

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/07/2025
NAME OF PROVIDER OR SUPPLIER  Avante at Lake Worth, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 N A St Lake Worth, FL 33460	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy, record review and interview, the facility failed to honor resident preferences for 1 of 4 sampled residents, as evidenced by failure to allow Resident #4 to have an air mattress. The findings included: Review of facility policy titled Avante Mattress Protocol updated June 2022, documented in part. Grade II Intermediate Support Surface: Definition: A powered alternating pressure reducing mattress. Who Do I use it On: 3. Residents non-compliant with turning and reposition and at high risk for skin breakdown with approval from Regional of Clinical Services. Record review revealed that Resident #4 was readmitted to the facility on [DATE]. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview Mental Status (BIMS) score of 15, on a 0-15 scale indicating no cognitive impairment. Review of section GG of the quarterly MDS assessment, revealed Resident #4 required maximum assistance to roll left and right: the ability to roll from lying on back to left and right side, and return to lying on back on the bed. Review of the care plan dated 07/16/25, revealed a focus that Resident #4 had a ADL (activities of daily living) self-care performance deficit related to decreased mobility and required set-up to total assistance by 1 or more people. Ability varies due to a diagnosis of hemiplegia (paralyzed on one side), obesity, anxiety, generalized weakness, with a goal that she will maintain current level of function. Another focus revealed that Resident #4 had a potential for impairment to skin integrity related to limited mobility, incontinence, with a goal that the resident will maintain clean and intact skin. Review of a wound care visit report dated 09/29/25 documented Resident #4 had nonhealing moisture associated skin damage to the right and left ischium (bone at base of pelvis). During an observation on 10/07/25 at 9:20 AM, Resident #4 was observed in her room, sitting upright in bed wearing oxygen via nasal cannula. No air mattress was noted on her bed. During an interview on 10/07/25 at 11:08 AM, when asked do you still have wounds on your buttocks that are being treated, Resident #4 stated yes. When asked had the wounds gotten better, she stated, No, my daughter is involved now because I have been asking for an air mattress for over a year. Before I went to the hospital last year I had one for almost 6 years and they don't know what happened to it. They couldn't find it when I got back. I feel that the air mattress would have prevented my buttocks from getting worse. My case manager with the insurance company has been trying to get me an air mattress, but the people here at the facility will not give him what he needs to submit the paperwork to the insurance company. I don't understand. I really would like to stay here, but I can't if they will not do what's needed to help me to get better. When asked has the wound care nurse done your wound care already, she stated Yes. During an interview on 10/07/25 at 1:32 PM, When asked if there was a reason why Resident #4 doesn't have an air mattress, the Director of Nursing (DON) stated in the presence of the Wound Care Nurse, She doesn't qualify. She must have a stage 2 or worse pressure wound. When asked, Do you know anything about her insurance regarding submission of paperwork to get her an air mattress, he stated No. During an interview on 10/07/25 on 1:40 PM, when asked how a resident qualifies for an air mattress, the Regional Nurse stated in the presence of the Administrator, All of our mattresses are considered pressure relieving except when they have a stage 2 or greater wound they will receive an air mattress. I know which resident you are referring to because this has been going on for a while, when I was the DON in the facility. We had spoken to the brother regarding the air mattress and from a clinical standpoint he understood that the resident is on a pressure-relieving mattress that is sufficient for the wound that she has, and he seemed to be ok. Every time we speak to Resident#1 about the air mattress she doesn't seem to have an issue. When asked, is there any other reason why she can't have an air mattress, she stated, I'm not sure, I will have to ask the DON, if the physician writes an order for it and specify that the resident needs it then we can order it. When asked does the resident have to have a pressure ulcer, she stated No, not if the doctor orders it. I know that Resident #4 had an air mattress before, but I will have to go back and look to see why she doesn't have one now. During an interview on 10/07/25 at 2:31 PM, when asked are you the Case Manager for Resident #4, he stated, Yes. When asked if he has tried to request an air mattress for the resident, he stated Yes, the insurance provided an air mattress for the resident prior to her going to the hospital and when she returned to the facility, she didn't have it. Since I met her last year, I was informed that her insurance could provide one and we just needed a referral or an order from the facility to provide to the insurance company. I spoke to the previous social worker, the nurse and the new social worker and told them we just need an order or referral, but the response was they didn't know how to get the prescription and asked if I could get it. I told them I am</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>(continued on next page)</p>

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F 0690  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide care and services to meet the needs for catheter care for 3 of 3 sampled residents with catheters (Resident #1, #2, and #3). The findings included: 1. Review of the record revealed Resident #1 was admitted to the facility 02/13/24 with diagnoses of Paraplegia (a condition characterized by paralysis or loss of movement in both legs) and Neuromuscular Dysfunction Of Bladder (when there is damage or dysfunction in the nerves or muscles that control bladder function.) Review of the current Minimum Data Set (MDS) assessment dated [DATE] documented Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, on a 0 to 15 scale, indicating the resident was cognitively intact. This same MDS indicated Resident #1 had a urinary catheter. Review of Resident #1's care plan dated 08/21/25 documented, Resident #1 has (Indwelling Foley) Catheter: Neurogenic bladder with a goal of, Resident #1 will show no signs or symptoms of urinary infection through review date and interventions that documented, Foley Catheter: Foley Cath care every shift and PRN (as needed). Review of the current orders revealed Resident #1 had an indwelling catheter for neurogenic bladder and an order that documented, Foley Catheter: Foley Cath care every shift and PRN every 8 hours as needed for prevention dated 06/05/25. Review of the TAR (Treatment Administration Record) for September 2025 and October 2025 revealed the order Foley Catheter: Foley Cath care every shift and PRN every 8 hours as needed for prevention Start Date 06/05/25 was entered as an as needed order with no documentation of catheter care ever being done. During an interview on 10/07/25 at 9:15 AM, when asked how her care was, Resident #1 was visibly upset and stated she did not like how they take care of her urinary catheter and most times she would just take care of it herself. Resident #1 stated she did not trust staff around her private area. During an interview on 10/07/25 at 10:55 AM when asked to observe catheter care, Staff A, Registered Nurse (RN) Unit Manager stated that Resident #1 was very particular on who cleans her private area and sometimes she cleans herself as she often refuses assistance. During an interview on 10/07/25 at 1:26 PM, when asked how would you care for a resident who has a urinary catheter, Staff B, Licensed Practical Nurse (LPN) stated she was a new nurse who had only been working for 2 weeks and hadn't cared for any residents who had urinary catheters yet. When asked if she received any training on how to care for a Resident with a urinary catheter she stated she did not receive any training and had seen a nurse she was training with perform catheter care but that's all she knew. On 10/07/25 at 1:40 PM Staff A was asked how they cared for Resident #1's catheter if she refused the staff's assistance, Staff A stated they would find a staff member she was okay with and stated she would help clean her herself when Resident #1 let her or she would get assistance from her family. When asked if she had received incontinence and catheter care today, Staff A stated she would go check. On 10/07/25 at 2:45 PM Staff A let the surveyor know that that Resident #1 let the staff allow her to get cleaned up and received care. Staff A stated the Residents in the 300 unit had already received catheter care for this shift and would not be performed until next shift, the surveyor requested to observe catheter care next shift and Staff A agreed. The surveyor was not made aware again to observe catheter care during the remainder of the survey time. 2. Review of the record revealed Resident #2 was initially admitted to the facility 07/16/25 and re-admitted [DATE] with diagnoses including Fractures to the Right Femur and Neuromuscular Dysfunction Of Bladder. Review of the current Minimum Data Set (MDS) assessment dated [DATE] documented Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, on a 0 to 15 scale, indicating the resident was cognitively intact. This same MDS indicated Resident #2 had a urinary catheter. Review of Resident #2's care plan dated 09/28/25 documented Focus: The resident has indwelling foley catheter related to neurogenic bladder . date created on 10/07/25 with a goal that documented, the resident will be/remain free from catheter-related trauma through review date . date created on 10/07/25. Interventions included position catheter bag and tubing below the level of the bladder and away from entrance room door, check tubing for kinks PRN, empty catheter bag every shift, observe for pain/discomfort due to catheter, observe for signs and symptoms of discomfort on urination and frequency . date created on 10/07/25. Another section of this same care plan documented, Focus Enhanced Barrier Precautions: The resident is at risk for multidrug-resistant organism (MDRO) r/t indwelling medical/Urinary Catheter . date created on 10/07/25; Goal: Minimize risk of transmission of colonized or infection with MDROs . date created on 10/07/25; Interventions: Enhanced Barrier Precautions: Wear gown and gloves during resident high-contact activities in room, therapy gym or shower room like dressing, bathing/showering, transferring</p>		