STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avante at St Cloud Inc	1301 Kansas Ave Saint Cloud, FL 34769

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49840 Based on observation, interview and record review, the facility failed to provide timely assessment, treatment, and management of pain to the extent possible for 1 of 2 sampled residents, (#42), and failed to ensure pain management was provided consistent with professional standards of practice for 1 of 2 sampled residents reviewed for pain management, (#274), of a total sample of 53 residents. Findings: 1. Resident #42 was admitted to the facility on [DATE] with diagnoses that included multiple sclerosis, hypertension, paraplegia, adjustment disorder with depressed mood and anxiety. Review of the Quarterly Minimum Data Set (MDS) dated [DATE], revealed resident #42 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which is cognitively intact. He required total assistance for personal care and mobility. Review of resident #42's progress notes revealed he had reported discomfort in the left ear on 7/01/24 and earwax was observed. The note indicated an order for a consult with an Ear, Nose, and Throat (ENT) physician would be placed. Review of resident #42's physician's orders dated 7/19/24 revealed an order for a consult with an Ear, Nose, and Throat (ENT) physician. On 8/12/24 at 11:59 AM, resident #42 stated he was having pain in the left ear and felt there was wax in there. He stated that he had seen an Audiologist in the past who cleaned his ears but had not seen him again. On 8/14/24 at 10:27 AM, the Director of Social Services stated she was responsible for scheduling appointments with the Audiologist. She indicated resident #42 had last seen an Audiologist on 9/27/22 and was treated for wax buildup. She said she was not aware he was currently having pain in the left ear. On 8/15/24 at 10:50 AM, the [NAME] wing Unit Manager (UM) stated she was made aware of resident #42's ear pain on 7/19/24 and put an order for an ENT consult. The consult with the ENT was scheduled for December 2024. She did not let the Director of Social Services know the resident needed to see an Audiologist as soon as possible because the resident did not continue to complain of discomfort. (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

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NAME OF PROVIDER OR SUPPLIER Avante at St Cloud Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Kansas Ave Saint Cloud, FL 34769	

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/15/24 at 1:24 PM, in an interview with the Director of Nursing (DON) it was revealed she had just learned from the [NAME] wing UM that resident #42 was having ear pain. She completed an external assessment of the resident's left ear, and he did not complain of pain when ear was touched. She stated he said he heard buzzing in his left ear. The expectation was to follow up right away with a resident that is reporting pain. The UM should have communicated with the Director of Social Services to schedule a consult with the audiologist. . 43192 2. Review of resident #274's medical record revealed she was admitted to the facility on [DATE] with diagnoses including dementia, glaucoma and neuropathy. Review of resident #274's Admission MDS assessment with Assessment Reference Date of 6/26/24 revealed a BIMS score of 11/15 which indicated moderate cognitive impairment. The assessment showed resident #274 required substantial assistance with oral and personal hygiene and she was dependent on staff for toileting, showers, upper and lower body dressing and to put on/off footwear. The assessment indicated she had limited range of motion on her upper extremities and required substantial assistance for all transfers. Resident #274 did not exhibit any behaviors and did not reject evaluation or care needed to achieve her goals for health and well-being. On 8/14/24 at 10:20 AM, during a telephone interview, resident #274's Power of Attorney (POA) and responsible party stated the resident suffered from severe pain that was not properly addressed while she was a resident at the facility. The POA indicated she felt The facility attitude was resident #274 was [AGE] years old and this was the best she can get. She shared resident #274 struggled to participate in therapy sessions because she was limited by the pain. Review of resident #274's physician's orders showed on 6/22/24 Biofreeze 4% gel was ordered for left shoulder pain to be applied twice a day for 14 days. Biofreeze provides cooling relief for sore muscles and joints, simple backaches, arthritis, sprains, strains and bruises . (Retrieved from www.biofreeze.com on 8/22/24). Review of resident #274's Medication Administration Record (MAR) for June 2024 showed Biofreeze was not administered, and code 9 was used for the 9:00 PM dose on 6/25, 6/26, 6/27, 6/29, and 6/30/24. The Chart Codes legend indicated code 9 meant Other / See Nurse Notes. Review of resident #274's MAR for July 2024 showed Biofreeze was not administered, and code 9 was used for the 9:00 PM dose on 7/01, 7/03 and 7/05/24. Review of a comprehensive care plan for potential/actual pain symptoms initiated on 6/20/24 revealed the goal was for the pain to be managed to allow the resident to enjoy quality of life, sleep and participate in activities. An intervention directed nurses to administer medications as per physician orders. (continued on next page)

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

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Progress Notes dated on 6/26/24 by the Advanced Practice Registered Nurse revealed resident #274 continued with pain on her left shoulder and was taking the medications prescribed as needed. The plan included to continue Biofreeze twice a day until 7/06/24. The note indicated she was at a high risk for functional impairment without therapy and adequate pain control. Review of a Resident Concern/Grievance Form dated 7/08/24 filed by resident #274's POA revealed she had concerns with diet, pain medications and therapy progress. The follow-up section showed a care plan meeting was scheduled for 7/09/24 and concerns were reviewed and addressed. On 8/14/24 at 5:48 PM, Registered Nurse (RN) O stated resident #274 needed a lot of care and complained of pain, suffered from chronic pain but her pain was addressed. Later on 8/15/24 at 4:48 PM, RN O reviewed the MAR for June and July and validated she entered code 9 five times in June and three times in July. She reviewed the Progress Notes she entered for those days and stated it read, on order. She stated at that time they did not have Biofreeze in the treatment cart. On 8/15/24 at 1:26 PM, the East Wing UM recalled she attended a care plan for resident #274 and the daughter was present. She stated resident #274 complained of pain and she got pain management involved. She stated the Advanced Practice Registered Nurse (APRN) visited residents twice a week and the physician came approximately once monthly. The UM stated the Biofreeze was kept in the treatment carts and all nurses had access to them. She indicated the therapists also had Biofreeze. She indicated she did not know why RN O entered code 9 in the MAR for the Biofreeze. On 8/15/24 at 6:23 PM, the DON stated she was not aware RN O did not find Biofreeze in the treatment cart. She indicated her expectation was nurses followed the physician orders and to let her know when residents did not have the medications they needed. Review of the facility's policy and procedures titled Physician Services dated 3/02/19 revealed the facility would provide Physician Services according to State and Federal regulations. The documented read, All physician orders will be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift.