

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969670	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE FT LAUDERDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 1031 SEMINOLE DR FORT LAUDERDALE, FL 33304		
(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 000	Initial Comments An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted on at Belmont Village Ft. Lauderdale. The facility had deficiencies identified at the time of the visit.	A 000			
AN278	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain required Nursing Progress Notes for resident care for 2 of 2 sampled residents receiving Limited Nursing Service (LNS). Resident #1 who requires _____, care and Resident #2 who requires assistance with a _____ brace. The findings include:	AN278			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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AN278	Continued From page 1 1. Resident #1 was admitted to the facility with medical diagnoses including the history of a _____ with _____. The resident requires assistance with bathing, _____, and toileting. The resident requires total care of the _____. Review of the resident's AHCA form 1823 (Resident Health Assessment form) dated _____ indicated required _____ care as prescribed by the physician. Review of the LNS Admission and Discharge Log reveals Resident#1 was placed on LNS for _____ care. Review of the facility nursing progress notes for Resident #1 starting from admission reveals no documentation of LNS nursing care provided to monitor and care for the _____ site. 2. Resident #2 was admitted to the facility with medical history of _____ with _____. The resident has memory changes and requires assistance with Activities of Daily Living (ADL) care except for toileting and transfers. Review of Resident #2's Health Assessment 1823 form dated _____ indicated that the resident has a _____ and requires assistance to apply and remove a _____ brace. In an interview with Resident #2 on _____ at approximately 11:00 AM she stated that she only wears the brace during the day. Review of the LNS Admission and Discharge Log reveals Resident#2 was placed on LNS services for nursing care of the brace. Review of the facility nursing progress notes for Resident #2 starting from _____ reveals no documentation of the LNS nursing care provided	AN278		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELMONT VILLAGE FT LAUDERDALE

**1031 SEMINOLE DR
FORT LAUDERDALE, FL 33304**

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AN278	Continued From page 2 to assist with proper application/removal of the brace and monitoring of skin integrity with use of the brace. During an interview with the Resident Care Director on _____ at approximately 12:00 PM she confirmed that Residents #1 and #2 were admitted to LNS care. She stated that the facility aides were emptying Resident #1's _____ bag, and the facility nurses were changing the _____ bag as ordered but she could not provide any documentation of nursing assessment/monitoring of skin condition and function at the _____ site. She stated that Resident #2 was receiving assistance with the _____ brace from the facility staff. She confirmed there was no nursing documentation for any observation/ monitoring of the resident's skin status with the brace. The Director acknowledged the residents should be monitored for _____ care and skin integrity, with nursing care documentation completed appropriately. Class III	AN278		