STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968483	**05/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VIERA MANOR ASSISTED LIVING RESIDENCE	**3325 BRESLAY DR MELBOURNE, FL 32940**	

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

0000 - Initial Comments

The biennial re-licensure survey was conducted on . . . . . Viera Manor Assisted Living had deficiencies found at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on observation, interview and record review 3 of 16 sampled residents (#6, and #12) assessed as an elopement risk did not have identification on their person to include there name, and the name of the facility, address and telephone number.
Findings:
1. On at approximately 9:30 AM during the entrance interview the administrator provided the team the name of 7 residents that were at risk for elopement. Resident #12 was assessed as an elopement risk by the facility.
1. On at approximately 9:30 AM during tour, an attempt was made to interview resident #12 and she stated she was busy to come back later. It was observed at that time that her elopement ID bracelet was on her walker.
On at approximately 9:30 AM in an interview with the Marketing Director, who stated he did not know the resident had to wear the identification bracelet.
Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated indicated diagnoses of and

On at approximately 2:30 PM in an interview with resident (#12). She was observed wearing a pink identification bracelet on her right wrist. The bracelet only had the address and zip code of the facility on it.
In an interview at approximately 2:40 PM, in an interview with the administrator he stated he just had maintenance put the ID bracelet on the resident. He stated he did not know it was not correct.

2. Resident #6 was identified by the facility as at risk of elopement.

Observation on at approximately 10:45 AM revealed resident #6 did not have an elopement ID on their person.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) date that indicated diagnoses of and left hip surgery.

In an interview with the Wellness Nurse on at approximately 3 PM who stated the resident did not have the ID.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Continued From page 1

Based on record review and interview the facility failed to ensure that 3 of 6 sampled staff (A, D, and E), had documentation from a health care provider that they were free from communicable including

Findings:

1. Personnel record review revealed Staff D was hired on 11/1//12. The test result available for review was dated and was performed and interpreted by a nurse. Continued review revealed no evidence to confirm the freedom from was provided by a healthcare provider (doctor, Physician Assistant or an Advanced Registered Nurse Practitioner).

In an interview with the Human Recourses manager on at approximately 2:30 PM who stated she was not aware that freedom from had to be documented by a healthcare provider and not a nurse.

2. Personnel record view revealed staff #A was hired on The test result available for review was dated and was performed and interpreted by a nurse. Continued review revealed no evidence to confirm the freedom from was provided by a healthcare provider (doctor, Physician Assistant or an Advanced Registered Nurse Practitioner).
In an interview with the Human Recourses manager on at approximately 2:30 PM who stated she was not aware that freedom from had to be documented by a healthcare provider and not a nurse.
3. Review of personnel files revealed Staff A, had a negative skin test on that was signed by the nurse. Staff E did not have documentation of an annual negative signed by the healthcare provider.

In an interview with the administrator on at approximately 3 PM with the Human Resources staff who was not aware the test was not signed by the healthcare provider.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 3 of 6 sampled staff (A, B and C) received an in-service training regarding the facility's emergency procedure including chain of command and staff had the required training in Elopement and Emergency Preparedness and Evacuation within thirty days of hire (E).
Findings:
1. Personnel record review revealed staff #A was hired on Continued review revealed no evidence to confirm she received a 1 hour in-service training that included the facility's emergency procedure including chain of command. The certificate dated confirmed an in-service training regarding adverse and major incidents and did not include emergency procedure.
2. Personnel record review for staff # B revealed she was hired on Continued review revealed no evidence to confirm she received a 1 hour in-service training that included the facility's emergency procedure including chain

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

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of command. The certificate dated confirmed an in-service training regarding adverse and major incidents and did not include emergency procedure.
3. Personnel record review revealed Staff #C was hired . Continued review revealed no evidence to confirm she received a 1 hour in-service training that included the facility's emergency procedure including chain of command. The certificate dated confirmed an in-service training regarding adverse and major incidents and did not include emergency procedures.
In an interview with the Human Recourses manager on at approximately 2:30 PM who stated the emergency procedures training included the adverse/major incidents. She provided the agenda. Review of the agenda revealed the facility's emergency procedure including chain of command was not listed as a topic in the training.

4. Review of personnel files revealed Staff E hired on did not have documentation to review that indicated she had training within 30 days of hire in Elopement and Emergency Preparedness and Evacuation (due

In an interview with the Human Resources staff on at approximately 3:30 PM who stated she was not aware the staff did not have the training.

Class III

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

Based on record review and interview the facility failed to ensure all staff complete an education course on within 30 days of hire for 1 of 5 sampled staff (Staff E).

Findings:

Review of personnel files revealed Staff E, date of hire on did not have documentation to review that indicated she had training within 30 days of hire in

In an interview with the Human Resources staff on at approximately 3 PM who stated she was unable to locate the training certificate.

Class III

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

Based on record review and interview the facility failed to ensure 1 of 5 sampled staff (Staff E) had a job description that identified her duties as the Limited Nursing Services (LNS)nurse.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

Review of personnel files revealed Staff E, the LNS nurse had a job description that did not identify her duties as the LNS nurse.

In an interview with the Wellness Nurse on at approximately 3 PM she was not aware the job description did not include her job duties as the LNS nurse.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to ensure the contract contained the Limited Nursing Services (LNS) to be provided by the facility and the cost of the service for 1 of 16 sampled residents (#1).

Findings:

Review of the resident contracts revealed resident #1 did not have the LNS services to be provided by the facility and the cost of the services included in the contract.

In an interview with the Wellness Nurse on at approximately 3 PM who was not aware the services and the cost of services were not included in the contract.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Viera Manor Assisted Living Residence
3325 Breslay Dr
Melbourne, FL 32940

RE: Biennial relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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 forward documentation of correction to the Field Office.** Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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