RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Bienniel Survey Plus Complaint Number 2015010147

Dear Administrator:

This letter reports the findings of a state licensure survey that was 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Helberg, W
Field Office Manager

DH/dh
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965472	10/06/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced survey for CCR 201510147 was conducted on 10/5- at the Belvedere Commons of Fort Walton Beach. The facility had deficiencies found at the time of the survey.

0081 Training - Staff In-Service

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure 4 of 4 direct care staff members (Staff A, Staff B, Staff C, and Staff D) received appropriate number of hours of staff in-service training. Specifically, the facility failed to provide the required 3 hours of resident behavior and needs and assistance with the activities of daily living.

Findings include:

1) A review of Staff member's personnel files revealed the following:

Staff A - A certificate indicated 1 hour of resident needs and activities of daily living training was conducted on .

Staff B- A certificate indicated 1 hour of resident needs and activities of daily living training was conducted on .

Staff C- A certificate indicated 1 hour of resident needs and activities of daily living training was conducted on .

Staff D- A certificate indicated 1 hour of resident needs and activities of daily living training was conducted on .

2) During an interview on / at 4:25 PM, the Administrator confirmed Staff A , Staff B, Staff C, and Staff D only had 1 hour of resident needs and activities of daily living training in their personnel files. She reported she was aware that those staff members required 3 hours of training.

Class III

0086 Training - ADRD

Based on interview and record review, the Assisted Living Facility (ALF) advertise for providing special

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SUMMARY STATEMENT OF DEFICIENCIES
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memory care services. The facility failed to ensure 1 (Staff A) of 4 staff members received the 4 hours and Related (ADRD) Level II training within the 9 months of employment.

Findings include:

1) A review of Staff A's personnel file revealed a hire date of / . There was a lack of evidence that the 4 hours ADRD Level II training was completed.

2) During an interview on / at 4:25 PM, the Administrator confirmed that the facility advertised for special care for residents. She reviewed staff A's personnel file and confirmed that Staff A did not have a certificate for the 4 hours ADRD Level II training.

Class III