STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964842	**05/30/2017**
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

A limited nursing services (LNS) monitoring visit was conducted on at Belvedere Commons at Sun City. The Belvedere Commons at Sun City Center had a deficiency at the time of the visit. License #9323

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure that one of three sampled (Staff A) employees had the required documentation statement in the employee personnel file, attesting to freedom from signs and symptoms of communicable from a health care provider, and/or freedom from signs and symptoms of ( ) and/or an update of freedom from available for inspection.

Findings included:

On a personnel employee file review revealed that Staff A (contracted on) had no statement from a health care provider attesting to Staff A's freedom from signs and symptoms of and/or freedom from other communicable . At an interview with the facility administrator at 1:30p.m. and 3:00p.m. respectively she stated that she tried to contact staff A, but did not get any response. Up to time of exit conference the administrator provided no clarification regarding this omission.

Class III