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 _____	C 12/09/2025

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 Three complaint investigations #2025017252, 2025018024, and 2025018047 and generator monitoring were conducted on and at Market Street Viera Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record review, and	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 interviews, the facility failed to provide services in a manner that reduces the risk of transmission of for 2 of 6 residents sampled. This failure could potentially affect all residents, staff, and visitors. Findings: On A Registered Nurse (RN) from the Department of Health (DOH) provided the facility line list of treatment and which began and closed on but reopened on due to recurring cases. On at 9:15 AM during an interview the DOH RN stated she was concerned about the prolonged outbreak in the memory care facility. She was also concerned about the facility not following all the DOH recommendations related to isolation, cleaning, and treatment for residents and staff. She said she provided the Director of Nursing (DON) with the CDC guidelines and DOH recommendations. A review documentation for recurrence of provided by the DOH RN, filled out by the facility Director of Nursing (DON). 4 residents were listed as positive for recurrence of . Cases were documented on , 12 of 35 residents did not receive treatment. Only 1 had documentation of refused treatment. Documentation also indicated on staff were offered , , , treatment. 5 staff were documented as positive. Eleven of thirty-nine staff did not receive treatment. On the DON documented that staff were contacted via text and encouraged to accept preventive treatment. On at 9:20 AM during a tour of the facility no signage was posted on the entrance door	A 036		

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A 036	Continued From page 2 warning visitors of an outbreak. There was one housekeeper observed on Blossom unit. Resident #2 had a sign on his door advising he was under contact isolation. No gowns were available on isolation cart. Resident #1 also had a contact precautions isolation sign on her door. On at 11 AM, the DON and Licensed Practical Nurse (LPN) (A) were observed conducting a skin check on resident #1 and #2. Resident #1 was observed with a red slightly raised from the of her to her lower extremities. The front and of torso, arms, and . Resident #2 was observed with a faded light pink on his and . A review of resident #1's record revealed she was admitted to the memory care facility on . Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included and . She was under Hospice care. Resident #1 required assistance with activities of daily living (ADL's) Resident #1's record contained a note dated 5% cream was ordered to be applied to the entire body at bedtime, rinse off after 12 hours. Repeat in 7 days Further review found a order dated documented to apply Natroba 0.9% suspension from down to bottom of leave on overnight for hours then rinse off OR Apply 5% cream apply from down to bottom of leave on overnight for 8 hours then rinse off. Repeat in 7 days. Also documented was 200mg/ take	A 036		

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A 036	Continued From page 3 on day 1 and day 7. Continued review of resident #1's record found a care providers order dated for , , tablet 25mg twice daily for itching. Review of facility notes for resident #1 revealed on Hospice was notified regarding rashes on her left , . On LPN (A) documented resident #1 was seen by , Physician Assistant (PA). PA states resident wis positive for . An order was received for Natroba 0.9% suspension apply from down to bottom of leave over night for hours then rinse OR 5% cream apply from down to bottom of leave on overnight for 8 hours then rinse off. Repeat it in 7 days. 200mg/ , take PO on day 1 and day 7. A review of resident #1's Medication Observation Record (MOR) revealed 0.5% cream was documented as applied on , , and . . . . signed as given and . 2. A review of resident #2's record revealed he was admitted to the memory care facility on . His record contained an 1823 dated . His diagnoses included and history of a . He was under Hospice care. He required assistance with bathing, , grooming, and toileting. Further review of his record found an order from , dated for 5%	A 036		

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A 036	Continued From page 4 cream to entire body at bedtime, rinse off after 12 hours. Repeat in 7 days. There was also an order dated for Natroba 0.9% suspension apply from down to bottom of leave over night for hours then rinse OR 5% cream apply from down to bottom of leave on overnight for 8 hours then rinse off. Repeat in 7 days. Urea cream to daily for a month. 200mg/ take on day 1 and day 7. Review of resident #2's facility notes found LPN (A) documented on seen by . PA said he was positive for . New order for Natroba 0.9% suspension apply from down to bottom of leave over night for hours then rinse OR 5% cream apply from down to bottom of leave on overnight for 8 hours then rinse off. Repeat in 7 days. Urea cream to hans QD for 1 month. 200mg/ take PO on day 1 and day 7. A facility note documented on 11/15/25 Department of Health recommends , , , treatment. A review of resident #2's MOR revealed he was treated with on and and , , , and . On at 10 AM, an interview with LPN (A) was conducted. She said the PA does not leave her notes in the facility files. She gives verbal treatment orders to the nurse on duty who assists the PA with exams.	A 036		

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A 036	Continued From page 5 On at 11:51 AM, resident #1 who was on contact isolation, was seen seated in the dining room being assisted with lunch. Her were exposed from the down. She was observed to have a bright red with scratch marks and on both . On at 12:20 PM, an interview with the Maintenance Director and the DON conducted. They said the cleaning staff removed residents' clothing from their rooms in garbage bags on and they spent days cleaning the residents' rooms and doing laundry. Requested dated and rooms cleaned. They were unable to provide. They did confirm there was a third-party company who came in on to steam clean the furniture and carpets as recommended by the DOH. The overnight shift cleaned the wheelchairs. Avistat was the used to clean the surfaces in the rooms. No ongoing facility plan was provided to deter the ongoing or recurrence of a outbreak. Class III	A 036		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good	A 152		

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A 152	Continued From page 6 working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (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 . This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order. Findings:	A 152		

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A 152	Continued From page 7 at 9 AM, a tour of the outside of the facility found garbage around the dumpster including adult briefs. All gates and doors of the dumpster were open. Review of the Department of Health (DOH) Food Service inspection found it was conducted on . It was unsatisfactory due to repeat violations. Violation #47 Deli cooler in the kitchen was not cooling properly. Door gaskets for magnolia walk in refrigerator and freezer door gaskets are broken. Violation #54. Dumpsters have buildup of garbage around it and a mattress. Ensure garbage is properly disposed of to prevent pests. On at 3:52 PM, an interview with the DOH inspector was conducted via telephone. She said she was going to return for reinspection on . On at 1 PM the Maintenance Director confirmed the findings and said the refrigerator and freezer gaskets are going to be fixed. An outside company is working on parts and repairs. He also stated he had already cleaned the area around the dumpster. Class III	A 152		