STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964842	04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BELVEDERE COMMONS OF SUN CITY CENTER	**758 CORTARO DRIVE SUN CITY CENTER, FL 33573**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

Limited Nursing Services, Monitoring Visit,

Belvedere Commons of Sun City, an Assisted Living Facility, had deficiencies at the time of the Limited Nursing Services Monitoring Visit.

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview, the facility failed to ensure monthly nursing assessments were conducted for three (Residents #1, #2 and #3) of three residents reviewed who are receiving Limited Nursing Services (LNS).

Findings Include:

The facility provided a document signed by a Registered Nurse on who agreed to provide monthly nursing assessments for residents receiving Limited Nursing Services.

A review of the clinical records for Residents #1, #2 and #3 contained a monthly nursing assessment dated There was no nursing assessment for 2015.

The facility Director of Nursing was interviewed on at approximately 11:15 a.m. She indicated the contracted Registered Nurse has not come back to the facility to perform the and nursing assessments.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Belvedere Commons Of Sun City Center
758 Cortaro Drive
Sun City Center, FL 33573

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) monitoring visit conducted on . 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies 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 deficiencies 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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