STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969117	08/05/2019
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

An unannounced complaint investigation (2019006946) was conducted at Market Street Viera in Melbourne, Florida, on . . . . . . Deficient practice was found at the time of the complaint investigation.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record reviews and interviews the facility failed to ensure resident safety by allowing admission of one of four residents, (#8) without a properly completed Agency for Health Care Administration 1823 Health Assessment (1823 health assessment).

Findings include:

On , in a record review of Resident #8's resident file, the file documented Resident #8's date of admission as . . . . . The file for Resident #8 documented Resident #8's 1823 health assessment was not signed, as required by regulation, by a medical professional, the facility or the resident.

On at 2:00 PM, in an interview with the Resident Wellness Director, the Resident Wellness Director stated she was unaware of the missing signatures based on his admission prior to her starting work at the facility. The Resident Wellness Director stated she would ensure it was corrected.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review, interviews and observation, the facility placed one of four residents at-risk (#5) by failing to ensure personal identification was on their person.

Findings include:

On , in a record review of Resident #5's resident file, the file documented Resident #5 was admitted to the facility on . . . . . The file documented Resident #5 as an elopement risk.

On . . . . . , in a record review of the facility census, as provided by the Resident Wellness Director, Resident #5 was listed as an elopement risk by the facility.

On , at 1:15 PM, in a tour of the facility, it was observed that Resident #5 did not have any

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969117	**08/05/2019**
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)

identification on his person.

On , at 2:00 PM, in an interview with the Resident Wellness Director, the Resident Wellness Director stated she was unaware Resident #5 did not have identification on his person. The Resident Wellness Director stated she would ensure it is corrected.

Class III