

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964842	(X3) DATE SURVEY COMPLETED 02/08/2018
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

An abbreviated Biennial Relicensure survey with Limited Nursing Services (LNS) was conducted on [redacted], at Belvedere Commons of Sun City Center, (License # 9323), an Assisted Living Facility, located in Sun City Center, Florida. There were deficiencies identified during the survey.

(License # 9323)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and staff interview, the facility failed to ensure the Resident Health Assessment, AHCA Form 1823 was complete for 1 (Residents #14) of 2 resident records reviewed.

The findings included:

On [redacted] a review of Resident #14's file revealed the Health Assessment AHCA Form 1823, dated [redacted] was missing information on page 4 Section 2B regarding medication needs.

In an interview on [redacted] at 3:15 p.m., the Executive Director stated, referring to Resident #14, "He needs administration."

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review, and interview, the facility failed to ensure staff, trained in assistance with self-administration of medications, observed all residents take their medications for one (Resident #8) of four residents interviewed.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964842	(X3) DATE SURVEY COMPLETED 02/08/2018
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)		
The findings included: On at 10:20 a.m., a medication cup with two white pills in it was observed sitting on a bedside stand in Resident #8's Resident #8 confirmed those were his morning medications. Review of Resident #8's Health Assessment revealed Resident #8 required assistance with self-administration of medication. Assistance with self-administration of medication requires trained staff to observe the resident take their medication. On at 3:10 p.m., the Wellness Director stated that Staff B left the medication in Resident #8's assisting with medication self-administration. She stated, "He should have stayed with him." CLASS III		