STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	R 09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLE VISTA BLUFFS	**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 revisit was conducted on to a complaint survey, CCR# 2017003377, of . At the time of the desk review, it was determined that the previously cited deficiencies at Belle Vista Bluffs Assisted Living Facility had been corrected.

(License # 7888)

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to ensure that all direct care staff completed one hour of required in-service training within 30 days from the date of hire in the following training areas: HV/ for two Staff (B and C) of four sampled staff reviewed.

Findings included:

During an employee record review on , it was discovered that Staff B hired 2004 did not have certificates of completion for in-service training in the following training area: / .

During an employee record review on , it was discovered that Staff C hired did not have certificates of completion for in-service training in the following training area: / .

In an interview on at 12:00 PM, the facility administrator confirmed that there were no certificates of completion for the above mentioned in-service training's and stated, " I can not locate them, they are not in the file." The administrator reviewed Staff B's and C's file with surveyor and confirmed findings.

Class III

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

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	AL11922155	R **09/07/2017**
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)

Based on observation, interviews, the facility failed to ensure that a three-day supply of food was on hand at all times.

Findings included:

On [redacted] at 1:55 PM, during an observation and interview with the administrator, the administrator escorted surveyor to the emergency food closet in the kitchen closet of the facility. The administrator confirmed during interview that the facility has not replaced the three-day emergency food supplies, thus none was available to view. The facility's current resident census is eight.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	R 09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLE VISTA BLUFFS	**1138 ROSEMARY DRIVE** **LARGO, FL 33770**

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an up-to-date Background Screening Clearinghouse employee roster for all employees who are currently working at the facility. The facility failed to ensure two sampled employees (Staff C and D) who worked with residents were listed on the roster.

Findings included:

Record review of Agency for Health Care Clearinghouse Employee Roster revealed that not all employees who are currently working at the facility were included on the Employee Roster reviewed on .

During interview with administrator, on at 10:09 a.m., the administrator reviewed the agency for healthcare administrator background screening website and confirmed findings. Surveyor reviewed the facility active staffing schedule with administrator and confirmed all staff who provide care to residents. It was identified that staff C and staff D are currently on the facility staffing schedule, yet staff C and staff D were not included on the background screening employee roster.

No further information or explanation were provided at the time of survey.

Unclassified