

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105588	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Aviata at Santa Barbara		STREET ADDRESS, CITY, STATE, ZIP CODE 216 Santa Barbara Blvd Cape Coral, FL 33991	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, resident representative and staff interview the facility failed to have documentation of incontinent care to meet the needs of 1 (Resident #999) of 4 residents reviewed for toileting needs. The findings included: On 3/3/36 at 9:39 a.m., in a telephone interview, Resident #999's family representative said on 2/4/26 she came to visit the resident and found her in bed with the bedding soaked with urine and no incontinent brief or pad was in place. The representative said the resident had a very strong odor of urine. Review of the clinical record revealed Resident #999 had an admission date of 7/27/20 with most readmission on [DATE]. Diagnoses included chronic obstructive pulmonary disease, traumatic brain injury, anxiety and major depressive disorder. Review of the Quarterly Minimum Data Set (MDS) with an assessment reference date of 1/16/26 documented Resident #999 was always incontinent of bowel and bladder. The MDS noted the resident's cognitive skills for daily decision making were intact. Review of the Certified Nursing Assistant (CNA) documentation of January 2026 failed to reveal documentation that incontinent care was provided on the day shift on 1/1/26, 1/5/26, 1/7/26, 1/8/26, 1/12/26, 1/14/26, 1/26/26, 1/27/26 and 1/28/26. On the evening shift no documentation on 1/3/26, 1/30/26. N/A was documented on 1/3/26 and 1/13/26. On the night shift there was no documentation of care provided on 1/3/26, 1/4/26, 1/8/26, 1/12/26, 1/14/26, 1/15/26, 1/16/26, 1/18/26, 1/19/26, 1/20/26, 1/21/26, 1/22/26, 1/26/26, 1/28/26 and 1/31/26. Review of the CNA documentation for February 2026 revealed no documentation of incontinent care on the day shift on 2/2/26, 2/3/26, 2/4/26. The evening shift revealed no documentation of incontinent care for Resident #999 on 2/2/26, 2/3/26 and 2/4/26. On 3/3/36 at 11:26 a.m., in an interview CNA Staff F said, We toilet residents every 2 hours and when they ask us. On 3/3/26 at 3:30 p.m., in an interview, the Director of Nursing and the Regional Nurse Consultant verified that the lack of documentation that Resident #999 received the necessary care for incontinence.</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
---	-------	-----------