

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 08/22/2025
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 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 medications were labeled, failed to ensure medications were secured in 3 of 7 halls, failed to label and remove expired medication in 3 of 7 medication carts, and failed to keep refrigerator logs updated in 1 of 3 medication rooms. Findings include: 1) During an observation on [DATE] at 10:42 AM, Resident #183 was lying in bed. There was one bag of Daptomycin 650 MG [milligram]/50 ML [milliliter] antibiotic medication. The infusion bag or the intravenous line were not dated. During an interview on [DATE] at 9:28 AM, the Director of Nursing (DON) stated, The IV tubing should be dated. During an interview on [DATE] at 1:20 PM, the DON stated, We do not have any policy for dating intravenous lines. 2) During an observation on [DATE] at 10:10 AM, Resident #50 was sitting on the side of her bed. There were two inhalers and one medicine cup containing white cream on the overbed table (Photographic evidence obtained). During an interview on [DATE] at 10:10 AM, Resident #50 stated, These are my inhalers. I take them to help my breathing whenever I need them. I am not sure what the cream is. During an interview on [DATE] at 11:34 AM, the DON stated, Medication should be stored in the med cart, not at the bedside. [Resident #50's name] is not allowed to self-administer meds [medications]. She should not have had the inhalers and cream at her bedside. Review of Resident #50's physician order dated [DATE] read, Albuterol Sulfate HFA 108 (90 Base) MCG/ACT [Micrograms/Actuation] Aerosol, solution Give 2 puff by mouth every 6 hours for Bronchitis. Review of Resident #50's physician order dated [DATE] read, Albuterol-Budesonide Inhalation Aerosol 90-80 MCG /ACT (Albuterol-Budesonide) 2 puff inhale orally every 6 hours for Bronchitis. The order was discontinued [DATE]. 3) During an observation on [DATE] at approximately 11:30 AM, there were two tubes of hydrocortisone acetate 1% cream and one tube of Permethrin cream on the bedside table of Resident (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
--	-------	-----------

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 08/22/2025
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	#153. The creams were not labeled with orders for the resident (Photographic evidence obtained). During an observation on [DATE] at approximately 3:40 PM, there were two tubes of hydrocortisone acetate 1% cream and one tube of Permethrin cream on the bedside table of Resident #153. Review of Resident #153's physician order dated [DATE] read, Permethrin External Cream 5% (Permethrin), Apply to back/chest/arms/leg topically one time only for itching for 1 day leave on for 14 hours, repeat in 14 days. The order status showed Completed. During an interview on [DATE] at 3:48 PM, Staff H, Licensed Practical Nurse (LPN), stated, They [the residents] should not have any medications at bedside unless they have a self-administration order. During an interview on [DATE] at 3:55 PM, Staff J, LPN, stated, I didn't give it [the creams] to her [Resident #153]. I haven't been on this hall in three weeks. I gave her medications at lunch, and I didn't see the creams there. 4) During an observation on [DATE] at 11:05 AM, there was a purple discus inhaler on the bedside table of Resident #20. The inhaler was not labeled with orders for the resident. During an observation on [DATE] at 11:20 AM, Resident #20 retrieved a purple discus inhaler from his unlocked drawer. Review of Resident #20's physician order dated [DATE] read, Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG [micrograms]/DOSE, 1 inhalation inhale orally every 12 hours for COPD [Chronic Obstructive Pulmonary Disease] rinse mouth and expectorate after use. During an interview on [DATE] at 11:25 AM, Staff J, LPN, stated, I didn't know he had that [the inhaler]. I didn't give it to him. During an interview on [DATE] at 11:30 AM, Staff H, LPN, confirmed the Resident #20 did not have a self-administration order and stated, He [Resident #20] should not have that [the inhaler] in his room. 5) During an observation on [DATE] at approximately 2:30 PM, there was one box containing two vials of glucose control solution in 600 Hall Medication Cart. One vial had an expiration date of [DATE] and the other was dated [DATE]. The top of the box for the control solutions had an expiration date stamped on it, which read, Exp: [DATE]. (Photographic evidence obtained). During an interview on [DATE] at approximately 2:35 PM, Staff C, LPN, confirmed the expiration date on the box of glucose control solutions was [DATE]. 6) During an observation on [DATE] at 3:07 PM, there was one open box containing an Advair diskus (a prescription medication used to treat asthma and chronic obstructive pulmonary disease (COPD)) that was dated [DATE] in 400 Hall Medication Cart. There was a pharmacy label on the box that read, Throw away 30 days after opening the foil pouch, or when the dose counter reaches 0, whichever comes first. There was also one plastic bag containing an open box with a bottle of Latanoprost (a medication primarily used to treat glaucoma). Neither the box nor the bottle was dated with the date they were opened. On the plastic bag were labels from the pharmacy. One label was dated [DATE], (continued on next page)		

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 08/22/2025
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and another label read, After opening, may store at room temperature. Throw away any drug left after 6 weeks (Photographic evidence obtained). During an interview on [DATE] at 3:10 PM, Staff D, LPN, confirmed that both Advair diskus and Latanoprost were active medications for the residents named on the prescription labels. 7) During an observation on [DATE] at 3:35 PM, there was one box of glucose control solutions, which were both expired in North Hall Medication Cart. One vial was dated [DATE] and one vial was dated [DATE]. There was also one open unlabeled box containing Fluticasone Diskus (medication available as an inhalation powder, primarily used to prevent and control asthma symptoms). The box had a pharmacy label with the date [DATE]. There was also a label that read, Throw away 30 days after opening the foil pouch, or when the dose counter reaches 0, whichever comes first. There was also one open unlabeled vial of insulin (Photographic evidence obtained). During an interview on [DATE] at 3:40 PM, Staff F, LPN, confirmed that all items/medications were actively being used. During an interview on [DATE] at 11:30 AM, the DON stated, In the medication rooms, the refrigerator temperatures are to be checked and recorded daily. On the day shift, it is the unit manager's responsibility. On the weekends, I expect the nurses to check the temperatures. Review of the facility policy and procedure titled Medication Storage with the last review date of [DATE] read, Policy: Medications will be stored in a manner that maintains the integrity of the product and ensures the safety of the residents and is in accordance with FL [Florida] Department of Health guidelines. Procedure: A. With the exception of Emergency Drug Kits, all medications will be stored in a locked cabinet, cart or medication room that is accessible only to authorized personnel, as defined by facility policy. C. Medications will be stored in an orderly, organized manner, in a clean area. F. Expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with facility policy.		

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 08/22/2025
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to maintain complete and accurately documented medical records for wound care for 1 of 3 residents reviewed for wound care (Resident #107), for 2 of 4 residents intravenous (IV) therapy (Residents #178 and #183), and for 3 of 9 residents reviewed for medication management (Residents #15, #120 and #187). Findings include: 1) Review of Resident #107's physician order dated 7/15/2025 read, Wound: Right heel Cleanse with normal saline, pat dry, skin prep and LOA [Leave Open to Air] daily and PRN [as needed] every day shift for Wound care. Review of Resident #107's Treatment Administration Record (TAR) for August 2025 for right heel wound care showed no entries documented on 8/9/2025. Review of Resident #107's physician order with the start date of 7/3/2025 and discontinuation date of 7/15/2025 read, Wound Care (Coccyx): Cleanse with wound cleanser, pat dry, apply cmc [carboxymethylcellulose] fiber and medical grade honey to wound bed, cover with silicone bordered super absorbent dressing daily and as needed every day shift for wound care. Review of Resident #107's TAR for July 2025 for coccyx wound care showed no entries documented on 7/3/2025, 7/4/2025, 7/10/2025, 7/11/2025, 7/12/2025, 7/13/2025, 7/14/2025. Review of Resident #107's physician order dated 8/1/2025 read, Wound Care (Coccyx): Cleanse with wound cleanser, pat dry, collagen particles and med honey to wound bed, cover with silicone bordered super absorbent dressing daily and as needed every day shift for wound care. Review of Resident #107's TAR for August 2025 for coccyx wound care showed no entries documented on 8/9/2025. During an interview on 8/20/2025 at 12:08 PM, Staff G, Registered Nurse (RN), stated, [Resident #107's name] wound care was ordered for night shift, but on those days, I completed it during the day. I let the night shift nurse know that it was already completed, but I guess the night shift nurse just forgot to document it. During an interview on 8/20/2025 at 2:25 PM, Staff E, RN, stated, I float between units. I changed [Resident 107's name] dressings on August 9th (8/9/2025) for her coccyx and her heel. I forgot to document that I did the wound care. During an interview on 8/21/2025 at 9:20 AM, the Director of Nursing (DON) stated, I expect the nurse that completes the wound care to document that it was completed. The dressing change should have been documented by [Staff G's name]. Review of the facility policy and procedure titled Dressing Change with the last review date of 2/18/2025 read, Policy: A clean dressing will [be] applied by a nurse to a wound as ordered to promote healing. Sterile dressing will be used only if specifically ordered. Procedure. Document in medical record. (continued on next page)		

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 08/22/2025
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2) During an observation on 8/18/2025 at 10:30 AM, Resident #178 was sitting up in bed. There was a Peripherally Inserted Central Catheter (PICC) line on the resident's left upper arm, with a transparent dressing dated 8/10/2025 at 11:00 AM (Photographic evidence obtained). During an interview on 8/18/2025 at 10:30 AM, Resident #178 stated, No one has changed the dressing on my PICC line since I've been here. Review of Resident #178's physician order dated 8/12/2025 read, Change Left Arm Double Lumen PICC line catheter site dressing every week with transparent dressing. Change needleless access device every day shift every Fri [Friday]. Review of Resident #178's Medication Administration Record (MAR) for August 2025 showed PICC line dressing was changed on 8/15/2025 by Staff B, Licensed Practical Nurse (LPN). During an interview on 8/21/2025 at 9:33 AM, Staff B, LPN, stated, I changed [Resident #178's name] PICC line dressing on August 15th. We change the dressings every 7 days. 3) During an observation on 8/18/2025 at 10:39 AM, Resident #183 was lying in bed. There was a double lumen PICC line on the resident's left upper arm with a transparent dressing dated 8/8/2025, with dry black matter (Photographic evidence obtained). During an interview on 8/18/2025 at 10:39 AM, Resident #183 stated, My IV dressing was last changed on the 8th [8/8/2025] during my hospital stay. Review of Resident #183's physician order dated 8/14/2025 read, Change midline catheter site dressing every week with transparent dressing. Change needleless access device every day shift every Fri. Review of Resident #183's TAR for August 2025 showed PICC line dressing was changed on 8/15/2025. During an interview on 8/22/2025 at 8:10 AM, with the DON stated, I expect nurses to document accurately the services provided. During an interview on 8/22/2025 at 9:26 AM, Staff L, RN, stated, I don't recall that day. Maybe she was sleeping and I checked it off. Normally when she is sleeping, I don't disturb her and come back. I might have forgotten to come back and do the dressing change. 4) Review of Resident #187's physician order dated 6/30/2025 read, Cefazolin Sodium Injection Solution Reconstituted 3 GM [gram] (Cefazolin Sodium), Use 3 gram intravenously every 8 hours for hand infection until 07/18/2025 23:59 [11:59 PM]. Review of Resident #187's MAR for July 2025 for administration of Cefazolin Sodium showed coded 9 (other/see progress notes) was documented on 7/5/2025 at 6:00 AM, 7/6/2025 at 2:00 PM, 7/13/2025 at 2:00 PM, and 7/13/2025 at 6:00 AM. No entries was documented on 7/13/2025 at 6:00 AM. Review of Resident #187's progress notes showed no note regarding Cefazolin on 7/5/2025, 7/6/2025 and 7/13/2025. (continued on next page)		

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 08/22/2025
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #187's physician order dated 6/27/2025 read, Tramadol HCl Oral Tablet 50 MG [milligram] (Tramadol HCl) Give 1 tablet by mouth every 8 hours for pain for 3 days. Review of Resident #187's MAR for June 2025 showed code 9 was documented on 6/26/2025 at 5:00 PM, and on 6/28/2025 at 1:00 AM. Review of Resident #187's progress notes showed no notes regarding Tramadol on 6/26/2025 and 6/28/2025. Review of Resident #187's MAR for July 2025 for administration of Tramadol showed the following were documented: no entry on 7/2/2025 at 6:00 AM and 10:00 PM; code 9 on 7/6/2025 at 10:00 PM, code 9 on 7/7/2025 at 6:00 AM, no entry on 7/13/2025 at 6:00 AM, and code 9 at 2:00 PM. Review of Resident #187's progress notes showed no notes regarding Tramadol on 7/6/2025 and 7/7/2025 and 7/13/2025. During an interview on 8/22/2025 at 11:45 AM, Staff L, RN, stated, Normally I will use a the code of 9 if the medication was not available, but I don't recall. During an interview on 8/22/2025 at 2:16 PM, Staff M, LPN, stated, I would leave the entry blank only if medication is not available in pyxis. I would make a note that I contacted the provider and pharmacy. During an interview on 8/22/2025 at 2:19 PM, Staff N, LPN, stated, I don't recall why I would have a blank entry. Normally I would document if the medication is not available and would notify the provider. During an interview on 8/22/2025 at 2:27 PM, Staff O, LPN, stated, I don't recall. I would write a note and contact the pharmacy and provider. During an interview on 8/22/2025 at 2:33 PM, the Medical Doctor #1 stated, I cannot recall the resident. The staff will normally call me and notify me when the medication is not available. I have no concerns that staff are giving medication appropriately. During an interview on 8/22/2025 at 2:39 PM, the DON stated, Staff are supposed to write an explanation when using the code 9 and document accurately did show not leave any entry blank. 5) Review of Resident #120's physician order dated 9/13/2024 read, Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate), Give 1 tablet by mouth one time a day for HTN [hypertension]. Review of Resident #120's MAR for August 2025 for administration of Amlodipine Besylate 5 MG showed code 4 (Vitals outside of parameters for administration) was documented on 8/2/2025, 8/6/2025 and 8/16/2025. Review of Resident #120's progress notes for August 2025 showed no notes associated with the administration of Amlodipine on 8/2/2025, 8/6/2025, 8/16/2025. 6) Review of Resident #15's physician order dated 5/15/2024 read, Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate), Give 5 mg by mouth one time a day related to essential (primary) (continued on next page)		

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 08/22/2025
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hypertension. Review of Resident #15's MAR for August 2025 for administration of Amlodipine Besylate Oral Tablet 5 MG showed code 4 was documented on 8/6/2025 and 8/16/2025. Review of Resident #15's progress notes for August 2025 showed no notes associated with the administration of Amlodipine on 8/6/2025, 8/16/2025 During an interview on 8/22/2025 at 11:40 AM, Staff F, LPN, stated that on 8/2/2025, 8/6/2025, 8/16/2025, when she documented code 4 for the reason the resident's Amlodipine was not administered, she spoke to either the doctor or nurse practitioner, but forgot to document it. During an interview on 8/22/2025 at 1:55 PM, the DON stated that her expectations about documentation by the nursing staff would be accurate, timely and complete documentation.		

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 08/22/2025
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow infection control practices for tracheostomy care for 1 of 3 residents reviewed for respiratory services (Resident #116) and failed to ensure staff performed hand hygiene and followed Enhanced Barrier Precautions (EBP) instructions to prevent the possible spread of infection and communicable diseases. Findings include: 1) During an observation on 8/21/2025 at 1:30 PM, Staff B, Licensed Practical Nurse (LPN), entered Resident #116's room. Staff B donned personal protective equipment (PPE), set the sterile field to provide tracheostomy care, placed sterile gloves in the field, performed hand hygiene, donned sterile gloves, removed and disposed of the inner cannula, did not clean the site, and inserted a new cannula. Staff B doffed the gloves, performed hand hygiene, donned sterile gloves, and cleansed the outside area of the tracheostomy. Staff B removed the gloves, did not perform hand hygiene, and donned new pair of gloves and cleansed the wound near the tracheostomy. Staff B did not remove her gloves, did not perform hand hygiene, patted the wound dry, and applied the wound treatment with gauze. During an interview on 8/21/2025 at 2:05 PM, Staff B, LPN, stated, I am not sure if I would have done anything different. I should have performed hand hygiene and cleaned the site before inserting the new inner cannula. I did use sterile gloves. My mind just went another direction. Review of Resident #116's physician order dated 8/14/2025 read, Wound care-trach site Daily, and PRN [as needed], Clean Wound with: Cleanse with normal saline primary treatment: calcium alginate other dressings: leave open to air every day shift for wound care. During an interview on 8/21/2025 at 4:00 PM, the Infection Preventionist stated, Nurses should keep it [tracheostomy care] sterile and wash hands and change gloves when cleaning a wound. During an interview on 8/22/2025 at 8:10 AM, the Director of Nursing (DON) stated, Tracheostomy care should be a sterile procedure: Clean the area before inserting the new inner cannula. Change gloves and perform hand hygiene in between the steps of wound care. Review of the facility policy and procedures titled Tracheostomy Care with the last review date of 2/18/2025 read, Procedure. Aseptically don sterile gloves (Gown, and goggles, as necessary). For tracheostomy with disposable inner cannula: Remove and dispose of the soiled inner cannula. Clean around stoma site with sterile water or saline with cotton tipped applicators and/or sterile 4x4 [4 inch by 4 inch gauze], dry with sterile gauze if needed. Insert new disposable inner cannula and lock into place. Review of the facility policy and procedure titled Dressing Change with the last review date of 2/18/2025 read, Policy: A clean dressing will [be] applied by nurse to a wound as ordered to promote healing. Sterile dressing will be used only if specifically ordered. Procedure. Cleanse wound as ordered, dispose of gauze; Remove gloves and perform hand hygiene; Apply treatment as order [Sic.] and clean dressing. 2) During an observation on 8/20/2025 at 8:51 AM, Staff A, Registered Nurse (RN), washed her hands and applied gloves prior to initiating the administration of Piperacillin 4.5 grams, an intravenous (IV) antibiotic infusion, for Resident #68. Staff A did not don a gown. Staff A cleaned the hub of the IV line with alcohol and flushed it with normal saline. Staff A then left the hub open to air while priming the IV tubing with the medication. Staff A did not clean the hub of the IV again before connecting the IV (continued on next page)		

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 08/22/2025
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	tubing and beginning the infusion. Review of Resident #68's physician orders did not show an order for Enhanced Barrier Precautions. During an observation on 8/20/2025 at 9:12 AM, Staff B, LPN, performed hand hygiene, donned gloves, did not don a gown, and proceeded to disconnect the IV tubing that had been administering an infusion of Daptomycin from Resident #178 to flush the IV line. During an interview on 8/20/2025 at 4:27 PM, Staff B, LPN, stated, For residents on EBP, the Infection Preventionist tells the staff which residents are on EBP, why they are on EBP and what PPE to wear and when to wear it. The Infection Preventionist goes over with the staff the details and puts a sign on the door. When asked, Staff B did not provide what conditions would require the use of EBP or need for donning PPE. Staff B stated she would wear and when she would wear it according to the sign on the door or by checking the resident's chart. Review of Resident #178's physician orders did not show an order for Enhanced Barrier Precautions. 3) During an observation on 8/20/2025 at 9:40 AM, Staff A, RN, washed her hands and donned gloves, but did not don a gown. Staff A cleansed the tip of Resident #94's IV with alcohol and flushed the IV with normal saline. After priming the IV tubing, Staff A wiped the tip of the IV catheter with alcohol and connected the IV tubing and began the infusion of Ceftazidime 2000 MG (milligrams) Injection. During an observation on 8/21/2025 at 8:37 AM, Staff E, RN, entered Resident #180's room, administered three oral medications to Resident #180 and left the room. Staff E did not perform hand hygiene and prepared medications for another resident. At 8:47 AM, Staff E entered Resident #100's room, administered six oral medications to the resident. Staff E did not perform hand hygiene and exited the room. During an observation on 8/21/2025 at 9:43 AM, Staff E, RN, crushed Ascorbic Acid 500 mg for Resident #75. Staff E donned gloves, but did not perform hand hygiene or don a gown. Staff E flushed the resident's G-tube (gastrostomy tube) with water, instilled the medication, and then flushed with water, removed and discarded his gloves. During an interview on 8/21/2025 at 11:10 AM, Staff E, RN, stated that Enhanced Barrier Precautions were for residents with things such as wounds, G-tubes, trachs [tracheostomies], or who were immunocompromised. For those residents he would make sure he had cleaned hands and wore gloves. He would wear a gown if he were doing wound care for an open wound, or if there was a possibility of drainage. He may even wear double gloves. If he were doing trach care, he would wear a face shield. He would wash his hands between every room. If he were hanging [initiating] and IVG [infusion], he would check the dressing for the proper date and be sure it was clean. He would wear gloves and be sure that all of the medication infused before he disconnected the line. During an interview on 8/21/2025 at 11:30 AM, the DON stated, Enhanced Barrier Precautions were for any resident with a hole they weren't born with, an insertion site of any kind, wounds, IVs, supra-pubic catheters, G-tubes, anything of that nature. Staff providing patient care in the 'splash zone' would wear all of the PPE (mask, gown, and gloves), but not if they were just delivering a food tray. They would wear the appropriate PPE if they were assisting a resident with eating and there was the potential for drainage, such as with a trach. When disconnecting IV tubing for an IV, staff needs to wear a gown and gloves, maybe a mask, if there was a potential for splashing. For (continued on next page)		

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 08/22/2025
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administering medications through a G-tube, the nurse needed to wear all PPE, because they would be in the splash zone. Review of the facility policy and procedure titled Enhanced Barrier Precautions with the last review date of 2/18/2025 read, Policy Statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. Policy Interpretation and Implementation . 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity . 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include . g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) . 6. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk. Review of the facility policy and procedure titled Medication Preparation for Administering with the last review date of 2/18/2025 read, Policy: All medications will be prepared . and administered in a manner consistent with the general requirements outlined in this policy. Procedure: A. Prior to preparing or administering medications, follow the facility's infection control policies (e.g., hand washing).		

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 08/22/2025
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the residents' right to formulate advance directives was honored for 1 of 7 residents reviewed (Resident #143). Findings include: During an interview on [DATE] at 4:20 PM, Resident #143 stated, I have requested to be a DNR (Do Not Resuscitate). Review of Resident #143's Advance Directives Discussion Document dated [DATE] showed the resident's wish to withhold cardiopulmonary resuscitation. Review of Resident #143's Do Not Resuscitate (DNR) Order form signed by the resident on [DATE] documented the resident refused cardiopulmonary resuscitation (CPR) and directed that CPR be withheld or withdrawn from him. The form was not signed by the physician. Review of Resident #143's progress note dated [DATE] read, HPI [History of Present Illness]. Discussed advance care planning with patient. Patient would like to be a DNR. Patient is alert and oriented x 4 . Deemed it is perfectly capable of making decisions of a [Sic] being a DNR. Patient will be changed from full code to DNR. During an interview on [DATE] at 9:48 AM, the Director of Nursing stated, Normally, what I like to do is have a 2-3 day turn around just in case something happens with the DNR forms. It [Do Not Resuscitate Order] was sitting in Social Services Office, so the doctor could not sign it. The ARNP [Advance Registered Nurse Practitioner] is new and did not know he had autonomy and could sign the form. The doctor comes in on Saturdays and Social Services Office is closed and if no one knows he would not be given the form to sign. It would not be accessible to the doctor to sign. During an interview on [DATE] at 1:25 PM, the Social Services Director stated, When residents first come in, we fill out the discussion form and if they want to be DNR, we have them sign the DNR order form and when the doctor comes in, we have then sign the form. Review of the facility policy and procedure titled Advance Directives with the last review date of [DATE] read, Policy: The center will abide by state and federal laws regarding advance directives. The center will honor all properly executed advance directives that have been provided by the resident and/or resident representative. Process: 1. Upon admission, Social Service Director or Business Development Coordinator/designee will. 4. Upon completion of Advance Directives Discussion Document, Social Services or nurse will notify the Physician of the resident's wishes and procure a state approved Do Not Resuscitate Order, if necessary. Notification will be documented in the medical record.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 08/22/2025
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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility failed to ensure residents received the Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) within the required time frame for 1 of 3 residents reviewed for beneficiary notification (Resident #191). Findings include: Review of Resident #191's SNF Beneficiary Notification Review read, Medicare Part A Skilled Services Episode Start Date: 3/7//25, Last covered day of Part A Service: 6/12/25. The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Review of Resident #191's Notice of Medicare Non-Coverage (NOMNC) notice showed the resident's Medicare coverage for current skilled services would end on 6/12/2025. The resident acknowledged the receipt of the notice and signed it on 6/11/2025. During an interview on 8/19/2025 at 11:20 AM, the Social Services Director stated, My assistant and I are responsible for the SNF ABN and NOMNC review with the residents and/or representatives, their signing the forms, and filing the signed forms appropriately in their medical record. The NOMNCs should be given to residents 48 hours before last day of coverage or 72 hours prior, which would be best practice. During an interview on 8/19/2025 at 1:48 PM, the Director of Social Services stated, The NOMNC and ABN were signed on 6/11/2025 by the resident. The last covered day is 6/12/2025. It wasn't a Resident initiated discharge. Review of the facility policy and procedure titled SNF Advance Beneficiary Notification (ABN) & Notice of Medicare Provider Non-Coverage with the last review date of 2/28/2025 read, Policy. SNFs must provide the Notice of Medicare Provider Non-Coverage and the SNF ABN to Medicare beneficiaries no later than two days (48) hours before the effective date of the end of the coverage that their Medicare coverage will be ending.		

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 08/22/2025
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure an accurate Level I Preadmission Screening and Resident Review (PASRR) screen was completed and failed to coordinate assessments for the residents with newly evident or possible serious mental disorder for 1 of 2 residents reviewed for behavioral diagnosis (Resident #22). Findings include: Review of Resident #22's admission record showed the resident was admitted on [DATE] with diagnosis including but not limited to generalized anxiety (onset date of 7/15/2025), major depressive disorder (onset date of 8/20/2025), and bipolar disorder (onset date of 8/20/2025). Review of Resident #22's PASRR dated 7/15/2025 showed no mental illness to include depression disorder, anxiety disorder, or bipolar disorder under Section I. PASRR Screen Decision Making. Review of Resident #22's physician order dated 7/15/2025 read, Clonazepam Oral Tablet 1 MG [milligram] (Clonazepam), Give 1 tablet by mouth every 12 hours for Anxiety. Review of Resident #22's physician order dated 7/15/2025 read, Aripiprazole Oral Tablet 10 MG (Aripiprazole), Give 1 tablet by mouth one time a day for Psychotics. Review of Resident #22's physician order dated 7/15/2025 read, Amitriptyline HCl Oral Tablet 25 MG (Amitriptyline HCl), Give 1 tablet by mouth at bedtime for Depression. Review of Resident #22's psychology evaluation note dated 7/16/2025 read, Chief complaint: Depression. Review of Resident #22's psychiatry evaluation note dated 8/6/2025 read, Chief Complaint: Depression, anxiety, bipolar disorder and nicotine dependence. History of Present Illness: This is a [AGE] year old patient with past psychiatric history of depression, anxiety, bipolar disorder and nicotine dependence. Patient was evaluated for underlying psychiatric conditions and treatment. Facility requested consult. During an interview on 8/21/2025 at 9:23 AM, the Director of Nursing stated [Resident #22's name] PASRR should have been revised upon admission. During an interview on 8/22/2025 at 1:25 PM, the Social Services Director stated, Nurses or admissions will take a look at the PASSR and bring it to me if they need one or the one they have needs to be updated. Review of the facility policy and procedure titled Preadmission Screening and Resident Review (PASRR) with the last review date of 2/28/2025 read, Policy: The Center will assure that all Serious Mentally Ill (SMI) and Intellectually Disabled resident receive appropriate pre-admission screening according to Federal/State guidelines.		

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 08/22/2025
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 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 observation, interview, and record review, the facility failed to ensure Peripherally Inserted Central Catheter (PICC) dressings were changed as ordered for 2 of 10 residents reviewed for intravenous (IV) therapy (Residents #178 and #183) and failed to ensure residents received blood pressure medications as ordered for 1 of 7 residents reviewed for medication management (Resident #101). Findings include: 1) During an observation on 8/18/2025 at 10:39 AM, Resident #183 was lying in bed. There was a double lumen PICC line on the resident's left upper arm with a transparent dressing dated 8/8/2025, with dry black matter (Photographic evidence obtained). During an interview on 8/18/2025 at 10:39 AM, Resident #183 stated, My IV dressing was last changed on the 8th [8/8/2025] during my hospital stay. During an observation on 8/19/2025 at 8:30 AM, Resident #183 was lying in bed. There was a transparent dressing with gauze under the dressing dated 8/18/2025. During an observation on 8/21/2025 at 8:02 AM, Resident #183 was lying in bed. There was an IV transparent dressing with gauze and dry dark matter under the dressing dated 8/18/2025 (Photographic evidence obtained). Review of Resident #183's physician order dated 8/14/2025 read, Change midline catheter site dressing every week with transparent dressing. Change needleless access device every day shift every Fri [Friday]. During an interview on 8/21/2025 at 9:27 AM, Staff K, Licensed Practical Nurse (LPN), stated, IV dressings should be changed every 7 days. The dressing should not have a gauze under the dressing. [Resident #183's name] dressing needs to be redressed. During an interview on 8/21/2025 at 9:28 AM, the Director of Nursing (DON) stated, IV dressings should be changed every week. There should not be gauze under the dressing. If there is gauze, then the dressing needs to be change from 24-48 hours. Review of the facility policy and procedure titled Central Venous Catheter Dressing Changes with the last review date of 2/28/2025 read, Policy: Central venous catheter dressing will be changed at specific intervals, or when needed, to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. General Guidelines: 1. Dressing must stay clean, dry, and intact. Explain to the resident that the dressing should not get wet. 2. Change transparent semi-permeable membrane (TSM) dressing at least every 5-7 days and PRN [as needed] (when wet, soiled, or not intact). 3. If gauze is used, it must be changed ever 2 days. 2) During an observation on 8/18/2025 at 10:30 AM, Resident #178 was sitting up in bed. There was a PICC line on the resident's left upper arm, with a transparent dressing dated 8/10/2025 at 11:00 AM (Photographic evidence obtained). During an interview on 8/18/2025 at 10:30 AM, Resident #178 stated, No one has changed the dressing on my PICC line since I've been here. (continued on next page)		

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 08/22/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #178's physician order dated 8/12/2025 read, Change Left Arm Double Lumen PICC line catheter site dressing every week with transparent dressing. Change needleless access device every day shift every Fri. During an interview on 8/21/2025 at 9:33 AM, Staff B, LPN, stated, I changed [Resident #178's name] PICC line dressing on August 15th. We change the dressings every 7 days. During an interview on 8/21/2025 at 9:25 AM, the DON stated, [Resident #178's name] dressing should have been changed. PICC dressing changes should be done every seven days. 3) Review of Resident #101's physician order dated 7/12/2025 read, Diltiazem HCl Oral Tablet 60 MG [milligram] (Diltiazem HCl), Give 1 tablet by mouth every 8 hours for HTN [hypertension] Hold for SBP [systolic blood pressure] Less Than 110, HR [Heart Rate] Less Than 60. Review of Resident #101's Medication Administration Record (MAR) for July 2025 for administration of Diltiazem HCl 60 MG showed the following was documented: on 7/23/2025 at 10:00 PM, X for BP (blood pressure) and pulse and code 5 (hold/see progress notes); and on 7/26/2025 at 6:00 AM, 7/28/2025 at 6:00 AM, and 7/31/2025 at 6:00 AM, X for BP and pulse and code 4 (Vitals outside of parameters for administration). Review of Resident #101's MAR for August 2025 for administration of Diltiazem HCl 60 MG showed the following was documented: on 8/1/2025 at 10:00 PM, X for BP and pulse and code 4; on 8/2/2025 at 6:00 AM, X for BP and pulse and code 4, and at 10:00 PM, X for BP and pulse and code 5; on 8/3/2025 at 10:00 PM, X for BP and pulse and code 5; on 8/4/2025 at 6:00 AM, X for BP and pulse and code 5; on 8/5/2025 at 2:00 PM, X for BP and pulse and code 4; on 8/7/2025 and 8/8/2025 at 2:00 PM, X for BP and pulse and code 4; on 8/13/2025 at 6:00 AM, no entries; on 8/18/2025 at 2:00 PM, 114/50 for BP and X for pulse and code 4. Review of Resident #101's physician order dated 7/12/2025 read, Metoprolol Tartrate Oral Tablet 75 MG (Metoprolol Tartrate), Give 1 tablet by mouth every 12 hours for HTN (hypertension) Hold for SBP Less Than 110. Review of Resident #101's MAR for July 2025 for administration of Metoprolol Tartrate 75 MG showed the following was documented: on 7/23/2025 at 9:00 PM, 146/81 for BP and code 5; on 7/26/2025 at 9:00 PM, X for BP and code 4; and on 7/27/2025 X for BP and code 4. Review of Resident #101's MAR for August 2025 for administration of Metoprolol Tartrate 75 MG showed the following was documented: on 8/2/2025 and 8/3/2025 at 9:00 PM, X for BP and code 5; on 8/12/2025 at 9:00 AM, 111/58 for BP and code 4; and on 8/14/2025 at 9:00 AM, 112/40 for BP and code 4. Review of Resident #101's physician order dated 7/12/2025 read, Lisinopril Oral Tablet 20 MG (Lisinopril), Give 1 tablet by mouth one time a day for HTN Hold for SBP Less Than 110. Review of Resident #101's MAR for July 2025 for administration of Lisinopril 20 MG showed X for BP and code 4 was documented on 7/27/2025 at 9:00 AM. Review of Resident #101's MAR for August 2025 for administration of Lisinopril 20 MG showed the following was documented: on 8/12/2025 at 9:00 AM, 111/58 for BP and code 4; and on 8/14/2025 at (continued on next page)		

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 08/22/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9:00 AM, 112/40 for BP and code 5. During an interview on 8/20/2025 at approximately 3:00 PM, the DON stated, I spoke to the nurse who worked with [Resident #101's name]. The nurse charted vital signs for only one of the medications ordered and not each one. My expectation is that if there is a parameter in the order for a medication, the appropriate vital signs are to be documented for each medication. If a medication is held, I expect the nurse to document why the medication was held. During an interview on 8/22/2025 at 9:40 AM, the Advanced Practice Registered Nurse (APRN) #1 stated, I was no notified of any low blood pressure or low pulse readings for [Resident #101's name] or any of her medications being held. My expectation is that the nurses administer medications as ordered or contact me if they are holding the medications.		

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 08/22/2025
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to administer oxygen at the ordered flow rate for 2 of 3 residents reviewed for respiratory services (Residents #8 and #184). Findings include: 1) During an observation on 8/18/2025 at 10:48 AM, Resident #184 was lying in bed, being administered oxygen at 2 liters per minute via nasal cannula. During an observation on 8/19/2025 at 10:39 AM, Resident #184 was lying in bed, with oxygen being administered at 2 liters per minute via nasal cannula. Review of Resident #184's physician order dated 8/12/2025 read, Oxygen at 3 liters/min [minute] via Nasal Cannula continuous every shift. During an observation on 8/20/2025 at 2:54 PM with Staff K, Licensed Practical Nurse (LPN), Resident #184 was being administered oxygen at 3 liters per minute. During an interview on 8/20/2025 at 2:54 PM, Staff K, LPN, stated, [Resident #184's name] has orders for oxygen to be administered at 3 liters per minute. I had to readjust his oxygen. Nurses are supposed to check every shift the residents' oxygen flow rate. During an interview on 8/21/2025 at 9:28 AM, the Director of Nursing (DON) stated, Nurses are to check the flow rate during their shift and every time they walk into the resident's room. 2) During an observation on 8/18/2025 at 10:27 AM, Resident #8 was being administered oxygen at 3 liters per minute via nasal cannula. During an observation on 8/19/2025 at 8:20 AM, Resident #8 was lying bed, with oxygen being administered at 3 liters per minute via nasal cannula (Photographic evidence obtained). Review of Resident #8's physician order dated 5/22/2025 read, Oxygen via nasal cannula at 4 L/min [liters per minute] continuous, Humidification: Yes, every shift for SOB [Shortness of breath]. During an interview on 8/22/2025 at 11:40 AM, the DON stated, [Resident #8's name] oxygen should not be at 3 liters. His flow rate would need to be corrected. Review of the facility policy and procedure titled Oxygen Therapy with the last review date of 2/28/2025 read, Procedure. Review physician's order. Start O2 [oxygen] flowrate at the prescribed liter flow or appropriate flow for administration device.		