

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELVEDERE COMMONS OF FORT WALTON BEACH

**2000 PRINCIPAL LANE
FORT WALTON BEACH, FL 32547**

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A 000	Initial Comments An unannounced complaint investigation (complaint number 2021010935) was conducted at Belvedere Commons of Fort Walton Beach, on 8/31/21. The facility had deficiencies at the time of the survey.	A 000		
A 030 SS=E	59A-36.007(6) FAC; 429.28(1-2) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 030	Continued From page 2 429.41(1)(k), F.S., the use of physical restraints by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from abuse and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030			

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making appointments for health care services, the provision of or arrangement of transportation to health care appointments, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for	A 030			

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A 030	Continued From page 4 relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the	A 030			

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A 030	Continued From page 5 complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations and staff interviews the facility failed to honor resident rights by failing to provide a sanitary and dignified dining experience during the lunch meal on 8/31/21 for 4 of 5 observed residents. (resident numbers 4, 5, 6, and 7)	A 030			

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A 030	Continued From page 6 The findings include: An observation of the lunch meal on the care unit was conducted on 8/31/21 at approximately 12:24 PM. Employee A (activities assistant) was observed seated in a rolling chair at a dining table with residents numbers 4 and 5. Employee A was observed to be feeding residents number 4 and 5 at the same time. The employee was observed to give resident number 4 a bite of food with his ungloved hand then give resident number 5 a bite of food. The employee did not sanitize or wash his hands between feeding the two residents. An interview was conducted with employee A on 8/31/21 at approximately 12:42 PM. He stated he always feeds two residents at one time because it is easier to do it that way. He was asked how he prevents cross between the residents; he stated, "I don't know". Employee B (resident care aid) was observed in the care unit on 8/31/21 at approximately 12:30 PM. Employee B was observed seated at a table with resident numbers 6 and 7. She was observed wearing gloves and feeding residents number 6 and 7 at the same time. She did not change gloves or sanitize hands between feeding residents number 6 and 7. An interview was conducted with employee B on 8/31/21 at approximately 1:28 PM. She stated she usually has to assist two residents to eat at the same time and to prevent cross she wears gloves, keeps the resident's food on the same side of the table as the resident, and she uses one gloved hand to feed one resident and another to feed the other resident. She stated they have 5 residents to feed and usually two staff to assist them. An interview was conducted with the Health and	A 030			

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A 030	Continued From page 7 Wellness Director on 8/31/21 at approximately 1:38 PM. She stated staff are not usually expected to feed two residents at once, they have been short staffed. She confirmed it was not a dignified dining experience. The surveyor asked how the staff were supposed to prevent cross between the two residents they were assisting, she stated, "that's a good question". Class III	A 030		

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BELVEDERE COMMONS OF FORT WALTON BEACH

**2000 PRINCIPAL LANE
FORT WALTON BEACH, FL 32547**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 030	Continued From page 5 complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations and staff interviews the facility failed to honor resident rights by failing to provide a sanitary and dignified dining experience during the lunch meal on 8/31/21 for 4 of 5 observed residents. (resident numbers 4, 5, 6, and 7)	A 030		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELVEDERE COMMONS OF FORT WALTON BEACH

**2000 PRINCIPAL LANE
FORT WALTON BEACH, FL 32547**

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A 030	Continued From page 6 The findings include: An observation of the lunch meal on the care unit was conducted on 8/31/21 at approximately 12:24 PM. Employee A (activities assistant) was observed seated in a rolling chair at a dining table with residents numbers 4 and 5. Employee A was observed to be feeding residents number 4 and 5 at the same time. The employee was observed to give resident number 4 a bite of food with his ungloved hand then give resident number 5 a bite of food. The employee did not sanitize or wash his hands between feeding the two residents. An interview was conducted with employee A on 8/31/21 at approximately 12:42 PM. He stated he always feeds two residents at one time because it is easier to do it that way. He was asked how he prevents between the residents; he stated, "I don't know". Employee B (resident care aid) was observed in the care unit on 8/31/21 at approximately 12:30 PM. Employee B was observed seated at a table with resident numbers 6 and 7. She was observed wearing gloves and feeding residents number 6 and 7 at the same time. She did not change gloves or sanitize hands between feeding residents number 6 and 7. An interview was conducted with employee B on 8/31/21 at approximately 1:28 PM. She stated she usually has to assist two residents to eat at the same time and to prevent she wears gloves, keeps the resident's food on the same side of the table as the resident, and she uses one gloved hand to feed one resident and another to feed the other resident. She stated they have 5 residents to feed and usually two staff to assist them. An interview was conducted with the Health and	A 030		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2021
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NAME OF PROVIDER OR SUPPLIER BELVEDERE COMMONS OF FORT WALTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 PRINCIPAL LANE FORT WALTON BEACH, FL 32547
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A 030	Continued From page 7 Wellness Director on 8/31/21 at approximately 1:38 PM. She stated staff are not usually expected to feed two residents at once, they have been short staffed. She confirmed it was not a dignified dining experience. The surveyor asked how the staff were supposed to prevent between the two residents they were assisting, she stated, "that's a good question". Class III	A 030		