

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 09/14/2022
NAME OF PROVIDER OR SUPPLIER MARKET STREET VIERA		STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit to complaint investigation was conducted on _____ at Market Street Viera. The deficiency was remained uncorrected at the time of the visit.	{A 000}		
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED	{CZ814}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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{CZ814}	Continued From page 1 Based on record review and interview the facility failed to report in Care Provider Background Screening Clearinghouse, employment status within 10 business days for 2 of 2 staff reviewed (A & B). Findings: 1. On a review of Staff A employee file revealed she was transferred from a sister facility on She was not listed on the background screening roster. 2. On review of Staff B employee file revealed she was hired on and she never worked. She was listed on the background screening roster. On interview with the director of wellness at 2:30pm. She confirmed Staff A was not listed on the background screening roster. She also confirmed Staff B never worked at the facility and needed to be removed from the background screening roster because she decided to take a job at a different facility. Unclassified	{CZ814}		