STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968483	10/22/2015

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

A Change of Ownership with Limited Nursing Services survey was conducted on / . Viera Manor Assisted Living Residence had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that freedom from ( ) was documented yearly for 2 of 5 sampled staff (B & C).

Findings:

1. Personnel record review for staff B revealed she was hired / . A test result was dated / . / . There was no evidence to confirm an annual freedom from was done, due / .

On / at 3 PM, the business office manager confirmed staff B did not have her yearly test performed.

2. Personnel record review for staff C revealed she was hired . A healthcare provider statement, dated / indicated freedom from communicable including . There was no evidence to confirm she was free from yearly, due .

On / at 3 PM, the business office manager confirmed the findings for staff C.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview, the facility failed to arrange or provide all mandated in-service training for 1 of 5 sampled staff (C).

Findings:

Personnel record review for staff C revealed she was hired / / . There was no evidence to confirm she received a 3 hour in-service training regarding providing assistance with activities of daily living and resident behaviors. The review revealed she was not a certified nursing assistant (CNA) or a home health aide (HHA), therefore she was not exempt from the training.

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	AL11968483	10/22/2015

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
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On / at 3 PM, the business office manager stated she was unable to locate a certificate for staff C's training.

Class III

0085 Training - Nutrition & Food Service

Based on interview and staff training certificates, the food service manager, responsible for the facility's food service and the day-to-day supervision of food service staff, failed to completed a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an Assisted Living Facility (ALF) provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

Findings:

During an interview with the Food Service Manger on / at approximately 11:45 AM, she stated she was responsible for the facility's food service.

Review of the certificate, provided by the facility for the Food Service Manager, revealed the last 2 hour food service training was on / . Another certificate was due / .

On / at approximately 3:30 PM, the administrator confirmed the finding.

Class III

0091 Training - Documentation & Monitoring

Based on review of personnel files and interview, the facility failed to ensure training certificates included the required information for 1 of 5 sampled staff (A).

Findings:

Review of personnel files revealed staff A, date of hire / / , had a training certificate dated / for and Neglect but it did not include .

On / at approximately 4 PM, the business office manager stated the training included but the certificates did not contain the required information.

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VIERA MANOR ASSISTED LIVING RESIDENCE	3325 BRESLAY DR MELBOURNE, FL 32940

SUMMARY STATEMENT OF DEFICIENCIES
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Class

0152 Phvsical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide for the safe care of 6 residents (#1, 2, 3, 4 5 & 6).
Findings:
Observations on / between 9:30 AM to 11 AM noted the carpets in 101, 114, 128, 137, 138, and 139 had multiple spots of a dark color on them. The dark spots were scattered through the carpet.

On / at 4 PM, the administrator stated he was aware of the carpet stains.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

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

RE: CHOW 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than _____, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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