

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Aviata at Arbor Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0627 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents were provided sufficient orientation for safe and orderly transfer/discharge, failed to ensure an effective discharge plan was developed and implemented, and failed to ensure attempts to meet the specific resident needs at the facility as the basis for transfer for 1 of 3 residents reviewed for discharge (Resident #2). The facility discharged Resident #2 to a receiving facility located at a significant distance from the resident's family members and identified support system, resulting in Resident #2 experiencing emotional distress, increased social isolation, and decreased access to family support. Findings include: Review of Resident #2's admission record showed the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include major depressive disorder, brief psychotic disorder, other specified persistent mood disorders, and generalized anxiety disorder. Review of Resident #2's Nursing Home Transfer and Discharge Notice showed the resident was transferred to the receiving skilled nursing facility, located in Dunedin, Florida, 115 miles away from the facility, on 2/20/2026. The notice was provided to the resident on 2/19/2026 with an effective date of 2/20/2026. The notice documented the reason for transfer as Transferred to [the receiving skilled nursing facility's name] due to more frequent/lenient smoking times. The form was signed by the Director of Nursing, Staff A, Advanced Practice Nurse Practitioner (APRN) on 2/20/2026. The form had Resident #2's name printed and the resident signature line was blank. Review of Resident #2's records revealed no evidence of involvement of the resident and/or the resident representative in the discharge decision-making process or consideration of the resident's preferences and psychosocial needs. During an interview on 4/14/2026 at 11:42 AM, Staff B, Licensed Practical Nurse (LPN) Unit Manager, stated, I am not sure why [Resident #2's name] was discharged . That is not my area. I think it might have been related to smoking times. [Resident #2's name] was told the day before that he was being discharged . He was fine with it, and he was okay until he got into the transport van and found out he couldn't ride in the front seat. He had a very short temper and flew off the handle at the driver. He said he was being treated like an animal, because he had to ride in the back of the van. During an interview on 4/14/2026 at 1:06 PM, the Director of Nursing (DON) stated, [Resident #2's name] was transferred to [the receiving skilled nursing facility's name] in Dunedin, because they have more lenient smoking times. The day he transferred to the other facility, he was the only resident on that day. Review of Resident #2's smoking assessment dated [DATE] read, Does the resident currently smoke? A. Yes. Does the resident wish to quit smoking? No. Review of Resident #2's care plan showed the resident had no care plan focus for smoking or interventions to include smoking times. Review of Resident #2's progress notes showed no documentation that the resident being not in compliance with the smoking policy while residing in the facility. Review of Resident #2's records failed to demonstrate that alternative, closer placement options were explored or offered, and also failed to show resident met any of the requirements for an appropriate discharge due to the facility's inability to meet the resident's needs. During an interview on 4/15/2026 at 9:16 AM, the Director of Social Services stated, I was not involved with the discharge of [Resident #2's (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 0627</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>name]. I did not start working at this facility until February 17th. Sometimes sister facilities have more lenient smoking times. If a resident is being transferred to another facility, they would need to consent to the transfer and sign the discharge notice. During an interview on 4/15/2026 at 9:42 AM, Resident #2 stated, [the Director of Nursing's name] lied and said I'm closer to my family, but I am not. I woke up, ate breakfast, went to bed and the nurse told me, Pack your [s.], you're leaving. I was put in a minivan and drove here. I have not been able to see my family in Ocala. I am not even allowed to go outside of this facility. My daughter, my grandchildren and my fiance all live in Ocala. There is nothing to do and I can't see my family. I feel so sad and depressed. I never signed any forms, but somebody signed my discharge form, and it was not my signature. I think this is retaliation because I complained to [the Director of Nursing's name] about the CNAs [Certified Nursing Assistants] sleeping. During an interview on 4/15/2026 at 11:12 AM, the Administrator stated, We have timed and supervised smoking. We discharged some smokers to a sister facility due to there being more lenient smoking options. They were all fine with going. [Resident #2's name] signed the discharge notice. During an interview on 4/15/2026 at 11:20 AM, the Assistant Director of Nursing stated, [Resident #2's name] was given notice. [The Director of Nursing's name] gave him notice before he left. When he was here, he never had any visitors. [Resident #2's name] was a smoker, he would go out 5-10 times a day to smoke and would also leave to go to the store to buy cigarettes. He knew of the discharge. I didn't speak with him personally, but the information I got was that he was fine with it. He has a history of behavioral issues and being manipulative. During an interview on 4/15/2026 at 11:58 AM, Staff A, APRN stated, I was there the day before [Resident #2's name] discharged, and I heard a staff member speaking to him about how the policy of the other facility was more lenient for smoking. He said ok. [Resident #2's name] was a smoker. For discharges, I rely on social services and therapy, to help me determine if they are ready to discharge, and I sign the discharge notices. I believe they would need to have an order for transfer. Review of Resident #2's physician orders showed no order for discharge. During an interview on 4/15/2026 at 12:58 PM, the Assistant Director of Nursing stated, I don't see any discharge or transfer orders for [Resident #2's name]. During an interview on 4/15/2026 at 2:16 PM, the Administrator stated, We have scheduled supervised smoking times. They have not changed in the past year. We were not able to meet that residents' needs because we don't have open smoking. In other words you can't smoke when you want. We added safety mag locks to the doors of the smoking area on February 10, 2026, so that residents could no longer go outside whenever they want. Social services talked with him [Resident #2] and nursing talked with him. The new facility offers more smoking times. We do serve smoking residents, and we go over the policies at admission. If the resident is agreeable to go somewhere else, discharge notice can be given on the same day. There should be a doctor's order for transfer. [The Medical Director's name] gave a verbal order to [the Director of Nursing's name] for the discharge. During an interview on 4/15/2026 at 2:18 PM, the Administrator stated, I do not know whether [the receiving skilled nursing facility's name] has an open smoking policy or what the scheduled smoking times are at [the receiving skilled nursing facility's name]. Review of the schedule provided by the facility titled Smoking Times read, 7:15 AM-7:45 AM, 8:30 AM-9:00 AM, 9:45 AM-10:15 AM, 10:45 AM-11:15 AM, 1:00 PM-1:30 PM, 3:30 PM- 4:00 PM, 6:00 PM-6:30 PM, 7:45 PM-8:15 PM, 9:00 PM-9:30 PM, 10:00 PM-10:30 PM. Closed during all meals. During an interview on 4/15/2026 at 2:37 PM, the Medical Director stated, I gave verbal orders to transfer [Resident #2's name] to the other facility. Sometimes they will call me for discharge orders if, for example, they have transport arranged and have not been able to get a hold of the primary to get the order. I'm not sure about why [Resident #2's name] was transferred. I believe their needs could not be met because of smoking restrictions. Arbor Springs is a non-smoking facility. I am not sure if they have liberal smoking at the other facility. I don't know if other interventions were tried, I am not involved in their day-to-day care, you would need to check with their primary doctor. During an interview on 4/16/2026 at 11:17 AM, Staff C, APRN, stated, [Resident #2's name] was transferred because he wanted to be closer to his family and more lenient times as (continued on next page)</p>		

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F 0627 Level of Harm - Actual harm Residents Affected - Few	far as smoking goes, which I found strange because he didn't smoke. He wanted to be able to go out to the smoking patio whenever he wanted. I don't know how much notice they gave him before moving. That is not something I am involved with. I think moving someone with little notice could make them upset. I know [Resident #2's name] was being followed by psych. I think that if someone is moved to another facility, it could have some effects on them, but I don't believe they would be permanent effects. It could cause a temporary exacerbation of their underlying anxiety or depression. Review of the facility policy and procedure titled Interdisciplinary Discharge Planning revised on 4/28/2025 read, Policy: The facility will develop an interdisciplinary discharge plan based on the resident/resident representative's needs and goals. Procedure: 1. The resident/resident representative's discharge needs and goals and estimated length of stay will be developed upon admission. This goal is based upon clinical findings, availability of community and family resources, and resident/resident representative goals. 2. The interdisciplinary team monitors progress towards discharge goals throughout the resident's stay. Discharge plans are reviewed and revised as appropriate. 3. Prior to discharge, the discharge plan including the proposed discharge date will be reviewed with the resident/resident representative.		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility failed to ensure residents were provided with written notice of transfer/discharge at least 30 days in advance for 2 of 3 residents reviewed for discharge (Residents #2 and #11). Findings include:1) Review of Resident #2's Nursing Home Transfer and Discharge Notice showed the resident was transferred to the receiving skilled nursing facility, located in Dunedin, Florida, on 2/20/2026. The notice was provided to the resident on 2/19/2026 with an effective date of 2/20/2026. The form was signed by the Director of Nursing, Staff A, Advanced Practice Nurse Practitioner (APRN) on 2/20/2026. The form had Resident #2's name printed and the resident signature line was blank. During an interview on 4/15/2026 at 9:42 AM, Resident #2 stated, [The Director of Nursing's name] lied and said I'm closer to my family, but I am not. I woke up, ate breakfast, went to bed and the nurse told me Pack your [s.], you're leaving. I never signed any forms, but somebody signed my discharge form and it was not my signature. During an interview on 4/15/2026 at 9:16 AM, the Director of Social Services stated, If a resident is being transferred to another facility, they would need to consent to the transfer and sign the discharge notice. Review of Resident #2's physician orders showed no order for discharge. During an interview on 4/15/2026 at 12:58 PM, the Assistant Director of Nursing stated, I don't see any discharge or transfer orders for [Resident #2's name]. 2) During an interview on 4/16/2026 at 11:05 AM, Resident #11's Daughter/Power of Attorney stated, I had no advanced notice before they transferred my mom. When they called me, it wasn't confirmed. They said it may be an option to transfer her. I told them I would consider it and speak to my mother about it. No one ever called me back. I called back several times, and she was already on the bus being transferred. A lot of her belongings did not go with her. I have left several messages about her clothing and have not heard back. She was not prepared to be transferred. I let them know I wanted to discuss things with her first before she was moved, and they did not give me a chance to discuss it with her. It all happened so fast. There was no communication from the director of nursing. We did want her somewhere closer. Ocala is 2.5 hours from me and [the receiving skilled nursing facility's name] is 1 hour from me. But I just felt like it was very rushed. We were not given an opportunity to look at the other facility first. I felt like they were just trying to get rid of her because she is not very agreeable. She was very confused because she didn't realize she was being moved permanently and did not get to say goodbye to some of her friends and the staff. The night she was transferred I spoke with the social worker at [the receiving skilled facility's name]. I asked about the belongings and he told me that all of the residents belongings were in one box. Review of Resident #11's Nursing Home Transfer and Discharge Notice showed the resident was transferred to the receiving skilled nursing facility, located in Dunedin, Florida, on 2/2/2026. The notice was provided to the resident on 2/2/2026 with an effective date of 2/2/2026. The notice documented the reason for transfer as Moving closer to daughter who lives in [name of the city]. During an interview on 4/15/2026 at 2:16 PM, the Administrator stated, If the resident is agreeable to go somewhere else, discharge notice can be given on the same day. There should be a doctor's order for transfer. [The Medical Director's name] gave a verbal order to [the Director of Nursing's name] for the discharge. Review of the facility policy and procedure titled Interdisciplinary Discharge Planning revised on 4/28/2025 read, Policy: The facility will develop an interdisciplinary discharge plan based on the resident/resident representative's needs and goals. Procedure: 1. The resident/resident representative's discharge needs and goals and estimated length of stay will be developed upon admission. This goal is based upon clinical findings, availability of community and family resources, and resident/resident representative goals. 2. The interdisciplinary team monitors progress towards discharge goals throughout the resident's stay. Discharge plans are reviewed and revised as appropriate. 3. Prior to discharge, the discharge plan including the proposed discharge date will be reviewed with the resident/resident representative.</p>		