STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965472	10/09/2013
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**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A biennial survey was conducted at Belvedere Commons Assisted Living Facility on . 2013. The facility had deficiencies found at the time of survey.

A complaint survey (#2012010095) was conducted in conjunction with the biennial licensure survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on review of employee files and staff interview, the facility failed to ensure that 2 of 4 employees had a communicable statement within 30 days of hire. (Staff F and H).

The findings are:

Staff member F was hired on . Review of the personnel file indicated there was no Physician's statement identifying the employee was free of communicable .

Staff member H was hired on . Review of the personnel file indicated there was no Physician's statement identifying the employee was free of communicable .

Interview with the Director of Wellness on at 4:10 PM agreed there was no statement from the Physician for these two employees.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965472	10/09/2013
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**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0083-Training - First Aid and ____ 58A-5.0191(4) FAC
Based on review of employee's files, staffing schedules and staff interview the facility failed to ensure that 4 of 4 employees had no ____ or First Aid (FA) training who at one time had worked together on the night shift. (A, I, J and K)

The findings are:

Review of personnel file for staff A indicated no training in ____ or FA. Review of ____ber's schedule indicated she had worked ____ with staff J.

Review of the schedules for ____ and ____ was conducted and a focused review was completed for staff I, J and K. The files indicated there was no training in ____ or FA for these employees.

Review of the ____ and ____ schedules indicated 17 days any combination of these employees worked the 11-7 shift leaving the facility without a staff member certified in ____ and FA.

Interview with the Director of Wellness on ____ at 4:30 PM agreed these employees are not certified in ____ and FA and had worked together on the 11-7 shift.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Administrator
Belvedere Commons Of Fort Walton Beach
2000 Principal Lane
Fort Walton Beach, FL 32547

, 2013

Dear Administrator:

This letter reports the findings of a complaint survey (CCR#2013010095) and a biennial re-licensure inspection survey conducted on . 2013, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid and
S-S= G

Directed Corrective Actions:
1. The Assisted Living Facility is required to train all night shift staff in Resusitation and First Aid.
2. The Assisted Living Facility is required to develop a process for ensuring that at least one staff member with training in and First Aid is on duty at all times.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Catherine Anne Avery, Survey and Certification Support Branch, at (850) 412-4505.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb

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