

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Aventura at the Bay		STREET ADDRESS, CITY, STATE, ZIP CODE 10300 4th St N Saint Petersburg, FL 33716	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20311</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the environment was maintained in a clean and comfortable manner in two hallways (100 hall and 200 hall) out of four hallways in the facility serving as resident living areas.</p> <p>Findings included:</p> <p>1. Observations during the initial tour of the 200 hall, a secured unit, on 05/06/24 from 10:26 AM to 11:47 AM revealed the following:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER], A privacy curtain and a toilet bowel noted to be soiled with a brown substance. The bedroom floor was noted to be dirty and the bathroom had missing tile. (Photographic evidence obtained) -room [ROOM NUMBER], The bathroom ceiling was noted to be peeling. (Photographic evidence obtained) -room [ROOM NUMBER], The bathroom ceiling was noted with peeling paint with area noted with black/brown bio-growth. (Photographic evidence obtained) -room [ROOM NUMBER], Directly outside the door was noted to have peeling paint, and two nails were noted to be protruding out of the door frame on the left and right side of the door. The wall by the window was noted to be peeling with black/brown bio-growth in the seams. The ceiling directly above the wall vent was noted with a black substance. (Photographic evidence obtained) -room [ROOM NUMBER], Broken tile was noted in the bathroom, and the toilet was noted to be soiled with a brown substance. (Photographic evidence obtained) -200 hall lounge area, Tile was missing in two areas of the lower room. (Photographic evidence obtained) <p>During an interview on 05/09/24 at 01:00 PM with the Maintenance Director, he reported he was not aware of the environmental concerns and there is no policy in place to address the environment.</p> <p>46498</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During an observation made on 05/07/2024 at 12:00 p.m., paint was missing off the walls in rooms [ROOM NUMBERS]. In room [ROOM NUMBER], one closet door was observed off the door track. room [ROOM NUMBER] was observed showing one missing call light, rusted light fixtures over the residents' beds, and cracks in the walls.</p> <p>During an interview conducted on 05/09/2024 at 12:57 p.m., with the Maintenance Director. He reviewed photographic evidence and stated he did not have a process in place to identify environmental issues.</p> <p>39866</p> <p>3. An observation was conducted on 05/06/24 at 10:39 AM. The shower in room [ROOM NUMBER] was observed to have a rust-colored substance along the crack of the bathroom wall and the shower tile. The corner of the shower was not intact with a black substance noted. (Photographic evidence obtained)</p> <p>An observation was conducted on 05/06/24 at 10:47 AM of room [ROOM NUMBER] and 110's shared shower. There were several rust-colored areas around the drain and the shower floor. There was bubbled, peeling, paint from the floor and up the wall with areas of a black substance and chipped tile. room [ROOM NUMBER]'s bathroom was observed to have missing tile behind the toilet. room [ROOM NUMBER]'s bathroom was observed to have peeling paint on the wall. (Photographic evidence obtained).</p> <p>An observation was conducted on 5/8/24 at 10:33 a.m. of the shared shower in room [ROOM NUMBER] and 110. There were several rust-colored areas around the drain and the shower floor. There was bubbled, peeling, paint from the floor and up the wall with areas of a black substance and chipped tile. room [ROOM NUMBER]'s bathroom was observed to have missing tile behind the toilet. room [ROOM NUMBER]'s bathroom was observed to have peeling paint on the wall.</p> <p>An interview was conducted with the Maintenance Director on 05/09/24 at 12:55 PM. He reviewed the photographic evidence of the shared shower in room [ROOM NUMBER] and 109, room [ROOM NUMBER]'s bathroom, room [ROOM NUMBER] bathroom, and the bathroom in 118. He said he was not aware of the environmental conditions.</p> <p>Review of the facility's Physical Environment policy, effective January 1, 2020, revealed the following:</p> <p>Policy:</p> <p>A safe, clean, comfortable, and home-life environment is provided for each resident/patient .</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39438</p> <p>Based on observations, interviews, and record review, the facility failed to have sufficient nursing staff to provide nursing and related services in a timely manner in relation to call lights for three residents (#173, #57, and #117) out of 53 sampled residents with the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>1. A grievance was filed on 01/17/24 related to call lights not being answered in a timely manner. The resolution showed staff were educated on answering call lights promptly. The In-Service Sign in Sheet, dated 01/19/24, for the 11-7 shift showed a topic of answering call lights in a timely fashion.</p> <p>A grievance was filed on 03/18/24 related to call lights not being answered. The resolution showed the resident was offered a facility change, but the family declined. A call light audit was completed through maintenance. A work history report showed a test was conducted on the nurse call system once a month from 05/31/23 to 04/30/24 and was completed by maintenance.</p> <p>A grievance was filed on 04/04/24 by the Resident Council related to call lights not being answered. Staff answer the call light, say they will be back, and don't come back for a while. The resolution showed staff were educated regarding call lights in a CNA (certified nursing assistant) meeting on 04/03/24 and call light audits were completed. The Call Light Response Time Audit was completed in six different rooms on 2 out of the 4 wings on 04/05/24 and 04/08/24.</p> <p>On 05/08/24 at 3:47 p.m., the Social Services Director (SSD) stated when conducting audits related to call lights, she would go in a room, turn on the call light, wait in the room without staff seeing her, document the time she initiated the call light button, and document the time the call light was answered. She reported she was still getting complaints about call lights not being answered timely.</p> <p>Resident Council Minutes, dated 12/07/23 to 05/02/24, showed no concerns related to call lights.</p> <p>On 05/09/24 at 9:33 a.m., Resident #173, Resident Council President, stated the residents were still complaining that it takes 30-45 minutes to answer the call lights during the Resident Council Meetings and there had been no improvement.</p> <p>A review of the Admission Record for Resident #173 showed she was initially admitted to the facility on [DATE] with a primary diagnosis of urinary tract infection. Section C- Cognitive Patterns of the Minimum Data Set (MDS), dated [DATE], showed Resident #173 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/06/24 at 12:42 p.m., Resident #57 reported she had to wait a long time to get her call light answered. She had to wait at least 40 minutes when she had to go to the restroom. She stated part of her colon was cut so she had to go the restroom often after meals. Resident #57 stated staff repeatedly tells her they have other residents when they are taking a while to answer the call light. She had to use a lift to stand to go to the restroom and she thinks that's where the problem comes in.</p> <p>A review of the Admission Record for Resident #57 showed she was initially admitted to the facility on [DATE] with a primary diagnosis of paroxysmal atrial fibrillation. Section C- Cognitive Patterns of the MDS, dated [DATE], showed Resident #57 had a BIMS score of 15 out of 15 indicating cognitively intact.</p> <p>On 05/06/24 at 10:48 a.m., Resident #117 reported she had not received her morning medications and they were late. She stated she pressed the call light to get pain medication because she was in constant pain on her backside, and it always takes staff a while to answer. It takes them at least 30 minutes.</p> <p>A review of the Admission Record for Resident #117 showed she was initially admitted to the facility on [DATE] with a primary diagnosis of pressure ulcer to the sacral region, stage 4. Section C- Cognitive Patterns of the MDS dated [DATE] showed Resident #117 had a BIMS score of 15 out of 15 indicating cognitively intact.</p> <p>On 05/07/24 at 3:18 p.m., three call lights were observed going off simultaneously in rooms [ROOM NUMBER]. The resident in room [ROOM NUMBER] stated her call light had been on for 1/2 an hour. At 3:27 p.m., two staff members walked by the call lights and went to the closet at the end of the hallway. They grabbed something from the closet and walked past the rooms a second time without answering the call lights. The resident in room [ROOM NUMBER] could be heard repeatedly saying, Can you get me some water please in 408A. The Unit Secretary/Certified Nursing Assistant (CNA) entered room [ROOM NUMBER] at 3:29 p.m. She then went to room [ROOM NUMBER]. At 3:32 p.m., the Unit Secretary/CNA then went to room [ROOM NUMBER]. The resident in room [ROOM NUMBER] reported her bottom hurts and she needed to be changed.</p> <p>On 05/07/24 at 3:45 p.m., Staff N, CNA, stated sometimes it's hard to answer the call lights timely. She had 14 residents that needed total assistance. You must check on the residents every two hours and she can't do that. Staff N, CNA, stated she can't get to all her residents that needed showers, but she tries to. Trying to do showers with 14 dependent residents and 3 to 4 call lights going off was a lot because there was no teamwork. If you go on break, and a call light goes off on your set, the call light will be on until you come back from break. She complains to Administration but nothing changes.</p> <p>On 05/07/24 at 3:50 p.m., Staff P, CNA, stated they are short-staffed sometimes. He was scheduled to work 2:00 p.m.-11:00 p.m., but usually must stay until 12:00 p.m. because his work was not done. He's had at least 18 residents assigned at one time or another on one shift.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/09/24 at 11:18 a.m., the Staffing Coordinator reported staffing was a back-and-forth thing. When they have call offs, she would pull the unit secretary to the floor to make sure they make their hours, or she would ask someone to stay over or come in earlier. The Unit Secretaries/CNA would stay over during the 3-11 shift but not overnight. They use agency, but not as much. Staffing had been better lately. Staff always complain that they are short-staffed and will ask for another aide. She picks up on the floor as well. The Staffing Coordinator confirmed she had seen call lights going off and because the assigned aide was on break, staff would say they were not their residents, and the lights would go off until the assigned aide was back from break. This had been brought up in town hall.</p> <p>On 05/09/24 at 12:42 p.m., the Administrator reported call lights should be answered in a timely manner and anyone can answer the call light. This had been talked about in the townhall meetings.</p> <p>The policy provided by the facility Nursing Services- Staffing Policy with an effective date of 09/28/21 revealed the following:</p> <p>Purpose Statement</p> <p>It is the organization's intent to ensure nursing staff support the well-being of all residents.</p> <p>Policy Statement</p> <p>The facility will have sufficient nursing staff with appropriate competencies and skill sets to provide nursing and related services and to maintain the highest practicable physical, mental and psychosocial well-being of each resident as required by federal and state law.</p> <p>Procedure:</p> <p>Staffing will be allocated and adjusted to deliver quality care considering the number, characteristics, and acuity of the facility's</p> <p>39866</p> <p>2. An interview was conducted on 05/06/24 at 11:49 AM with Staff D, Certified Nursing Assistant (CNA) and Staff C CNA. They both said they had 14 residents today and normally they have around 12-14 residents. They said it is hard to get all the work done that needs to get done. Staff C, CNA said, I couldn't get it all done without Staff D, CNA we are a good team. Staff D, CNA said It is hard to get everything completed with 14 residents you have to do one thing with one resident then go straight the next resident and do what you need to and then go to the next and the next. I have one resident who has shakes today and she normally doesn't need assistance, but her shakes are so bad that she needs assistance. I told her not to do anything by herself. The nurse knows about the shakes and the doctor came and saw her today already but she needs close monitoring. She also said she had another resident who had Parkinson's and he is very unsteady as well and needs to keep a close on eye on and It can be hard.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview was conducted with Staff B, CNA on 5/6/24 at 3:30 pm. She said she just worked the 7:00 a.m. to 3:00 p.m. shift. She was observed charting and the resident care areas on the screen were red. She said it was red because she didn't have time to chart today. She said she still had one more person to change their brief before she leaves for the day. She said she had 15 residents today and the shift before hers didn't have time to get residents up out of bed so that set her behind on her work and then she had two residents who were not having a good day so she had to spend extra time with them.</p> <p>An interview was conducted on 05/07/24 at 12:31 PM with Staff, CNA. She said today she has 10 residents but normally she has 14 or 15 residents, and it is really hard to manage the care they need with that many residents. We just have to go from one resident to the next. There is no time to ask your coworkers if they need help because we are so busy trying to get everything done. There will be lights going off and if we take too long to answer the lights then that's another issue. There are times when I stay late to catch up on my charting because I did not have any time during my shift to chart because there is so much to get done. Then I will go come and think about how nails didn't get trimmed, people didn't get shaved, and others didn't get their routine they normally like. My heart is in this job that is why I stay late and work really hard. We all do the best we can and every day we prepare ourselves to only have four or five CNA's for 67 or 68 residents.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39866</p> <p>Based on observation, interview and record review the facility failed to maintain an effect pest control program for two units out of four units in the facility.</p> <p>Findings included:</p> <p>1. An observation was conducted on 05/06/24 at 10:39 AM. The shower in room [ROOM NUMBER] was had a spider web with a live spider in it.</p> <p>An observation was conducted on 05/06/24 at 10:47 AM of room [ROOM NUMBER] and 110's shared shower. Five small live roaches were crawling on the shower floor.</p> <p>An interview was conducted on 05/06/24 at 11:49 AM with Staff D, Certified Nursing Assistant (CNA). She said out of the four residents who share the shower, one of them uses the shower. The other three residents use the shower room down the hall. She went into the shower room and confirmed there were five roaches in the shower and she said, There is a guy who comes and sprays for pests and housekeeping also sprays for the bugs but it seems the more they spray the more roaches come out. Sometimes there will be flying roaches.</p> <p>An observation was conducted on 5/8/24 at 10:33 AM of the shared shower in room [ROOM NUMBER] and 110. There were 5 live, small roaches crawling on the floor and the wall of the shower.</p> <p>An interview was conducted on 5/8/24 at 10:43 a.m. with Staff I, Housekeeping. She was observed cleaning the sink in room [ROOM NUMBER]-B and she said there is a big roach problem at the facility. She pointed to two cylinder shaped black droppings on the counter next to the sink. She said, You see these droppings these are here every morning. She also pointed to the corner of the wall under the sink, there was a pile of dirt and debris coming from the crack in the baseboards. She said she cleans this corner every morning and finds large and small roaches in the room and bathroom. She said, I think the roaches come from the wall and the dirt must come out of the wall when they come out of the wall because it is here every morning and along with the droppings on the sink. She said she has told Maintenance about the roaches and she does see a pest control guy who comes and sprays, but he just sprays in the hallway. I have not seen them spray in the rooms. She confirmed there were five small roaches crawling on the floor and the wall of the shower in room [ROOM NUMBER]. She said she cleans the shower twice a week because none of the residents use it.</p> <p>An interview was conducted on 05/09/24 at 10:03 AM with the Nursing Home Administrator (NHA) he said the pest control company is here almost weekly especially recently.</p> <p>An interview was conducted with the Maintenance Director on 05/09/24 at 10:14 AM. He said they could not find the contract for the pest control company, but they come monthly and as needed. He said the facility does not have an infestation problem just the general complaints that the staff report.</p> <p>Review of the pest control work orders for March, April, and May revealed 13 out of 19 total pest work orders revealed roach sightings. 1 out of 19 work orders was a spider sighting.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Maintenance Director 05/09/24 at 12:55 PM. He reviewed the photographic evidence of the shared shower in room [ROOM NUMBER] and 109, and the shower in room [ROOM NUMBER]. He said he was not aware of the environmental conditions.</p> <p>(Photographic evidence obtained).</p> <p>46498</p> <p>During an observations made on 05/06/204, 05/7/2024 and 05/08/2024 at 12:30 p.m., and 3:00 p.m., revealed a roach on the bathroom floor for three days.</p> <p>During an interview on 05/ 09/2024 at 12:57 p.m., with the Maintenance Director. He reviewed the photographic evidence and stated he was not made aware of the pest on the locked unit.</p> <p>(Photographic evidence obtained).</p> <p>Review of the facility's Pest Control Policy and Procedure undated revealed the following:</p> <p>Policy: It is the policy of this facility to maintain pest control program at all times. An agreement with a licensed pest control company must be maintained. The goal of this program is to prevent any pests from entering the facility and to report any problems that are observed.</p> <p>Program:</p> <p>Staff are to report any pest control issues that they might have observed and report it to Maintenance immediately. Pest sightings are to be reported to Maintenance by using the [Work Order] work order system. On the [Work Order System] work order system there is a category for reporting pest control issues. When the work order is filled out maintenance will put the work order in the pest control sighting log book. This book is kept in the maintenance office and is monitored by the maintenance Director. When the pest control company comes in they will get the book and address any work orders for pest control. The service report from the pest control company should have the work order number that addressed the issue on it.</p>		