

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922155	(X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER BELLE VISTA BLUFFS	STREET ADDRESS, CITY, STATE, ZIP CODE 1138 ROSEMARY DRIVE LARGO, FL 33770	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017000262), was conducted at Belle Vista Bluffs, assisted living facility, (lic 7888), on . Belle Vista Bluffs had deficiencies at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to have the correct monthly activities calendar posted and the facility failed to have hours the activities started and ended by each posted activity.

Findings included:

On at 9:45 a.m. during the facility tour, an activities calendar for , 2017 was observed in the main dining area. There was no activities calendar posted for the month of 2017. Also the times when the activities were to start and end were not indicated on the calendar.

On at 11:00 a.m., the administrator verified the , 2017 activities calendar was not posted and there were no times listed for each activity.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have all regular and therapeutic menus to be used by the facility reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist.

Findings included:

On at 9:50 a.m. during the facility tour, the facility's menu was observed posted on the bulletin board in the kitchen. The last time the menu was reviewed by a registered dietitian was

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through . There was no menu posted which had been reviewed since . Menus used by the facility must be reviewed annually. On at 11:10 a.m., the administrator verified the facility menus had not been reviewed annually. Class III		