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	07/02/2026

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete baseline care plans in the required time frame for 1 of 9 sampled residents reviewed, Resident #93. The findings included:Record review revealed Resident #93 was admitted on [DATE] with a diagnosis to include Right Femur Fracture, Muscle Wasting and Atrophy, Essential Hypertension, and Benign Prostatic Hyperplasia without Lower urinary Tract Symptoms. Review of Resident #93 baseline care plan revealed that as of 07/01/26, the baseline care plan had not been completed and had been due by 06/28/26. During an interview on 07/01/26 at 12:05 PM with the Director of Nursing (DON) she was asked to locate Resident #93's baseline care plan. She acknowledged that it had not been done yet and that it was 3 days overdue.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observations and interviews, the facility failed to ensure daily staffing was accurate and current for 2 of 6 days. The findings included:Upon entrance into the facility on Monday 06/29/26 at 6:12 AM, the staff posting was dated Friday 06/26/26 and the required number of licensed nurses was not updated prior to the night shift. An interview was conducted with the Staffing Coordinator on 07/02/26 at 8:42 AM and she was asked who posts the staffing sheet. She stated that she posts it every morning Monday through Friday. When the Staffing Coordinator was asked who posts it over the weekend, she stated that she leaves blank copies at the reception desk, but she was not sure if the receptionists know how to fill it out. The Staffing Coordinator was advised that the staff posting on Monday morning was dated Friday 06/26/26 and she agreed with the findings.The Staffing Coordinator was then asked why there was only one licensed nurse listed for the night shift on Friday 06/26/26 when the census was 75. She stated that on Friday 06/26/26 she had a nurse call out and did not update the staff posting prior to the shift to show that 2 licensed nurses worked the night shift.