STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965472	**12/30/2013**
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)		

A desk review revisit survey was completed on December 30, 2013 for Belvedere Commons of Fort Walton Beach assisted living facility. Based on staff interview and review of supporting documentation, deficiencies were corrected.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11965472

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/30/2013

Name of Facility
BELVEDERE COMMONS OF FORT WALTON BEACH

Street Address, City, State, Zip Code
2000 PRINCIPAL LANE
FORT WALTON BEACH, FL 32547

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC	**12/30/2013**	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 12/30/13	**Signature of Surveyor:** [signature]	**Date:** 12/30/13
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
10/9/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure desk review second revisit conducted on December 30, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 and documentation that you provided to the field office. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

DT9D

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