

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Aviata at Big Bend		STREET ADDRESS, CITY, STATE, ZIP CODE 207 Marshall Dr Perry, FL 32347	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, record review and interviews, the facility failed to provide adequate supervision to prevent incidents for 1 to 1 monitoring for 1 of 3 residents. (Resident #1)The findings include:On 8/5/25 at 10:35 AM, during the tour of hall 100, observed Staff Member C (Director of Patient Experience) sitting in the hallway. She was assigned 1:1 monitoring for Resident #3. It was noted that Staff C could not observe Resident #3 for 1:1 due to the door being closed. On 8/6/25 at approximately 3:45 PM, a follow up observation of Hall 100 was performed. Staff Member C was in the hall and assigned to be on 1:1 observation for Resident #3. However, it was not possible to see Resident #3 due to the door only being slightly open with the privacy curtain pulled. On 8/6/25 at approximately 9:24am, an interview was performed with the Regional Nurse about 1:1 procedures. She stated that the facility does not have a 1:1 policy in place. On 8/6/25 at approximately 4:44 pm, an interview with the LPN MDS Coordinator was performed. She was asked about any training for 1:1 procedures for new hires. She stated that she helps with the 1:1 observations for an hour every day. She stated that she had never received formal training on the subject. On 8/6/25, a record review staff in-service trainings revealed a training entitled Education 1:1 with residents conducted on 06/24/25 by the Administrator. This education states, When you are assigned to be 1:1 with a resident, that resident is supposed to be in eyesight, within arm's reach at all times.A review of facility policy confirmed that no facility policy was in place regarding 1:1 observations.</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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