

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: 105333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER Avante at MT Dora, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Brown Ave Mount Dora, FL 32757	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview, observation, and record review, the facility failed to ensure wound care was provided in accordance with professional standards of practice and physician orders for 2 of 4 residents, Residents #1 and #3, reviewed for wound care services. Findings Include:1) During an observation on 06/09/2026 at 2:50 PM, Resident #1 was sitting up in bed on an air mattress. There was a rolled gauze dressing on the resident's left knee which was dated 06/08/2026 with the initials of Staff B. During an interview on 06/09/2026 at 2:50 PM, Resident #1 stated, The nurse did not do my wound care last night, and it has not been done today. Review of Resident #1's physician order dated 06/04/2026 read, Wound Care: Left lateral lower leg- cleanse with diluted betadine, pat dry. Apply calcium alginate silver, ABD [abdominal] pad and wrap with rolled gauze. Secure with ace wrap every day shift for Trauma Wound and as needed for soiled/displaced/wound rounds. Review of Resident #1's physician order dated 06/05/2026 read, Bacitracin External Ointment 500 Unit/GM [gram] apply to left knee topically every day and night shift for laceration apply xeroform [moist dressing] after and cover with abd and kerlix [rolled gauze] and apply to left knee topically as needed for soiled/displaced/wound rounds for 14 days. Review of Resident #1's TAR [treatment administration record] for June 2026 read, Bacitracin External Ointment 500 Unit/GM (Bacitracin (Topical)) Apply to left knee topically every day and night shift for laceration apply xeroform after and cover with abd and kerlix Start Date: 06/05/2026 2300. Review of Resident #1's TAR for June 2026 showed wound care was not documented on 06/08/2026 for night shift. During an interview on 06/09/2026 at 2:13 PM, Staff E, LPN [licensed practical nurse] stated, We used to have a wound care nurse, but now the nurse on the cart does the wound care. It is difficult because I have 28 residents today. I have not done [Resident #1's name]'s dressing change yet; I am planning to do it later before I leave. During an interview on 06/10/2026 at 8:50 AM, Staff A, LPN stated, I did not change [Resident #1's name]'s dressing the night before last because when [Staff E, LPN's name] gave me report, she told me she had just done it. I didn't think it would be good to do it right after [Staff E, LPN's name] had just done it. During an interview on 06/10/2026 9:30 AM the Director of Nursing stated, I got clarification from [Staff C, Advanced Practice Registered Nurse's [APRN] name], the wound care APRN on [Resident #1's name]'s orders. She said the Bacitracin order that was twice a day should have been discontinued and only kept the order for betadine with the calcium alginate once per day. She said it was an oversight on her part. During an interview on 06/10/2026 at 11:25 AM, Staff C, wound care APRN stated, The wound care orders come from [Resident #1's name]'s surgeon who repaired the flap that was there. At some point while I was seeing her, I called the plastic surgeon to update the wound care orders. The orders I received were betadine, calcium alginate with silver, abd pad and kerlix and ace wrap daily. I received that order on May 28th. Last time I saw her wound it had improved somewhat from the previous week. I don't know why the current order says twice a day. Whether or not they got updated orders after [Resident #1's name]'s follow-up appointment, I am unaware of. Review of Resident #1's physician order dated 05/28/2026 read, Wound care: Left lateral lower leg- cleanse with diluted betadine, pat dry. Apply calcium alginate, ABD pad and wrap with rolled gauze. Secure with ace wrap every day shift for trauma wound and as needed for soiled/displaced/wound rounds. The order was discontinued on 06/04/2026. During an interview on (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
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	06/10/2026 at 12:14 PM, the Director of Nursing stated, It looks like two different nurses put orders in for the same wound. [Staff C, APRN's name]'s orders were for once a day. [Staff C, APRN's name] is our wound care provider and based on our wound provider who oversees the wounds, it was supposed to be dressed once a day. The resident went to the plastic surgeon on June 5th for a follow up. [Resident #1's name] gave us the papers from the plastic surgeon from her purse today. Apparently, [Staff B, LPN's name] looked at the papers from the plastic surgeon and entered the orders for twice daily dressing changes and then gave the paper back to [Resident #1's name] instead of uploading it to the chart. What [Staff B, LPN's name] should have done is made a copy for medical records to put in the chart. The daily dressing order should not have been discontinued because we did not have an order to discontinue it. The nurses should have clarified the orders. I think it was a problem with communication and documentation. Now we have two orders from the provider for the same wound. We should have gotten clarification. Review of Resident #1 wound care note dated 06/04/2026, authored by Staff C, APRN read, Cleanse/Protect wound. Cleanse wound with diluted betadine. Wound Dressing: Apply Alginate with silver/silver alginate AG+ cover wound with ABD pad, Kerlix Ace Wrap change dressing daily. Change dressing as needed for soiling, saturation, or accidental removal. All orders will remain in effect until discontinued, revised, or replaced with additional orders. Review of the order from the plastic surgery follow up visit, provided by Resident #1, dated 06/05/2026 read, Dressing changes twice daily xeroform, bacitracin, ABD pad. Patient may shower. Patient may use scooter. Wound care doctor must call our doctor. During an interview on 06/10/2026 at 12:33 PM, Staff B, LPN stated, I remember updating the dressing change order after her plastic surgery appointment on June 5th to twice daily. The order was basically the same except for the frequency, so I just updated the frequency. She did not take the paperwork back from me. I put it in the scanner. My initials show up on the TAR as [Staff B, LPN's initials]. I changed her dressing on dayshift on Monday the 8th. During an interview on 06/10/2026 at 1:36 PM, Staff D, Medical Assistant for Resident #1's Plastic Surgeon stated, The doctor wants the wound care done twice a day with xeroform and bacitracin. Review of the policy and procedure titled, Consulting Physician/Practitioner Orders with a review date of 05/06/2026 read, 1. Consulting physician/practitioner orders are those orders provided to the facility by a physician/practitioner other than the resident's attending physician or physician/practitioner who is acting on behalf of the attending physician. 2. For consulting physician/practitioner orders received in writing or via fax, the nurse in a timely manner will: a. Call the attending physician to verify the order. b. Document the verification order by entering the order and the time, date, and signature on the physician order sheet. Review of policy and procedure titled, Physician Services review date 05/06/2026 read, Policy: It is the policy of the facility to provide Physician Services in accordance to State and Federal regulations. 8. All physician orders will be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift. 2) During an observation on 06/09/2026 at 10:15 AM, Resident #3 was sitting in her wheelchair near a medication cart in the common area. There was a tan colored dressing to the resident's left posterior hand with no date on it. During an interview on 06/09/2026 at 10:15 AM, Resident #3 stated, I got this skin tear on my hand in the bathroom somehow. I just looked down and saw it was bleeding and I told the nurse. I am not sure when it was last changed, my memory is not so good. Review of Resident #3's current physician orders revealed no orders for wound care to the resident's left posterior hand. During an interview on 06/10/2026 at 9:30 AM, the Director of Nursing stated, I took the dressing off of [Resident #3's name]'s left hand, and it looked like a tiny, scabbed area. I asked if she had recently had labs drawn. She told me yes, she had a couple of days ago and that they stuck her in the back of her left hand. I called the lab and verified that they are the ones who placed the dressing on her hand. There was no skin tear there. During an observation on 06/10/2026 at 9:59 AM, Resident #3 was seated in a wheelchair in the common dining area of [Resident #3's unit]. There was a white, bordered dressing on the resident's left hand, which was not dated. During an interview on 06/10/2026 at 9:59 AM, (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #3 stated, They had to change the dressing last night. I did have labs not too long ago, but they stuck me in my arm, not my hand [Resident pointed to her left arm]. I told you, I injured my hand in the bathroom, this one on my hand was not from a lab stick. Review of the policy and procedure titled, Wound Management review date 05/06/2026 read, Policy: The purpose of this program is to assist the facility in the care, services, and documentation related to the occurrence, treatment, and prevention of pressure as well as, non-pressure related wounds. Procedure: 1. The admitting nurse/nurse identifying a skin integrity issue, will then be responsible for initiating the appropriate interventions such as ensuring treatment order(s) are in place, pressure reduction devices are ordered and or requested, i.e. specialty mattress and wheelchair cushion, and that the interim care plan is initiated.		