

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968483	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER VIERA MANOR ASSISTED LIVING RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 3325 BRESLAY DR MELBOURNE, FL 32940	

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

0000 Initial Comments

Complaint Investigation #2015007927 was conducted on 10/22/15 in conjunction with Change of Ownership (CHOW) survey. Viera Manor Assisted Living Residence had deficiencies at the time of the visit from the CHOW survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 2, 2015

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

RE: CCR #2015007927

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 22, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this complaint investigation survey. However, deficiencies were cited on the Change of Ownership survey done on this same date. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in dark ink, appearing to read "Theresa DeCanio", is written over a horizontal line.

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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