STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964842	12/30/2015
NAME OF PROVIDER OR SUPPLIER **BELVEDERE COMMONS OF SUN CITY CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 Licensure

On , 2015, a biennial relicensure survey with limited nursing services (LNS) was conducted at Belvedere Commons of Sun City Center. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure completion of the required Agency for Health Care Administration (AHCA) 1823 Health Assessment Form for 2 (# 1 and #2) of 2 residents who were reviewed for completed health assessments.

Findings Included:

1) Resident #1's health assessment form was reviewed on and the following information was omitted from the form: Medical History and Diagnosis, Physical or Sensory Limitation and or Behavioral Status.
Resident #2's health assessment form was reviewed on and the following information was omitted from the form: Type of assistance needed for medications and Assisted Living Facility not require 24 hour nursing/ supervision.
2) An interview with the Director of Nursing at 2:15 PM on where she acknowledged the missing items from the Residents ' Assessments. She stated they "both must have slipped through the cracks".

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure medication assistance with self-administered medications was performed according to the statue and within staff training guidelines by administering the medications for two (Resident # 3 and 4) out of three residents observed during a medication assistance observation.

Findings included:

1) According to the Physicians orders, Resident # 3 receives a tablet three times a day. During the

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morning medication assistance observation on , 2015, she was administered a pill mixed in a cup with yogurt by Staff A on a spoon. Staff A replied when queried by surveyor, "It ' s just easier that way because she shakes so much".
According to the Physicians orders, Resident #4 receives 1 eye drop in both eyes three times a day. During the Medication Review observation, Staff A handed Resident # 4 a tissue, then proceeded to pull his lower eye lid down with one hand to accommodate the eye drop and place the drop into his eye. She did this for both eyes. The surveyor asked Staff A about the eye drop administration. She replied "He can't do it himself, he misses".
2) The administrator was informed of the findings of the surveyor after the observation was completed. She nodded her head and said " ok ".

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview the facility failed to have certificates of required trainings included in the personal files of 3 (#A, #B, #C) of 3 direct care staff reviewed for required trainings with certificates.

Findings included:

Record review on of staff #A's personnel file revealed orientation sheets which stated the following trainings had been completed on , which was staff #A's date of hire: / , facility's elopement policies and procedures, emergency preparedness and evacuation training, incident reporting, recognizing and reporting , safe food handling, control and activities of daily living and resident behavior.

Upon successful completion of training, the training provider must issue a certificate which includes the title of the training program; the subject matter of the training program;the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program and the training provider's name, dated signature and credentials, and professional license number, if applicable and place it in staff #A's personnel file.. There were no certificates in staff #A's personnel file documenting successful completion of the required trainings.

Record review on of staff #B's personnel file revealed orientation sheets which stated the following trainings had been completed on / which was staff #B's date of hire: / , facility's

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elopement policies and procedures, emergency preparedness and evacuation training, incident reporting, recognizing and reporting [illegible], residents rights, , safe food handling, control and activities of daily living and resident behavior.

Upon successful completion of training, the training provider must issue a certificate which includes the title of the training program; the subject matter of the training program;the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program and the training provider's name, dated signature and credentials, and professional license number, if applicable and place it in staff #B's personnel file.. There were no certificates in staff #B's personnel file documenting successful completion of the required trainings.

Record review on of staff #C's personnel file revealed orientation sheets which stated the following trainings had been completed on which was staff #C's date of hire: control, activities of daily living and resident behavior, / , facility's elopement policies and procedures, emergency preparedness and evacuation training, incident reporting, recognizing and reporting , resident rights, and safe food handling.

Upon successful completion of training, the training provider must issue a certificate which includes the title of the training program; the subject matter of the training program;the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program and the training provider's name, dated signature and credentials, and professional license number, if applicable and place it in staff #C's personnel file. There were no certificates in staff #C's personnel file documenting successful completion of the required trainings.

When interviewed on / at 1:00 p.m. the administrator stated all of the required training had been done but she had not followed up with certificates. She stated she thought the orientation sheets were enough to document the trainings.

Class III

0093 Food Service - Dietary Standards

Based on interview and observation the facility failed to ensure menu substitutions were posted before or when the meal was served for the 8 Residents in the memory care unit.

Findings included:

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During the observation on at 11:45AM , it was revealed that when the residents were receiving their lunch they were not served what was listed on the menu.

The menu listed honey BBQ pork sandwich with baked beans, creamed corn, Oreo brownie. The residents were being served meatloaf, rice with gravy, green beans, a roll and strawberry short cake.

The substitutions were not posted.

On / at 12:00pm during observation of lunch for the residents in the main dining substitutions were found posted.

During interview on / at 1:00PM with the facility cook it was stated that the dietary manager was not at work and she was the person that would normally handle posting the menu changes in memory care.

Class III

N278 LNS - Records

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

Findings Included:

The facility provided a document signed by a Registered Nurse on / who agreed to provide " specific services as outlined on Addendum A for facility with regards to health and wellness programs " . Multiple requests was made for further documentation for the contracted nurse. No further documentation was provided by the facility.
A review of the clinical records on / for Residents #1 did not contained monthly nursing assessments.
A review of the clinical records on / for Residents #2 did not contained monthly nursing assessments.
The facility Director of Nursing was interviewed on at 2:30 pm in regards to the missing monthly nursing assessments, she understood they had to be completed once a month, with the progress notes being completed on a more consistent basis.

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Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to conduct a level II background screening for the only Registered Nurse(RN) that had direct contact with four (#1,2,5,11) of four residents receiving Limited Nursing Services (LNS) in the facility.

Findings included:

1) On , 2015, during a personnel record review of the Registered Nurse that is contracted through the facility to provide services with regards to health and wellness, it was noted that she did not have Level II Background Screening results in her file. There was a consultant agreement signed , 2015, a copy of her driver's license, nursing license and card, which were all current. Multiple requests were made for further documentation. No further documentation was provided by the facility.
2) In an interview with the facility Director of Nursing (DON), when asked where the background screening was, she replied she didn't run it because she didn't think she needed it. The DON stated that the nurse comes in once a month and has direct contact with all the LNS residents. She goes and sees them, and then she comes back and tells me all about it.
3) On , a search was performed for the individual on the Agency Background Screening Clearinghouse website for this RN. No results were found. A search of the facility's background screening requests showed there were no inquiries for this individual from the facility.
4) On , 2016,a telephone interview with the Registered Nurse, revealed she did not have a background screen and did have resident contact during her visits to the facility. "I know (I don't have a background screen) and I'm working on that. I'm applying for that this week. I didn't know I needed one."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) 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 , 2016.** 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 surveyor(s). Should you have any questions please call **Paul Brown** at 727-552-2000.

Sincerely,

Patricia Reid Kaufman RN
Patricia Reid Kaufman
Field Office Manager

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

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