RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 18, 2015

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 survey revisit conducted on November 10, 2015 by 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 provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Kristi D. Clemons

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

DH/kc
Enclosure

DT9D

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965472	R **11/10/2015**
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 revisit survey to a biennial survey on 10/05/2015-10/06/2015 was conducted on 11/10/2015. This revisit survey was done in conjunction with a follow up survey for CCR 2015010147 conducted 10/5/2015-10/06/2015 and also in conjunction with a survey for two new complaints CCR 2015011374 and CCR 2015011550. These surveys were conducted at the Belvedere Commons of Fort Walton Beach. The deficiencies found during the biennial survey of 10/05/2015-10/06/2015 were cleared on 11/10/2015.

State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/10/2015

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix **A0030**	**11/10/2015**	ID Prefix **A0052**	**11/10/2015**	ID Prefix **A0055**	**11/10/2015**
Reg. # **58A-5.0182(6) FAC; 429.28** LSC		Reg. # **58A-5.0185 (3)** LSC		Reg. # **58A-5.0185(6) FAC** LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix **A0057**	**11/10/2015**	ID Prefix **A0093**	**11/10/2015**	ID Prefix	
Reg. # **58A-5.0185(8) FAC** LSC		Reg. # **58A-5.020(2) FAC** LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By State Agency
Reviewed By CMS RO

Reviewed By [signature] **Date:** 11/20/15

Signature of Surveyor: [signature] **Date:** 11/20/15

Reviewed By **Date:**

Signature of Surveyor: **Date:**

Followup to Survey Completed on:
10/6/2015

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