STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105465	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Arbor Springs	1501 SE 24th Rd Ocala, FL 34471

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 and homelike environment related to broken and damaged wall tiles in the resident shower room. During an interview on 03/06/2026 at 9:05 AM, Resident #14 stated that there was a missing shower tile in the shower room, and she caught her toe on it in January. During an observation on 03/06/2026 at 9:29 AM, there were seven broken wall tiles in the 400's hall shower room on the wall adjacent to the door. Two tiles were chipped with sharp edges exposed, leaving an uneven surface with deteriorating grout. During an interview on 03/06/2026 at 11:47 AM, the Maintenance Assistant stated, Those tiles are in disrepair. I tour the shower rooms daily, but I was not able to come through this one yet. Review of policy and procedure titled, Maintenance last approval date of 01/15/2026 read, The facility's physical plant and equipment will be maintained through a program of preventive maintenance and prompt action to identify areas/items in need of repair. Procedure: The Director of Environmental Services will perform daily rounds of the building to ensure the plant is free of hazards and in proper physical condition.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that all drugs and biologicals used in the facility were stored and labeled in accordance with current professional standards, including proper refrigeration and expiration dates for six of seven medication carts observed for medication labeling and storage.Findings include: During an observation of medication cart #1 on [DATE] at 8:25 AM with Staff A, Registered Nurse (RN), there was an unlabeled medication cup with 12 pink tablets, and an unlabeled medication cup with 2 white tablets. There was one opened Lispro Insulin with no date opened or expiration date, one Novolog insulin with expiration date of [DATE], one opened Lantus insulin with no date opened or expiration date, one unopened Novolog insulin with pharmacy instruction to refrigerate until opened, and one unopened Novolog insulin with pharmacy instructions to refrigerate until opened. During an interview on [DATE] at 8:25 AM, Staff A, RN, stated, There should not be any medication that aren't labeled. If it says to keep in the refrigerator we should do that. I should not pre pour medications and keep them in the cart. That insulin is expired; I should not have that on the cart. During an observation of medication cart #2 on [DATE] at 8:45 AM with Staff B, Licensed Practical Nurse (LPN), there was one unopened Lispro insulin with pharmacy instructions to refrigerate until opened, two opened Latanoprost ophthalmic solutions with no date opened or expiration date, one Latanoprost ophthalmic solution with an open date of [DATE], and one Timolol ophthalmic solution with no date opened or expiration date. During an interview on [DATE] at 8:47 AM, Staff B, LPN, stated, All medicines should either be in the refrigerator, have a date they have been opened, and if they are expired they should not be on the cart. The eye drops are expired. During an observation of medication cart #4 with Staff F, LPN, on [DATE] at 10:50 AM, there was one Lantus insulin with no date opened or expiration date, one Novolin insulin with no date opened or expiration date, and one unopened Lantus insulin with pharmacy instructions to refrigerate until opened. During an interview on [DATE] at 10:55 AM, Staff F, LPN, stated, All medication should have either the date they were opened or an expiration date. All medications should stay in the refrigerator until we need them. During an observation of medication cart #5 with Staff E, LPN, on [DATE] at 10:58 AM, there was one unopened Admelog insulin with pharmacy instruction to refrigerate until opened, one opened Lantus insulin without pharmacy packaging or resident identification and no date opened or expiration date, two unopened Basalgar insulins with pharmacy instruction to refrigerate until opened, one opened Aspart insulin with no date opened or expiration dates, one unopened Lantus insulin with pharmacy instructions to refrigerate until opened, one expired Lantus insulin with an open date of [DATE], and one expired Novolog insulin with an opened date of [DATE]. During an interview on [DATE] at 11:03 AM, Staff E, LPN, stated, There shouldn't be any expired medicines on the cart. We should have then labeled with either the date they get opened or when they expire and if we aren't using insulin it should stay in the refrigerator until we open them. During an observation of medication cart #6 with Staff G, LPN, on [DATE] at 11:05 AM, there was one unopened Aspart insulin with pharmacy instructions to refrigerate until opened, one unopened Lantus insulin with pharmacy instructions to refrigerate until opened, and one opened Lispro insulin with no date opened or expiration date. During an interview on [DATE] at 11:09 AM, Staff G, LPN, stated, Every insulin should have the date they get opened or expire. We should not have any insulin on the cart if we aren't using it. It should stay in the refrigerator. During an observation of medication cart #7 with Staff D, LPN, on [DATE] at 11:40 AM, there was one expired Lispro insulin with an open date of [DATE], one unopened Glargine insulin with pharmacy instructions to refrigerate until opened, one unopened Humulin insulin with pharmacy instructions to refrigerate until opened, and one opened Novolin insulin with no date opened or expiration date. During an interview on [DATE] at 11:42 AM, Staff D, LPN, (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated, We need to make sure every insulin has expiration dates and they should not be on the cart when they aren't opened, they should stay in the refrigerator. Review of the policy and procedure titled, Medication and Medication supply storage and disposal, last approval date of [DATE] reads, Policy: Central storage of medications is required for prescription, prescribed over-the-counter medications and CAM (Complementary and alternative Medicine) will be kept in locked area, in their original labeled container and may not be removed more than 2 hours prior to scheduled administration. Procedure: 6. Medication will be stored in an organized manner under proper conditions and in accordance with manufacturer's instructions. 8. The original container for prescription medications must be labeled with pharmacy label that includes the following: residents name, name of the medication, date the prescription was issued, prescribed dosage and instructions for administration, name and title of the prescriber. Review of the policy and procedure titled, Medication Storage, last approval date of [DATE] reads, Policy: Medications will be stored in a manner that maintains the integrity of the product and ensures safety of the residents and is in accordance with FL Department of Health guidelines. Procedure: E. Medications will be stored in the original, labeled containers received from the pharmacy. F. Expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with facility policy. G. Medications will be stored at appropriate temperature in accordance with pharmacy and/or manufacturer labeling. Appropriate temperature will be determined as per the following: 3. Cold place: 2-8 degrees Celsius(36-46 degrees F(Fahrenheit). H. Medications requiring refrigeration will be stored in a refrigerator that is maintained between 2-8 degrees Celsius (36-46 degrees F).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to prevent the possible spread of infection when failing to perform hand hygiene during medication administration in 6 of 9 observation of medication administration.Findings include: During an observation of medication administration for Resident #9 on 3/6/2026 at 8:25 AM, Staff A, Registered Nurse (RN), was observed approaching the medication cart without performing hand hygiene, unlocked the medication cart, activated and typed on computer and prepared Resident #9's medications. Staff A, RN, was observed to pop the medication out of the blister pack directly into their hand and place the medications into the medication cup each time for 13 medications. Staff A, RN, entered Resident #9's room without performing hand hygiene, touching the overbed table and bed controls, donned gloves without performing hand hygiene took the residents blood pressure, and administered the medications. During an observation of medication administration for Resident #11 on 3/6/2026 at 8:35 AM, Staff A, RN, returned to the medication cart, unlocked the medication, touched and activated the computer and removed medications, popping the medications directly into her hand, touching her hair between medications for 3 medications and placing the medications into a medication cup. Staff A,RN, entered Resident #11's room without performing hand hygiene, touched the resident's arm, overbed table and bed controls, donned gloves without performing hand hygiene. Staff A, RN, took residents blood pressure, and administered medications, doffed gloves and performed hand hygiene.During an observation of medication administration for Resident #10 on 3/6/2026 at 8:41 AM Staff A, RN, returned to the medication cart, unlocked the cart, touched and activated the computer, and removed medications, popping the medication directly into their hand and placing the medication in the medication cup for 4 medications. Staff A, RN, entered Resident #10's room without performing hand hygiene, touching the bed controls and overbed table, donned gloves without performing hand hygiene, checked Resident #10's blood pressure and administered the medications.During an interview on 3/6/2026 at 8:43 AM Staff A, RN, stated, I guess I should have not touched the medicine and just put it in the medication cup. I should have used the hand sanitizer more frequently.During an observation of medication administration for Resident #7 on 3/6/2026 at 8:51 AM, Staff C, Licensed Practical Nurse (LPN), was observed returning to the medication cart, unlocking the medication cart, activating and typing on the computer, and preparing the medications without performing hand hygiene. Staff C, LPN, entered Resident #7's room without performing hand hygiene, touching the overbed table and bed controls, obtained a blood pressure and administered Resident #7's medications without performing hand hygiene. Staff C, LPN, exited the room and returned to the medication cart to prepare medications for another resident without performing hand hygiene.During an observation of medication administration for Resident #6 on 3/6/2026 at 8:55 AM, Staff C, LPN, returned to the medication cart, unlocked the medication cart, activated and typed on the computer without performing hand hygiene, prepared Resident #6's medications, and entered the residents room without performing hand hygiene. Staff C, LPN, obtained Resident #6's blood pressure and administered medications touching the overbed table during the observation. Staff C, LPN, exited the room without performing hand hygiene and returned to the medication cart and began preparing medications for another resident. During an observation of medication administration for Resident #8 on 3/6/2026 at 9:02 AM, Staff C, LPN, returned to the medication cart, unlocked the cart, activated and typed on the computer, prepared all medications without performing hand hygiene. Staff C, LPN, entered Resident #8's room without performing hand hygiene, touched the overbed table and resident. Staff C, LPN, checked Resident #8's blood pressure, and administered all medications without performing hand hygiene. Staff C, LPN, exited the residents room and returned to the medication cart without performing hand hygiene and began to prepare medications for another resident.During an interview on 3/6/2026 at 9:06 AM, Staff C, LPN, stated, Oh, I should have done that. I should have used the hand sanitizer that is why it's right here on the cart.Review of the policy and procedure titled Hand Hygiene (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	last approval date of 1/15/2026 reads, Overview: The CDC defines hand hygiene as cleaning your hands by using either handwashing (washing with soap and water), antiseptic hand wash, or antiseptic hand rubs (i.e. alcohol-based sanitizer including foam or gel). Purpose: To reduce the spread of germs in the healthcare setting. Process: Hand hygiene should be performed: Before and after patient care, After contact with inanimate objects (including medical equipment) in the immediate patient vicinity.