STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969117	10/02/2018
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

On , the Relicensure survey, including Limited Nursing Services, was conducted at Market Street Viera Assisted Living Facility, License #12935. There was deficient practice identified during the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observations, interviews and record review, the facility failed to provide care and services appropriate to the needs to 1 of 2 sampled residents (#5), and did not send the resident timely to the hospital after she and hit her , requested family to provide a sitter to provide care the facility was unable to provide, did not put systems in place to minimize the development of a , and failed to document the measurements to validate the effectiveness of the treatment provided.

Findings:

During the facility entrance on at 9 AM, the facility RN identified resident #5 as under the care of hospice and receiving Limited Nursing Services (LNS) for the treatment of a to the .

Observations at 11 AM on noted resident #5 in bed with an in place draining yellow color . She was . She had a low bed and air mattress on the bed.

On at 12:30 PM, the resident's family member said he was displeased with the hospice care, and it seemed the facility was under-staffed. His mother got a wheelchair from hospice, and after that she developed the on her . She slid from the wheelchair, so they got another chair. The hospice staff do care weekly and the nurse said the was healing. He had not seen the , . He said they change her from side to side every 2 hours, and "we hired a personal nurse to provide what hospice and the facility don't."

Resident #5's health assessment report, dated , listed diagnosis of , and reflected that the resident did not have any open areas. The health assessment, dated , listed diagnosis of , indicated that hospice services, and LNS were needed for care to and care.

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Facility notes indicated:
hospice to evaluate
at 2:33 PM - resident in shower, had lump on of her and a small left
. Resident did not eat much lunch, then . Advanced Registered Nurse Practitioner
(ARNP) ordered , awaiting orders on whether to send to hospital. At 2:38 PM, family/hospice
aware. Non-emergency transport request, dated time not indicated, noted transfer to local
emergency room (ER) for possible concussion.
- returned with for . Returned also with .
at 3:42 PM - new hi-lo bed delivered
shift - new air mattress received today
at 7:32 AM - found on the floor at 6:45 AM
shift - laying on floor on right side, reported , , send to ER, returned with
,
500 milligrams twice daily for 7 days; hospice made aware.
shift - pads received
- on , level 2 , , , - will continue to monitor
- order hospice to report to advanced registered nurse practitioner (ARNP) any worsening of

- per hospice Veneer not covered - using cola guard
- healthcare provider came to see resident and do assessment
Order dated for , cream to until healed
LNS notes documented on - healed, , open persists, on , healing
well.

Hospice notes dated
indicated , to ,
indicated ,
indicated 3 , on less than 1 centimeter (cm.) in diameter
indicated , to not measured
indicated , to healing
Healthcare provider visit dated indicated , measured 5 by 4 cm.
at 4 PM - resident was soiled, had a movement. Private care giver present.
were red with open area .

The resident's record revealed that on , the resident was noted to have a , .
There were no notations regarding the residents' skin prior to the development of the ,
, and the interventions put in place aside from a low bed and an air mattress. There were no written
notes that documented the , measurements to validate the effectiveness of the treatment

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provided or if new treatment was needed.

On at approximately 3 PM, the administrator said the family was requested to hire a sitter to assist with feeding, to reposition, and provide the care hospice could not provide. The sitter was present from 8 AM to 6 PM. It was for trial basis. The conversation with hospice and family was to discuss she was , before we issued 45 day notice. As for the on , she sdaid the staff did not follow protocol for .

Class II

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record review and interview, the facility failed to ensure that 2 of 3 sampled staff received the required in-service training within 30 days of hire (D & E).

Findings:

1. Personnel record review for caregiver D, hired , revealed an on-line training for emergency procedure, dated , that did not have the signature of the trainer. There was an on-line training for resident elopement dated . There was no documentation to confirm she had obtained facility specific training regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and resident elopement response policies and procedures.

2. Personnel record review for Limited Nursing Service Registered Nurse E revealed on , an on-line training for emergency procedure did not have the signature of the trainer. There was no documentation to confirm she had obtained facility specific training regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

On at 3 PM, the administrator confirmed the findings.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on dietary record review and interview, the facility filed to ensure the dietary manager obtained 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility annually.

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Findings:

Review of the dietary personnel record for the dietary manager found a certificate for 2 hours of continuing education dated . No other certificate was available.

On at 1:05 PM, the dietary manager confirmed he had not obtained a new training in 2018.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure that direct care staff and the facility's administrator had received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment for 4 of 5 sampled staff (A, C, D & E).

Findings:

1. Personnel record review for administrator A, hired , revealed she had an on- line training dated regarding .

2. Personnel record review for caregiver C, hired , revealed she had an on-line training dated regarding .

3. Personnel record review for caregiver D, hired , revealed she had an on-line training dated regarding .

4. Personnel record review for Limited Nursing Services Registered Nurse E, hired , revealed she had an on-line training dated regarding .

There was no documentation to confirm that the staff had received a 1 hour facility specific training on the facility's policy and procedures regarding the information included in rule 58A-5.0186, Florida Administrative Code.

On at 3 PM, the administrator confirmed the findings.

Class III

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0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to ensure staff had certificates that included the required information for 1 of 5 sampled staff (B).

Findings:

Personnel record review for caregiver B revealed she was hired on .

On at 2:45 PM, the administrator said the facility's policy and procedures regarding ( ) was included in the 2 hour pre-service training.

Review of the certificate for the pre-service training revealed it included training and other trainings were included also.
There was no way to determine that the training provided was a 1 hour training as required because there was no time noted specifically for each training separately.

On at 3 PM, the administrator confirmed the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on dietary record review and interview, the facility failed to maintain 6 months of dated menus and 6 months of substitutions made to the menu.

Findings:

Review of the dietary records for the facility found that no record of menus served in the past 6 months were maintained on file. A substitution log was reviewed. The earliest date on the log was in .

On at 1:05 PM, the dietary manager stated he was not aware of the requirement to maintain a substitution log until , in a staff meeting. He started the substitution log at that time. He said his menus were online and he could choose any week and reprint it, but he did not keep a log of which cycle week was served on which date in the past 6 months.

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Class III

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

Based on the fire inspection reports, department of health reports, and interview, the facility failed to maintain a satisfactory fire inspection reports and department of health inspections issued within the last 2 years.

Findings:

Review of facility's records revealed the last department of health inspection report for group homes was dated . An updated report was due by . The fire inspection report was dated . An updated report was due by).

On at 1 PM, the administrator confirmed the findings.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of the facility health finder.gov and interview, the facility did not notify in writing within five (5) business days, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval, the final implementation of the plan, and did not develop written policies to ensure that the assisted living facility could effectively and immediately activate , operate and maintain the alternate power source and any fuel required for the operation of the alternate power source, that also included procedures to ensure residents would not experience complications from fluctuations in air temperatures inside the facility.

Findings:

Review of the facility health finder.gov website revealed the facility reported to the agency that their emergency power plan was approved and . Their plan's implementation date was noted as !

Review of the facility's emergency power plan documentation revealed there were no written policies and procedures that included how the facility would immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The care of

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residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and, 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

On at 2 PM, the administrator said the facility had not provided a letter to the residents or the residents' legal representatives upon submission of the plan to the local emergency management agency, and that the plan had been implemented. She did not know why there was a date of for the implementation of the plan. She also confirmed the facility had not developed written policies and procedures that included the required information.

Class III