STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105460	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at North Florida	6700 NW 10th Place Gainesville, FL 32605

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure safe use of a mechanical lift for 2 (Resident #4 and #13) of 3 residents reviewed for accidents. Findings include: During an observation on 6/2/2026 at 8:42 AM Resident #4 was lying on his bed on top of a Hoyer pad. Staff K, Certified Nursing Assistant (CNA), was standing on the right side of the resident's bed with a mechanical lift. The mechanical lift hand bags were observed to be over the resident. No other staff member was in the room. During an interview on 6/2/2026 at 8:47 AM, Staff K, CNA, stated, I was weighing [Resident #4's name]. Normally for weights, it is only one person using the Hoyer lift. Review of Resident #4 care plan undated documented, Hoyer lift with 2 asst [assist]. During an interview on 6/4/2026 at 10:19 AM, the Director of Nursing stated, When using the Hoyer lift, staff know it is two people at all times. They know that. That is the policy that they need two. It has been two person assist for years and they know that. I don't know why they would say that [staff verbalized they are able to do weights by themselves when using Hoyer lift]. Even if they are doing just weights, they need two people when using a Hoyer lift. They know to ask a CNA for help. During an interview on 6/4/2026 at 1:38 PM with the Director of Therapy stated, When using a mechanical lift, it should always be two people; never one person. Just in case the Hoyer malfunctions. One person is going to be ensuring the patient's positioning. Any Hoyer operation should have two staff members. During an observation on 06/04/2026 at 10:15 AM, Staff D, CNA (certified nursing assistant), was standing in Resident #13's room at bedside using Hoyer lift to obtain Resident #13's weight. CNA was by himself, with no other aid or personnel in attendance. Resident was up off the bed approximately 12 inches from the mattress in the sling. During an Interview on 06/04/2026 at 10:16 AM, Staff D, CNA (certified nursing assistant) stated, I am with the restorative nursing program and today was performing weekly weights on residents. Most of the time, I do the weights using the Hoyer lift by myself. Review of Resident #13's MDS Assessment Section GG Functional Abilities documents Resident #13 is coded as Code 01 Dependent Helper does ALL of the effort. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility Sit/Stand Mechanical Lift Competency Checklist read, 2. Mechanical Lift Operation. a. Ensures two caregivers are present. Review of the facility policy and procedure titled Lifting Machine, Using a Mechanical with a last review date of 3/11/2026 read, Purpose: The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. General Guidelines: 1. At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to follow professional standards of practice for oxygen and nebulizer treatments for 4 (Resident #29, #55, #56 and #88) of 8 residents reviewed for respiratory services. Findings include: During an observation on 6/1/2026 at 9:41 AM Resident #56 was sitting up in bed. Oxygen was being administered via nasal cannula at 4 liters per minute. The oxygen tubing was dated 5/22. [photographic evidence obtained] During an observation on 6/2/2026 at 8:10 AM Resident #56 was lying in bed with eyes closed. Oxygen was being administered via nasal cannula at 4 liters per minute. Tubing was dated 5/22. Review of Resident #56's physician order dated 4/2/2026 read, Respiratory: Oxygen-Continuous 4L nasal cannula. During an interview on 6/3/2026 at 11:40 AM, Staff J, Licensed Practical Nurse (LPN), confirmed resident was being administered oxygen and tubing was dated 5/22. During an interview on 6/3/2026 at 11:41 AM, Staff J, LPN, stated, The oxygen tubing is dated 5/22 [5/22/2026]. It should have been changed. The tubing is changed once a week every Thursday. During an interview on 6/4/2026 at 10:29 AM, the Director of Nursing stated, Oxygen tubing is changed weekly. During an observation on 6/01/2026 at 10:49 AM Resident #29 was wearing a nasal canula connected to an oxygen concentrator with a humidification/water bottle dated 5/17/26. (photographic evidence) During an observation on 6/02/2026 at 8:50 AM Resident #29 was lying in bed receiving oxygen via nasal canula. The water/humidification bottle was dated 5/17/26. (photographic evidence) Review of Resident #29's Physician Orders from 3/28/2026 through 6/01/2026 revealed the following: an order dated 5/15/2026 read, Respiratory: Oxygen - Continuous 2 liters - every shift, an order dated 3/28/2026 read, change tubing, mask and/or nasal cannula weekly. may change sooner as needed. as needed for hygiene AND every night shift every Wed (Wednesday). There was not an order for humidification related to Resident #29's oxygen. Review of Resident #29's MAR/TAR(Medication Administration Record/Treatment Administration Record) from 4/01/2026 through 6/02/2026 revealed there was not an entry related to the humidification for Resident #29's oxygen. Review of Resident #29's Census Data revealed she was initially admitted on [DATE] with the most recent readmission on [DATE] with medical diagnoses that included post-traumatic hydrocephalus, seizures, asthma and aphasia. Review of Resident #29's MDS (Minimum Data Set) Assessment, quarterly assessment dated [DATE] (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documents oxygen therapy and hospice services. During an interview on 6/03/2026 at 2:25 PM Staff C, LPN, stated, The humidification/water bottles for Resident #29's oxygen should be changed weekly; unless it ran out, then it would be changed that day. The humidification bottles were changed at the same time as the tubing. During an interview on 6/03/2026 at 2:35 PM, the DON (Director of Nursing) stated, My expectation is that tubing and humidification/water bottles for oxygen are to be changed weekly and as needed, such as if the water bottle ran dry, it would be changed right away. There should be an order for humidification of Resident #29's oxygen. During an interview on 6/04/2026 at 4:00 PM the DON stated that changing oxygen tubing and humidification bottles should be documented on a resident's TAR. During an observation on 6/1/2026 at 9:53 AM of Resident #55's room, inhalation tubing was hanging from the machine, and distal tip was touching the floor. The mouthpiece was sitting on the bedside table and was not in a plastic storage container. The resident was not present in the room. Record review of Resident #55's provider order reads, Levalbuterol HCL inhalation nebulization solution 1.25 mg/ml 3 ml inhale orally three times a day for COPD (chronic obstructive pulmonary disease - lung disease that restricts airflow, making it difficult to breathe). During an observation on 6/1/2026 at 10:00 AM of Resident #88's room, Resident was not in the room and O2 concentrator was on at 4.5 l per min. The 02 cannula was wrapped around the left bedside rail and was not placed in a storage bag. Record review of Resident #88's Physician order reads, Respiratory oxygen - 2 liters continuous. During an interview on 6/3/2026 at 1:30 PM, Staff R, Unit Manager, stated, All oxygen supplies should be stored in dated plastic bag. The mouthpiece should not be left on the bedside table. Review of the facility policy and procedure titled Oxygen Tubing and Cannula Changes with a last review date of 3/11/2026 read, Policy Statement: Oxygen tubing, nasal cannulas, and associated oxygen delivery equipment shall be maintained, cleaned, and replaced in accordance with manufacturer recommendations, infection prevention standards, and facility policy to ensure safe resident reduce the risk of contamination and infection. Policy Interpretation and Implementation. 3. Nasal cannulas and oxygen tubing shall be changed every seven (7) days and as needed if visibly soiled, malfunctioning, contaminated or damaged. Review of the policy and procedure titled, Oxygen Administration, with the last review date of 3/11/2026 read, Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation: verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration. Equipment and Supplies: The following equipment and supplies will be necessary when performing this procedure: 3. Humidifier bottle. Steps in the Procedure: 14. Periodically re-check water level in humidifying jar. Documentation: After completing the oxygen setup or adjustment, the following information should be recorded in the resident's medical record: 1. The date and time that the procedure was performed. Review of the policy and procedure titled, Humidified Oxygen Water Bottles (Prefilled), with the last (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review date of 3/11/2026 read, Policy Statement: Humidified oxygen water bottles shall be stored, used, maintained, and discarded in accordance with manufacturer recommendations, infection prevention standards, and facility policy to prevent contamination and ensure resident safety. Policy Interpretations and Implementation: 1. Humidifier bottles shall be labeled immediately upon opening or placement into service. The label must contain the date and time the bottle was opened and the initials of the staff member. 3. Prefilled humidifier bottles shall be changed every seven (7) days after opening or sooner if empty, contaminated, leaking, damaged, or visibly cloudy. 6. Nursing staff shall monitor residents receiving humidified oxygen for proper equipment function, adequate humidification, and signs of respiratory distress or infection.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure ongoing communication and collaboration between the facility and the dialysis provider for 2 of 3 residents [Resident #8 and Resident #82] reviewed for dialysis services. Findings Include: Record review of Resident #8's admission record revealed Resident #8 was admitted to the facility on [DATE] with medical diagnoses that included hemiplegia, affecting left nondominant side, and end stage renal disease. Review of Resident #8's physician order dated 12/14/2025 reads, Hemodialysis - Dialysis on Tuesday, Thursday, & Saturday [name of dialysis provider]; Pickup time 6:00 a.m. chair time is 7:00 a.m. During an interview on 06/03/2026 at 10:24 AM, Staff H, LPN (Licensed Practical Nurse) stated, We communicate with the dialysis nurses via a communication book, and we can report pertinent issues in the book. LPN provided Resident #8's dialysis communication book to the surveyor. Review of Resident #8's Hemodialysis Communication Record dated 05/21/2026, section To be completed by facility prior to transfer was not filled out and signed by the nurse. The section To be completed by the facility upon return from dialysis was not signed by the nurse. Review of Resident #8's Hemodialysis Communication Record dated 05/28/2026, the section To be completed by facility upon return from dialysis was not filled out and not signed by the nurse. Review of Resident #8's Hemodialysis Communication Record dated 05/30/2026 showed the section To be completed by facility prior to transfer was not filled out with vital signs. Section To be completed by facility upon return from dialysis was not filled out with respirations or temperature and was not signed by the nurse. During an observation on 06/03/2026 at 10:55 AM, a staff member, Staff B LPN Unit Manager, entered the conference room and removed the dialysis communication book from the surveyor. Surveyor requested copies of dialysis communication forms for the following dates: 05/21, 05/30, 05/28. Copies were provided by the LPN Unit Manager.During an interview on 06/03/2026 at 2:16 PM, Staff A, Dialysis Registered Nurse stated, Sometimes we have a hard time trying to communicate with the facility. Most of the time we have to get the social worker involved. A lot of times they don't pick the phone up. They have not been filling out the communication book for a long time.During an interview on 06/04/2026 at 8:50 AM, the surveyor requested the dialysis communication book for Resident #8. Hemodialysis communication records for the previous six weeks were provided to the surveyor by Staff B, LPN Unit Manager. Review of Resident #8's Hemodialysis Communication Records for the dates of 05/21/2026, 05/28/2026 and 05/30/2026 revealed that all sections of the communication sheets were filled out. During an interview on 06/04/2026 at 12:10 PM, the Director of Nursing reviewed the copies of Resident #8's hemodialysis communication forms that were provided to the surveyor on 06/03/2026 for the dates of 05/21/2026, 05/28/2026 and 05/30/2026, which were not completed. The Director of Nursing then reviewed the hemodialysis communication forms for the dates of 05/21/2026, 05/28/2026 and 05/30/2026 that were filled out and provided to the surveyor on 06/04/2026.During an interview on 06/04/2026 at 12:10 PM, the Director of Nursing stated, [Staff B, LPN's name] filled out the dialysis communication sheets using the vital signs that were in [name of medical records software]. The nurses were checking the vital signs; they just were not filling out the communication forms. I do expect the nurses to fill out the dialysis communication forms before and after a resident goes to dialysis.Record review revealed that Resident #82 was admitted to the facility on [DATE] with medical diagnoses which included multiple fractures of ribs, unspecified side, subsequent encounter for fracture with routine healing and chronic kidney disease, stage 3 unspecified.Review of Resident #82's physician order dated 05/15/2026 read, Dialysis: MON-WED-FRI [Monday, Wednesday, Friday] Chair Time: 1030 A.M. Location: [dialysis provider's address] Resident transported to Dialysis by in house transportation.Review of Resident #82's physician order dated 04/01/2026 read, Communicate with the dialysis center regarding labs and plan of care.Review of Resident #82's dialysis communication record dated 06/01/2026 showed the section to be completed (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	by the facility upon return from dialysis was not completed and was not signed by the nurse. Review of Resident #82's dialysis communication record dated 05/18/2026 showed the section to be completed by the facility upon return from dialysis was not completed and was not signed by the nurse. Review of policy and procedure titled, End-Stage Renal Disease, Care of a Resident With review date 03/11/2026 read, Policy Statement Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. 4. Agreements between this facility and the contracted ESRD facility include all aspects of how the residents' care will be managed, including: a. how the care plan will be developed and implemented; b. how information will be exchanged between facilities; and c. responsibility for waste handling, sterilization and disinfection of equipment.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to ensure a sanitary environment by effectively preventing and controlling pest activity. Multiple live pests were observed on two out of four hallways and in common areas in the facility. Residents voiced complaints regarding recurring pest sightings, creating an environment with the potential to adversely affect resident health, safety, dignity, and quality of life. Findings include: During an interview on 6/01/2026 at 9:45 AM, Resident #79 stated that he often saw live roaches in his room. Even though the facility had pest control, they still had roaches. During an observation on 6/01/2026 at 9:45 AM a live small brown pest was observed on the floor next to resident #79's bed. (photographic evidence) During an observation of Resident #96's room on 6/01/2026 at approximately 9:35 AM, there were a couple of feet of loose baseboard on the wall behind his bed. (photographic evidence) During an observation on 06/01/2026 at 10:35 AM, Two live, brown insects approximately one half to one inch long, with oval shaped bodies were observed crawling on the floor of Resident #48's room. One live brown insect, one half inch long, with an oval shaped body was observed crawling up the wall behind Resident #48's bed [photographic evidence obtained]. During an observation on 06/01/2026 at 12:34 PM, a live brown colored insect approximately one-half inch in length, with an oval-shaped body was observed on the wall behind the bed in Resident #45's room. During an observation on 6/1/2026 at 3:43 PM there was an elongated light brown insect crawling on the floor Infront of the business manage office in the common area of the facility. During an observation on 6/02/2026 at approximately 8:55 AM a small brown pest was observed on the edge of Resident #79's laundry basket. (photographic evidence) During an observation on 6/04/2026 at approximately 4:00 PM Resident #28's bathroom had loose baseboard and a small hole in the wall just above the floor in the corner of her bathroom. (photographic evidence) Review of the Pest Sighting Log from May and June 2026 documented roaches 18 times in two of four hallways. Review of the Pest Control Inspection report dated 4/10/2026, from [local pest control company] Visit Notes read, Treated interior of 6 units for German roaches this visit. Roach activity found in every room that was treated mainly in the bathrooms and oxygen machines. Pest Summary: Interior - German cockroach - actual count 100. Device Summary: Inspection point 2 with activity. Detailed Pest Activity: Interior 4/10/2026 1:09 PM - German cockroach actual count 100. Review of the Pest Control Inspection report dated 5/29/2026, from [local pest control company] read, New recommendations added today: Interior - Detail – Debris collecting interior. Please (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	remove debris to prevent unsanitary condition and attraction by pests. Detail – Pipes extending through wall allowing pest access. Please fill in gaps between pipes and wall to prevent pest entry. Review of the Pest Control Inspection report dated 5/22/2026, from [local pest control company] read, New recommendations added today: Interior: Detail – Cracks or damage to wall allowing pest access. Please repair to prevent pest entry. The baseboard within the building haves {sp} cracks and voids that could allow entry to pest. Other open recommendations: Interior - Detail – Debris collecting interior. Please remove debris to prevent unsanitary condition and attraction by pests. Detail – Pipes extending through wall allowing pest access. Please fill in gaps between pipes and wall to prevent pest entry. Review of the Pest Control Inspection report dated 6/01/2026, from [local pest control company] read, Other open recommendations: Cracks or damage to wall allowing pest access. Please repair to prevent pest entry. The baseboard within the building haves {sp} cracks and voids that could allow entry to pest.: Interior - Detail – Debris collecting interior. Please remove debris to prevent unsanitary condition and attraction by pests. Detail – Pipes extending through wall allowing pest access. Please fill in gaps between pipes and wall to prevent pest entry. Review of Work Order #7235 with a creation date of 3/18/2026 read, Room/Area – Dietary – kitchen; Notes – Need Pest Control ASAP and need holes closed up ASAP (as soon as possible). Priority – Critical. The status of the work order was Set to be completed, on 4/20/2026. The status of the work order was never completed. During an interview on 06/01/2026 at 12:27 PM, Resident #11 stated, I have seen a lot of roaches in my room and around the floor. It has been quite a few months since they have come in and sprayed. During an interview on 06/01/2026 at 10:08 AM, Resident #71 stated, I see roaches all over my room at night. I notified the administrator a few months ago about the roaches, and no one has ever come in to spray. During an interview on 06/01/2026 at 10:37 AM, Resident #104 stated, There are roaches in my room. During an interview on 6/04/2026 at 1:05 PM the Administrator confirmed the presence of live pests in the facility. During an interview on 6/04/2026 at 1:10 PM, the Director of Plant Operations stated that they were not aware of or working on the repair recommendations made to the facility from the pest control company on 5/22/2026, 5/29/2026, and 6/01/2026. Review of the policy and procedure titled Pest Control, with the last review date of 3/11/2026, read, Policy Statement: Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on observation, interview and record review the facility failed to ensure resident assessments were completed accurately to reflect the resident's status for 4 (Resident #3, #15, #19, and #56) of 13 residents reviewed. Findings include: Review of Resident #3's Minimum Data Set (MDS) titled Medicare 5 Day dated 5/7/2026 Section O Special Treatments, Procedures, and Programs did not document oxygen use. Review of Resident #3's physician order dated 4/28/2026 read, Oxygen As Needed PRN [as needed] 2L [liters] nasal cannula every 24 hours as needed 2L PRN. Review of Resident #3's Weights and Vital Summary for Oxygen Saturation documented on 5/7/2026 at 09:14 [9:14 AM] oxygen saturation was 97 % (oxygen via nasal cannula), on 5/7/2026 at 1:45 [1:45AM] oxygen saturation was 98% (oxygen via nasal cannula), on 5/6/2026 at 14:42 [2:42PM] oxygen saturation was 97% (oxygen via nasal cannula), on 5/5/2026 at 08:36 [8:36AM] oxygen saturation was 97% (oxygen via nasal cannula), on 5/5/2026 at 1:27 [1:27AM] oxygen saturation was 98% (oxygen via nasal cannula), on 5/4/2026 at 00:22 [12:22AM] oxygen saturation was 95% (oxygen via nasal cannula), on 5/3/2026 at 11:05 [11:05 AM] oxygen saturation was 94% (oxygen via nasal cannula) , on 5/3/2026 at 07:30 [7:30AM] oxygen saturation was 94% (oxygen via nasal cannula), 5/2/2026 at 07:14 [7:14 AM] oxygen saturation was 96% (oxygen via nasal cannula) , on 5/1/2026 at 22:40 [10:40 PM] oxygen saturation was 96% (oxygen via nasal canula) and on 5/1/2026 at 22:16 [10:16 PM]oxygen saturation was 96% (oxygen via nasal cannula). During an interview on 6/4/2026 at 9:16 AM, Staff I, Registered Nurse MDS Coordinator, stated, [Resident #3's Name]'s MDS will need to be corrected since she did use oxygen in the look back period of the assessment. Review of Resident #15's MDS titled Medicare 5 Day dated 4/2/2026 Section O Special Treatments, Procedures, and Programs did not document oxygen use. Review of Resident #15's physician order dated 3/26/2026 read, May apply O2 @ 3L [oxygen at 3 liters] via nasal cannula as needed for respiratory distress Titrate to maintain 95% spo2 [peripheral oxygen saturation]. Review of Resident #15's progress note dated 4/1/2026 read, Oxygen is used via nasal cannula 2L. Review of Resident #15's progress note dated 3/31/2026 read, Oxygen is used via nasal cannula 2L. Review of Resident #15's progress note dated 3/30/2026 read, Oxygen is used via nasal cannula. Review of Resident #15's progress note dated 3/27/2026 read, Oxygen therapy resumed via nasal cannula at 3 L/min. Review of Resident #15's progress note dated 3/27/2026 read, During today's assessment the patient was observed sitting at the bedside with 2 liters of oxygen administered via nasal cannula. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/4/2026 at 8:54 AM, Staff F, MDS Coordinator, stated, My error, I did not see the progress notes; it [Resident #15's MDS Section O] will need to be corrected. Review of Resident #56's MDS titled Modification of admission Medicare 5 Day dated 4/9/2026 Section I Active Diagnoses did not document Depression. Review of Resident #56's physician order dated 4/2/2026 read, Citalopram Hydrobromide Oral Tablet 20 MG [milligram] give 1 tablet by mouth one time a day related to depression. During an interview on 6/4/2026 at 9:12 AM, Staff I, Registered Nurse MDS Coordinator, stated, [Resident #56's Name] did have medication for depression starting on 4/2/2026. The diagnosis should have been checked off. The assessment will need to be corrected. During an observation on 06/02/2026 at 9:35 AM, Resident #19 was observed in the Physical Therapy Gym receiving services. Weights applied to wrists and ankles with Velcro. Resident was able to make full effort at minimally moving all 4 extremities at the same time in a circular motion successfully with maximum effort while sitting in his electric wheelchair. During interview on 06/03/2026 1:10 PM, Staff F, MDS Coordinator, stated I don't see any corrections being done for [Resident #13's Name] MDS in Section GG for No impairment in range of motion upper and lower extremity. I know about the diagnosis of Quadriplegia, and I have also seen him wiggle around in his wheelchair by himself. During interview on 06/04/2026 at 4:35 PM with Staff G, PT(Physical Therapist) stated, [Resident #19's Name] is a quadriplegic with spinal cord injury that happened about 5 years ago. He does have limitations in his range of motion in his upper and lower extremities. Review of Resident #19's MDS Section GG Functional Abilities dated 04/15/2026 read, Functional Limitation in Range of Motion Code 0 (No impairment) A. Upper Extremity Code 0 B. Lower extremity Code 0 Review of Resident 19s Care Plan dated 04/17/2026 read, FOCUS Alteration in usual Functional Performance in Mobility/Transfer status related to chronic pain, Quadriplegia, OA(osteoarthritis), and muscle weakness. Review of the facility policy and procedure titled Comprehensive Assessments with a last review date of 3/11/2026 read, Policy Interpretation and Implementation. 1. Comprehensive assessments are conducted in accordance with criteria and timeframes established in Resident Assessment Instrument (RAI) User Manual.

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	105460	A. Building B. Wing	06/05/2026

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Aviata at North Florida	6700 NW 10th Place Gainesville, FL 32605

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, interviews and record review, the facility failed to develop and implement a comprehensive care plan for oxygen and resident behaviors for 1 (Resident #113) of 8 residents reviewed for respiratory services.Findings include:During an observation on 6/01/2026 at 10:23 AM Resident #113 was lying in bed. Oxygen was being administered at 3 liters via nasal cannula.During an observation on 6/02/2026 at 10:48 AM Resident #113 was lying in bed with eyes closed resting calmly. Oxygen was being administered at 3 liters via nasal cannula.Review of Resident #113's physician order dated 5/4/2026 read, Respiratory: Oxygen-3L [liters] Continuous.Review of Resident #113's physician order dated 5/5/2026 read, Respiratory: Oxygen- 3L Continuous, nasal cannula.Review of Resident #113's physician order dated 5/22/2026 read, Respiratory: Oxygen- 4L Continuous.Review of Resident #113's Baseline Care Plan and Summary dated 5/4/2026 read, Other Services/Orders: O2 [oxygen].Review of Resident #113's care plan reviewed on 6/03/2026 did not document a focus for respiratory services or behaviors regarding oxygen.During an interview on 6/3/2026 at 11:30 AM, Staff J, Licensed Practical Nurse (LPN), stated, [Resident #113's name] has orders for oxygen and it should be 4 liters.During an interview on 6/3/2026 at 11:31 AM, Staff J, LPN, confirmed Resident #113's oxygen was being administered at 3 liters per minute.During an interview on 6/3/2026 at 11:31 AM, Staff J, LPN, stated, [Resident #113's name] has behaviors and tends to take off his oxygen and touch the oxygen concentrator and move the flow rate.During an interview on 6/4/2026 at 8:59 AM, Staff I, Registered Nurse Minimum Data Set Coordinator, stated, I was informed yesterday that he (Resident #113) just got oxygen now and that he has behaviors concerning the oxygen. I was not aware he was on oxygen. The oxygen focus is not on is care plan and it should have been included.Review of the facility policy and procedure titled Care Plans, Comprehensive Person-Centered with a last review date 3/11/2026 read, Policy Statement. A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation. 2. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS Assessment (Admission, Annual, or Significant Change in Status), and no more that 21 days after admission.

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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 record review and interviews, the facility failed for 1 Resident (Resident #97) out of 3 residents reviewed to ensure a dermatology appointment was scheduled resulting in a 3-month delay for a facial skin growth. Findings Include:During an observation on 6/1/2026 at 10:41 AM Resident #97 was walking with walker down the hall back to his room. Resident has a raised red growth on left side of chin midline between ear and mouth. A part of the growth is hanging from the chin and was tangled with the resident's long hair. (photographic evidence)During an interview on 6/1/2026 at 10:43 AM, Resident #97 states, I have this growth on the left side of my chin, and the nurse practitioner wants it taken off. It is benign.During an interview on 6/4/2026 at 1:00 PM, Consultant stated, [Name of Health Plan](I SNP - type of Medicare advantage) was selected by the patient. It is a program that helps to reduce costs, and they make appointments for Residents.During an interview on 6/4/2026 at 3:12 PM, Resident #97 stated, It is growing and I need to see a dermatologist. (photographic evidence)During an interview on 6/4/2026 at 3:50 PM, the DON stated, [Name of Health Care Plan] should have scheduled an appointment for the dermatology consult. Consults need to be scheduled in a timely manner. There is no policy for scheduling appointments.Record review of Resident #97's provider order dated 2/16/2026 reads Needs follow up with in house dermatology lesion to left jaw, previously biopsied Record review of Resident #97's provider order dated 3/6/2026 reads refer to dermatology for facial lesion, [Name of Health Care Plan] to schedule. Record review of mobile dermatology provider note dated 12/9/2025 reads, Chief Complaint: Being seen to discuss biopsy results, shave biopsy performed on 11/25/25 visit for evaluation of the lesion located on the left angle of jaw. Recommend lesion be re-biopsied with deeper and wider shave after lesion has been adequately cleaned and debrided in preparation.Record review of Resident #97's APRN #2's provider note dated 2/4/2026 reads, There is a lesion on left side of the patient's face. Waiting on dermatology. Patient states he has seen dermatology and is waiting on a new appointment. Record review of Resident #97's APRN #3's provider noted dated 2/6/2026 reads, He reports concern regarding a facial lesion on his left jaw area, stating he previously had this area biopsied, but does not recall receiving follow up results. Record review of Resident #97's nurse's note dated 3/10/2026 at 2:09 PM, authored by Staff S LPN Unit Manager reads, Communicate (sic) with [Name of Nurse Practitioner from Health Care Plan] regarding pending referrals to urology and dermatology. She stated that they are currently in the process of scheduling both appointments and will provide an update once the appointment have been confirmed. Record review of Resident #97's nursing note dated 3/12/2026, authored by Staff S Unit Manager, reads, Conferred with [Name of Health Care Plan Representative] regarding the pending dermatology appointment for the area of concern noted on the resident's face. She was informed that the mass appears to have increased in size over the past month and that is important for the resident to be evaluated by a specialist as soon as possible for proper assessment and treatment. [Name of Health Care Plan Representative] stated that she will begin the process of scheduling the dermatology appointment today. Resident notified.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to obtain and document weekly weights for 1 Resident (Resident #13) out of 3 Residents reviewed for food and nutrition to ensure maintenance of acceptable parameters of nutritional status. Findings include: During an interview via phone on 06/03/2026 at 2:57 PM, Staff E, Regional Registered Dietician, stated, [Resident #13's Name] came in from the hospital with tube feeding and a diet. He doesn't eat much; we tried cutting back on his tube feedings, but he lost weight. I provide a list of residents I want weekly weights done on. I am there once a week and meet with the IDT(interdisciplinary team), Administrator and the DON (director of nursing); we work as a team. I will then reassess and check it monthly to see how he is doing and talk to the staff. He has been eating a lot of snacks brought in by the family. I think that is why he has gained weight.Review of Resident #13's Physician Order dated 03/19/2026, reads, Weigh Weekly d/t (due to) significant weight change.Review of Resident #13's weights: 05/29/2026 - No weight recorded, 05/22/2026- No weight recorded, 05/15/2026 -176.6 pounds, 05/08/2026-No weight recorded, 05/01/2026- 172.8 pounds, 04/27/2026-171.2 pounds, 04/20/2026-171.0 pounds, 04/13/2026- no weight recorded, 04/06/2026-177.4 pounds, 03/30/2026-No weight recorded, 03/23/2026-176.2 pounds 03/18/2026-176.8 pounds, 03/09/2026 -178.0 pounds, and 03/05/2026-177.4 pounds.Review of Resident #13's Dietary Progress Note Dated 05/07/2026 read, Significant weight change note: Diet: NAS(no salt added) diet, regular texture, thin liquids. Supplement/interventions for weight loss: health shake 4oz(ounces) BID(twice a day) (440 kcal(kilocalorie) and 14g(grams) of protein) w/ 50-100% intakes, TF (tube feeding)order: bolus 474ml(milliliters) of Jevity 1.5 BID(twice per day) PO(per os) intake: average 0-100%. CBW(current body weight): 172.8 pounds on 05/01/26. Weight history: 1mon: 04/06/2026 177.4 pounds (-4.6 pounds, -2.6%). 3mon: 02/11/2026 175.6 pounds (-2.8 pounds, -1.6%). 6mon: 11/26/2025, 198.4 pounds, -12.9% , -25.6 pounds - significant weight loss, unplanned, undesirable.Review of Resident #13's Plan of Care Dated 04/17/2026 contains focuses including risk for malnutrition, r/t(related to) significant weight loss, and dysphagia(difficulty in swallowing) with interventions including weights per facility protocol and as ordered.Review of Facility Policy Titled Weight Assessment and Intervention Last review date 03/11/2026 read, Policy Statement - Resident weights are monitored for undesirable or unintended weight loss or gain. 1. Residents are weighted upon admission and at intervals established by the interdisciplinary team.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review the facility failed to accurately document treatments ordered for 1 (Resident #112) of 3 residents reviewed for skin conditions.Findings include:Review of Resident #112's physician order dated 4/6/2026 read, Soak daily in Epsom salt for 14 days and apply triple antibiotic ointment to great toe.Review of Resident #112's Medication Administrator record for the month of April 2026 did not documented Soaks in Epsom salt or triple antibiotic ointment to the great toe.Review of Resident #112's Treatment Administrator record for the month of April 2026 did not documented Soaks in Epsom salt or triple antibiotic ointment to the great toe.During an interview on 6/3/2026 at 1:57 PM, the Director of Nursing stated, I know there was an order for [Resident #112's name], but it was not documented. I looked at the treatment records and was not able to find it. I did speak to staff and they say they did provide care.During an interview on 6/3/2026 at 2:00 PM, Staff L ,Licensed Practical Nurse, stated, I saw nursing providing the treatment. The Epsom salt is still in the medication cart. The staff wrote the order and forgot to check off the box so it would show on the MAR [Medication Administration Record].During an interview on 6/3/2026 at 2:09 PM, with Staff M Wound Care Nurse stated, I was doing the treatments daily for [Resident #112's name].During an interview on 6/3/2026 at 2:20 PM with Resident #112 confirmed staff did provide the Epsom salt soaks and triple antibiotic ointment to her great toe.During an interview on 6/4/2026 at 3:46 PM with the Director of Nursing stated, A physician order should be on the MAR and staff should document they have completed the treatment and administration.Review of the facility policy and procedure titled Documentation of Medication Administration with a last review date of 3/11/2026 read, Policy Statement. A medication administration record is used to document all medications administered. Policy Interpretation and Implementation. 1. A nurse or certified medication aide (where applicable) documents all medications administer to each resident on the resident's medication administration record (MAR). 2. Administration of medication is documented immediately after it is given.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and interview, the facility failed to ensure accurate nurse staffing information was posted on a daily basis.Finding includes:During an observation on 6/1/2026 at 9:05 AM, nursing staffing information dated 6/1/2026 was posted to the right side of the main entrance next to the receptionist desk. Census was documented 103.During an observation on 6/1/2026 at 10:30 AM, nursing staffing information dated 6/1/2026 was posted to the right side of the main entrance next to the receptionist desk. Census was documented 103. [photographic evidence obtained]Review of the facility Resident Listing Report dated 6/1/2026 documented census was 102.During an observation on 6/1/2026 at 3:40 PM, nursing staffing information dated 6/2/2026 was posted to the right side of the main entrance.During an observation on 6/2/2026 at 5:02 PM, nursing staffing information dated 6/3/2026 was posted to the right side of the main entrance. [photographic evidence obtained]During an observation on 6/3/2026 at approximately 5:09 PM, nursing staffing information dated 6/4/2026 was posted at the 100 Hall nursing station near the off hours facility entrance. The Director of Nursing was standing at the nursing station.During an interview on 6/3/2026 at approximately 5:10 PM with the Director of Nursing confirm nursing staffing information posted was dated 6/4/2026. The Director of Nursing stated, The scheduler will prepare the staffing information sheet before leaving and any corrections will be made tomorrow. The staffing sheet should not be posted in the front of the posting it should be place behind the current day and tomorrow when the new shift starts it should be changed.During an interview on 6/4/2026 at 11:28 AM with the Administration stated, The staff coordinator should not post the staffing information the day before. She can make one before she leaves and leave it behind the current one. The following day corrections should be made if needed and post the current staffing information for the day.During an interview on 6/4/2026 at 12:23 PM with the Staffing Coordinator stated, I spoke to the Director of Nursing yesterday evening. I was putting it [staffing information] out before I leave at end of day for the following day. I don't even think I even notice that (census was documented incorrectly) it was incorrect. Everything happened real fast.Review of the facility policy and procedure titled Posting Direct Care Daily Staffing Numbers with a last review date of 3/11/2026 read, Policy: Our Facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Policy Interpretation and Implementation. 1. Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNS) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to resident and visitors) and in a clear and readable format. 3. Shift staffing information shall be recorded on the Nursing Staff Directly Responsible for Resident Care form for each shift. The information recorded on the form shall include the following: c. The resident census at the beginning of the shift for which the information is posted. e. The shift for which the information is posted.