

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11970119</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE BLAKE AT VIERA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5700 LAKE ANDREW DR<br/>MELBOURNE, FL 32940</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                        |
| A 000                                                         | Initial Comments<br><br>A complaint investigation #2024000228 was<br>conducted on _____ at The Blake at Viera<br>Assisted Living Facility. There were deficiencies<br>identified during the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 000                                                                                       |                                                                                                                          |                                                        |
| A 152<br>SS=D                                                 | 59A-36.014(3) FAC Physical Plant - Safe Living<br>Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to<br>section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural,<br>mechanical, electrical and structural systems,<br>and appurtenances are maintained in good<br>working order.<br>(b) Pursuant to section 429.27, F.S., residents<br>must be given the option of using their own<br>belongings as space permits. When the facility<br>supplies the furnishings, each resident bedroom<br>or sleeping area must have at least the following<br>furnishings:<br>1. A clean, comfortable bed with a mattress no<br>less than 36 inches wide and 72 inches long, with<br>the top surface of the mattress at a comfortable<br>_____ to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging<br>clothes,<br>3. A dresser, _____ or other furniture designed for<br>storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor<br>lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate<br>keys to resident bedrooms to be used in the<br>event of an emergency.<br>(d) Residents who use portable bedside<br>commodes must be provided with privacy during | A 152                                                                                       |                                                                                                                          |                                                        |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE BLAKE AT VIERA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5700 LAKE ANDREW DR<br/>MELBOURNE, FL 32940</b>                              |                          |                                                        |
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| A 152                                                         | <p>Continued From page 1</p> <p>use.</p> <p>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review, and interview the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order.</p> <p>Findings:</p> <p>On ..... a review of the facility's grievance log revealed 3 complaints about hot water.</p> <p>On ..... resident # 7 complained the hot water fluctuates.<br/>The facility replied to the complaint; a plumber had identified a re-cert pump.</p> <p>On ..... resident #2 complained the water temperatures could be hot or ..... You never know.<br/>The facility replied, a plumber was scheduled to investigate and resolve the issue.</p> <p>On ..... resident #2 complained about hot water not working in her sink<br/>The facility replied, called a plumber to add a valve.</p> <p>On ..... at 10:05am resident #2 was observed in her apartment. During an interview, she complained about not having hot water. She said it had been getting worse since she moved in more than a year ago. She said it seemed the</p> | A 152                                                                          |                                                                                                                          |                          |                                                        |

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STREET ADDRESS, CITY, STATE, ZIP CODE

**THE BLAKE AT VIERA**

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| A 152                    | <p>Continued From page 2</p> <p>more people, the worse it gets. She said she did put in a grievance during the resident council meetings, but was told corporate would have to approve the repairs. The staff offered to let her use another shower, but it was all the way down around the hall. She would like her shower fixed. It's been going on for a long time.</p> <p>At 11am an interview was conducted with caregiver A. She confirmed they have been having issues with hot water. She said it was hard to shower residents if the water was not warm enough.</p> <p>At 11:15am resident #8 was observed in his apartment with his wife who was visiting. The residents spouse checked for hot water in the bathroom sink. She confirmed it did not get hot after running for 60 seconds.</p> <p>At 11:20am during an interview with resident #9, she said she had fluctuating hot water since she moved in a year earlier. The water gets hot sometimes but then gets . . . again.</p> <p>At 12pm a tour with the Maintenance Director was conducted. We toured the room which housed the hot water heaters and flow valves. He said they had issues with the hot water flow. There were not enough pumps to push the water. As census goes up and more people use the water, less hot water is available. In . . . he had the mixing valve replaced and the hot water got a little better. He said it had gotten worse in the last . . . weeks. He said he told the care staff to use . . . because they are closest to the water heaters. Also, the water is hotter when the kitchen is not using hot water. He said the facility has ordered 3 new pumps. He could not confirm when they would</p> | A 152               |                                                                                                                          |                          |

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| A 152                    | <p>Continued From page 3</p> <p>arrive or when they would be installed.</p> <p>At 1:20pm the main laundry washers were checked with the Maintenance Director. This laundry room was for facility laundry including sheets and towels. He set the washer on hot and started it. After running for 3 minutes, he confirmed the water was warm but not hot. He said he had not been keeping any temperature logs and could not confirm the exact temperature of the water. The water in the kitchen was checked and found to be hot.</p> <p>On at 3:30pm an interview with the administrator was conducted. She said they had been working on water repairs and water flow for about a month. She confirmed it was the hot water flow that was not working correctly. She said parts had been ordered, but she could not confirm a repair date.</p> <p>Class III</p> | A 152               |                                                                                                                          |                          |