Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969117	A. BUILDING: _____ B. WING _____	10/31/2022

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 complaint survey was conducted at Market Street Viera Assisted Living Facility on . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide adequate supervision and care and services appropriate to meet the needs to ensure safety through proactive measures to minimize the potential for and injuries for 1 of 2 sampled residents who experienced repeated with injuries. (#5) Findings: On a record review revealed resident #5 was admitted on . His record contained a Resident Health Assessment form (1823) dated . His diagnoses included , body with behavioral disturbance,	A 025		

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A 025	Continued From page 2 . . . . . , and . . . . . The 1823 documented his needs could be met in an Assisted living facility. Further review of his 1823 revealed he needed assistance for bathing, ... , and grooming. The resident needed supervision for ambulation. He was independent with eating, toileting, and transferring. The Resident Health Assessment dated did not indicate the resident was a . risk. The facility notes revealed documented . . for resident #5 on: . . . . . at 3:47pm resident . in the shower with a staff member. . . . . . at 7:41pm resident . in the dining room. . . . . at 1:10am resident was found on the floor in his room. . . . . . at 8:26am resident was found on the floor in his room. He was transferred to the hospital with a possible . . . injury. He returned to the facility the same day. . . . . . at 4:36pm resident . in the dining room. . . . . at 7:52am resident . in the dining room. . . . . . at 1:36am resident was found on the floor of his room. . . . . . at 9:20am resident . in the dining room and was transferred to the hospital with a possible . . . injury. He returned to the facility the same day. Resident was under Hospice care. Hospice interdisciplinary care plan was in record and documented supervision was provided by the facility. Hospice documented resident is non ambulatory . . . . . . On . . . . at 5:10pm in an interview with the administrator, she confirmed resident #5 had	A 025		

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A 025	Continued From page 3 multiple . . . Two . . required him to be transferred to the hospital. She confirmed there were no documented . . meetings to develop a service plan to prevent resident as per the facility policy. Class III	A 025		