a signed freedom from communicable statement and hers was missing.

A record review was conducted on Staff A's employee folder regarding evidence of the free from communicable statement. Staff A's date of hire was . The free from communicable statement, found in Staff A's folder, was dated , which was greater than the 30 day after hire requirement.
An interview was conducted on at 8:30 AM with the Administrator regarding Staff A's free from communicable statement dated , which was greater than the 30 day after hire requirement. The Administrator confirmed Staff A's date of hire was and the free from communicable statement was dated , which was greater than the 30 day after hire requirement.
Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to provide evidence that facility staff met minimum training and education requirements established by the Department of Elderly Affairs by rule, for 2 of 4 staff records reviewed (Staff A: Missing Emergency Preparedness and Evacuation, Staff B: no in-service training documentation).

Findings:

On a record review was conducted on staff B who was hired / . It was observed there was no in-service training documentation in her record.

On at approximately 10:00 AM, the Administrator stated staff B has not had and had not completed none of her inservice training as required.

A record review was conducted on Staff A's employee folder and revealed a date of hire was . Staff A was missing documentation on Emergency Preparedness and Evacuation training.

An interview was conducted on at 8:30 AM with the Administrator regarding missing training on Staff A, date of hire . The Administrator confirmed there was no documentation of training for Staff A on Emergency Preparedness and Evacuation training.

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Class III

0090 Training -

Based on interview and record review, the facility failed to provide evidence that direct care staff had received the required training on ( ) for 3 of 4 Staff records reviewed (Staff A, Staff B, Staff C).

Findings:

On , record reviews were conducted on staff B, who was hired on , and on staff C, who was hired on . It was observed there was no documentation of policy and procedure training for either staff member.

On at approximately 10:30 AM, the Administrator stated she did not have documentation showing that staff B and C had received the policy and procedure training as required.

On , a record review was conducted on Staff A's employee folder and revealed date of hire was . Staff A was missing documentation for Training.

An interview was conducted on at 8:30 AM with the Administrator regarding missing training on Staff A, date of hire . The Administrator confirmed there was no documentation of training for Staff A for .

Class III

0091 Training - Documentation & Monitoring

Based on interview and record review, the facility failed to ensure that 1 of 4 staff (Staff A) had received required Resident Needs and Activities of Daily Living (ADL) Training.

Findings:

On , a record review was conducted on Staff A's employee folder and revealed a date of hire of . Staff A was missing documentation on Resident Needs and ADL Documentation Training.

An interview was conducted on at 8:30 AM with the Administrator regarding missing training for Staff A, date of hire of . The Administrator confirmed there was no documentation of

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training for Staff A on Residents Needs and ADL Documentation.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to provide the food substitutions log required to be kept on file in the facility for 6 months.

Findings:

An observation was conducted on at 2:30 PM of the food service records regarding the food substitution log, which showed no documentation of any food substitutions logs.

An interview was conducted on at 2:30 PM with the Food Service Director (FSD). When asked to review the substitution logs, the FSD stated, "I do not have that log. No log is being kept for substitutions. I just put a sticker on the menu of the changes. I was not aware I had to keep a log."

A record reviewed was conducted of the facility's Policy & Procedure for information regarding maintaining a log on file of the substitutions for 6 months. The policy stated "If substitutions are made the menu has to be updated."

An interview was conducted on at 2:40 PM with the Administrator who confirmed the facility did not have a specific policy related to maintaining substitution logs for 6 months.

Class