STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969117	R 03/27/2018
NAME OF PROVIDER OR SUPPLIER **MARKET STREET VIERA**	STREET ADDRESS, CITY, STATE, ZIP CODE **6845 MURRELL RD** **MELBOURNE, FL 32940**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to Complaint Investigation #2017012748 was conducted on . Market Street Viera, license #12935, had deficiencies at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

DEFICIENCY REMAINS UNCORRECTED

Based on record reviews and interview, the facility admitted a resident who exceeded the admission criteria and had -Resistant ( ) in an open . (#6)

Findings:

Review of the record for resident #6 found he was admitted to the facility on . He was later admitted to the hospital on and returned on . The health assessment (form 1823) provided at hospital discharge indicated on page 2 that the question was "a communicable which could be transmitted to other residents or staff" was answered "yes," with the comment " in open leg ." Further review of the resident's record revealed notes dated for home health care nursing services to dress a on the left . On , the ARNP ordered a , medication for the . There was no mention of the onset or size of the . There was no mention of . Following return from the hospital there were no facility notes found about the , wound care or if it was known that was present or being treated.

On at 3:15 PM, Staff D, Resident Wellness Director, stated, "he does not have ," but was unable to show any documentation that the facility was aware or if anything was done to treat it or prevent it from spreading.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

DEFICIENCY REMAINS UNCORRECTED

Based on record reviews and interview, the facility failed to ensure a resident had a face-to-face medical examination by a licensed health care provider after a significant change (# 3 & #6).

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MARKET STREET VIERA	**6845 MURRELL RD** **MELBOURNE, FL 32940**

SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

1. Review of the record for resident#3 revealed she was admitted to LNS on for a , on her . She did not have an updated health assessment (form 1823) by her health care provider as required when the services were started. Her record indicated she was discharged from LNS on . The most recent 1823 in the record was dated 10 .

On at 3:00 PM, Staff D stated she was not able to locate a more recent health assessment by a physician or ARNP.

2. Review of the record for resident #6 found he was admitted to the facility on . His original health assessment was dated . He had an updated 1823 after a hospital discharge on . His record further indicates he was admitted to LNS on and again on . There was no updated 1823 found when LNS was started in , or .

On at 3:00 PM, Staff D stated she was not aware that a new 1823 was required for the start of LNS services.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility did not maintain an accurate and up to date Admission and Discharge Log.

Findings:

1. Review of the Admission and Discharge log revealed resident #1 was listed with only a discharge date of . There was no admission date listed, no location listing her previous location and or where she went after discharge.

2. Review of the closed resident record indicated resident #1 was admitted on and discharged on .

On at 2:30 PM, Staff D, Resident Wellness Director, did not know to what location the resident was discharged.

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SUMMARY STATEMENT OF DEFICIENCIES
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3. Resident #5 was listed with an admission date of . There was no previous location, and no discharge date or disposition in the log. She was not listed on the current census. On at 2:30 PM, Staff D stated resident #5 had , on .

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On at 5:00 PM, Staff D confirmed that the log was not complete.

Class III

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on Florida Health Finder website review and interview, the facility failed to notify the Agency (AHCA) of a change in administrator within 10 days of the change.

Findings:

Review of the facility locator on FloridaHealthFinder.gov was conducted on for the name of the current administrator.

Upon arrival at the facility on at 1:45 PM, the receptionist said the administrator was someone different from the name on the website. She attempted to contact the administrator by phone. Staff E provided copies of the paperwork showing the facility attempted to notify AHCA of the change in administrator. One electronic submission was printed out and faxed to AHCA on . A second fax cover sheet showed .

In a phone interview with the acting administrator on at 9:45 AM, she stated she took over as administrator near the end of , and she did file the appropriate paperwork with AHCA at the time. She said she followed up on , but confirmed she had not done anything to ensure the change went through since .

Unclassified