STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105452	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Englewood	1111 Drury LN Englewood, FL 34224

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to ensure that 1 resident, (Resident #1), was free from physical abuse resulting from a staff member intentionally hitting the resident's right forearm during care. The findings included:Review of the facility Abuse, Neglect, Exploitation & Misappropriation policy (last revised 11/16/22) states, abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. The policy further states willful, as used in this definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict harm or injury. The policy also states that physical abuse includes hitting, slapping and punching. The policy further states actions, such as striking or kicking a resident, restraining a resident improperly or without authorization, and other such acts which can be seen as causing physical pain to a resident is strictly prohibited.Record review for Resident #1 showed he was admitted on [DATE] with a diagnosis of traumatic subdural hemorrhage (a life-threatening brain injury where blood collect between the brain surface and the outer membrane), diffuse traumatic brain injury, attention-deficit hyperactivity disorder (characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning) and a psychotic disorder with delusions. Resident #1 had a Brief Interview for Mental Status (a tool used to evaluate cognitive function) score of 8 (completed on 1/24/26), indicating moderate cognitive impairment.Review of Resident #1's Care Plan noted, Resident #1 has a mood problem r/t (related to) traumatic brain injury at 9 months old. Psychotic disorder with delusion. Unpredictable behaviors at time (date initiated 2/17/26). Resident #1's Care Plan also stated, resident has a potential for traumatization due to history of trauma secondary to needing to evacuate for Storms/Hurricanes (date initiated 10/15/24). Resident #1's Care Plan further noted Resident #1 has a communication problem r/t TBI (traumatic brain injury). Resident #1 is sometime understood/understands (date initiated 7/17/25) with an intervention to COMMUNICATION: Allow adequate time to respond. Repeat as necessary. Do not rush. Resident #1's Care Plan also noted Resident #1 is dependent on staff for meeting his emotional, intellectual, physical and social needs r/t: cognitive deficits, physical limitation (date initiated 7/26/24) with an intervention of all staff to converse with resident while providing care.Review of a Primary Care note on 3/9/26 documented at 8:19a.m., said per report from nursing staff, during routine evening care while a CNA (Certified Nursing Assistant) was assisting the patient into bed, the patient became acutely agitated and physical aggressive. Staff describe escalation characterized by verbal hostility and resistive behaviors during care. It was subsequently reported that during this interaction, the CNA may have physical struck or forcefully handled the patient. The note further states on physical examination, a localized area of erythema (redness) with superficial (surface of the skin) linear markings was noted on the volar (palm side) aspect of the right forearm, consistent with friction, grab mark, or excoriation-type injury.During an interview on 3/10/26 at 9:33 a.m. Resident #1 said, A nurse slapped me on the arm over and over. Resident #1 said they slapped his arm a few times. Resident #1 observed doing a slapping motion to his right forearm. Resident #1 said they slapped his arm a few times. Resident #1 said there were 2 nurses and they (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	both hit him. Resident #1 said, they were bad. During a telephone interview on 3/10/26 at 9:53 a.m. Resident #1's family member said she got a phone call on Sunday (3/8/26, date of incident) that somebody slapped his arm. She said when she saw Resident #1, he told her that he kicked someone and they hit his arm. She said she spoke with law enforcement, and they told her someone tapped, tapped, tapped his arm while saying don't do that.During a telephone interview on 3/10/26 at 10:37 a.m., CNA Staff B said the nurse said we should lay Resident #1 down. I went to the cafeteria and saw CNA Staff A feeding Resident #1. She said CNA Staff A was tapping on the plate telling Resident #1 to eat. She said CNA Staff A kept tapping on the plate while telling him to eat. She said Resident #1 kept saying no. CNA Staff B said she heard CNA Staff A say no you're going to finish your food to which he took a bite and spit it out. Then CNA Staff B said she observed CNA Staff B wiped his mouth very aggressively and he pushed her away and told her to stop. CNA Staff B said she then pushed the mechanical lift into the room to Resident #1's bedside. She said Resident #1 began to throw a fit when he saw the mechanical lift and said he did not want to lay down. She said CNA Staff A said, we are already here, so you are going to lay down. CNA Staff B said you don't tell CNA Staff A no because she will scream at you, when asked why care was not stopped with Resident #1 refusing. So, I said okay because CNA Staff A was agitated. Resident #1 began kicking the hoyer lift. She said she pulled it away and let him calm down for a second. We then transferred him to the bed, and his feet were hanging off the side. At that time, LPN (Licensed Practical Nurse) Staff D came over to check on us, make sure we were fine and then went back to her one-to-one assignment. CNA Staff B said she went to pick up Resident #1's feet and he full force kicked me in the chest. She said Resident #1 then turned to CNA Staff A, yelled you fucking bitch and then hit her in the clavicle area. She said CNA Staff A then grabbed his arm, twisted it to where his forearm was sticking out and then hit him 4 to 5 times in the same spot. She said, as she doing it she is laughing and grinning as if it was a joke. She was hitting him forcefully. She said she responded by saying CNA Staff A what are you doing?. She said that CNA Staff A then exited the room. CNA Staff B then said LPN Staff D returned to the room. She said she told LPN Staff D what happened and showed her Resident #1's arm to which she replied, I don't want any part of this and walked out. CNA Staff B said she was unable to locate LPN Staff C so she got CNA Staff E to come to the room so she could stay with the resident. CNA Staff E saw the red mark, got a washcloth and put it on Resident #1's arm. CNA Staff B said she then found LPN Staff C, explained that CNA Staff A forcefully slapped Resident #1's arm and it was red. CNA Staff B said LPN Staff C responded, hopefully it goes away. I then contacted Human Resources and was told to take pictures and write a statement. When asked if she had ever witnessed CNA Staff A hit a resident before, she said I've seen her smack resident hands before like how you would smack a kid. This was the first time I had seen her aggressively hit a resident.On 3/10/26 at 11:15 a.m., CNA Staff E said CNA Staff B got her that day because of a red mark on Resident #1's arm. CNA Staff E said she was told by CNA Staff B that CNA Staff A hit Resident #1's arm. CNA Staff E said she went into the room to look at it and Resident #1 had a red mark on his right arm. CNA Staff E said she heard Resident #1 screaming earlier and heard LPN Staff D there.During a telephone interview on 3/10/26 at 1:35 p.m., LPN Staff D said CNA Staff A and CNA Staff B were in the room transferring Resident #1 back to bed. LPN Staff D said Resident #1 was agitated and yelling. LPN Staff D said when she entered the room, CNA Staff B said CNA Staff A got frustrated with him, he hit her and he slapped his arm. LPN Staff D said she saw the red mark on Resident #1's right forearm.During a telephone interview on 3/10/26 at 1:11 p.m., LPN Staff C said CNA Staff B told her Resident #1 punched CNA Staff A and she slapped him on his arm. LPN Staff C said she was with another resident at the time. LPN Staff C said she wasn't able to get there fast enough and CNA Staff B came back with pictures. The pictures showed redness on his arm. LPN Staff C said she then went immediately, assessed Resident #1 and said she saw redness on his right arm.During an interview on 3/10/26 at 2:32 p.m. LPN Staff F said LPN Staff C called her and said there was a staff to resident incident. LPN Staff F then spoke to CNA Staff B about the incident. Human Resources then called me to tell me CNA Staff B was being accused of (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pinching Resident #1's feet during care. Photographic evidence of Resident #1's right forearm was obtained by the facility showing red marks on Resident #1 arm. During an interview on 3/10/26 at 2:55 p.m. Human Resources said Staff B had called her frantic. She said CNA Staff B said, so I'm not usually a snitch but I just watched CNA Staff A slap Resident #1's arm. I asked what happened and CNA Staff B said CNA Staff A grabbed Resident #1's arm and slapped it during care.During an interview on 3/10/26 at 3:14 p.m., the Assistant Director of Nursing (ADON) said it was reported to her that Resident #1 had been hit on his forearm by CNA Staff A during care. The Director of Nursing (DON) and ADON agreed that physical abuse is zero tolerance. The DON and ADON said their expectation is to deescalate or come back later if a resident is being aggressive, agitated or refusing care. If someone hits a resident, their expectation is to report it immediately, separate them and start an investigation.During an interview on 3/10/26 at 3:26 p.m. the Nursing Home Administrator (NHA) said he got a notification on Sunday (3/8/26) that a CNA witnessed another CNA slap a resident's arm during care. He said the staff had training on how to deal with escalating behaviors and catastrophic reactions. The NHA said if a resident is having these behaviors, his expectation is they try to calm them down. If they are resisting care, we need to report it to the physician, family and supervisor. Staff need to deescalate the situation or do care later.During a telephone interview on 3/11/26 at 11:27 a.m., CNA Staff A said she assisted CNA Staff B with putting Resident #1 to bed after lunch. CNA Staff A said he was kicking, hitting, shouting and flinging the whole time. CNA Staff A said they continued the transfer.CNA Staff A said he always is kicking and shouting so we just put him to bed. CNA Staff A said we always laugh with him because he hits and flings things. CNA Staff A said CNA Staff B was pinching Resident #1's feet during care. CNA Staff A denied hitting Resident #1.