Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105885	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viera Healthcare and Rehabilitation Center	8050 Spyglass Hill Rd Viera, FL 32940

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43192 Based on interview, and record review, the facility failed to provide care and services to promote healing of a sacral pressure ulcer (PU) as ordered by the physician for 1 of 1 residents reviewed for pressure ulcers, of a total sample of 10 residents, (#9). Findings: Review of the medical record revealed resident #9 was admitted to the facility on [DATE] with diagnoses including aftercare following joint replacement surgery, type 2 diabetes, heart disease and glaucoma. Review of the Admission Summary Progress Notes dated 1/29/25 revealed resident #9 required assistance with activities of daily living including bed mobility, transfers, ambulation, dressing, bathing, and toileting. Review of resident #9's Admission Minimum Data Set (MDS) assessment with Assessment Reference Date of 2/05/25 revealed she had a Brief Interview for Mental Status score of 12 out of 15 which indicated moderate cognition impairment. The MDS assessment noted no rejection of care necessary to obtain goals for her health and well-being. The MDS assessment showed resident #9 was identified at risk of developing PU/injuries, she had a stage 3 PU and a surgical wound. The National Pressure Injury Advisory Panel defines a pressure injury or decubitus ulcer as localized damage to the skin and underlying soft tissue usually over a bony prominence.The injury can present as intact skin or an open ulcer and may be painful (retrieved on 2/21/25 from www.npiap.com). Review of resident #9's medical record revealed a PRN (as needed) Skin Check form dated 2/01/25. The form read, New skin impairment(s) that have not been previously noted - yes. Open area. Treatment in place. Wound dr. (physician) to evaluate. Review of resident #9's medical record revealed a Change in Condition Evaluation dated 2/02/25 read, Resident stated her bottom was hurting. Assessed the area and noted an open wound between the cheeks of her buttocks. The document indicated the physician was notified, and treatment orders and a consultation to the wound care physician were obtained. (continued on next page)

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: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8050 Spyglass Hill Rd Viera, FL 32940	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #9's physician orders revealed an order dated 2/02/25 to cleanse the sacrum with normal saline, apply calcium alginate, and cover with bordered gauze dressing daily and as needed if the dressing was soiled or dislodged. Review of resident #9's Treatment Administration Record (TAR) and Progress Notes for February 2025 revealed wound care was not performed on 2/04/25 and 2/09/25. Review of resident #9's medical record revealed a care plan for skin impairment of a surgical wound to the right knee and PU to coccyx initiated on 2/10/25. The goal was the resident would demonstrate healing without complications. The interventions included, Perform wound treatments as ordered. Review of an Initial Wound Evaluation & Management Summary form dated 2/05/25 by the Wound Care Physician revealed a stage 3 pressure wound coccyx full thickness which measured 2.0 x 2.2 x 0.3 centimeters with moderate serous exudate, 75% granulation tissue, and 25% subcutaneous tissue. The dressing treatment plan was to apply alginate calcium, a gauze island with border and skin prep on the peri wound daily. The physician's recommendations included a Multivitamin daily, Vitamin C 500 milligrams (mg) twice daily and Zinc Sulphate 220 mg daily for 14 Days. Review of resident #9's physician orders did not include a Multivitamin daily, Vitamin C 500 milligrams (mg) twice daily or Zinc Sulphate 220 mg daily for 14 Days. On 2/12/25 at 11:55 AM, Licensed Practical Nurse (LPN) A stated he, along with another nurse, performed wound care to residents with wounds in the facility 7 days a week. He indicated the other wound care nurse rounded most often with the wound care physician but whenever he did it, he removed the dressing and cleaned the resident's wound, and redressed the wound after the wound care physician was done. He indicated he asked the wound care physician if there were any new orders when he finished with each resident. He explained after the wound care physician left the facility, they received their progress notes, usually within 3 to 4 hours, on the same day. He indicated if he felt he was lacking information, he referred to the progress note but not often. LPN A reviewed the Initial Wound Evaluation & Management Summary form dated 2/05/25 and validated the Multivitamin, Vitamin C and the Zinc Sulphate were not added to resident #9's orders. He mentioned if the wound care physician did not mention any new orders, he did not check the notes, so that is on me, but I will be doing it going on apparently. He explained he documented whenever he performed wound care. He stated he did not work on 2/04/25 or 2/09/25 and could not explain why wound care was not done those days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8050 Spyglass Hill Rd Viera, FL 32940	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/12/25 at 12:57 PM, the Director of Nursing (DON) explained the facility had 2 nurses who performed wound care regularly, but they had a back up if those nurses were out. She indicated her expectation for the wound care nurses was to perform wound care to any pressure wounds or surgical incisions and document it. She shared there was someone assigned to perform wound care 7 days a week. She expected the nurse performing wound care to either enter a progress note or sign off the TAR when wound care was done. She stated the wound physician should give new orders at time of rounding. She indicated the wound care nurse should review the note from the wound physician when received and update the wound log each Friday. She stated she expected the nurse who updated the log to follow up on the physician's recommendations. She indicated if a recommendation was discovered during review of the note, the primary physician would be contacted. The DON explained if the primary physician agreed with the recommendations, the wound care nurse would enter the orders. The DON stated it did not appear the wound care nurse followed through with the wound care physician's recommendations for resident #9. When asked why wound care was not performed on 2/04/25 and 2/09/25 for resident #9, the DON response was she knew who the nurse was those days, and that nurse always documented. She validated she did not see a progress note and the TAR was blank on 2/04/25 or 2/09/25. Review of the facility's policy and procedure titled Wound Care dated 4/01/2022 read, Wound care procedures and treatments should be performed according to the physician orders. The policy included to document in the clinical record when treatment was performed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER: Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 8050 Spyglass Hill Rd Viera, FL 32940	

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43192 Based on interview and record review, the facility failed to maintain effective communication between nursing staff and medical providers and failed to collaborate with a dialysis center to promote adequate treatment, monitoring, and continuity of care for 2 of 4 residents reviewed for dialysis care and services, out of a total sample of 10 residents, (#3 and #4). Findings: Cross Reference F842 1. Review of the medical record revealed resident #3 was admitted to the facility on [DATE]. Her diagnoses included aneurysm of artery of upper extremity, end-stage renal disease (ESRD), and rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis. According to the National Library of Medicine, Rapidly progressive glomerulonephritis (RPGN) is a clinical syndrome manifested by features of nephritic syndrome and rapid loss of the kidney function over a period of a few weeks to months. (Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC4720204/ on 2/21/25). Review of resident #3's physician orders revealed an order dated 2/04/25 for Sevelamer Carbonate 800 milligrams (mg) 3 tables before meals for hypocalcemia related to ESRD. Sevelamer administration was scheduled for 6:30 AM, 11:30 AM, and 4:30 PM daily. Review of resident #3's Medication Administration Record (MAR) showed Sevelamer was administered on 2/05/25 at 6:30 AM, 2/06/25 at 6:30 AM and 4:30 PM, 2/07/25 at 6:30 AM, and 2/10/25 at 6:30 AM, 11:30 AM and 4:30 PM for a total of 7 doses. Review of the Progress Note revealed Sevelamer was not available to resident #3 from 2/4/25 to 2/12/25: *2/05/25 at 6:06 PM - on order, awaiting for pharmacy, physician aware *2/06/25 at 12:17 PM - pending pharmacy delivery *2/07/25 at 5:17 PM read, Medication is not available, Medication has been reordered from pharmacy. Awaiting delivery from pharmacy. MD (physician) notified. * 2/08/25 at 7:47 AM read, Medication is not available. Contacted pharmacy. Awaiting approval. *2/08/25 at 10:40 AM read, Pharmacy states they have to go through dialysis to send pill, awaiting delivery. *2/09/25 at 6:29 AM read, Medication is not available. Contacted pharmacy. Awaiting approval. *2/09/25 at 11:03 AM read, Awaiting pharmacy delivery. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8050 Spyglass Hill Rd Viera, FL 32940	

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*2/10/25 at 8:08 AM read, Waiting arrival from pharmacy. *2/10/25 at 4:41 PM read, Dialysis to give. *2/11/25 at 6:39 AM read, Dialysis to give. *2/11/25 at 12:36 PM read, Awaiting delivery. MD aware. *2/11/25 at 3:40 PM read, Waiting on pharmacy. *2/12/25 at 12:53 PM read, Medication to be administered at dialysis. A Progress Provider Note entered by the Physician Assistant on 2/06/25 revealed there were no concerns shared by the nursing staff. Review of resident #3's Baseline Care Plan initiated on 2/04/25 read, Resident needs dialysis. Interventions included, Administer any physician ordered medications for renal functioning. Monitor for side effects. Communicate and collaborate with dialysis center regarding weights, medication, diet, and lab results. On 2/12/25 at 1:30 PM, the Director of Nursing (DON) stated a new regulation from Centers for Medicare and Medicaid Services as of January 1st, 2025, specified dialysis centers were responsible for providing the phosphate binders which included Sevelamer. She explained they requested a 5-day supply of Sevelamer from their pharmacy for resident #3. The DON shared she expected dialysis to provide Sevelamer within 24 hours, but this was a brand-new rule, and everyone was struggling with it. She stated the Transitional Care Unit Manager (UM) placed multiple phone calls yesterday with dialysis. On 2/12/25 at 1:35 PM, the UM stated she called their pharmacy yesterday because dialysis did not have Sevelamer. She explained she had called dialysis every single day and informed the physician, but she did not document it in resident #3's medical record. She explained they recently received corporate approval for a 5-day supply of Sevelamer and it was received yesterday morning. She did not recall if she mentioned to dialysis that resident #3 had not had one dose of Sevelamer since admission. At 2:18 PM, the UM stated she reviewed the documentation for resident #3 and could not find evidence that Sevelamer was here before this morning. She stated she spoke with the nurses who documented administration of Sevelamer when the medication was not available and she said they did not have an answer. She mentioned one of the nurses confirmed he did not give the medication but documented he gave it and could not explain why he did that. Review of the Pharmacy Packing Slip dated 2/11/25 revealed resident #3's Sevelamer was included. The Signature, Date Signed, and Time Signed sections of the form were blank. 2. Review of the medical record revealed resident #4 was admitted to the facility on [DATE]. His diagnoses included alcohol abuse with intoxication, acute kidney failure, and coronary artery disease. Review of a Provider Progress Note dated 2/11/25 revealed a diagnosis of acute kidney injury on hemodialysis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER: Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 8050 Spyglass Hill Rd, Viera, FL 32940	

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the National Kidney Foundation, Dialysis is a type of treatment that helps your body remove extra fluid and waste products from your blood when the kidneys are not able to. By performing some of the kidney's usual duties, dialysis helps to maintain safe levels of minerals in your blood, such as potassium, sodium, calcium, and bicarbonate. The organization's website indicated it was important to complete dialysis treatments according to the prescribed schedule and inform the dialysis provider about medications and supplements taken. (Retrieved on 2/21/25 from https://www.kidney.org/atoz/content/dialysisinfo). Review of resident #4's Baseline Care Plan initiated on 2/04/25 read, Resident needs dialysis. Interventions included, Communicate and collaborate with dialysis center regarding weights, medication, diet, and lab results. Resident goes out to dialysis. Check with nurse for the schedule and assist the resident to be ready to go on time. A bag of lunch may be needed, help ensure the resident has it with them. Review of resident #4's physician orders revealed an order dated 2/07/25 which indicated dialysis center on Tuesday, Thursday and Saturday, with chair time at 7:30 AM and pick up at 6:15 AM. On 2/12/25 at 10:31 AM, resident #4 explained he received dialysis 3 times per week. He indicated this was temporary and yesterday was his 4th time. A binder was noted at his bedside table and the cover had the name of the dialysis center where he received his treatments. Resident #4 said he brought the binder from his treatment yesterday and it was left in his room. Review of the binder revealed 2 Dialysis Transfer Forms dated 2/08/25 and 2/11/25. The top and middle sections were completed, but the bottom, Post-Dialysis Treatment section, was blank on both forms. Resident #4 shared he did not get a snack nor breakfast yesterday when he left for dialysis, but he ate lunch upon his return to the facility. Review of the Dialysis Transfer Form, given to residents who went to dialysis on each visit, revealed the document included 3 sections. The top and bottom sections were to be completed by the facility's nurses and the middle section by the dialysis nurse. Resident #4's form dated 2/08/25 included a message from dialysis that read, Please place hoyer pad under patient for transfer. The dialysis nurse also wrote resident #4 was late for treatment and received an abbreviated treatment. There was no evidence in resident #4's medical record the note was clarified or addressed by the facility. On 2/12/25 at 10:50 AM, Licensed Practical Nurse (LPN) B stated resident #4's dialysis treatment was in the early morning. She explained they gave him a binder with the transfer form and lunch to take with him. She recalled resident #4 left for dialysis yesterday at approximately 7:30 AM and he was by the nurses station when she started her shift at 7:00 AM. She mentioned when he returned from dialysis before the end of her shift, she took his vital signs, and he ate lunch. She stated she reviewed the binder from dialysis and completed the section at the bottom. She indicated she documented the vital signs on the form also, as she did not enter a note in the Electronic Medical Record (EMR). She stated they kept the binder by the nurses station, not in the resident's room. At 10:56 AM, the nurse walked into resident #4's room and the UM was in the room holding the binder in her hands. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105885	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viera Healthcare and Rehabilitation Center	8050 Spyglass Hill Rd Viera, FL 32940

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/12/25 at 11:00 AM, the UM explained any information they would like to communicate to dialysis was included in the dialysis binder. She stated when a resident returned from dialysis, transportation staff took the resident to his room, and they were expected to hand the binder to the nurse. She indicated the binder was not left in the resident's room. She shared she expected the nurse to take the vital signs, observe the dialysis port site, and document it on the transfer form. She indicated she was not sure if the assessment was also documented in the EMR or not. The UM looked in resident #4's EMR and stated there was documentation of the vital signs for Saturday 2/08/25 at 2:23 PM but not for yesterday. She indicated she did not see a progress note entered for 2/08/25 or 2/11/25 after the resident returned from dialysis. She validated the forms dated 2/08/25 and 2/11/25 in resident #4's binder were not completed after he returned to the facility from dialysis. She mentioned at times binders were left at the dialysis center and she was looking for resident #4's binder this morning but could not locate it. She said she was not aware resident #4 did not get breakfast or snacks before going to dialysis but she was aware of an issue with transportation yesterday. She indicated she had not seen the note added by the dialysis nurse on 2/08/25. She noted the expectation was for the nurses to review the transfer form and address any questions or concerns by the dialysis team. On 2/12/25 at 12:31 PM, the Director of Nursing (DON) stated their practice was to chart when there is something to chart about. She indicated an assessment was done by the nurse upon the resident's return from dialysis based on the documentation on the Treatment Administration Record (TAR). She explained the TAR showed a check mark when the nurses assessed the resident's dialysis catheter every shift. She stated the Dialysis Transfer Form was a tool to communicate with the dialysis center and nurses were expected to review it when residents returned from dialysis. Review of the agreement between the dialysis center for resident #3 and the facility dated 6/19/24 read, Emergency and non-emergency changes in a resident's medical condition will be immediately communicated by the party having primary knowledge of the change to the other party. Center will communicate with Nursing Facility via Dialysis Communication Form, including when a resident refuses scheduled medical management or non-compliance with medical management relating to dialysis treatment (i.e. diet, fluid restriction and medications). Center will also provide Nursing Facility with a Patient Plan and Progress Report for each resident served.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viera Healthcare and Rehabilitation Center	8050 Spyglass Hill Rd Viera, FL 32940

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43192 Based on interview and record review, the facility failed to accurately document the administration of medications in the Medication Administration Record (MAR) for 1 of 5 residents reviewed for medications, out of a total sample of 10 residents, (#3). Findings: Cross Reference F698 Review of the medical record revealed resident #3 was admitted to the facility on [DATE]. Her diagnoses included aneurysm of artery of upper extremity, end-stage renal disease (ESRD), and rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis. According to the National Library of Medicine, Rapidly progressive glomerulonephritis (RPGN) is a clinical syndrome manifested by features of nephritic syndrome and rapid loss of the kidney function over a period of a few weeks to months. (Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC4720204/ on 2/21/25). Review of resident #3's physician orders revealed an order dated 2/04/25 for Sevelamer Carbonate 800 milligrams (mg) 3 tables before meals for hypocalcemia related to ESRD. Sevelamer administration was scheduled for 6:30 AM, 11:30 AM, and 4:30 PM daily. Review of resident #3's MAR showed Sevelamer was administered on 2/05/25 at 6:30 AM, 2/06/25 at 6:30 AM and 4:30 PM, 2/07/25 at 6:30 AM, and 2/10/25 at 6:30 AM, 11:30 AM and 4:30 PM for a total of 7 doses. Review of the Progress Note revealed Sevelamer was not available to resident #3: *2/05/25 at 6:06 PM - on order, awaiting for pharmacy and the physician was aware. *2/06/25 at 12:17 PM - pending pharmacy delivery. *2/07/25 at 5:17 PM read, Medication is not available, Medication has been reordered from pharmacy. Awaiting delivery from pharmacy. MD (physician) notified. * 2/08/25 at 7:47 AM read, Medication is not available. Contacted pharmacy. Awaiting approval. *2/08/25 at 10:40 AM read, Pharmacy states they have to go through dialysis to send pill, awaiting delivery. *2/09/25 at 6:29 AM read, Medication is not available. Contacted pharmacy. Awaiting approval. *2/09/25 at 11:03 AM read, Awaiting pharmacy delivery. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER: Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 8050 Spyglass Hill Rd Viera, FL 32940	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*2/10/25 at 8:08 AM read, Waiting arrival from pharmacy. *2/10/25 at 4:41 PM read, Dialysis to give. *2/11/25 at 6:39 AM read, Dialysis to give. *2/11/25 at 12:36 PM read, Awaiting delivery. MD aware. *2/11/25 at 3:40 PM read, Waiting on pharmacy. *2/12/25 at 12:53 PM read, Medication to be administered at dialysis. Review of resident #3's Baseline Care Plan initiated on 2/04/25 read, Resident needs dialysis. Interventions included, Administer any physician ordered medications for renal functioning. Monitor for side effects. Communicate and collaborate with dialysis center regarding weights, medication, diet, and lab results. On 2/12/25 at 1:35 PM, the Transitional Care Unit Manager (UM) stated she called their pharmacy yesterday because dialysis did not have Sevelamer. She shared she called dialysis every single day and informed the physician, but she did not document it in resident #3's medical record. She explained they recently received corporate approval for a 5-day supply of Sevelamer and it was received yesterday morning. Later at 2:18 PM, the UM stated she reviewed the documentation for resident #3 and could not find evidence that Sevelamer was in the facility before this morning. She stated she spoke with the nurses who documented the administration of Sevelamer when the medication was not available, and she said they did not have an answer. She mentioned one of the nurses confirmed he did not give the medication but documented he gave it and could not explain why he did that. Review of the Pharmacy Packing Slip dated 2/11/25 revealed resident #3's Sevelamer was included. The Signature, Date Signed, and Time Signed sections of the form were blank. On 2/12/25 at 2:54 PM, the Director of Nursing (DON) stated she expected the nurses to document accurately in the medical record. She indicated if a medication was not given, the physician needed to be informed, and the communication documented in the medical record. She mentioned she was not sure of the steps the facility's UMs took to communicate with the dialysis centers regarding the unavailability of Sevelamer or if they documented their efforts. She said, We do the best we can, do I document every single conversation I have with a physician or family? I cannot and I do not. She shared she had spoken to 3 physicians today and had not documented any of those conversations. Review of the policy titled Resident Identifiable Information / Medical Records dated 4/01/22 revealed the intent to maintain a medical record for each resident in accordance with federal and state guidelines. The document read, Medical records on each resident will be accurately documented; readily accessible; and systematically organized.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8050 Spyglass Hill Rd Viera, FL 32940	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43192 Based on observation, interview, and record review, the facility failed to adhere to proper hand hygiene and use of personal protective equipment (PPE) practices per infection control standards when handling soiled linens in 1 of 2 units. Findings: On 2/12/25 at 10:43 AM, Certified Nursing Assistant (CNA) C was observed leaving room [ROOM NUMBER] with a bag of dirty linens in a plastic bag and wearing a glove on her right hand. While holding the bag and wearing the glove, CNA C entered room [ROOM NUMBER], asked the resident if everything was okay, removed the glove in her right hand and kept it in her hand, then grabbed a couple of hospital gowns that were lying on a chair in room [ROOM NUMBER] with her other hand. CNA C left room [ROOM NUMBER] and re-entered room [ROOM NUMBER], placed the bag on the floor, touched the bed sheet and left the room without performing hand hygiene. On 2/12/25 at 1:45 PM, CNA C acknowledged she left room [ROOM NUMBER] with soiled linens in a plastic bag while wearing a glove on her right hand when she entered room [ROOM NUMBER]. She stated she was taking trash, gowns and things patients no longer needed to the soiled utility room. She indicated she was assigned 12 residents who had to be ready for therapy and appointments and she was only one and did not always have time to go around for all the tasks she was assigned to do. She said, The correct way, politically, I was supposed to dispose the bag in the soiled utility room. She stated she was just trying to do so many things at one time. I do the best I can. She validated bringing a bag of soiled linens from one room to another was an issue. She indicated she was not supposed to have gloves on in the hallway because of infection control. She added when she removed gloves, she was supposed to wash her hands and confirmed she did not perform hand hygiene. She confirmed she grabbed the hospital gowns on the chair and removed them from the room without placing them in a plastic bag. She stated she left them in the soiled utility room. She asked, What do I do if I am carrying soiled items and a call light is on or a resident fell , what am I supposed to do? She then stated she was supposed to take it to the soiled utility room when done with patient care. She indicated she received Infection Control training during her orientation in September 2024. Review of a Certificate of Completion for Infection Control: Comprehensive Review dated 1/03/25 revealed satisfactory completion by CNA C. Review of Certificates of Completion for Donning and Doffing PPE and Principles of Infection Control and Asepsis revealed satisfactory completion by CNA C on 9/03/24. On 2/12/25 at 3:11 PM, the Direct of Nursing (DON) stated staff could not bring soiled linens into another resident's room or wear gloves in the hall. She stated CNA C was not following their policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Viera Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8050 Spyglass Hill Rd Viera, FL 32940	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy titled Standard Precautions for Infection Control dated 4/01/22 read, It will be the policy of this facility to assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care. The document revealed hand hygiene was considered the primary means of preventing the transmission of infection. The policy instructed staff to remove and discard PPE before leaving the resident's room.