STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105257	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Saint Lucie	611 S 13th St Fort Pierce, FL 34950

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews the facility failed to ensure the resident was treated with respect and dignity related to going into the resident's room without his permission and removing his personal possessions from his room for 1 of 3 sampled resident (Resident #2). The findings included: Observations were made on 05/27/26 at 9:48 AM of Resident #2's semi-private room he is the only resident assigned to this room. He's by the window and he has his privacy curtain closed but it has split so he can view people coming in and out of his room. In his room he has stacks of boxes that are covered by two blankets, a bag of items on his wardrobe closet, a box on his chair, hygiene items lining the window sill, 2 packs of 40 water bottles on a wood pallet on his floor, two oversized wheelchairs with amazon packages and other boxes in stacks against the wall covered with blankets, and has clean loose diapers on top of the wheelchair and boxes. Photographic evidence obtained. A review of Resident #2's medical records revealed that he was admitted to the facility on [DATE]. His diagnoses includes Type II Diabetes, Generalized Anxiety, Primary Insomnia, Chronic Kidney Disease, Major Depressive Disorder, and Ankylosing Spondylitis of Cervical Region. His MDS (Minimum Data Set) document has a BIMS (Brief Interview for Mental Status) score of a 15/15 which means his cognition is intact. A review of his care plan documents the resident has a behavior problem related to stealing supplies from housekeeping carts, nursing stations, etc. The resident has a behavior problem related to hoarding silverware, trays, cups from the kitchen. Resident refuses to wear normal clothing, will only wear facility gowns. Resident will leave food at bedside without proper refrigeration. The resident has a behavior problem of manipulating staff into giving him more supplies, food, linen. The resident has behavior of hoarding and saving medication.During an interview on 05/27/26 at 9:50 AM with Resident #2, he stated that they came in my room when I went to a urology appt. I was not here. Credit cards are missing, $480.00 in cash missing, clothing, pillows and so much more. I called APS (Adult Protective Service) and the police, they came out and spoke with the Administrator. I was given my credit cards back but not all my money, only $111.00 of the $480.00.During an interview on 05/27/26 at 10:30 AM with the Executive Director he stated Resident #2 did go out to the doctor. It is impossible to get his room cleaned. He does not get out of bed. So, when he was gone, we had housekeeping do a deep cleaning. Surveyor asked if he asked permission from the resident. He stated no, did not get his permission. We can't put anyone else in that room. We have had at least 10 other residents that refused to stay in his room. He stated that they took pills out of his room. He doesn't know what kind they were.During an interview on 05/27/26 at 10:47 AM with the Director of Housekeeping. We did a deep cleaning in his room when he went out to the Doctor. He stated they threw a lot of this resident's stuff away. He said they found 3 baskets of clean linen in his room, food that turned bad. The Executive Director took the resident's credit cards and money and pills. He said I can't lie there were bugs in his room live and dead. We threw away old food and found pills in cups. Surveyor asked if the pills were in plain sight. He stated No, the pills were under a blanket on his wheelchair I believe. Surveyor asked him if he asked the resident to go in his room and he stated no, I received a text from the Director of Nursing dated 04/28/26 at 2:03 PM which stated go to the (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105257	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Saint Lucie	611 S 13th St Fort Pierce, FL 34950

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's room.During an interview on 05/28/26 at 11:45 AM with the DON (Director of Nursing) she acknowledged that she sent a text to the Director of Housekeeping. She stated it was a text to all the teams. It said to clean his room ASAP while he was out of the building. She acknowledged she did not get his permission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105257	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Saint Lucie	611 S 13th St Fort Pierce, FL 34950

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 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure the physician completes the initial assessment within 30 days of admission for 3 of 3 residents reviewed (Resident #1, Resident #7 and Resident #8).The findings included:1. Review of Resident #1 medical records revealed he was admitted to the facility on [DATE] with diagnoses to include Dependence on Renal Dialysis, Type II Diabetes, Anemia, Acute Respiratory Failure, Major Depressive Disorder, Polyneuropathy, and Muscle Weakness. A review of the admission MDS (Minimum Data Set) dated 10/29/25 documents his BIMS (Brief Interview for Mental Status) score as a 15/15, which means his cognition is intact. The Physician Orders included an order to admit to facility skilled nursing facility dated 10/22/25. A review of the first physical assessment dated [DATE] documents that the resident was seen by the APRN (Advanced Practical Registered Nurse) on behalf of the medical doctor. 2. Review of Resident #7 medical records revealed she was admitted to the facility on [DATE] with diagnoses to include Short of Breath, Heart Failure, Atrial Fibrillation, Essential Hypertension, Cardiac Pacemaker, Seizures, and Major Depressive Disorder. Her admissions MDS dated [DATE] documents her BIMS as score 15/15 which means her cognition is intact. A review of initial physical assessment dated [DATE] documents that she was seen for the first physical assessment by the APRN on behalf of the medical doctor.3. Review of Resident #8 medical records revealed she was admitted to the facility on [DATE] with diagnoses to include Schizophrenia, Muscle Weakness, Chronic Pain and Tachycardia. Her admissions MDS dated [DATE] documents her BIMS score as a 12 means her cognition is moderately impaired. A review of the first physical assessment dated [DATE] documents that the APRN saw this resident on behalf of the medical doctor.4. During a telephone interview on 05/28/26 at 8:00 AM with the medical doctor he stated that he does rounds every Thursday. He stated he sees all his patients. Surveyor asked where his evidence was that he saw his patients and he stated, I review the notes from the ARNP and then sign off.During a secondary interview on 05/28/26 at 12:19 PM with the medical doctor by another surveyor when asked if he does the initial comprehensive assessments for his residents, he stated if the resident is admitted on a Wednesday or Thursday, he does them as he is here in the facility, but on the other days he does not. The physician confirmed his APRN completes the initial assessments on the other days. During an interview on 05/28/26 at 10:55 AM with Resident #7, she was asked if she has ever been seen by a doctor in the facility. She stated she thinks all she saw was a nurse practitioner. During an interview on 05/28/26 at 11:05 AM with Resident #8, she was asked if she has ever been seen by a medical doctor while in this facility and she stated she did not believe so.