

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Avante at Leesburg, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Edgewood Ave Leesburg, FL 34748	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46523</p> <p>Based on record review and interview, the facility failed to ensure residents received services as ordered by physician for 1 of 3 sampled residents, Resident #1.</p> <p>Findings include:</p> <p>During an interview on 1/31/2025 at 3:44 PM, Resident #1 stated, I have not seen a urologist or pulmonologist. I cannot make my own appointments because I am new to the area and don't know what doctors to call.</p> <p>Review of Resident #1's physician order dated 10/22/2024 showed it read, Urology Consult.</p> <p>Review of Resident #1's physician order dated 10/22/2024 showed it read, Pulmonologists consult for lung cancer.</p> <p>Review of Resident #1's physician order dated 10/22/2024 showed it read, Oncology consult to manage lung cancer.</p> <p>Review of Advanced Practice Registered Nurse (APRN) #1 visit note for Resident #1 dated 10/21/2024 showed it read, History of Present Illness . Reports that he feels well. Denies any issues of concern. Continue to monitor. Patient would like to see pulmonology, urology, oncology, and pain management. Referral given to nursing.</p> <p>Review of APRN #1 visit note for Resident #1 dated 11/18/2024 showed it read, History of Present Illness . Reports feeling well. Reports that he saw ID and was told he is doing well. Patient reports that he would like to see Urology. He is working closely with the scheduler to set that up. No issues reported from nursing. Continue to monitor.</p> <p>Review of the facility's transportation log from 11/1/2024 through 1/31/2024 did not show Resident #1 scheduled for a urologist consult, pulmonologist consult, or oncologist consult.</p> <p>During an interview on 1/31/2025 at 1:23 PM, the Director of Nursing (DON) stated, The staff review the chart and put an order in the system. The scheduler makes the appointment and arranges transportation.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/31/2025 at 2:52 PM, Staff E, Medical Records, stated, I have been in this position for two weeks. I reached out to the last scheduler and could not find any information on appointments for urology, oncology or pulmonology being scheduled for [Resident #1's name].</p> <p>During an interview on 1/31/2025 at 2:55 PM, the DON stated, [Resident #1's name] mentioned his prostate and history of cancer this past Monday or Tuesday. I was going to call FL [Florida] Cancer Center and contact his primary to address. I started here on November 13, 2024. Prior to Monday, [Resident #1's name] had not verbalized any concerns to me regarding cancer treatments. Patients that require cancer treatments have no issues in getting treatments while in the facility. The residents are allowed to make their own appointments. We have residents that do schedule their own appointments and just let the scheduler know.</p> <p>During an interview on 1/31/2025 at 4:01 PM, the APRN #1 stated, I see him once a month. I know he has a catheter. Really the doctor appointments [Resident #1's name] is requesting are follow ups they are not urgent. I gave all the orders to the nurses. The facility has gone through transition and has had a lot of changes. Maybe making the appointment has fallen through. He has had chest x-ray for upper respiratory infection and course of treatment has been provided. He is not coughing. He will complain over every little thing and referrals and appointments can take weeks. Pulmonologists can wait for outpatient it is not asap (as soon as possible). It is not a broken hip that needs to be seen in a certain time frame. He came from the outside world with all these issues, you treat for what he came in for until discharge. The appointments are not urgent. He is the one requesting the follow ups which can be managed outpatient. He also has a phone and an ipad and could be able to make his own appointments. He is never happy. The appointments are based on his [Resident #1] request not on medical need, They are not urgent or detrimental to his health.</p> <p>Review of the facility policy and procedure titled Quality of Care revised on 3/2/2019 showed it read, Policy: It is the policy of the facility to ensure it identifies and provides needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental and psychosocial needs.</p>		