STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968483	04/25/2017

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 re-licensure survey was conducted on . Viera Manor Assisted Living Facility License Number 12361 had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility did not ensure that as part of the continued residency criteria, 1 of 2 sampled residents (#2) had a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment.

Findings:

Record review for resident #2 revealed she was admitted to the facility on . The review revealed a health assessment form 1823 dated . There was no evidence a health assessment was conducted 3 years after her admission.

During an interview with the Director of Nursing on at 4 PM who confirmed the findings and said an assessment was not available.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility did not keep an up to date Medication Observation Record (MOR) for 1 of 2 sampled residents (2.)

Findings:

Record review for resident #2 revealed she was admitted to the facility on . The review revealed a health assessment form 1823 dated that indicated she needed assistance with self-administration of medications.

Resident record review revealed the following orders
( ) 1.5 mg plus 0.5 mg extra today
0.5 mg extra today only
give 1 mg extra today
give 0.5 mg extra today only
give 1 mg extra today for a total of 2.5 mg

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	AL11968483	04/25/2017
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)

give 0.5 mg extra today only

The , 2017 MOR listed

1 mg take 1 and 1/2 tablets daily at 5 PM and was marked as given daily from 4/1 to
1 mg extra today was given on at 5 PM

1 mg extra was marked as given on at 5 PM

The continued review of the , 2017 MOR revealed the additional dosages ordered for on 4/3, 4/7, , , and were not listed on the MOR .

The facility nurse stated on at 4 PM some nurses made notes to document the extra dosages and some made handwritten notes on the /INR book.

Review of the facility electronic notes revealed a note dated that indicated 0.5 mg extra given today for a total of 2 mg. Note dated indicated 1 mg extra given today, per order. Note dated indicated 0.5 mg extra given today.

Review of the /INR book revealed a note dated 4/3 and that 0.5 mg extra was today.

During an interview with the Director of Nursing on at 4 PM who confirmed the findings and said the MOR was up-dated by the pharmacy.

Class III

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

Based on personnel record review and interview the facility failed to ensure that 1 staff in a sample of 5 staff (D) who was a newly hired staff had a statement from a health care provider that was based on an examination that was conducted within the last six months, that she did not have any signs or symptoms of a communicable and 1 staff in a sample of 5 (B) did not have annually a health care providers statement documenting freedom from ( ).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968483	**04/25/2017**
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)

Personnel record review for Staff B hired revealed her last test was dated . Review of a Health Assessment dated revealed the health care provider noted staff B declined the test. There was no annual documentation found in her file that she was free from .

Personnel record review for Staff D hired revealed the only documentation to confirm she was free from Communicable was dated (more than 6 months of hire).

On at 2 PM, the Patient Care Coordinator reviewed the files and confirmed the findings.

Class III

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

Based on observation, record reviews and interview the facility failed to date their menus and failed to keep regular and therapeutic menus on file for 6 months.

Findings:

Observations made during the lunch meal on at 12:09 pm revealed the posted menu was not dated, as required.

On at 1:00 pm, the dietary manager provided undated five week cycled menus and said she did not date the menus to be used; she just knew which week to use. She said the facility did not keep their regular and therapeutic menus on file for 6 months, as required.

Class III