STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964056	09/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Belvedere Commons Of Tampa	1513 West Fletcher Avenue Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013009985, was conducted on .

The Belvedere Commons, assisted living facility, had a deficiency at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interview and record review, the facility failed to follow their own written policy regarding alleged resident for one of six sampled residents (Resident #1). The facility failed to insure that the administrator/executive director was aware of allegations of resident and failed to conduct an internal investigation of the allegations.

Findings include:

On , during an investigation at the facility, the surveyor reviewed the facility's written policy on investigating and neglect. The surveyor noted that the policy stated, "The executive director shall investigate immediately and document all allegations of resident and neglect."

On that same date, the surveyor interviewed the facility's Resident Care Director at 10:05 AM. The Resident Care Director stated that on she was contacted by the nurse on duty at the facility, who informed her that Resident #1 was alleging that staff on duty had physically hurt her. The Resident Care Director said the nurse had assessed the resident and said Resident #1 had no obvious injuries. The Resident Care Director also said Resident #1's family was upset and concerned about Resident #1 possibly being hurt by staff. The Resident Care Director also confirmed that on , an investigator from the Department of Children and Families had come to the facility to investigate the allegations regarding Resident #1 being abused by staff.

On that same date, the surveyor reviewed the facility's internal incident reports. There was no documentation of any report or allegation of Resident #1 alleging harm caused by staff.

On that same date at approximately 2:50 PM, the surveyor interviewed the administrator/Executive Director. The Executive Director said she was unaware of the allegation of by staff to Resident #1. The Executive Director said the facility had not conducted an internal investigation regarding the allegations because she had not been informed of the allegations.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Belvedere Commons of Tampa
1513 West Fletcher Avenue
Tampa, FL 33612

Dear Administrator:

Re: CCR# **2013009985**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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