STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105804	A. Building B. Wing	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vivo Healthcare Fort Pierce	700 S 29th Street Fort Pierce, FL 34947

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe, clean, and homelike environment for 6 of 11 rooms observed as evidenced by discolored floors, molding and walls, stained/dirty privacy curtains, peeling wallpaper, damaged drywall, and a damaged/dirty electrical outlet cover in occupied and unoccupied rooms. The census at the time of survey was 72. The bed capacity was 79.The findings included: 1. Record review documented Resident #2 was admitted on [DATE] and discharged on 03/11/26. Review of the grievance report for Resident #2, submitted by the spouse on 02/05/26 about the floor in the resident's room, documented the floor was not clean. Observation of Resident #2's room was conducted on 03/17/26 at 10:40 AM revealed that the room had been deep cleaned as both beds had a dated paper (Bed A was dated 03/13/26 and Bed B 03/15/26) with the housekeeper's name that was placed on top of the mattresses. The observation revealed that Bed B's mattress still had a stained area on the mattress, the privacy curtain was dirty, there was trash in the trash can, paper towels crumpled up on the floor under the privacy curtain, a previous resident's personal items in a labeled bag in the closet, and the floor and wood molding was stained in areas near the closet and bathroom. 2. Record review for Resident #3, who currently resides in the facility, revealed a grievance that was submitted by Resident #3's family member on 02/05/26 that housekeeping failed to clean up a spill and that the floor had not been previously cleaned sufficiently. Observation of this room revealed that the floor appeared clean, but the wallpaper was peeling off behind both A and B beds. 3. Further observations revealed the following:-room [ROOM NUMBER] had discolored floor and walls with damage to drywall.-room [ROOM NUMBER] had discolored and missing part of flooring and area where wall was dirty.-room [ROOM NUMBER] had a sign on both beds to indicate they had been cleaned and appeared to have clean sheets on them (Bed 105-B dated 03/12/26 and Bed 105-A dated 03/11/26). There was an adaptive Reacher, a pad from a wheelchair leg rest and a folded red plastic bag on the countertop next to the television, trash in both of the trashcans in the bedroom and in the bathroom, a hole in the wall under the air conditioner (A/C) unit, the privacy curtain was dirty, and a blue mat with ripped areas was noted behind the bedside table. 4. Record review revealed Resident #1 was admitted to the facility on [DATE] with a diagnosis in part of Acute Respiratory Failure and a discharge date of 12/22/25. In an interview with Resident #1's family member it was noted that the resident's room had appeared unclean on admission, had the previous resident's personal clothing and paperwork left in the closet, mold-like substance was around an electrical outlet and in the air conditioning unit, and there was hair on the bedding.Observation of this room, conducted on 03/17/26 at 10:25 AM, revealed an electrical outlet that appeared to have the drywall open around the outside of the outlet cover, and dark blackish stains on the wood molding around the air conditioning unit. An interview was conducted with the Housekeeping and Laundry Manager on 03/17/26 at 11:13 AM who has worked at the facility for 9 years. The Housekeeping Manager was asked what the process was for cleaning a room after a resident has been discharged . The Housekeeping Manager stated that when the nursing staff advises housekeeping that a room needs to be deep cleaned, the housekeeping staff replace the (continued on next page)

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	privacy curtain, wipe down the mattress, the bed frame, the remote control for the bed, the call bell, the bedside table, the nightstand and closets and empty the trashcans. They then place a paper on the bed with the date the bed was cleaned and the name of the housekeeping staff who cleaned it. The Housekeeping Manager confirmed that the paper on the bed means the whole room was deep cleaned and ready for a new resident to move in. The Housekeeping Manager stated that he is made aware of issues in the rooms by the housekeepers, staff that do angel rounds, the Certified Nursing Assistants (CNA's) and the nurses. On 03/17/25 at approximately 11:30 AM, observation was made of Resident #2's room with the Housekeeping Manager who agreed with the findings of the dirty privacy curtain, items in the trash can and on the floor, a mattress that had residue on it with the signed paper this bed was wiped clean on 03/13/26, and the floor and wood moldings that were stained near the closet and bathroom. He stated that he would contact the Maintenance Director if he or his staff were unable to clean the walls, floors or furniture due to the need for repairs. An interview was conducted on 03/17/26 at 1:50 PM with the Director of Maintenance who has worked at the facility for 5 years. The Director of Maintenance was asked if he checks the rooms that are getting cleaned for new residents. He stated he only checks the rooms when he has the opportunity to check them. He was then asked what he would check for and stated, 'making sure the call lights work, the bathroom, the television, and the air conditioner unless it was running and working then would not check it'. He was asked if the air conditioning units get moldy and stated that he does not recall that issue but that some units get dark and dusty on the front grill and can be cleaned. The Director of Maintenance was then shown photographic evidence of the outlet and air conditioning wood molding in Resident #1's room to which he stated, 'it looks like the receptacle needs to be cleaned and the bottom portion of the molding around the air conditioning unit looks like it could have water / condensation but did not think it was mold'. He stated that he is the contact person for the monthly pest control that the facility gets through [company name] and that there are 2 binders in the building, one at the nursing unit and one at the front desk that staff are required to add the location, time date and what type of pest was seen so that they know where to treat during the monthly treatments. He was asked if there is a plan for replacing or fixing the walls, cabinetry and floors and he requested that the surveyor address that with the Administrator. During the exit conference on 03/17/26 at 2:30, the Nursing Home Administrator (NHA) was asked about repairs to the residents' rooms. He stated that it is difficult to get into a resident's room for 2-3 days to make repairs needed due to the census being high. The NHA was advised that there were currently two rooms that appear to have been empty for 2-3 days and have not appeared to have any repairs done. The NHA agreed with the findings. Photographic Evidence Obtained.