

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/25/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARKET STREET VIERA

**6845 MURRELL RD
MELBOURNE, FL 32940**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit to complaint investigation #2020012069 was conducted at Market Street Viera on . Deficiencies were identified at the time of survey.	{A 000}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ... the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical ..., the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	{A 054}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER MARKET STREET VIERA		STREET ADDRESS, CITY, STATE, ZIP CODE 6845 MURRELL RD MELBOURNE, FL 32940		
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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain and up to date Medication Observation Record (MOR) for 1 of 4 records reviewed (#1). Findings: Adverse report dated _____ indicated on _____ at approximately 9:30 PM that a Licensed Practical Nurse (LPN) inadvertently gave resident # 1 _____ wax removal drops into his right _____ instead of _____ routine bedtime _____ Resident immediately stated that his _____ was _____ He was sent to the emergency room for evaluation. Resident record review revealed an updated health assessment dated _____ that listed visual _____ hearing loss, _____ and _____ He needed administration of medications. The _____ Medication Observation Record (MOR) listed _____ 0.5% instill one drop to right _____ twice daily at 8 AM and 8 PM. The medication was marked as given twice daily from _____ to _____ including _____ at 8 AM when the resident did not receive the _____ but instead _____ wax removal drops. There were no notations on the MOR In an interview with the administrator on _____ who said the nurse likely signed off the MOR when she thought she had given the right medication. Class III	{A 054}		