

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/23/2026
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the provider was notified when a resident left the facility against medical advice for 1 of 3 residents, Resident #3, reviewed for change in condition. Findings include: Review of Resident #3's medical record documented the resident was admitted in to the facility on [DATE] and discharged on 05/06/2026. Review of Resident #3's nursing note dated 05/07/2026 read, Resident left against medical advice. Review of the medical record revealed the record did not have documentation Resident #3's physician was notified when Resident #3 left the facility against medical advice. During an interview on 06/22/2026 at 2:50 PM Staff A, LPN (Licensed Practical Nurse) stated, When [Resident #3's name] came in, transport brought him to Unit 1. We realized he was supposed to be in Unit 2, so we brought him to the correct room. The air conditioning was broken in the room, and he became very agitated. He asked for a urinal, but I couldn't find one. Apparently, they were in a big box in central supply, but they had recently rearranged the room, so I couldn't find one. I asked a CNA [Certified Nursing Assistant], and she couldn't find one either. I brought him a plastic cylinder. I don't know if he was okay with that solution or not because he left shortly after that. His daughter arrived around 11:00 PM to pick him up. He left AMA [against medical advice]. I called and notified my manager that she [Resident #3's daughter] was taking him home. During an interview on 06/23/2026 at 10:40 AM, the Director of Nursing stated, [Resident #3's name] came in and he refused to stay. Transport brought him to the wrong unit. We had to move him, and that made him mad and he didn't want to stay. When a situation like that happens, the staff need to do an AMA form, notify the physician, the DON [Director of Nursing] and the Administrator. I see the nursing note that says that the resident left AMA. It doesn't say whether the doctor was notified or not. Review of Resident #3's AMA form dated 05/06/2026 revealed the AMA form was not signed by the physician. During an interview on 06/23/2026 at 1:22 PM Staff A, LPN stated, I didn't call the doctor after [Resident #3's name] left AMA. Review of the policy and procedure titled, Change in Condition Process last reviewed 01/28/2026 read, Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notify, consistent with his or her authority, resident's representative when there is a change requiring notification. Situations requiring notification include: 4. A decision to transfer or discharge the resident from the facility. Review of the policy and procedure titled, Notice Requirements Before Transfer/Discharge (Including AMA) last reviewed 01/28/2026 read, Policy: It is the policy of the facility to notify the resident and or their legal guardian before transfer and/or discharge according to state and federal regulations. Discharge Against Medical Advice (AMA) b. The resident and family/legal representative should be informed of the risks involved, the benefits of staying at the facility, and the alternatives to both. Under no circumstances will the facility force, pressure, or intimidate a resident into leaving AMA. c. May involve physician of the intended AMA discharge and be encouraged to speak with the resident to encourage them to stay at the facility. d. Documentation of this notification should be entered in the nurses' notes by the nursing department.		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, interview, and record review, the facility failed to ensure a safe, clean, comfortable and homelike environment for residents in 2 of 3 units for 5 residents, Residents #2, #4, #8, #9, and #10, reviewed for homelike environment. Findings include During an observation on 06/22/2026 at 9:31 AM, Resident #8 was sitting up in bed. The drywall on the wall to the left side the bed was in disrepair. There were debris and a small plastic object observed in the air conditioning vent. (Photographic evidence obtained). During an interview on 06/22/2026 at 9:31 AM, Resident #8 stated, The wall is gouged. I would prefer if the wall was in better condition. During an interview on 06/22/2026 at 11:06 AM, the Director of Environmental Services/Interim Maintenance Director stated, I am responsible for maintenance now. Housekeeping cleans the AC [air conditioner] filters daily and should be pulling them out and wiping them down. Maintenance is responsible for removing the PTAC [packaged terminal air conditioner] cover and cleaning underneath it monthly. Review of Work History Report provided by the Director of Environmental Services/Interim Maintenance Director, read, Timeframe: Last 6 months. 04/30/2026 HVAC [heating, ventilation and air conditioning] (PTAC): Clean air filters. Marked done on time on 4/24/2026. 01/21/2026 HVAC (PTAC): Clean air filters. Marked done on time on 01/29/2026. Review of the work history reports provided by the Director of Environmental Services documented the last time the air conditioning units were cleaned was on 04/24/2026. Review of the policy and procedure titled, HVAC System reviewed 01/28/2026 read, Policy: The facility maintains HVAC systems in a manner that protects resident health and safety from fire and extreme temperatures. b. The Maintenance Director is responsible for notifying the service agency of needed repairs, servicing or maintenance. 6. Documentation of all inspections, tests, and maintenance shall be maintained by the Maintenance Director. During an observation on 06/22/2026 at 10:00 AM, Resident #9 was laying in bed with the head of bed raised approximately 30 degrees. The light fixture on the wall behind the resident's bed had a broken pull cord. The light fixture above the sink was not secured to the wall. (Photographic evidence obtained). During an interview on 06/22/2026 at 10:00 AM, Resident #9 stated, I'm waiting for a pull cord for my light. I can't turn it on or off. I've been here for three months, I have told multiple people about it, and it still hasn't been fixed. During an interview on 06/22/2026 at 11:15 AM, the Housekeeping Director/Interim Maintenance Director viewed the light fixture above the sink in Resident #9's room and stated, I wasn't aware of these issues. That shouldn't be like that. During an observation on 06/22/2026 at 10:15 AM, Resident #10 was sitting up in bed. The dresser on the right side of the bed was in disrepair, with the resident's belongings visible inside of the dresser. (Photographic evidence obtained). During an interview on 06/22/2026 at 10:15 AM, Resident #10 stated, I've been here for two years. My dresser has been broken, and it really bothers me. I want to know if they can switch it out for the one on the other side of the room, since no one is in there right now. During an interview on 06/22/2026 at 11:10 AM, The Housekeeping Director/Interim Maintenance Director viewed Resident #10's dresser and stated, I see the dresser is broken. During an observation on 06/22/2026 at 9:30 AM, Resident #4 was observed sitting up in bed. The Resident was adequately groomed with no adverse odors. The dry wall behind Resident #4's bed was in disrepair and there was a white, powdery substance on the floor. There was a thick, gray substance under the air intake cover of Resident #4's air conditioner. During an interview on 06/23/2026 at 9:25 AM, Resident #4 stated, The wall behind the bed is filthy and ugly and I wish they would do something about it. During an observation on 06/22/2026 at 9:45 AM, Resident #2 was lying in bed on her left side with her eyes closed. The drywall on the wall behind the resident's bed was in disrepair. (Photographic evidence obtained). During an interview on 06/22/2026 at 11:08 AM, the Director of Housekeeping Services/Interim Maintenance Director viewed the damaged drywall in Resident #2's room and the damaged drywall and white powdery substance on the floor of Resident #4's room and stated, That (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	drywall should have been cleaned up.Review of the policy and procedure titled, Resident Right-Safe/Clean/Comfortable/Homelike Environment last reviewed 01/28/2026 read, Policy: It is the policy of the facility to provide a safe, clean, comfortable homelike environment such a manner to acknowledge and respect resident rights. Procedure: 1. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 2. The facility must provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. 3. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.		