

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Vista Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Jess Parrish CT Titusville, FL 32796	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50401</p> <p>The facility failed to reasonably accommodate the needs and preferences of a resident by providing only crackers for snacks on a routine basis, even after the resident requested a more substantial alternative. This affected one of two sampled residents, of a total sample of 113 residents who ate food at the facility, (#2).</p> <p>Findings:</p> <p>Resident #2 was a [AGE] year-old man admitted on [DATE] with diagnoses of anemia, depression, anxiety, chronic pain, gastro-esophageal reflux disease and chronic kidney disease, stage two. Review of the admission Minimum Data Set (MDS) dated [DATE], resident #2 had intact cognitive abilities.</p> <p>On 5/15/25 at 10:32 AM, resident #2 stated he had requested an evening snack every night so far at the facility and received some form of cracker; saltines, graham crackers, or goldfish. He said only once was he provided with anything more substantive, a peanut butter and jelly sandwich. He relayed that once when he asked for something more, a staff member gave him their own personal cookie because there was nothing besides crackers. Resident #2 stated he had spoken with the Dietary Manager who told him the department brought snacks to the units but he explained nursing staff would tell him that they only had crackers available. Resident #2 added he expressed to the staff he would like a variety such as ice cream, popsicles, cookies, sandwiches, pudding or cookies because he was hungry and needed something more than crackers to tide him overnight.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/25 at 11:45 AM, the Dietary Manager stated the policy and procedure for snacks at the facility was to provide only saltine crackers, graham crackers, or Goldfish crackers for snacks. She explained if they were out of Goldfish crackers, she would provide oatmeal creme pies. She added she only provided sandwiches for residents' snacks if nurses requested them but didn't stock them regularly because they were often wasted. The Dietary Manager added, the procedure was that a nurse would come to the kitchen in the afternoon around 2:30-3:30 PM, and request peanut butter and jelly sandwiches for evening snacks for their unit. The Dietary staff would then prepare the sandwiches and deliver them to the requested unit. She said staff acknowledged she had spoken with resident #2 twice this week regarding his desire for a more substantial snack; once about not getting large portions for meals, as ordered, and the other instance the resident made them aware he wanted something more than the crackers that were available in the evenings. The Dietary Manager acknowledged she had a diet requisition for resident #2 to receive 'large portions' and provided paper documentation of such. She was unsure about whether Dietary staff had missed providing him with large portions during his meals, but said she planned for him to receive 'double portions' to make the intent of the order more clear to staff working in the kitchen. The Dietary Manager confirmed she had not thought about offering resident #2 a more substantial evening snack, per his requests. At that time the facility's Regional Manager joined the conversation and stated the current contract with the facility allowed for only the resident snacks currently being provided (the crackers). He acknowledged providing a greater variety of snacks would provide for the residents' requests and needs.</p> <p>The facility policy 011 entitled Snacks, dated October 2022 indicated bedtime snacks would be provided for all residents as identified in the individual plans of care. The policy also indicated the dietary department would collaborate with the residents, nursing, and management team to identify necessary beverage and snack items to be provided to each resident. It added, the dietary department would assemble and deliver to each unit both individually planned and bulk snack items to be offered at bedtime by nursing.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50401</p> <p>The facility failed to ensure food was prepared and served to residents at appropriate temperatures, failed to ensure staff performed appropriate hand hygiene during food handling, including with glove use during the preparation of food and handling of clean dishware. These failures had the potential to affect the 113/118 residents who ate food by mouth at the facility.</p> <p>Findings:</p> <p>1. Resident #1 was admitted to the facility on [DATE] with the diagnoses that included Diabetes Mellitus, type II; disorder of bone density and structure, depression, hypertension and deficiency of B-vitamins. On the quarterly Minimum Data Set (MDS) dated [DATE], her Brief Interview for Mental Status (BIMS) score was determined to be 8/15, which indicated moderate cognitive impairment.</p> <p>On 5/15/25 at 10:20 AM, resident #1 stated the food was sometimes cold when the residents received it. She explained she was tired of being served cold eggs, so she asked to not receive eggs any longer.</p> <p>On 5/15/25 at 9:20 AM, during the initial kitchen tour, the temperature logs for all meals served on the previous days, 5/11/25 and 5/12/25 were not completed. Therefore staff could not know that food items on those days were prepared and served at appropriate temperatures. The cooks who worked those days was not present during the visit. In addition, the temperature log for that day's lunch, 5/15/25 was pre-filled at 9:20 AM, before their meal preparation and cooking was completed, and several hours before the start of the lunch service. AM [NAME] D stated she sometimes filled out the temperature logs prior to the meal if she thought she might run behind schedule later. She added that her food temperatures were always over 200 degrees Fahrenheit (F) but when she recorded the temperatures on the log early, she recorded them lower and that she left both the original temperature log and the revised one in the temperature log binder. The binder was reviewed with no evidence documented that verified the cook's explanation, which was acknowledged by the Dietary Services Manager. The Dietary Services Manager confirmed the pre-filling of the temperature log seemed to be a regular occurrence and added it was important staff took temperatures immediately prior to the meal service, and recorded them promptly to ensure food safety and palatability for residents.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/15/25 at 12:37 PM, a lunch meal test tray was conducted with the Dietary Services Manager and the Regional Manager. The temperature of the macaroni and cheese with ham was 148 degrees Fahrenheit (F) and the temperature of the seasoned greens were 123 degrees F. Both the Dietary Services Manager and the Regional Manager acknowledged for food to be more palatable for residents, the macaroni and cheese with ham and the seasoned greens should be hotter. The lunch plates were in an insulated base and had an insulated lid, but there was no hot plate warmer under the plates in the cart, to keep the food warm. The Regional Manager and Dietary Services Manager said they were not aware the facility did not utilize plate warmers for meal delivery. The Dietary Services Manager and the Regional Manager acknowledged that although some trays in this cart were served to residents soon after arrival, other trays in the larger cart, which had arrived to the unit earlier than that cart, were not yet passed out to residents, making for a longer hold time before service to residents. The Regional Manager conveyed the use of hotplate warmers would help keep the food at a more palatable temperature.</p> <p>The facility's policy entitled Food: Preparation, dated February 2023, indicated the cooks would prepare all food items in a fashion that permitted rapid heating to appropriate minimum temperatures. A Service Line Checklist detailed temperatures for all hot and cold foods were to be taken prior to their service and recorded on the form.</p> <p>2. On 5/15/25 at 9:00 AM, during the initial kitchen tour, it was noted that the handwashing sink was out of soap. Dietary Aide B stated he washed his hands in the same hand sink that morning, and acknowledged there had not been soap at the sink so he washed his hands with water only. He acknowledged washing with only water did not sanitize his hands which was important to not spread germs to residents dining at the facility. Dishwasher C conveyed the soap in the hand sink area ran out earlier in the day. He explained he didn't do anything to replenish the soap because he thought the housekeeping staff would do it at some point. AM [NAME] D confirmed she was also aware there was no soap in the dispenser that morning and washed her hands using another sink. The Dietary Services Manager informed Dietary Aide B and Dishwasher C it was important to replenish the hand soap because staff needed to always use soap when they washed their hands.</p> <p>A short time later at 9:35 AM, Dietary Aide B was observed wearing gloves while bagging up cookies. Dietary Aide B then removed his gloves and threw them in a garbage can. He then began removing clean meal plates from the dish washing racks without sanitizing his hands. Dietary Aide B acknowledged he didn't wash or sanitize his hands after removing the gloves, and before handling clean dishes. He stated, I must have forgot; my bad. He conveyed it was important to wash his hands after removing gloves to prevent any cross contamination.</p> <p>On 5/15/25 at 11:45 AM, the Dietary Manager stated she had not given any in-services to dietary staff on handwashing as she had only been working at the facility a short time.</p> <p>On 5/15/23 at 3:30 PM, the Assistant Director of Nursing (ADON)/ Infection Control Preventionist, stated it was important staff washed their hands with soap to get germs and bacteria off them and prevent spread of germs to others. She added it was important that staff washed their hands after removing gloves because germs and/or food particles could get on hands and then onto whatever staff handled next. The ADON confirmed staff were educated on gloves, hand washing and infection prevention, and were expected to use soap to wash their hands after removing gloves.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy entitled Warewashing, dated February 2023, indicated the dining services staff would be knowledgeable in the proper technique for handling sanitized dishware.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>50401</p> <p>Based on observation, interview, and record review, the facility failed to ensure waste was properly contained in a covered dumpster and the garbage storage area was maintained in a sanitary condition to prevent pests. This had the potential to affect all 118/118 residents residing at the facility.</p> <p>Findings:</p> <p>On 5/15/25 at approximately 9:30 AM, during the inspection of the garbage disposal area with the Dietary Services Manager, there were white and black package wrapping materials and other debris littered on the ground around the dumpster. In addition, both the dumpster lids were left open. The Dietary Services Manager confirmed the dietary department was responsible to keep the area around the dumpster clean of debris but was unsure who was responsible to ensure the lids on the dumpster were kept closed. She stated it was important to keep this area clean and the lids closed to keep wildlife and/or pests from the dumpster which could bring germs and disease into the facility.</p> <p>On 5/15/25 at 1:05 PM, the Dietary Services Manager and the Regional Manager along with the Environmental Services Manager conveyed it was the dietary department's responsibility to keep the area around the dumpster clean and to ensure the dumpster lids were closed. He stated he and the Floor Technician emptied trash into the dumpster that morning at approximately 8:00 AM and did not close the dumpster lid, when they were finished. He confirmed he should have closed the dumpster lid after use to keep out pests.</p> <p>Review of the facility policy entitled, Dispose of Garbage and Refuse, dated August 2018, indicated the Dietary Services Manager was to coordinate with the Director of Maintenance to ensure the area surrounding the exterior dumpster was maintained in a manner free of rubbish or debris and that appropriate lids were provided for all containers.</p>		