

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2026
NAME OF PROVIDER OR SUPPLIER  Aviata at San Jose		STREET ADDRESS, CITY, STATE, ZIP CODE  9355 San Jose Blvd Jacksonville, FL 32257	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, record reviews, and review of the facility's Oral Administration of Medication policy, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for one (Resident #1) of four residents reviewed for medication management, by failing to follow physician's orders related to heart failure medication. The findings include: Review of Resident #1's medical record revealed she was admitted to the facility on [DATE], with diagnoses that included unspecified systolic (congestive) heart failure, atherosclerotic heart disease of native coronary artery without angina pectoris, cardiac arrhythmia, unspecified, other cardiomyopathies; and presence of automatic (implantable) cardiac defibrillator. Review of Resident #1's Medicare/5-day MDS (minimum data set) dated 1/26/26 revealed a BIMS (brief interview for mental status) score of 14 out of 15, indicating she was cognitively intact. She required substantial assistance with toileting/transfers and required dialysis and IV access. Review of the care plan for Resident #1 noted the following: FOCUS: I have altered cardiovascular status r/t Hypertension, CAD, HF, h/o PE Date Initiated: 1/21/26, Revision on: 1/21/26. Goals: I will be free from complications of cardiac problems through the review date. Date Initiated: 1/21/26. Intervention: Monitor VITAL SIGNS as ordered. Notify MD of significant abnormalities. Date Initiated: 1/21/26, Revision on: 1/21/26. Review of the physician's orders for Resident #1 revealed the following: Carvedilol Oral Tablet 6.25mg by mouth two times daily for Heart Failure/HTN (hypertension). Hold for SBP (systolic blood pressure) Less than 115 and/or heart rate less than 60 (start date 1/21/26 at 2100). Review of the January medication administration record (MAR) for Resident #1 revealed the resident had been administered medications outside of physician ordered parameters four (4) times as shown below: (Copy obtained) On 1/26/26 at 2100, Employee A administered Carvedilol when the resident's BP reading was 114/58. On 1/27/26 at 0900, Employee B administered Carvedilol when the resident's BP reading was 102/72. On 1/27/26 at 1400, the next scheduled B/P reading was recorded and was documented as 92/54. The medication was held. On 1/27/26 at 2100, Employee C administered Carvedilol when the resident's BP reading was 110/60. On 1/31/26 at 2100, Employee C administered Carvedilol when the resident's BP reading was 112/70. Review of a second physician's order for Resident #1 revealed the following: Isosorbide Dinitrate Oral Tablet 20 mg by mouth three times daily for Heart Failure with reduced ejection fraction. Hold for SBP (systolic blood pressure) less than 115 (start date 1/21/26 at 1400, discontinued 1/30/26). Review of the January medication administration record (MAR) for Resident #1 revealed the resident had been administered medications outside of physician ordered parameters five (5) times as shown below: (Copy obtained) On 1/23/26 at 1400, Employee D administered Isosorbide Dinitrate when the resident's B/P reading was 110/71. On 1/26/26 at 2100, Employee A administered Isosorbide Dinitrate when the resident's B/P reading was 114/58. On 1/27/26 at 0800, Employee B administered Isosorbide Dinitrate when the resident's B/P reading was 102/72. On 1/27/26 at 2100, Employee C administered Isosorbide Dinitrate when the</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 105531
		If continuation sheet Page 1 of 2

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident's B/P reading was 110/60. On 1/28/26 at 2100, Employee C administered Isosorbide Dinitrate when the resident's B/P reading was 114/72. Review of a third physician's order for Resident #1 revealed the following: Isosorbide Dinitrate Oral Tablet 20 mg by mouth three times daily every Tuesday, Thursday, Saturday and Sunday for Heart Failure with reduced ejection fraction related to Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris Hold for SBP (systolic blood pressure) less than 115 (start date 1/31/26 at 1400). Review of the January medication administration record (MAR) for Resident #1 revealed the resident had been administered medications outside of physician ordered one (1) time as shown below: (Copy obtained) On 1/31/26 at 2100, Employee C administered Isosorbide Dinitrate when the resident's B/P reading was 112/70. During an interview with the Director of Nursing (DON) on 2/5/26 at 5:15 PM, she confirmed the medications noted above had been administered to Resident #1 outside the parameters of the physician orders and on at least one occasion, on 1/27/26 at 1400 the resident's B/P was taken and found to be below the normal range for this resident. It was documented as 92/54. The DON was asked what her expectation was for the licensed nursing staff as it related to administering medications according to physician ordered parameters. She stated, I expect them to adhere to the 6 rights of medication administration, identifying the right resident, route and so on, and following physician orders. If they have any concerns or discrepancies about the physician orders, they should contact the provider for clarification. She was asked what kinds of in-service education was provided to the licensed nurses related to medication administration. She stated, We provide annual training, and if any concerns or issues arise, we do more in-services. Upon hire they also have that training. Review of the facility's Policy and Procedure titled, Medication-Oral Administration of, Document Name N-853, with an effective date: 11/30/14, and last revised: 8/15/19 revealed the following: Procedure: Review physician's order Review the MAR (medication administration record) or EMAR (electronic medication administration record) should there be any uncertainties verify the MAR or EMAR with the Physician's Order Sheet (POS) and seek clarification as indicated. (Copy obtained)</p>		