STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964056	01/28/2016
NAME OF PROVIDER OR SUPPLIER **BELVEDERE COMMONS OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1513 WEST FLETCHER AVENUE TAMPA, FL 33612**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, a biennial relicensure survey with limited nursing services (LNS) was conducted at Belvedere Commons of Tampa. Deficient practice was identified at the time of the visit.

0161 Records - Staff

Based on interviews and record reviews, the facility failed to provide documentation in 2 of 5 (Administrator, Staff C) employee records reviewed of a statement completed by a healthcare provider within 30 days of hire that they are free of communicable , including .

Findings included:

On / employee records were reviewed for the administrator and staff C which did not include a statement completed by a healthcare provider within 30 days of hire stating that they are free of communicable , including . In interview on / at 2:30pm with the administrator, she stated that she was aware the required documentation was not in the files.

Class III

N278 LNS - Records

Based on interview and record review, the facility failed to complete the monthly assessments for 2 (#8, #9) out of 2 residents sampled for Limited Nursing Services.

Findings included:

On / at 1PM, during the record reviews of resident # 8 and Resident #9, it was noted that the monthly Nursing Assessments, as required for Limited Nursing Services, were not available to the survey team. Upon request of the monthly Nursing assessments, the Wellness Care Director stated that they were not completed. During the interview, the survey team relayed the importance of the assessments being completed to be in compliance with Florida Statutes for Limited Nursing Services.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Belvedere Commons Of Tampa
1513 West Fletcher Avenue
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2016 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,** HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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