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

Printed: 03/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48223 Based on observations, interviews, and record review, the facility failed to ensure a safe, clean, and homelike environment was maintained, to include resident rooms, resident bathrooms, and doors, on four of four resident units, during five of five days observed during survey. Findings included: The following observations were made between 10/21/24 and 10/25/24 during survey activities: - Resident rooms 216 & 217 did not have access to a sink and the bathroom door was locked with a padlock from both sides. - Resident room [ROOM NUMBER] - at the entrance way to the corridor a ceiling tile was missing, and a large hole was in the ceiling above the bathroom door, - Resident room [ROOM NUMBER] - the ceiling above the bathroom door, near the air conditioner intake vent, the paint appeared to be bubbling away from the ceiling, and black/brownish color is in a circular pattern near the area. - Resident common area, Sunroom on the D unit had an orange colored, cloth sofa which emanated an offensive urine spell immediately noticeable upon entrance to the room. - Resident room [ROOM NUMBER] and 126-the electrical box was pulling away from the wall behind the resident bed. - Resident room [ROOM NUMBER] had what appeared to be brown/black bio-growth on the ceiling in multiple locations of the ceiling and the entry way to the room. The paint was bubbling and pulling away from the surface near the air conditioning intake vent, which had brown oxidization throughout. The resident of the room stated the bio-growth had been there a couple of months; the facility just keeps painting over it. - Resident Rooms - nightstand drawers would not close, the finish was pulling away from the side exposing the particle board preventing the surface from being cleaned. (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

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 11/06/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Resident rooms - dresser legs were exposed particle board preventing the surface from being cleaned. - Resident room [ROOM NUMBER] - had a fluorescent bulb sitting on the counter - Resident room [ROOM NUMBER]-bathroom faucet was not attached to the basin. - Resident room [ROOM NUMBER] - a blanket was on the floor at the entrance across from the bathroom, absorbing water coming down from the ceiling. - In the corridor outside room [ROOM NUMBER] was an electrical box with the door open and unlocked. - In the corridor outside room [ROOM NUMBER] was an electrical box with the door open and unlocked (a padlock was hanging on the latch. - room [ROOM NUMBER] was unable to access the bathroom due to facility storage of various carts, shower chairs, etc. - 2nd floor maintenance door did not close properly - Janitor closet outside 319 did not close properly - Hallway ceiling tiles outside room [ROOM NUMBER] had dark black fuzzy bio-growth on the edges of 3 ceiling tiles - Resident stated the ceiling has been like this for months. - Resident room [ROOM NUMBER] - dirty air conditioning vent During an interview and observation on 10/23/2024 at 2:17 p.m. rooms [ROOM NUMBERS] had locks on the bathroom doors preventing entrance to anyone without the key. Staff HH, Certified Nursing Assistant (CNA) said the restrooms have not been working for two months, maintenance knows, and they even tried to unclog the restroom in room [ROOM NUMBER] and the snake tool they were using broke off in the toilet. Staff HH, CNA said they [the staff] has to take a bucket and fill it with water to clean and bathe the residents in those rooms. (continued on next page)

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 11/06/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview was conducted with the Director of Maintenance (DOM) on 10/25/2024 at 4:30 pm. The DOM said the facility has an electronic work order system. The facility staff have access to the work order system and are able to enter maintenance issues for the maintenance staff to investigate. The DOM said the work orders are given a priority level by the staff member who enters the work order into the system. The priority levels available are low, medium, high and critical. He said an example of a critical work order would be a sink leaking with flooding. Work orders are assigned to the appropriate member of the maintenance team. He said there is a maintenance team member on call after hours and on weekends. A critical work order would require the on call person to go to the facility to assess the issue and begin work to fix it. The DOM said the facility is in the process of having eight (8) areas on the roof patched. He said these areas had been leaking and need to be fixed. He said the facility needs a new roof, but only patching the current problem spots was in the facility budget at the time. A tour was conducted with the DOM at the time of the interview. Rooms and areas toured include the above items. The DOM said the vents and fire extinguishers are checked monthly. He agreed the air vents and filter in the residents' room were dirty, and it has been longer than a month since they have been cleaned. room [ROOM NUMBER]: An observation was made, with the DOM, of the ceiling in the entryway of the resident's room was bubbled and discolored around the air conditioning vent. He said there may have been some water leakage. He agreed the area should be fixed. room [ROOM NUMBER]: An observation was made, with the DOM, of the ceiling outside of the rooms. There was a piece of plywood covering the hole in the ceiling that was observed earlier in the week. An observation was made of black bio growth on the side of the newly installed piece of plywood. The plywood did not cover the entire hole in the ceiling. The DOM said a maintenance team member was in the process of fixing the hole. He said the hole in the ceiling was from a water leak from the supply line that has been fixed. room [ROOM NUMBER]B and 126: An observation was made of a wall outlet that was hanging out of the wall at the end of the resident's bed. The DOM said the outlet should be securely in the wall and agreed it was a hazard. Review of the facility's policy and procedure titled, Creating a Home-Like Environment, dated 05/21/2024, showed the following: Purpose: The purpose of this policy is to ensure that residents reside in a home-like environment and atmosphere. This includes creating an environment that allows residents to create their own living conditions and environment. Residents are free to hang up photos and pictures and bring their own furniture. From a facility-perspective, it is the facility's responsibility to create a clean atmosphere that is properly maintained to ensure that residents are comfortable in their environment. Staff Responsibilities Ensuring that residents living conditions are healthy. Discuss residents' concerns regarding their environment and report their concerns via the grievance process. Ensure that residents reside in a clean environment. If a resident or family member has a concern regarding their environment, staff is responsible to report it to the appropriate department or via the maintenance online software portal. Review of the facility's policy and procedure titled: Maintenance Service, dated January 2005, showed the following: Policy: Maintenance service shall be provided to all areas of the building, grounds and equipment. Procedure: 1. The maintenance department is responsible for maintaining the buildings, grounds and equipment in a safe and operable manner at all times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. The following functions are performed by maintenance but are not limited to: a. Maintaining the building and compliance with current federal, state, and local laws, regulations, and guidelines. b. Maintaining the building and good repair and free from hazards. . f. Establishing priorities and providing repair services. . i. Providing routinely scheduled maintenance service to all areas. (Photographic Evidence Obtained).

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 46234

48223

Based on observations, interviews and record reviews, the facility failed to protect the resident(s') right to be free from neglect when it failed: 1) to provide a hazard free environment and supervision for three residents (#3, #8, and #12) of three reviewed for falls with injuries; 2) to provide follow-up notification for critical radiology results for one resident (#9) of one reviewed for imaging; 3) to provide proper wound care to prevent the development of complications for four residents (#19, #21, #22, and #20) of four reviewed for wound care; 4) to provide medication administration per physician orders for three residents (#1, #13, #15) of three reviewed for medications; 5) to provide assistance with Activities of Daily Living (ADL's) related to showers, incontinence care, and assistance with meals for six resident (#16, #18, #7, #17, #24, and #25) out of six reviewed for Activities of Daily Living; 6) to provide laboratory services as ordered for three residents (#14, #13, and #10) out of three reviewed for laboratory orders.

This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Resident #3, #8, #12, #9, #19, #21, #22, #20, #1, #13, #15, #16, #18, #7, #17, #24, #25 #14, and #10 and resulted in the determination of Immediate Jeopardy on [DATE].

The findings of Immediate Jeopardy were determined to be removed on [DATE] and the severity and scope was reduced to an E.

Findings included:

1. Review of Resident #3's progress note, dated [DATE] at 9:48 a.m., authored by Staff M, Licensed Practical Nurse (LPN) showed the following: Upon arriving on the unit and doing rounds the resident was observed sitting in wheelchair by resident's room door chanting but not outside of her normal behavior. Another nurse came and informed the nurse that the resident posture was not looking normal and if I would assess her. Upon walking up to the resident, the posture was abnormal, and her leg was twisted. When approaching the resident to touch her she begin screaming. Wheelchair was in locked position. The resident admitted to pain and responded to yes or no type questions. The nurse asked if she was in pain she stated 'yes'. The nurse asked was her leg bothering her and she stated 'yes'. The nurse asked did she fall, and she stated, 'yes'. When asked can the nurse look at her leg she stated, 'no don't'. PRN [as needed] offered to resident for pain but resident was not eating or drinking breakfast tray in front of her. EMS [Emergency Management Services] arrived and took resident to [Hospital Name]. Supervisor notified [family member] of resident's transfer. [Physician] office notified.

Review of Resident #3's progress note, dated [DATE] at 2:45 p.m., authored by Staff M, LPN showed the following: The nurse spoke with ER [emergency room] at [Hospital Name] and was notified that the resident was admitted for UTI [Urinary Tract Infection] and hip fracture.

Review of Admission Records showed Resident #3 was admitted on [DATE] with diagnoses including pacemaker placement, weakness, low back pain, Alzheimer's disease, and other co-morbidities.

(continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Resident #3's Quarterly Minimum Data Set (MDS), dated [DATE], showed the resident required maximum assistance with all Activities of Daily Living (ADL) care, the resident did not have a condition or chronic disease that may result in a life expectancy of less than 6 months, and the resident had not had any falls since admission/entry or reentry prior to the assessment. Review of Resident #3's Comprehensive Care Plan, [DATE], showed the following: Focus: Resident needed assistance with activities of daily living because of a diagnosis of dementia with memory impairment, pain, and weakness. Goals included: -Caregivers will be able to perform a safe transfer using proper body mechanics with 100% carryover by the next review date. -Resident will perform self-feeding tasks with supervision or touching assistance by next review date. -Staff will help me with all my ADL needs so that I appear neat and tidy with absence of foul body odor through next review. Interventions included: -Anticipate resident's needs. -Assist me with hygiene, bathing, dressing, toileting and transfers. -Assist me with toileting promptly when requested. -Assist with all ADL care to ensure daily needs are met. Check nails, trim and clean on bath day and as necessary. -Encourage/allow me to do as much for self as possible with feeding self, provide assistance with ADLs that I am unable to do for myself as indicated. -Keep call bell within reach and remind/encourage me to use it to call for assistance. -Skin inspections twice a week on shower days and with ADL care: Observe for redness, open areas, scratches, cuts, bruises and report changes to the Nurse. Review of the facility's Incident Log, from [DATE] to [DATE], did not reveal any incidents related to Resident #3 suffering an injury of unknown origin. (continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the facility's Abuse and Neglect Log, from [DATE] to [DATE], did not reveal any allegations/incidents of abuse or neglect for Resident #3 had occurred or been reported. Review of Resident #3's progress note, dated [DATE] at 3:20 p.m., authored by the Nursing Home Administrator (NHA) showed: Writer spoke to [family member] who stated that she was with [Resident #3] at the hospital and [Resident #3] was admitted with a hip fracture and UTI. I notified [family member] that we were working on the root cause investigation, and she was satisfied and understood. Review of Emergency Department (ED) records for Resident #3, dated [DATE], showed per EMS she had a possible trip and fall it was unwitnessed, but she does slip out of her wheelchair multiple times per the facility has a history of hip fracture falls . It showed prior to arrival in the ED the resident had 70 mcg (micrograms) of Fentanyl for pain, and she endorsed pain when pressing on her right hip. The extremities physical assessment showed, no deformity, moderate trauma. Difficult to examine the patient's right leg patient is curled up in bed she usually is in a wheelchair moderately confused and not following direction with palpitation of the patient's right thigh/right hip she does scream in excruciating pain . Review of the hospital History and Physical for Resident #3, dated [DATE], showed the resident was brought to the emergency department after she was found on the floor .patient found to have right periprosthetic proximal fracture with significant angulation . Review of the hospital Operative Reports for Resident #3, dated [DATE], showed the resident underwent an open reduction and internal fixation of right periprosthetic proximal femur fracture. The surgeon noted, The rationale for surgery would be for palliative measures. I do not anticipate this fracture will heal to the point where she will be more functional than she was before the injury, which was bedbound, wheelchair dependent, non-weight bearing. My hope is that the incision heals, and she does not develop any perioperative complications arising, such as blood clots, infections, wound healing problems, fractures, dislocations, or risks of the medications and anesthesia. Review of Resident #3's progress note, dated [DATE] at 3:36 p.m., authored by the Director of Nursing (DON) showed: Investigation and statements stated that fx [fracture] happened during transfer of resident from bed to chair. Resident at no time had a fall. Daughter made aware of findings of investigation. An interview was conducted on [DATE] at 4:43 p.m. with the DON and Risk Manager (RM). The DON stated during an investigation it was determined Resident #3's fracture occurred during a transfer. The DON said she had been notified the resident was transferred out with a potential fracture on [DATE]. She stated an investigation was started to see how the possible fracture happened. She said a report was not filed for abuse or neglect as the fracture occurred during transfer. (continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 5:08 p.m. with the Nursing Home Administrator (NHA) and the Administrator in Training (AIT). The NHA said he became aware of Resident #3's fracture during a morning meeting on [DATE] when a nurse's note was read that stated Resident #3 had a fall. He said the management team reviewed the statements from the staff who worked, and everyone stated there was no fall. He said the management team did not complete interviews, they just read the written statements received. The NHA explained the Department of Children and Families (DCF) came in later that same morning ([DATE]) as the hospital had contacted them regarding the fracture. The NHA said the management team investigated and determined Resident #3 did not have a fall, therefore they did not file a reportable event. The NHA said the investigation they did, did not indicate how the resident was transferred to the wheelchair. During a follow-up interview on [DATE] at 9:38 a.m. with the NHA. The NHA stated he did not know how the fracture occurred, he stated, I went off the DCF investigation. An interview was conducted on [DATE] at 5:35 p.m. with Staff M, LPN. Staff M stated being familiar with Resident #3 and recalled the event on [DATE]. She said upon arrival to the unit on [DATE], Resident #3 was up in the wheelchair. Staff M said Resident #3 was usually self-propelling around the unit and talked nonsensically. She said on the morning on [DATE] Resident #3 was not self-propelling nor speaking as usual. Staff M said she did not think much of it, she thought maybe Resident #3 was just tired from the night before. She said another nurse came to her and asked if she thought Resident #3 looked funny. She stated, I then noted the angle of Resident #3's leg was not right. Staff M said she went to assess the resident's leg and as soon as she reached for her leg, Resident #3 started screaming. Staff M said the resident answered yes to being in pain when asked. She said Resident #3 was not able to be touched therefore they contacted 911. Staff M said when she was on the phone with 911, the DON told her to cancel the call, because the x-rays could be conducted in the facility. Staff M said she did not cancel the call and when 911 arrived, they had to sedate Resident #3 so she could be moved from the wheelchair to stretcher. An interview was conducted on [DATE] at 12:00 p.m. with Staff O, Certified Nursing Assistant (CNA). Staff O said she recalled Resident #3 and the shift when the fracture occurred. She said she worked [DATE] for the 3 p.m. to 11 p.m. shift and the 11 p.m. to 7 a.m. shift ending [DATE]. Staff O said she was not assigned to Resident #3. She said Staff P, CNA asked her to help transfer Resident #3. Staff O explained she overheard Resident #3 scream multiple times during the night, which is normal for her, so she did not think much about it. Staff O said when she entered the room to assist Staff P, Resident #3 screams were different, painful almost. She said she helped Staff P place Resident #3 in the wheelchair. Staff O explained for the transfer of Resident #3, she placed her arm under the resident's, to assist with standing. She said the two CNAs had the resident pivot and they assisted the resident to sit in the wheelchair. Staff O said she does not recall if the resident scream out or just took a deep breath during the transfer, but it was very quick. Staff O said Staff P was rushing and wanted to get off shift. Staff O said typically when Resident #3 was in the wheelchair, she self-propelled throughout the unit but she did not go anywhere. She said she thought Resident #3 was just tired from being up most of the night. Staff O said later that same morning she observed blood on the arm of Resident #3 and informed the nurse. Staff O stated no skin tears occurred during the transfer. Staff O stated no one ever spoke with her regarding the fracture until the next day when the supervisor asked her to write a statement as Resident #3 had a fracture. She stated she did not hear anything else regarding the subject. (continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 11:38 a.m. with Staff Q, CNA. Staff Q recalled working [DATE] on the 11 p.m. to 7 a.m. shift into [DATE] and stated Resident #3 was on the morning list to get up early. She said Staff P, CNA was assigned to Resident #3 and would have been the one to transfer the resident. She said she did not recall anyone mentioning anything throughout the shift, it was a normal night until she noticed Resident #3 had blood on her hand and was gripping her hip. Staff Q said she brought this to the attention of Staff M, LPN and Staff G, LPN. She said the nurses commented about the resident's leg looking odd. She said she didn't notice the resident's leg at the time as she was looking at the blood on her hand. She said Staff M, LPN called 911 and while Staff M was on the phone, the DON told her to hang up because we could take care of the resident here. She said the nurse didn't hang up the phone. Staff Q said she was surprised that no one asked her about the incident. An interview was conducted on [DATE] at 11:18 a.m. with Staff G, LPN. Staff G confirmed he worked the evening of [DATE] into the morning of [DATE] and said he was the one that saw Resident #3 sitting in her wheelchair and her leg bent awkwardly. Staff G said he informed Staff M, LPN and told her to look at Resident #3 and Staff M immediately said, Oh her leg is broken. Staff G said they were not able to touch the leg because the resident would scream. Staff G said no one looked into how the fracture occurred. Staff G said they didn't know if Resident #3 fell and just got put back in the wheelchair. He said Resident #3 didn't ever try to walk or get out of bed and to his knowledge had never fallen before. Staff G said management did not know what happened, they got statements from a couple of CNAs then moved Staff P, CNA, who was assigned Resident #3, to a different floor. An interview was conducted on [DATE] at 2:35 p.m. with Staff P, CNA. Staff P stated she recalled Resident #3 and worked with on the 11p ([DATE]) to 7a ([DATE]) shift. Staff P said, I don't know anything about a fracture. Staff P said she arrived at the unit and Resident #3 was in the bed sleeping. Staff P said around 2:00 a.m. she completed incontinence care for Resident #3 while the resident slept. Staff P added Resident #3 was a squealing person, Resident #3 squeals all the time. She said Resident #3 was on the get up list so she got Resident #3 dressed and requested assistance from another CNA with the transfer to the wheelchair. Staff P could not recall how the transfer of Resident #3 occurred and denied any knowledge of a fracture or skin tear. Staff P said, If something happened maybe on her [Staff O, CNA]. Staff P, CNA stated, I didn't do anything wrong, DCF and the NHA said so. Staff P then disconnected the phone call. Review of Resident #3's primary care provider (PCP) note, dated [DATE], showed Patient was readmitted to [facility] on [DATE]. Patient was sent to ER for right hip pain that she sustain during a fall per hospital records. Review of Resident #3's Social Service note, dated [DATE] showed Resident will be hospice resident as of tomorrow, [DATE] . A progress note, dated [DATE], showed Resident without vital signs. Family made aware. Hospice was also notified. An interview was conducted on [DATE] at 4:37 p.m. with Staff N, (CNA). Staff N said she had taken care of Resident #3 several times and did hear about the fracture. She said she was not working at the time of the incident but heard the CNA tried to transfer Resident #3 and dropped her. Staff N said, Sad, resident was perfectly fine before the fall, when she came back, she just went downhill medically, never the same. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 2:37 p.m. with Resident #3's primary care provider (PCP). He said he remembered the incident with Resident #3 and recalled that Staff H, Nurse Practitioner (NP) was upset neither of them were notified. The PCP reviewed Resident #3's medical records. He said the hospital records showed the resident had a fall and another note said there were no falls. He said, I would assume the facility has protocols in place if a resident had a fracture and they don't know where it came from. He said there should be a protocol and procedure for falls/injuries. An interview was conducted on [DATE] at 2:47 p.m. with Staff H, Nurse Practitioner (NP). She said she was a provider for Resident #3. She said she had not been notified when Resident #3 had a fall. She said facility staff should have called when something happened to a resident. She said she did not know until the resident returned from the hospital and she saw the fall in the hospital record. Staff H said the resident was having pain but was stable after she returned. She said, For sure, they should look into that if it is not known where the fracture came. Staff H said the resident's fracture was fixed for comfort, not really to be able to walk on it. 2. Review of the facility's Admission/Discharge To/From Report, dated [DATE] to [DATE], revealed Resident #8 was discharged to an acute care hospital on [DATE]. Review of the facility's Incident Log, dated ,d+[DATE] to ,d+[DATE], revealed Resident #8 had a fall on [DATE]. Review of a progress note for Resident #8, dated [DATE] at 11:35 p.m., by Staff S, LPN showed, This writer noticed other nurses and cna's running down the hall, I went to see what was going on and witnessed other nurses assisting the resident and speaking to keep to keep [sic] him awake. A focus assessment was performed on the resident. Resident Vital signs, kept residents on his Rt [right] side to prevent aspiration, held gauze and applied pressure to eyebrow area. 911 was called and stayed with the patient until EMS [Emergency Management Service] arrived. A message was left with the PCP [Primary Care Provider] answering service. Family was called and voicemail was left, shift supervisor was notified. Review of Admission Records showed Resident #8 was admitted on [DATE] with diagnoses including Cerebrovascular Accident (stroke) with right hemiparesis, sepsis, dysphagia, wounds, and other co-morbidities. Review of Resident #8's Admission MDS, dated [DATE], showed the resident was dependent with all activities of daily living care (ADL), had impairments in both upper and lower extremities preventing movement, and the resident had not had any falls since admission/entry or reentry prior to assessment. An interview was conducted on [DATE] at 3:31 p.m. with Staff S, LPN. Staff S, LPN confirmed working with Resident #8 on [DATE] and recalled the incident. Staff S recalled coming out of another resident's room seeing all these employees going to Resident #8's room. Staff S said she immediately followed, as she was the assigned nurse. She said upon arrival, she noted Resident #8 on the floor with blood on his head. Staff S said the CNA responsible for the resident (Staff T, CNA) stated she turned the resident, and he rolled out of the bed. She stated Resident #8 had an air mattress with collapsable sides. Staff S stated she was not sure how this happened as Resident #8 was tall, thin, and did not move. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 5:13 p.m. with Staff T, CNA. Staff T confirmed she cared for Resident #8 on the night of [DATE]. She said he often had behaviors and yelled. She said she went in and talked to him, and he was calm. She said since the resident was calm, she thought she could clean him up on her own. She said she cleaned up his front and rolled him away from her to clean up his back side. She said the resident was on an air mattress and they are slippery. She said he was not really on a sheet. She said when she rolled him away from her, he slipped off the other side. She said she tried to catch him by his shirt, but he fell off and hit the floor. She said as that happened, she had to let go of his shirt and go search for someone to help. She said she went outside and got the nurse assigned to him. She said she didn't really know his injuries, but he was bleeding, and the nurse started working on him. The CNA said she had previously assisted with Resident #8 being cleaned and changed because he was sometimes combative. She said she was only worried about his behavior and thought since he was calm, she could change him herself. She said the CNAs do not know if a resident is a one-person or a two-person assist because it is not in the computer or on their Kardex. She said they have to go off of personal judgement and it is sometimes passed down from the previous shift's CNA. Staff T explained if shift to shift report was not completed, then you just go off your experience. She said the facility had not done any training on turning/positioning residents before or after the incident with Resident #8. Review of Resident #8's Comprehensive Care Plan, [DATE], showed the following: -Focus: Resident needed assistance with activities of daily living because of weakness. The goal showed: I will improve my ability to transfer, dress, toilet, ambulate by next review. The interventions included: Anticipate resident's needs; Assist me with all oral intake of food and fluids; Assist me with hygiene, bathing, dressing, toileting and transfers; Assist me with toileting promptly when requested; Assist with all ADL care to ensure daily needs are met. -Focus: The staff have identified that I am at risk for falls because of these risk factors: Unaware of safety needs. The goal showed: I will have minimized injury due to a fall through next review. The interventions included: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. -Focus: At times I can agitated, combative, continuous outburst. The goal showed: I will show a decrease in my episodes of being resistant thru next review. The interventions included: Allow choices when able to give resident feeling of control; Converse with during care about topic of interest to redirect; Monitor for effectiveness of medication prescribed to limit behavior; Report to Dr if not effective or behavior continues to decline; Psych eval and follow up per order. An interview was conducted on [DATE] at 1:10 p.m. with Staff Z, LPN UM (Unit Manager). Staff Z said residents were evaluated by therapy and those results were sent to the MDS team. She said MDS then enters the information about the functional level of the resident and that populates to the Kardex. She said it usually says dependent or max assist, something like that. She said dependent means two-person assist and maximum assist means ,d+[DATE]. When asked how the CNAs would know which to use since they cannot assess residents she said, That is all I know about the process. (continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 12:48 p.m. with Staff Y, CNA. She said the facility had not done any training on turning, positioning, or transferring residents. She said the CNAs do not know if a resident is a one or two-person assist or if they need a lift. She said the CNAs have To figure it out. Interviews were conducted from [DATE] to [DATE] at various times with the following staff: Staff U, D, W, X, V, N, O, Q, CNA's. During these interviews staff stated the computer system does not indicate specific directions for what level of care (i.e Assist of one, mechanical lift) is needed for residents' ADL needs. The staff stated usually they just know how to care for residents based on our experience. The CNAs said they try to complete shift to shift report to inform other CNAs of care needs, but it does not always happen with staffing patterns and time constraints. An interview was conducted on [DATE] at 2:23 p.m. with the MDS Coordinator. She said approximately a year ago, when the Minimum Data Set (MDS) changed from section G to section GG, it quit having an assist of 1 or two option. She stated related to the care plan not indicating a level of assistance needed, That is not a directive I have been given here. She said the CNAs would just know the level of care from passing it down in report. She doesn't know how else they would know. The MDS Coordinator confirmed CNAs cannot assess residents. Review of hospital records for Resident #8, dated [DATE], showed the resident presented to the emergency department and underwent a head and maxillofacial CT (computed tomography) scan which revealed an 8 millimeter (mm) subdural hemorrhage layering along the right frontotemporal convexity, with no significant midline shift, interval development of large right frontotemporal infarct is noted compared to February 2022, and possible acute/subacute. The resident was noted to have a right front scalp hematoma which was a laceration, and sutures were applied. Upon arrival the resident was noted to have a forehead laceration with a dressing in place that was blood soaked. The resident was unable to answer questions correctly although he was attempting to. The CT scan results, dated [DATE], showed the following: Calvarium/Scalp: large right frontal scalp hematoma calvaria fracture evaluation limited by motion artifact. CT Maxillofacial: comminuted right greater than left nasal bone fractures moderate overlying soft tissue swelling. Review Resident #8's ER record showed the resident received 12 sutures to right eyebrow laceration. Resident #8 was admitted to the ICU (intensive care unit). No other documentation is available at this time. An interview was conducted on [DATE] at 4:10 p.m. with the NHA and DON. The NHA stated the facility was following Resident #8's plan of care with one-person assist. The NHA confirmed the care plan did not have assist requirements as an intervention. The NHA stated, I thought it was there. The NHA stated no investigation was needed. The NHA stated after comparing statements from staff he decided to eventually find the CNA neglected to utilize proper positioning techniques and the facility had no control over this. The NHA stated this was based on the DCF investigation. After the NHA spoke with the investigator, the NHA decided to start a neglect report. The NHA stated the report was filed and the nursing assistant was reported to the board. The NHA and DON stated no other actions needed to be taken. They stated they did not do any in-services, review their policies, or interview other residents. They stated no education was provided to staff post-incident. (continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 4:38 p.m. with the Director of Rehabilitation (DOR). He said Resident #8 had severe safety awareness concerns and had decreased coordination. He said Resident #8 was totally dependent and in therapy that means they would use two people to assist. He said nursing decides if two people should be used for transfers and care on the unit. He said the Resident #8 had rigid tone so Everything is total dependent, and he needs a lot of help. He said the resident having rigid tone means staff would have to hold him because he cannot hold himself while turning. He said if the resident was being turned, he would need a person on each side of him. The DOR stated, To roll him he still needs a lot of help. He said if the resident didn't have control, it is dangerous for a CNA to roll the resident away from them because they can roll off the bed if no one is on the other side. The DOR said for therapy, Total dependent means max assist; two people and lifts. Review of the facility's Abuse and Neglect Log, dated ,d+[DATE] to ,d+[DATE], did not reveal any reports after [DATE] of any incidents of abuse or neglect. An interview was conducted on [DATE] at 10:33 a.m. with the DON. The DON stated she had validated with the NHA, no other reports or allegations of abuse or neglect had been made since [DATE]. 3. Review of the facility's Admission/Discharge To/From Report, for dates [DATE] to [DATE], revealed Resident #12 was discharged to an acute care hospital on [DATE]. Review of Resident #12's progress notes, dated [DATE] at 3:31 p.m., authored by the DON showed: Resident had a fall blood pressure is ,d+[DATE] pulses 85. We're sending her to the hospital. Review of Resident #12's progress notes, dated [DATE] at 3:44 p.m., authored by Staff AA, Registered Nurse (RN) showed: Pt [patient] found on the floor at evacuation site. VSS [Vital Signs Stable]. EMS [Emergency Medical Services] on site. Pt sent to hospital. Family called. Message left. Review of Admission Records showed Resident #12 was admitted on [DATE] with diagnoses including hypertension, weakness, dementia, Huntington's disease, and other co-morbidities. Review of Resident #12's Admission MDS, dated [DATE], Section C, Cognitive Patterns, revealed a BIMS score of 8, indicated the resident had moderate cognitive impairment, Section J, Health Conditions showed no pain and no falls. Review of Resident #12's Physical Therapy Discharge Summary, dated [DATE], showed: Resident #12 was able to perform sitting to standing with the use of an assistive device; was able to transfer with supervision only, and was able to walk 150 feet with a front wheeled walker with contact guard assistance. Review of Resident #12 Comprehensive Care Plan, [DATE], shows: -Focus: The staff have identified that I am at risk for falls because of these risk factors: Dementia, use of anti-psychotic medication, use of antidepressant medication. The care plan interventions showed: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. (continued on next page)

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 11/06/2024
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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Focus: I need assistance with activities of daily living because of weakness. The care plan intervention showed: Anticipate resident's needs; Assist me with all oral intake of food and fluids; Assist me with hygiene, bathing, dressing, toileting and transfers; Assist me with toileting promptly when requested; Assist with all ADL care to ensure daily needs are met. -Focus: The resident has an ADL Self Care Performance Deficit r/t Activity Intolerance, r/t cognitive deficits. The interventions showed: Encourage the resident to participate to the fullest extent possible with each interaction; Encourage the resident to use bell to call for assistance; Anticipate needs not verbalized as resident does not always clearly make needs Nursing known. Keep call bell within reach, encourage use, answer promptly. An interview was conducted on [DATE] at 3:15 p.m. with the NHA and AIT. They stated the facility needed to prepare for evacuation to a church on [DATE]. The NHA said at the church the County Emergency Management showed up and stated the facility should move their residents to a county shelter. The NHA and AIT stated no one was seriously injured, no one died , and no one eloped. They said there may have been a skin tear. The NHA stated, We did the best we could. The NHA confirmed they did not comple a post-storm assessment, as they did not have time; they needed to get ready for the next storm. An interview was conducted on [DATE] at 11:50 a.m. with Staff V, CNA. Staff V stated, During the evacuation things happened. Staff V stated, Yes there was a fall. I was in the gym where [Resident #12] was assigned. The management did not leave out assignments for CNAs, so I am not sure who was responsible for [Resident #12]. Staff V said, I was in a doorway and heard a loud thud. I turned and noted [Resident #12[o [TRUNCATED]

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 11/06/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48223 Based on interviews and record review, the facility failed to ensure all alleged violations involving abuse or neglect were reported immediately, but not later than two hours after the allegation was made, to the administrator of the facility and required state agencies in accordance with state law through established procedures for three residents (#3, #8, and #12) of three sampled residents. Findings Include: Review of Resident #3's progress note, dated [DATE] at 9:48 a.m., authored by Staff M, Licensed Practical Nurse (LPN) showed the following: Upon arriving on the unit and doing rounds the resident was observed sitting in wheelchair by resident's room door chanting but not outside of her normal behavior. Another nurse came and informed the nurse that the resident posture was not looking normal and if I would assess her. Upon walking up to the resident, the posture was abnormal, and her leg was twisted. When approaching the resident to touch her she begin screaming. Wheelchair was in locked position. The resident admitted to pain and responded to yes or no type questions. The nurse asked if she was in pain she stated 'yes'. The nurse asked was her leg bothering her and she stated 'yes'. The nurse asked did she fall, and she stated, 'yes'. When asked can the nurse look at her leg she stated, 'no don't'. PRN [as needed] offered to resident for pain but resident was not eating or drinking breakfast tray in front of her. EMS [Emergency Management Services] arrived and took resident to [Hospital Name]. Supervisor notified [family member] of resident's transfer. [Physician] office notified. Review of Resident #3's progress note, dated [DATE] at 2:45 p.m., authored by Staff M, LPN showed the following: The nurse spoke with ER [emergency room] at [Hospital Name] and was notified that the resident was admitted for UTI [Urinary Tract Infection] and hip fracture. Review of Admission Records showed Resident #3 was admitted on [DATE] with diagnoses including pacemaker placement, weakness, low back pain, Alzheimer's disease, and other co-morbidities. Review of Resident #3's Quarterly Minimum Data Set (MDS), dated [DATE], showed the resident required maximum assistance with all ADL care, the resident did not have a condition or chronic disease that may result in a life expectancy of less than 6 months, and the resident had not had any falls since admission/entry or reentry prior to the assessment. Review of Resident #3's Comprehensive Care Plan, [DATE], showed the following: Focus: Resident needed assistance with activities of daily living because of a diagnosis of dementia with memory impairment, pain, and weakness. Goals included: -Caregivers will be able to perform a safe transfer using proper body mechanics with 100% carryover by the next review date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident will perform self-feeding tasks with supervision or touching assistance by next review date. -Staff will help me with all my ADL needs so that I appear neat and tidy with absence of foul body odor through next review. Interventions included: -Anticipate resident's needs. -Assist me with hygiene, bathing, dressing, toileting and transfers. -Assist me with toileting promptly when requested. -Assist with all ADL care to ensure daily needs are met. Check nails, trim and clean on bath day and as necessary. -Encourage/allow me to do as much for self as possible with feeding self, provide assistance with ADLs that I am unable to do for myself as indicated. -Keep call bell within reach and remind/encourage me to use it to call for assistance. -Skin inspections twice a week on shower days and with ADL care: Observe for redness, open areas, scratches, cuts, bruises and report changes to the Nurse. Review of the facility's Incident Log, from [DATE] to [DATE], did not reveal any incidents related to Resident #3 suffering an injury of unknown origin. Review of the facility's Abuse and Neglect Log, from [DATE] to [DATE], did not reveal any allegations/incidents of abuse or neglect for Resident #3 had occurred or been reported. Review of Resident #3's progress note, dated [DATE] at 3:20 p.m., authored by the Nursing Home Administrator (NHA) showed: Writer spoke to [family member] who stated that she was with [Resident #3] at the hospital and [Resident #3] was admitted with a hip fracture and UTI. I notified [family member] that we were working on the root cause investigation, and she was satisfied and understood. Review of Emergency Department (ED) records for Resident #3, dated [DATE], showed per EMS she had a possible trip and fall it was unwitnessed, but she does slip out of her wheelchair multiple times per the facility has a history of hip fracture falls . It showed prior to arrival in the ED the resident had 70 mcg (micrograms) of Fentanyl for pain, and she endorsed pain when pressing on her right hip. The extremities physical assessment showed, no deformity, moderate trauma. Difficult to examine the patient's right leg patient is curled up in bed she usually is in a wheelchair moderately confused and not following direction with palpitation of the patient's right thigh/right hip she does scream in excruciating pain . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the hospital History and Physical for Resident #3, dated [DATE], showed the resident was brought to the emergency department after she was found on the floor .patient found to have right periprosthetic proximal fracture with significant angulation . Review of the hospital Operative Reports for Resident #3, dated [DATE], showed the resident underwent an open reduction and internal fixation of right periprosthetic proximal femur fracture. The surgeon noted, The rationale for surgery would be for palliative measures. I do not anticipate this fracture will heal to the point where she will be more functional than she was before the injury, which was bedbound, wheelchair dependent, non-weight bearing. My hope is that the incision heals, and she does not develop any perioperative complications arising, such as blood clots, infections, wound healing problems, fractures, dislocations, or risks of the medications and anesthesia. Review of Resident #3's progress note, dated [DATE] at 3:36 p.m., authored by the Director of Nursing (DON) showed: Investigation and statements stated that fx [fracture] happened during transfer of resident from bed to chair. Resident at no time had a fall. Daughter made aware of findings of investigation. An interview was conducted on [DATE] at 4:43 p.m. with the DON and Risk Manager (RM). The DON stated during an investigation it was determined Resident #3's fracture occurred during a transfer. The DON said she had been notified the resident was transferred out with a potential fracture on [DATE]. She stated an investigation was started to see how the possible fracture happened. She said a report was not filed for abuse or neglect as the fracture occurred during transfer. An interview was conducted on [DATE] at 5:08 p.m. with the Nursing Home Administrator (NHA) and the Administrator in Training (AIT). The NHA said he became aware of Resident #3's fracture during a morning meeting on [DATE] when a nurse's note was read that stated Resident #3 had a fall. He said the management team reviewed the statements from the staff who worked, and everyone stated there was no fall. He said the management team did not complete interviews, they just read the written statements received. The NHA explained the Department of Children and Families (DCF) came in later that same morning ([DATE]) as the hospital had contacted them regarding the fracture. The NHA said the management team investigated and determined Resident #3 did not have a fall, therefore they did not file a reportable event. The NHA said the investigation they did, did not indicate how the resident was transferred to the wheelchair. During a follow-up interview on [DATE] at 9:38 a.m. with the NHA. The NHA stated he did not know how the fracture occurred, he stated, I went off the DCF investigation. (continued on next page)

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 11/06/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on [DATE] at 5:35 p.m. with Staff M, LPN. Staff M stated being familiar with Resident #3 and recalled the event on [DATE]. She said upon arrival to the unit on [DATE], Resident #3 was up in the wheelchair. Staff M said Resident #3 was usually self-propelling around the unit and talked nonsensically. She said on the morning on [DATE] Resident #3 was not self-propelling nor speaking as usual. Staff M said she did not think much of it, she thought maybe Resident #3 was just tired from the night before. She said another nurse came to her and asked if she thought Resident #3 looked funny. She stated, I then noted the angle of Resident #3's leg was not right. Staff M said she went to assess the resident's leg and as soon as she reached for her leg, Resident #3 started screaming. Staff M said the resident answered yes to being in pain when asked. She said Resident #3 was not able to be touched therefore they contacted 911. Staff M said when she was on the phone with 911, the DON told her to cancel the call, because the x-rays could be conducted in the facility. Staff M said she did not cancel the call and when 911 arrived, they had to sedate Resident #3 so she could be moved from the wheelchair to stretcher. An interview was conducted on [DATE] at 12:00 p.m. with Staff O, Certified Nursing Assistant (CNA). Staff O said she recalled Resident #3 and the shift when the fracture occurred. She said she worked [DATE] for the 3 p.m. to 11 p.m. shift and the 11 p.m. to 7 a.m. shift ending [DATE]. Staff O said she was not assigned to Resident #3. She said Staff P, CNA asked her to help transfer Resident #3. Staff O explained she overheard Resident #3 scream multiple times during the night, which is normal for her, so she did not think much about it. Staff O said when she entered the room to assist Staff P, Resident #3 screams were different, painful almost. She said she helped Staff P place Resident #3 in the wheelchair. Staff O explained for the transfer of Resident #3, she placed her arm under the resident's, to assist with standing. She said the two CNAs had the resident pivot and they assisted the resident to sit in the wheelchair. Staff O said she does not recall if the resident scream out or just took a deep breath during the transfer, but it was very quick. Staff O said Staff P was rushing and wanted to get off shift. Staff O said typically when Resident #3 was in the wheelchair, she self-propelled throughout the unit but she did not go anywhere. She said she thought Resident #3 was just tired from being up most of the night. Staff O said later that same morning she observed blood on the arm of Resident #3 and informed the nurse. Staff O stated no skin tears occurred during the transfer. Staff O stated no one ever spoke with her regarding the fracture until the next day when the supervisor asked her to write a statement as Resident #3 had a fracture. She stated she did not hear anything else regarding the subject. An interview was conducted on [DATE] at 11:38 a.m. with Staff Q, CNA. Staff Q recalled working [DATE] on the 11 p.m. to 7 a.m. shift into [DATE] and stated Resident #3 was on the morning list to get up early. She said Staff P, CNA was assigned to Resident #3 and would have been the one to transfer the resident. She said she did not recall anyone mentioning anything throughout the shift, it was a normal night until she noticed Resident #3 had blood on her hand and was gripping her hip. Staff Q said she brought this to the attention of Staff M, LPN and Staff G, LPN. She said the nurses commented about the resident's leg looking odd. She said she didn't notice the resident's leg at the time as she was looking at the blood on her hand. She said Staff M, LPN called 911 and while Staff M was on the phone, the DON told her to hang up because we could take care of the resident here. She said the nurse didn't hang up the phone. Staff Q said she was surprised that no one asked her about the incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on [DATE] at 11:18 a.m. with Staff G, LPN. Staff G confirmed he worked the evening of [DATE] into the morning of [DATE] and said he was the one that saw Resident #3 sitting in her wheelchair and her leg bent awkwardly. Staff G said he informed Staff M, LPN and told her to look at Resident #3 and Staff M immediately said, Oh her leg is broken. Staff G said they were not able to touch the leg because the resident would scream. Staff G said no one looked into how the fracture occurred. Staff G said they didn't know if Resident #3 fell and just got put back in the wheelchair. He said Resident #3 didn't ever try to walk or get out of bed and to his knowledge had never fallen before. Staff G said management did not know what happened, they got statements from a couple of CNAs then moved Staff P, CNA, who was assigned Resident #3, to a different floor. Staff G said, there were Many incidences of neglect that could have been prevented. He said, It is my belief she died from it, speaking of Resident #3's hip fracture. An interview was conducted on [DATE] at 2:35 p.m. with Staff P, CNA. Staff P stated she recalled Resident #3 and worked with on the 11p ([DATE]) to 7a ([DATE]) shift. Staff P said, I don't know anything about a fracture. Staff P said she arrived at the unit and Resident #3 was in the bed sleeping. Staff P said around 2:00 a.m. she completed incontinence care for Resident #3 while the resident slept. Staff P added Resident #3 was a squealing person, Resident #3 squeals all the time. She said Resident #3 was on the get up list so she got Resident #3 dressed and requested assistance from another CNA with the transfer to the wheelchair. Staff P could not recall how the transfer of Resident #3 occurred and denied any knowledge of a fracture or skin tear. Staff P said, If something happened maybe on her [Staff O, CNA]. Staff P, CNA stated, I didn't do anything wrong, DCF and the NHA said so. Staff P then disconnected the phone call. Review of Resident #3's primary care provider (PCP) note, dated [DATE], showed Patient was readmitted to [facility] on [DATE]. Patient was sent to ER for right hip pain that she sustain during a fall per hospital records. Review of Resident #3's Social Service note, dated [DATE] showed Resident will be hospice resident as of tomorrow, [DATE] . A progress note, dated [DATE], showed Resident without vital signs. Family made aware. Hospice was also notified. An interview was conducted on [DATE] at 4:37 p.m. with Staff N, (CNA). Staff N said she had taken care of Resident #3 several times and did hear about the fracture. She said she was not working at the time of the incident but heard the CNA tried to transfer Resident #3 and dropped her. Staff N said, Sad, resident was perfectly fine before the fall, when she came back, she just went downhill medically, never the same. An interview was conducted on [DATE] at 2:37 p.m. with Resident #3's primary care provider (PCP). He said he remembered the incident with Resident #3 and recalled that Staff H, Nurse Practitioner (NP) was upset neither of them were notified. The PCP reviewed Resident #3's medical records. He said the hospital records showed the resident had a fall and another note said there were no falls. He said, I would assume the facility has protocols in place if a resident had a fracture and they don't know where it came from. He said there should be a protocol and procedure for falls/injuries. (continued on next page)

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 11/06/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on [DATE] at 2:47 p.m. with Staff H, Nurse Practitioner (NP). She said she was a provider for Resident #3. She said she had not been notified when Resident #3 had a fall. She said facility staff should have called when something happened to a resident. She said she did not know until the resident returned from the hospital and she saw the fall in the hospital record. Staff H said the resident was having pain but was stable after she returned. She said, For sure, they should look into that if it is not known where the fracture came. Staff H said the resident's fracture was fixed for comfort, not really to be able to walk on it. 2. Review of the facility's Admission/Discharge To/From Report, dated [DATE] to [DATE], revealed Resident #8 was discharged to an acute care hospital on [DATE]. Review of the facility's Incident Log, dated ,d+[DATE] to ,d+[DATE], revealed Resident #8 had a fall on [DATE]. Review of a progress note for Resident #8, dated [DATE] at 11:35 p.m., by Staff S, LPN showed, This writer noticed other nurses and cna's running down the hall, I went to see what was going on and witnessed other nurses assisting the resident and speaking to keep to keep [sic] him awake. A focus assessment was performed on the resident. Resident Vital signs, kept residents on his Rt [right] side to prevent aspiration, held gauze and applied pressure to eyebrow area. 911 was called and stayed with the patient until EMS [Emergency Management Service] arrived. A message was left with the PCP [Primary Care Provider] answering service. Family was called and voicemail was left, shift supervisor was notified. Review of Admission Records showed Resident #8 was admitted on [DATE] with diagnoses including Cerebrovascular Accident (stroke) with right hemiparesis, sepsis, dysphagia, wounds, and other co-morbidities. Review of Resident #8's Admission MDS, dated [DATE], showed the resident was dependent with all activities of daily living care (ADL), had impairments in both upper and lower extremities preventing movement, and the resident had not had any falls since admission/entry or reentry prior to assessment. An interview was conducted on [DATE] at 3:31 p.m. with Staff S, LPN. Staff S, LPN confirmed working with Resident #8 on [DATE] and recalled the incident. Staff S recalled coming out of another resident's room seeing all these employees going to Resident #8's room. Staff S said she immediately followed, as she was the assigned nurse. She said upon arrival, she noted Resident #8 on the floor with blood on his head. Staff S said the CNA responsible for the resident (Staff T, CNA) stated she turned the resident, and he rolled out of the bed. She stated Resident #8 had an air mattress with collapsable sides. Staff S stated she was not sure how this happened as Resident #8 was tall, thin, and did not move. (continued on next page)

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 11/06/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on [DATE] at 5:13 p.m. with Staff T, CNA. Staff T confirmed she cared for Resident #8 on the night of [DATE]. She said he often had behaviors and yelled. She said she went in and talked to him, and he was calm. She said since the resident was calm, she thought she could clean him up on her own. She said she cleaned up his front and rolled him away from her to clean up his back side. She said the resident was on an air mattress and they are slippery. She said he was not really on a sheet. She said when she rolled him away from her, he slipped off the other side. She said she tried to catch him by his shirt, but he fell off and hit the floor. She said as that happened, she had to let go of his shirt and go search for someone to help. She said she went outside and got the nurse assigned to him. She said she didn't really know his injuries, but he was bleeding, and the nurse started working on him. The CNA said she had previously assisted with Resident #8 being cleaned and changed because he was sometimes combative. She said she was only worried about his behavior and thought since he was calm, she could change him herself. She said the CNAs do not know if a resident is a one-person or a two-person assist because it is not in the computer or on their Kardex. She said they have to go off of personal judgement and it is sometimes passed down from the previous shift's CNA. Staff T explained if shift to shift report was not completed, then you just go off your experience. She said the facility had not done any training on turning/positioning residents before or after the incident with Resident #8. Review of Resident #8's Comprehensive Care Plan, [DATE], showed the following: -Focus: Resident needed assistance with activities of daily living because of weakness. The goal showed: I will improve my ability to transfer, dress, toilet, ambulate by next review. The interventions included: Anticipate resident's needs; Assist me with all oral intake of food and fluids; Assist me with hygiene, bathing, dressing, toileting and transfers; Assist me with toileting promptly when requested; Assist with all ADL care to ensure daily needs are met. -Focus: The staff have identified that I am at risk for falls because of these risk factors: Unaware of safety needs. The goal showed: I will have minimized injury due to a fall through next review. The interventions included: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. -Focus: At times I can agitated, combative, continuous outburst. The goal showed: I will show a decrease in my episodes of being resistant thru next review. The interventions included: Allow choices when able to give resident feeling of control; Converse with during care about topic of interest to redirect; Monitor for effectiveness of medication prescribed to limit behavior; Report to Dr if not effective or behavior continues to decline; Psych eval and follow up per order. An interview was conducted on [DATE] at 1:10 p.m. with Staff Z, LPN UM (Unit Manager). Staff Z said residents were evaluated by therapy and those results were sent to the MDS team. She said MDS then enters the information about the functional level of the resident and that populates to the Kardex. She said it usually says dependent or max assist, something like that. She said dependent means two-person assist and maximum assist means ,d+[DATE]. When asked how the CNAs would know which to use since they cannot assess residents she said, That is all I know about the process. (continued on next page)

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 11/06/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on [DATE] at 12:48 p.m. with Staff Y, CNA. She said the facility had not done any training on turning, positioning, or transferring residents. She said the CNAs do not know if a resident is a one or two-person assist or if they need a lift. She said the CNAs have To figure it out. Interviews were conducted from [DATE] to [DATE] at various times with the following staff: Staff U, D, W, X, V, N, O, Q, CNA's. During these interviews staff stated the computer system does not indicate specific directions for what level of care (i.e Assist of one, mechanical lift) is needed for residents' ADL needs. The staff stated usually they just know how to care for residents based on our experience. The CNAs said they try to complete shift to shift report to inform other CNAs of care needs, but it does not always happen with staffing patterns and time constraints. An interview was conducted on [DATE] at 2:23 p.m. with the MDS Coordinator. She said approximately a year ago, when the MDS changed from section G to section GG, it quit having an assist of 1 or two option. She stated related to the care plan not indicating a level of assistance needed, That is not a directive I have been given here. She said the CNAs would just know the level of care from passing it down in report. She doesn't know how else they would know. The MDS Coordinator confirmed CNAs cannot assess residents. Review of hospital records for Resident #8, dated [DATE], showed the resident presented to the emergency department and underwent a head and maxillofacial CT (computed tomography) scan which revealed an 8 millimeter (mm) subdural hemorrhage layering along the right frontotemporal convexity, with no significant midline shift, interval development of large right frontotemporal infarct is noted compared to February 2022, and possible acute/subacute. The resident was also noted to have a right front scalp hematoma which was a laceration, and sutures were applied. Upon arrival the resident was noted to have a forehead laceration with a dressing in place that was blood soaked. The resident was unable to answer questions correctly although he was attempting to. The CT scan results, dated [DATE], showed the following: Calvarium/Scalp: large right frontal scalp hematoma calvaria fracture evaluation limited by motion artifact. CT Maxillofacial: comminuted right greater than left nasal bone fractures moderate overlying soft tissue swelling. Review Resident #8's ER record showed the resident received 12 sutures to right eyebrow laceration. Resident #8 was admitted to the ICU (intensive care unit). No other documentation is available at this time. An interview was conducted on [DATE] at 4:10 p.m. with the NHA and DON. The NHA stated the facility was following Resident #8's plan of care with one-person assist. The NHA confirmed the care plan did not have assist requirements as an intervention. The NHA stated, I thought it was there. The NHA stated no investigation was needed. The NHA stated after comparing statements from staff he decided to eventually find the CNA neglected to utilize proper positioning techniques and the facility had no control over this. The NHA stated this was based on the DCF investigation. After the NHA spoke with the investigator, the NHA decided to start a neglect report. The NHA stated the report was filed and the nursing assistant was reported to the board. The NHA and DON stated no other actions needed to be taken. They stated they did not do any in-services, review their policies, or interview other residents. They stated no education was provided to staff post-incident. (continued on next page)

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 11/06/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on [DATE] at 4:38 p.m. with the Director of Rehabilitation (DOR). He said Resident #8 had severe safety awareness concerns and had decreased coordination. He said Resident #8 was totally dependent and in therapy that means they would use two people to assist. He said nursing decides if two people should be used for transfers and care on the unit. He said the Resident #8 had rigid tone so Everything is total dependent, and he needs a lot of help. He said the resident having rigid tone means staff would have to hold him because he cannot hold himself while turning. He said if the resident was being turned, he would need a person on each side of him. The DOR stated, To roll him he still needs a lot of help. He said if the resident didn't have control, it is dangerous for a CNA to roll the resident away from them because they can roll off the bed if no one is on the other side. The DOR said for therapy, Total dependent means max assist; two people and lifts. Review of the facility's Abuse and Neglect Log, dated ,d+[DATE] to ,d+[DATE], did not reveal any reports after [DATE] of any incidents of abuse or neglect. An interview was conducted on [DATE] at 10:33 a.m. with the DON. The DON stated she had validated with the NHA, no other reports or allegations of abuse or neglect had been made since [DATE]. 3. Review of the facility's Admission/Discharge To/From Report, for dates [DATE] to [DATE], revealed Resident #12 was discharged to an acute care hospital on [DATE]. Review of Resident #12's progress notes, dated [DATE] at 3:31 p.m., authored by the DON showed: Resident had a fall blood pressure is ,d+[DATE] pulses 85. We're sending her to the hospital. Review of Resident #12's progress notes, dated [DATE] at 3:44 p.m., authored by Staff AA, Registered Nurse (RN) showed: Pt [patient] found on the floor at evacuation site. VSS [Vital Signs Stable]. EMS [Emergency Medical Services] on site. Pt sent to hospital. Family called. Message left. Review of Admission Records showed Resident #12 was admitted on [DATE] with diagnoses including hypertension, weakness, dementia, Huntington's disease, and other co-morbidities. Review of Resident #8's Admission MDS, dated [DATE], Section C, Cognitive Patterns, revealed a BIMS score of 8, indicated the resident had moderate cognitive impairment, Section J, Health Conditions showed no pain and no falls. Review of Resident #12's Physical Therapy Discharge Summary, dated [DATE], showed: Resident #12 was able to perform sitting to standing with the use of an assistive device; was able to transfer with supervision only, and was able to walk 150 feet with a front wheeled walker with contact guard assistance. Review of Resident #12 Comprehensive Care Plan, [DATE], shows: -Focus: The staff have identified that I am at risk for falls because of these risk factors: Dementia, use of anti-psychotic medication, use of antidepressant medication. The care plan interventions showed: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Focus: I need assistance with activities of daily living because of weakness. The care plan intervention showed: Anticipate resident's needs; Assist me with all oral intake of food and fluids; Assist me with hygiene, bathing, dressing, toileting and transfers; Assist me with toileting promptly when requested; Assist with all ADL care to ensure daily needs are met. -Focus: The resident has an ADL Self Care Performance Deficit r/t Activity Intolerance, r/t cognitive deficits. The interventions showed: Encourage the resident to participate to the fullest extent possible with each interaction; Encourage the resident to use bell to call for assistance; Anticipate needs not verbalized as resident does not always clearly make needs Nursing known. Keep call bell within reach, encourage use, answer promptly. An interview was conducted on [DATE] at 3:15 p.m. with the NHA and AIT. They stated the facility needed to prepare for evacuation to a church on [DATE]. The NHA said at the church the County Emergency Management showed up and stated the facility should move their residents to a county shelter. The NHA and AIT confirmed no one was seriously injured, no one died , and no one eloped. They said there may have been a skin tear. The NHA stated, We did the best we could. The NHA confirmed they did not compile a post-storm assessment, as they did not have time; they needed to get ready for the next storm. An interview was conducted on [DATE] at 11:50 a.m. with Staff V, CNA. Staff V stated, During the evaluation things happened. Staff V stated, Yes there was a fall. I was in the gym where [Resident #12] was assigned. The management did not leave out assignments for CNAs, so I am not sure who was responsible for [Resident #12]. Staff V said, I was in a doorway and heard a loud thud. I turned and noted [Resident #12[on the floor, it looked bad, no one was near. Staff V stated there was no walker and most of the residents came without their walkers/wheelchairs, etc. She said those items were not brought with them for the evacuation. Staff V, said the DON did finally come over to Resident #12, after another nurse had already been providing care. Staff V stated, The DON was not in the gym when Resident #12 fell . Staff V stated she did not remember who else was in the gym. An interview was conducted on [DATE] at 2:08 p.m. with Staff AA, Registered Nurse (RN). Staff AA stated, I did not see [Resident #12] fall, no one did. I heard a noise, and she was on the floor when I looked. I believe [Resident #12] was heading toward a door. Staff AA stated not having any other knowledge and walked away. Review of Resident #12's hospital records, dated [DATE],showed admission to the Emergency Department [AGE] year-old female presenting with left lateral superior orbital rim fracture [TRUNCATED]

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 11/06/2024
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234 Based on observations, interviews, and record review, the facility failed to provide assistance with Activities of Daily Living (ADL's) related to showers, incontinence care, and assistance with meals for six residents (#16, #18, #7, #17, #24, and #25) out of six reviewed for Activities of Daily Living. Findings included: 1. On 10/21/2024 at 10:15 a.m. during an observation and interview, Resident #16 was observed in bed, dressed in a facility gown watching television. Resident #16 was observed partially covered by a bed sheet and his face had food from breakfast on it. Resident #16 said the care in facility was not great. He said he had not had a shower or a bed bath in a long time. He stated it had been about two weeks. Resident #16 said he had asked several times for a shower or bed bath, but was told by staff they were too busy, and he would have to wait. He said he does not like to feel dirty. Review of Resident #16's Admission Record showed he was admitted to the facility on [DATE] with medical diagnoses including generalized muscle weakness, severe morbid obesity, emphysema and chronic obstructive pulmonary disease. Review of Resident #16's Quarterly MDS, dated [DATE], Section C-Cognitive Patterns revealed a BIMS score of 15 out of 15 indicated the resident was cognitively intact. Review of Resident #16's Care Plan, dated 06/08/2024, showed the resident needed assistance with ADLs. The Care Plan Goal regarding ADLs showed staff will help the resident with all ADL needs so Resident #16 appears neat, tidy and with the absence of foul body odor. The Care Plan Interventions included assistance with all ADL care to ensure all daily needs are met. Honor shower preferences. Review of Resident #16's shower schedule showed the resident's shower days were Tuesday on the evening shift and Friday on the day shift. Review of Resident #16's electronic medical records (EMR) Task Menu showed between 09/30/2024 and 10/21/2024 the resident did not have a shower or a bed bath. 2. On 10/21/2024 at 11:03 a.m. during an observation and interview, Resident #18 was observed in bed watching television. The resident stated he had not had any daily care for the day. Resident #18 said it sometimes takes staff hours to answer call lights, and he does not get showers or bed baths on the days he is supposed to. Review of Resident #18's Admission Record showed he was admitted to the facility on [DATE] with medical diagnoses including generalized muscle weakness, unsteadiness on feet, need for assistance for personal care, severe morbid obesity, chronic pain syndrome, and Type 2 Diabetes Mellitus with diabetic neuropathy. (continued on next page)

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 11/06/2024
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #18's Quarterly Minimum Data Set (MDS), dated [DATE], Section C-Cognitive Patterns revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating the resident was cognitively intact. Review of Resident #18's Care Plan, dated 07/18/2024, showed the resident needed assistance with ADLs. The Care Plan Goal regarding ADLs showed staff will help the resident with all ADL needs so Resident #18 appears neat, tidy and with the absence of foul body odor. The Care Plan Interventions included assistance with all ADL care to ensure all daily needs are met. Honor shower preferences. Review of Resident #18's EMR Task Menu showed in the last 30-day period, the resident had one shower on 10/28/2024. 3. On 10/21/2024 at 12:50 p.m. during an observation and interview, Resident #7 was observed dressed and seated in his wheelchair eating lunch. His family member (FM) was in a chair at the resident's side assisting him with lunch. Resident #7's FM stated the facility is always short staffed with nurses and CNAs. She said Resident #7 does not always get showers on his shower days and will not get one until she speaks with the staff. Review of Resident #7's Admission Record showed the resident was admitted to the facility on [DATE] with medical diagnoses including Parkinson's disease, need for assistance with personal care and history of falling. Review of Resident #7's Quarterly MDS, dated [DATE], Section C-Cognitive Patterns revealed a BIMS score of 11 out of 15 indicating the resident was moderately impaired cognition. Review of Resident #7's Care Plan, dated 11/06/2023, showed the resident needed assistance with ADLs. The Care Plan Goal regarding ADLs showed staff will help the resident with all ADL needs so Resident #7 appears neat, tidy and with the absence of foul body odor. The Care Plan Interventions included assistance with all ADL care to ensure all daily needs are met. Honor shower preferences. Review of Resident #7's EMR Task Menu showed in the last 30-day period, the resident had one shower on 10/17/2024. 4. On 10/21/2024 at 10:15 a.m. during an observation and interview, Resident #17 was observed dressed and sitting in his wheelchair watching a movie on his personal electronic device. Resident #17 said staffing in the facility is really bad and he doesn't always get a shower on his scheduled day because of short staffing. Resident #17 said he has even asked for a shower appointment on days when he does not get a shower on his scheduled day. He said he would at least like to have a shower on the two shower days he is scheduled for. Review of Resident #17's Admission Record showed the resident was admitted to the facility on [DATE] with admitting diagnoses including central cord syndrome, lack of coordination, contractures of left and right knee, dizziness and giddiness, paralytic syndrome, need for assistance with personal care. Review of Resident #17's Quarterly MDS, dated [DATE], Section C-Cognitive Patterns revealed a BIMS score of 14 out of 15 indicating he was cognitively intact. (continued on next page)

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 11/06/2024
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #17's Care Plan, dated 09/09/2022, showed the resident needed assistance with ADLs. The Care Plan Goal regarding ADLs showed staff will help the resident with all ADL needs so Resident #17 appears neat, tidy appearance. The Care Plan Interventions included assistance with all ADL care to ensure all daily needs are met. Honor shower preferences. Review of Resident #17's EMR Task Menu showed in the last 30-day period, the resident had showers on 10/03/2024, 10/17/2024, 10/21/2024 and 10/28/2024. 5. An observation was conducted on 10/21/24 at 11:15 a.m. of Resident #24 lying in bed asleep. Her breakfast tray was sitting on her bedside table pushed approximately five feet aware from her bed, out of her reach. The call bell was also observed to be hanging on the wall out of reach for the resident. Review of Admission Records showed Resident #24 was admitted on [DATE] with diagnoses including adult failure to thrive, dysphagia, dehydration, dementia, and moderate protein-calorie malnutrition. Review of Resident #24's care plan, dated 7/22/24, showed a focus for impaired nutritional status. Interventions included: monitor/document/report to speech therapy as needed for signs and symptoms of dysphagia and provide assistance with all meals as needed. 6. On 10/22/24 during the lunch meal the following was observed: - 12:03 p.m. the lunch meal carts arrived to A wing, four residents were observed in their wheelchairs, sitting around the table in the common area/dining room. No staff were seen in the area. - 12:13 p.m. a staff member served the four residents their lunch meal, set the meal up and walked away. - 12:19 p.m. no staff member in the dining room, one resident (Resident #25) calling for assistance and appeared to be having a difficult time eating, another resident was observed just looking at the tray. - 12:20 p.m. notified the A wing Unit Manager (UM) of Resident #25 needing assistance. The UM approached and spoke with resident, then proceeded back to the nurses' station. - 12:25 p.m. Resident #25 still requesting assistance. - 12:35 p.m. notified a passing CNA of Resident #25 request, CNA said OK and kept walking. - 12:54 p.m. All four residents still at dining table, two (one being Resident #25) residents had not touched their meals and one resident is calling out loudly. Two CNAs were at the far corner of the dining room talking. Three staff members (unit clerk, UM, and nurse) were observed at the nurse's station. No staff member attempted to assist the residents. - 12:55 p.m. Surveyors requested staff assist residents in the dining room. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Admission Records for Resident #25 showed she was admitted on [DATE] with diagnoses including anemia, unspecified lack of coordination, gastrointestinal hemorrhage, dementia and moderate protein-calorie malnutrition. Review of Resident #25's care plan, 12/7/23, showed a focus for impaired nutritional status or am at risk for alteration in my nutritional status . Interventions included: monitor/document/report to speech therapy as needed for signs and symptoms of dysphagia and provide assistance with all meals as needed. Review of a facility policy titled Activities of Daily Living, reviewed 10/25/24, showed the following: Policy Statement Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy interpretation and implementation: 1. Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their condition(s) demonstrate that diminishing ADLs are unavoidable. (a.) The existence of a clinical diagnosis or condition does not alone justify a decline in a resident's ability to perform ADLs. (b.) Unavoidable decline may occur if he or she: (1.) Has a debilitating disease with known functional decline. (2.) Has suffered the onset of an acute episode that caused physical or mental disability and is receiving care to restore or maintain functional abilities; and /or (3.) Refuses care and treatment to restore or maintain functional abilities and: (a). the resident and or representative has been informed of the risk and benefits of the proposed care or treatment; and (b). He or she has been offered alternative interventions to minimize further decline; and; (c.) the refusal and information are documented in the resident's clinical record. 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: (continued on next page)

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 11/06/2024
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(a.) Hygiene (bathing, dressing, grooming and oral care); (b.) Mobility (transfer and ambulation, including walking); (c.) Elimination (d.) Dining (meals and snacks) (e.) Communication (speech, language, and any functional communication systems). 3. Care and services to prevent and/or minimize functional decline will include appropriate pain management, as well as treatment for depression and symptoms of depression. 4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate. 5. A resident's ability to perform AIs will be measured using clinical tools, including the MDS. Functional decline or improvement will be evaluated in reference to the Assessment Reference Date (ARD) and the following MDS definitions. (a.) Independent - Resident completed activity with no help or staff oversight at any time during the last 7 days. (b.) Supervision: Oversight, encouragement or cueing provided 3 or more timed during the last 7 days. (c.) Limited Assistance - Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days. (d.) Extensive assistance - while resident performed part of activity over the last 7 days, staff provided weight bearing support. (e.) Total Dependence - Full staff performance of an activity with no participation by resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look back period. 6. Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. 7. The resident's response to interventions will be monitored, evaluated and revised as appropriate.

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 11/06/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234 Based on observations, interviews, and record review, the facility failed to provide proper wound care to prevent the development of complications for four residents (#19, #21, #22, and #20) of four reviewed for wound care. Finding included: 1. An observation was conducted on 10/21/24 at 10:11 a.m. of Resident #19 in bed with the head of the bed elevated. He had a bandage on his right anterior forearm. The bandage was approximately 6 by 4 and clearly visible. The bandage had a faded date of 10/8/24 written on it. The same bandage remained in place on 10/22/24 and 10/23/24. Review of Admission Records showed Resident #19 was admitted on [DATE] with diagnoses including severe protein-calorie malnutrition and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. Review of Resident #19's orders showed an order for Skin Check: Complete weekly body assessment every evening shift every Monday for skin integrity, dated 9/25/24. There were no additional orders related to wound care. Review of Resident #19's Comprehensive Care Plan, 6/25/24, showed a focus area of alteration in skin integrity and at risk for impaired skin integrity related to reduced mobility, generalized weakness, malnutrition, and incontinence. Interventions included: administer treatments as ordered and monitor for effectiveness, frequent repositioning, and inform resident/family/doctor of any new areas of skin breakdown. Review of Resident #19's progress notes did not reveal any documentation on 10/8/24 related to a wound or bandage. Review of Weekly Skin Observations, dated 10/14/24 and 10/21/24, written by Staff C, Registered Nurse (RN) showed Resident #19 had no skin integrity concerns. An observation and interview was conducted on 10/23/24 at 10:08 a.m. with Staff D, Certified Nursing Assistant (CNA). Staff D was observed looking at Resident #19's right arm bandage. She confirmed it was dated 10/8/24. She said she believed the resident received a skin tear during the hurricane evacuation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview and observation was conducted on 10/23/24 at 10:10 a.m. with Staff C, RN. Staff D, CNA was present during the observation. She said she did not know what happened. Staff C said she had not put any bandages on the resident, so she hadn't seen it yet. Staff C confirmed she routinely cared for Resident #19. Staff C was observed entering the room of Resident #19 and assessing his right arm. She confirmed the bandage was dated 10/8/24 and said the resident should have been seen by wound care. Staff C said she had not noticed the bandage before. Staff C gathered supplies and re-entered the room and began removing the bandage. The bandage was not easily removed, the non-adherent portion of the bandage was stuck to the skin. Once removed, an open area approximately 1 inch long by 1/2 inch wide with sanguineous drainage was observed. The surrounding skin looked to be dark red and blue-tinged bruising extending approximately 1-1.5 inches on all sides forming a circular shape. The RN used gauze and saline to clean the wound, applied triple antibiotic ointment, and covered with a new foam bandage. The RN did not date or initial the bandage. A follow-up interview was conducted on 10/23/24 at 1:00 p.m. with Staff C, RN. She said, For the weekly skin check I don't know what the protocol is but what I do is tell the CNA when they shower the resident to let me know so I can do an assessment and then I chart it. 2. An observation and interview was conducted on 10/21/24 at 10:47 a.m. with Resident #21. The resident was observed to have two bandages on his left leg, one on his knee and one on his foot. The bandage on the left knee had slid down his leg leaving the open wound exposed. The resident was also observed to have a bandage on his right knee and no bandage on his right foot. The bandage on the right knee was observed to have blood soaked through the underside. The right foot had an open wound on his 2nd toe and on his heel. None of the bandages in place had a date notated. Resident #21 said, I'm very upset. This is why I have come here. He said he was really worried because he didn't want any further infections. He said he had not had a dressing change for the 10 days he had been at the facility. He said he kept asking the nurses about changing the bandages with no follow-up on their part. He said no one responded to his call bell for two days and he felt very isolated. Review of the Admission Records showed Resident #21 was admitted on [DATE] with diagnoses including gangrene, peripheral vascular disease, Type 2 Diabetes, and unspecified open wound, unspecified knee. Review of Resident #21's Brief Interview for Mental Status (BIMS), dated 10/23/24, showed a score of 12, indicating he was cognitively intact. Review of the physician orders for Resident #21 revealed: -On 10/20/2024 wound consult on bilateral knees and left foot. -On 10/20/2024 cleanse left foot surgery with normal saline and apply abd [abdominal] pad and wrap with kerlix daily and prn [as needed], in the evening. -On 10/20/2024 cleanse knees with normal saline and apply xeroform and wrap with kerlix daily and prn [as needed], in the evening. -On 10/15/2024 Weekly skin check, Friday, every evening shift every Friday. Review of the Treatment Administration Record (TAR) for Resident #21 revealed: (continued on next page)

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 11/06/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cleanse knees with normal saline and apply xeroform and wrap with kerlix daily and prn. in the evening -Start Date10/21/2024 1500, marked completed on 10/21/24 and 10/22/24. -Cleanse left foot surgery with normal saline and apply abd pad and wrap with kerlix daily and prn in the evening -Start Date10/21/2024 1500, marked completed on 10/21/24 and 10/22/24. -Weekly skin check, Friday every evening shift every Fri -Start Date10/18/2024 1500, marked completed on 10/18/24. Review of Residet #21's Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form (AHCA form 3008), dated 10/15/24 revealed Section T: Skin Care showed bilateral knee eschar wounds. Section E: Medical Condition surgical procedure performed showed bilateral knee debridement, and Primary diagnosis of sepsis eschar. Review of Resident #21's Skilled Daily Nursing Note, dated 10/21/24 was not completed in the Skin and Services and Interventions sections. Review of Resident #21's care plan showed a focus of skin impairment and at risk for future impaired skin integrity related to impaired mobility, bilateral knees, left foot surgery. Date Initiated: 10/16/2024. Interventions included Administer treatments as ordered and monitor for effectiveness. Date Initiated: 10/16/2024. A follow-up observation and interview was conducted on 10/22/24 at 1:50 p.m. with Resident #21. The resident's bandages remained in the same condition as they were the previous day. The resident confirmed the bandages had not been changed. He said he was not sure why he was there and if the facility did not do something soon, he would leave against medical advice (AMA). On 10/23/24 9:30 a.m. Resident #21 was observed rolling through the front corridor with the same loose, undated dressing in place. An interview was conducted on 10/23/24 at 2:48 p.m. with Staff E, LPN. She said on admission the process is to do a full skin check and if there are issues with wounds, or they did not come in with orders the doctor should be called and a wound consult put in the computer. She confirmed Resident #21 did not have wound orders from 10/15/24 when he was admitted until 10/20/24. She said she would not expect a resident to be admitted with a wound and not have orders for five days. Review of Resident #21's progress note, dated 10/23/24, showed the resident left the facility AMA. 3. Review of Resident #22 Admission Records showed he was admitted on [DATE] with diagnoses including sepsis, unspecified protein-calorie malnutrition, chronic pain, other specified local infections of the skin and subcutaneous tissue and acquired absence of the right and left leg above the knee. He was readmitted on [DATE] with the additional diagnoses of osteomyelitis, arthritis due to other bacteria unspecified joint, and unspecified open wound, left hip, subsequent encounter. Review of Resident #22's physician orders showed: (continued on next page)

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 11/06/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--Wound vac order initiate NPWT (negative pressure wound therapy) treatment with facility device. Apply wound VAC (vacuum assisted closer device) foam and seal. Connect to wound VAC machine at 120mmHg continuous suction. Wound VAC dressing change Monday, Wednesday, Friday. Patient requires prompt management of stool and urine to avoid soiling of wound. The wound care team can make appropriate changes to this order if necessary, as long as changes are communicated to the primary medical team. Dated 10/4/2024. --Wound VAC: setting 120. Every shift for wound care. Dated 10/4/2024. --Cleanse left buttock with Dakin's solution, pat dry, apply wound VAC Monday, Wednesday, Friday and PRN. Every day shift every Mon, Wed, Fri for wound care and as needed if soiled/saturated. Dated 10/4/2024. Review of Resident #22's Care Plan showed a focus area of skin integrity impairment and is at risk for future skin impairment, left buttock, dated 2/9/24. Interventions included wound VAC NPWT treatment as per orders, dated 6/5/24. Review of Resident #22's Treatment Administration Record (TAR), from 9/1/24 to 9/20/24, revealed the resident did not receive his wound care treatment on 9/27/24, while at the hurricane evacuation site. Wound care was also missed on 9/4/24 and 9/11/24 with no documentation as to why. Review of Resident #22's progress note, dated 9/27/24, documenting the order to cleanse left buttock with Dakin's solution, pat dry, apply wound VAC Monday, Wednesday, Friday, and as needed as offsite UTA [unable to assess]. A progress note, dated 9/29/24, revealed 911 was called and the resident was sent to the emergency room for evaluation and treatment related to abnormal vital signs. His oxygen saturation was 85%, heart rate 102, blood pressure 100/63. Review of Resident #22's hospital History and Physical (H&P) from 9/29/24 showed the following: He was then evacuated to another facility during the recent hurricane, and he was there for 3 days where the wound VAC was not changed. When he went back to his regular rehab he started to feel ill, and he was sent here for evaluation . The H&P diagnoses list nonhealing left hip surgical wound now with osteomyelitis and septic arthritis of left hip and severe sepsis secondary to osteomyelitis and septic arthritis. An Operative Report, dated 10/1/24, showed Resident #22 had Excisional debridement left hip with placement of negative pressure wound dressing. Review of Resident #22's AHCA Form 3008, dated 10/3/24, showed he was discharged from the hospital and returned to the facility on [DATE]. The resident was discharged on antibiotics and a wound VAC. There were instructions to follow-up at the wound care clinic in 1 week and the surgeon in 2 weeks. Review of Resident #22's TAR from 10/1/24 to 10/29/24 showed he did not receive his ordered wound care on 10/14/24 and 10/28/24. 4. An observation and interview was conducted on 10/23/24 at 12:38 p.m. with Resident #20. The resident was lying in bed uncovered. A large bandage was observed on her anterior lower right leg. The bandage was not dated. The resident said she had fallen and hit her leg about a month ago and the dressing had not been changed since she was admitted to the facility. The resident said she had a skin tear on her left leg, but it was almost healed. Resident #20 said the wound on her right leg is not being taking care of to my liking. (continued on next page)

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 11/06/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Admission Records showed Resident #20 was readmitted after a hospital stay on 10/14/24 with diagnoses including unspecified physeal fracture of lower end of left fibula, subsequent encounter for fracture with routine healing, muscle weakness (generalized), difficulty in walking, not elsewhere classified, unsteadiness on feet, and unspecified lack of coordination. Review of Resident #20's physician orders did not reveal any orders for wound care. There was an order for weekly skin checks every Wednesday, dated 7/24/24. Review of Resident #20's BIMS, dated 10/22/24, revealed a score of 13, indicating she was cognitively intact. Review of Resident #20's Care Plan showed a focus of risk for impaired skin integrity related to impaired mobility and pain. Date Initiated: 06/25/2024. Interventions included skin checks on resident's shower days. Report any abnormalities to nurse. Review of Resident #20's Admission Nursing Evaluation, dated 10/115/24, showed the resident's skin condition as skin clear and ashen. There was no documentation on a wound on the resident's right lower leg. Review of Resident #20's AHCA Form 3008, undated, showed she had a skin tear to her right foot and right shin. Review of Resident #20's Progress notes did not reveal any notes related to a wound on her right lower leg. An interview and observation was conducted on 10/23/24 at 2:23 p.m. with Staff J, LPN. He confirmed he knew Resident #20 and was assigned to care for her. He said the resident had very thin skin and wore a boot on her left leg due to a previous fracture. When asked about the wound on her right leg he said he did not think she had one. Staff J was observed entering Resident #20's room and assessing her right leg. He then said he did recall seeing the bandage she had on when she was admitted . Staff J reviewed the resident's orders and confirmed she did not have any wound care orders and did not know what type of wound she had under the bandage. He said she should have had wound care orders when she arrived. He was again observed entering Resident #20's wound with wound care supplies. He had a difficult time removing the bandage due to the non-adherent part of the bandage being stuck to the wound scab. The bandage had dry drainage on the center. When it was removed the scab was pulled off the skin tear on the resident's leg. Staff J was observed cleaning the skin tear with saline, putting triple antibiotic ointment in place and applying a new bandage. An interview was conducted on 10/25/24 at 3:23 p.m. with the Assisted Director of Nursing (ADON). She stated skin checks occurred weekly for each resident. She said when a resident is admitted with a bandage, the nurse should get orders from the provider, and it should be documented on the skin assessment. The ADON said skin tears should be included on the skin assessments for residents. She said all bandages should be changed per doctor orders. She said a bandage dated 10/8/24 should not have remained on the resident on until 10/23/24. She stated, This would be an infection risk. She said she would have expected Resident #19's wound to have been on his 2 skin checks that had been completed. The ADON said for Resident #20 she would have expected the nurse to have called the doctor to have gotten wound care orders and for the bandage to have been changed. (continued on next page)

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 11/06/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on 10/29/24 at 11:07 a.m. with the DON. She said if a resident had a bandage on admission the nurse should remove the bandage and see What is under there and get orders, unless it is a surgical site. The DON said that is Nursing 101. She said she would have expected Resident #21 to have had orders upon admission, not five days later. Review of a facility policy titled Wound care policy, reviewed 10/25/24, showed the following: Purpose The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Preparation 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan to assess for any special needs of the resident. (a.) For example, the resident may have PRN orders for pain medication to be administered prior to wound care. 3. Assemble the equipment and supplies as needed. Date and initial all bottles and jars upon opening. Wipe nozzles, foil packets, bottle tops, etc. with alcohol pledget before opening as necessary. (Note: This may be performed at the treatment cart) Equipment and Supplies The following equipment and supplies will be necessary when performing this procedure. 1. Dressing material, as indicated (i.e. gauze tape, scissors, etc.) 2. Disposable cloths as indicated. 3. Antiseptic (as ordered) and 4. Personal protective equipment (e.g. gowns, gloves, mask, etc., as needed. Documentation: The following information should be recorded in the resident's record: 1. The type of wound care given. 2. The date and time the wound care was given 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Any change in resident's condition. 6. All assessment data (i.e. wound bed color, size , drainage, etc.) obtained when inspecting the wound. 7. How the resident tolerated the procedure. 8. Any problems or complaints made by the resident related to the procedure. 9. If the resident refused the treatment and the reason why. 10. The signature of the person recording the data. Reporting: 1. Notify the supervisor if the resident refuses the wound care. 2. Report other information in accordance with facility policy and professional standards of practice.

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48223 Based on interviews and record review, the facility failed to provide a hazard free environment and adequate supervision for three residents (#3, #8, and #12) of three reviewed for falls with injuries, resulting in the need for transfer to a higher level of care for evaluation and treatment. This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Residents #3, #8, and #12 and resulted in the determination of Immediate Jeopardy on [DATE]. The findings of Immediate Jeopardy were determined to be removed on [DATE] and the severity and scope was reduced to a E. Findings included: 1. Review of Resident #3's progress note, dated [DATE] at 9:48 a.m., authored by Staff M, Licensed Practical Nurse (LPN) showed the following: Upon arriving on the unit and doing rounds the resident was observed sitting in wheelchair by resident's room door chanting but not outside of her normal behavior. Another nurse came and informed the nurse that the resident posture was not looking normal and if I would assess her. Upon walking up to the resident, the posture was abnormal, and her leg was twisted. When approaching the resident to touch her she begin screaming. Wheelchair was in locked position. The resident admitted to pain and responded to yes or no type questions. The nurse asked if she was in pain she stated 'yes'. The nurse asked was her leg bothering her and she stated 'yes'. The nurse asked did she fall, and she stated, 'yes'. When asked can the nurse look at her leg she stated, 'no don't'. PRN [as needed] offered to resident for pain but resident was not eating or drinking breakfast tray in front of her. EMS [Emergency Management Services] arrived and took resident to [Hospital Name]. Supervisor notified [family member] of resident's transfer. [Physician] office notified. Review of Resident #3's progress note, dated [DATE] at 2:45 p.m., authored by Staff M, LPN showed the following: The nurse spoke with ER [emergency room] at [Hospital Name] and was notified that the resident was admitted for UTI [Urinary Tract Infection] and hip fracture. Review of Admission Records showed Resident #3 was admitted on [DATE] with diagnoses including pacemaker placement, weakness, low back pain, Alzheimer's disease, and other co-morbidities. Review of Resident #3's Quarterly Minimum Data Set (MDS), dated [DATE], showed the resident required maximum assistance with all ADL care, the resident did not have a condition or chronic disease that may result in a life expectancy of less than 6 months, and the resident had not had any falls since admission/entry or reentry prior to the assessment. Review of Resident #3's Comprehensive Care Plan, [DATE], showed the following: Focus: Resident needed assistance with activities of daily living because of a diagnosis of dementia with memory impairment, pain, and weakness. (continued on next page)

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Goals included: -Caregivers will be able to perform a safe transfer using proper body mechanics with 100% carryover by the next review date. -Resident will perform self-feeding tasks with supervision or touching assistance by next review date. -Staff will help me with all my ADL needs so that I appear neat and tidy with absence of foul body odor through next review. Interventions included: -Anticipate resident's needs. -Assist me with hygiene, bathing, dressing, toileting and transfers. -Assist me with toileting promptly when requested. -Assist with all ADL care to ensure daily needs are met. Check nails, trim and clean on bath day and as necessary. -Encourage/allow me to do as much for self as possible with feeding self, provide assistance with ADLs that I am unable to do for myself as indicated. -Keep call bell within reach and remind/encourage me to use it to call for assistance. -Skin inspections twice a week on shower days and with ADL care: Observe for redness, open areas, scratches, cuts, bruises and report changes to the Nurse. Review of the facility's Incident Log, from [DATE] to [DATE], did not reveal any incidents related to Resident #3 suffering an injury of unknown origin. Review of the facility's Abuse and Neglect Log, from [DATE] to [DATE], did not reveal any allegations/incidents of abuse or neglect for Resident #3 had occurred or been reported. Review of Resident #3's progress note, dated [DATE] at 3:20 p.m., authored by the Nursing Home Administrator (NHA) showed: Writer spoke to [family member] who stated that she was with [Resident #3] at the hospital and [Resident #3] was admitted with a hip fracture and UTI. I notified [family member] that we were working on the root cause investigation, and she was satisfied and understood. (continued on next page)

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Emergency Department (ED) records for Resident #3, dated [DATE], showed per EMS she had a possible trip and fall it was unwitnessed, but she does slip out of her wheelchair multiple times per the facility has a history of hip fracture falls . It showed prior to arrival in the ED the resident had 70 mcg (micrograms) of Fentanyl for pain, and she endorsed pain when pressing on her right hip. The extremities physical assessment showed, no deformity, moderate trauma. Difficult to examine the patient's right leg patient is curled up in bed she usually is in a wheelchair moderately confused and not following direction with palpitation of the patient's right thigh/right hip she does scream in excruciating pain . Review of the hospital History and Physical for Resident #3, dated [DATE], showed the resident was brought to the emergency department after she was found on the floor .patient found to have right periprosthetic proximal fracture with significant angulation . Review of the hospital Operative Reports for Resident #3, dated [DATE], showed the resident underwent an open reduction and internal fixation of right periprosthetic proximal femur fracture. The surgeon noted, The rationale for surgery would be for palliative measures. I do not anticipate this fracture will heal to the point where she will be more functional than she was before the injury, which was bedbound, wheelchair dependent, non-weight bearing. My hope is that the incision heals, and she does not develop any perioperative complications arising, such as blood clots, infections, wound healing problems, fractures, dislocations, or risks of the medications and anesthesia. Review of Resident #3's progress note, dated [DATE] at 3:36 p.m., authored by the Director of Nursing (DON) showed: Investigation and statements stated that fx [fracture] happened during transfer of resident from bed to chair. Resident at no time had a fall. Daughter made aware of findings of investigation. An interview was conducted on [DATE] at 4:43 p.m. with the DON and Risk Manager (RM). The DON stated during an investigation it was determined Resident #3's fracture occurred during a transfer. The DON said she had been notified the resident was transferred out with a potential fracture on [DATE]. She stated an investigation was started to see how the possible fracture happened. She said a report was not filed for abuse or neglect as the fracture occurred during transfer. An interview was conducted on [DATE] at 5:08 p.m. with the Nursing Home Administrator (NHA) and the Administrator in Training (AIT). The NHA said he became aware of Resident #3's fracture during a morning meeting on [DATE] when a nurse's note was read that stated Resident #3 had a fall. He said the management team reviewed the statements from the staff who worked, and everyone stated there was no fall. He said the management team did not complete interviews, they just read the written statements received. The NHA explained the Department of Children and Families (DCF) came in later that same morning ([DATE]) as the hospital had contacted them regarding the fracture. The NHA said the management team investigated and determined Resident #3 did not have a fall, therefore they did not file a reportable event. The NHA said the investigation they did, did not indicate how the resident was transferred to the wheelchair. During a follow-up interview on [DATE] at 9:38 a.m. with the NHA. The NHA stated he did not know how the fracture occurred, he stated, I went off the DCF investigation. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 5:35 p.m. with Staff M, LPN. Staff M stated being familiar with Resident #3 and recalled the event on [DATE]. She said upon arrival to the unit on [DATE], Resident #3 was up in the wheelchair. Staff M said Resident #3 was usually self-propelling around the unit and talked nonsensically. She said on the morning on [DATE] Resident #3 was not self-propelling nor speaking as usual. Staff M said she did not think much of it, she thought maybe Resident #3 was just tired from the night before. She said another nurse came to her and asked if she thought Resident #3 looked funny. She stated, I then noted the angle of Resident #3's leg was not right. Staff M said she went to assess the resident's leg and as soon as she reached for her leg, Resident #3 started screaming. Staff M said the resident answered yes to being in pain when asked. She said Resident #3 was not able to be touched therefore they contacted 911. Staff M said when she was on the phone with 911, the DON told her to cancel the call, because the x-rays could be conducted in the facility. Staff M said she did not cancel the call and when 911 arrived, they had to sedate Resident #3 so she could be moved from the wheelchair to stretcher. An interview was conducted on [DATE] at 12:00 p.m. with Staff O, Certified Nursing Assistant (CNA). Staff O said she recalled Resident #3 and the shift when the fracture occurred. She said she worked [DATE] for the 3 p.m. to 11 p.m. shift and the 11 p.m. to 7 a.m. shift ending [DATE]. Staff O said she was not assigned to Resident #3. She said Staff P, CNA asked her to help transfer Resident #3. Staff O explained she overheard Resident #3 scream multiple times during the night, which is normal for her, so she did not think much about it. Staff O said when she entered the room to assist Staff P, Resident #3 screams were different, painful almost. She said she helped Staff P place Resident #3 in the wheelchair. Staff O explained for the transfer of Resident #3, she placed her arm under the resident's, to assist with standing. She said the two CNAs had the resident pivot and they assisted the resident to sit in the wheelchair. Staff O said she does not recall if the resident scream out or just took a deep breath during the transfer, but it was very quick. Staff O said Staff P was rushing and wanted to get off shift. Staff O said typically when Resident #3 was in the wheelchair, she self-propelled throughout the unit but she did not go anywhere. She said she thought Resident #3 was just tired from being up most of the night. Staff O said later that same morning she observed blood on the arm of Resident #3 and informed the nurse. Staff O stated no skin tears occurred during the transfer. Staff O stated no one ever spoke with her regarding the fracture until the next day when the supervisor asked her to write a statement as Resident #3 had a fracture. She stated she did not hear anything else regarding the subject. An interview was conducted on [DATE] at 11:38 a.m. with Staff Q, CNA. Staff Q recalled working [DATE] on the 11 p.m. to 7 a.m. shift into [DATE] and stated Resident #3 was on the morning list to get up early. She said Staff P, CNA was assigned to Resident #3 and would have been the one to transfer the resident. She said she did not recall anyone mentioning anything throughout the shift, it was a normal night until she noticed Resident #3 had blood on her hand and was gripping her hip. Staff Q said she brought this to the attention of Staff M, LPN and Staff G, LPN. She said the nurses commented about the resident's leg looking odd. She said she didn't notice the resident's leg at the time as she was looking at the blood on her hand. She said Staff M, LPN called 911 and while Staff M was on the phone, the DON told her to hang up because we could take care of the resident here. She said the nurse didn't hang up the phone. Staff Q said she was surprised that no one asked her about the incident. (continued on next page)

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 11:18 a.m. with Staff G, LPN. Staff G confirmed he worked the evening of [DATE] into the morning of [DATE] and said he was the one that saw Resident #3 sitting in her wheelchair and her leg bent awkwardly. Staff G said he informed Staff M, LPN and told her to look at Resident #3 and Staff M immediately said, Oh her leg is broken. Staff G said they were not able to touch the leg because the resident would scream. Staff G said no one looked into how the fracture occurred. Staff G said they didn't know if Resident #3 fell and just got put back in the wheelchair. He said Resident #3 didn't ever try to walk or get out of bed and to his knowledge had never fallen before. Staff G said management did not know what happened, they got statements from a couple of CNAs then moved Staff P, CNA, who was assigned Resident #3, to a different floor. Staff G said, there were Many incidences of neglect that could have been prevented. He said, It is my belief she died from it, speaking of Resident #3's hip fracture. Review of the facility's staff roster did not list Staff R, LPN. The AIT stated Staff R, LPN is no longer employed at the facility but gave the last known phone number. On [DATE] at 4:00 p.m. the number was called, and a message was heard stating the number had been disconnected. An interview was conducted on [DATE] at 2:35 p.m. with Staff P, CNA. Staff P stated she recalled Resident #3 and worked with on the 11p ([DATE]) to 7a ([DATE]) shift. Staff P said, I don't know anything about a fracture. Staff P said she arrived at the unit and Resident #3 was in the bed sleeping. Staff P said around 2:00 a.m. she completed incontinence care for Resident #3 while the resident slept. Staff P added Resident #3 was a squealing person, Resident #3 squeals all the time. She said Resident #3 was on the get up list so she got Resident #3 dressed and requested assistance from another CNA with the transfer to the wheelchair. Staff P could not recall how the transfer of Resident #3 occurred and denied any knowledge of a fracture or skin tear. Staff P said, If something happened maybe on her [Staff O, CNA]. Staff P, CNA stated, I didn't do anything wrong, DCF and the NHA said so. Staff P then disconnected the phone call. Review of Resident #3's primary care provider (PCP) note, dated [DATE], showed Patient was readmitted to [facility] on [DATE]. Patient was sent to ER for right hip pain that she sustain during a fall per hospital records. Review of Resident #3's Social Service note, dated [DATE] showed Resident will be hospice resident as of tomorrow, [DATE] . A progress note, dated [DATE], showed Resident without vital signs. Family made aware. Hospice was also notified. An interview was conducted on [DATE] at 4:37 p.m. with Staff N, (CNA). Staff N said she had taken care of Resident #3 several times and did hear about the fracture. She said she was not working at the time of the incident but heard the CNA tried to transfer Resident #3 and dropped her. Staff N said, Sad, resident was perfectly fine before the fall, when she came back, she just went downhill medically, never the same. An interview was conducted on [DATE] at 2:37 p.m. with Resident #3's primary care provider (PCP). He said he remembered the incident with Resident #3 and recalled that Staff H, Nurse Practitioner (NP) was upset neither of them were notified. The PCP reviewed Resident #3's medical records. He said the hospital records showed the resident had a fall and another note said there were no falls. He said, I would assume the facility has protocols in place if a resident had a fracture and they don't know where it came from. He said there should be a protocol and procedure for falls/injuries. (continued on next page)

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 2:47 p.m. with Staff H, Nurse Practitioner (NP). She said she was a provider for Resident #3. She said she had not been notified when Resident #3 had a fall. She said facility staff should have called when something happened to a resident. She said she did not know until the resident returned from the hospital and she saw the fall in the hospital record. Staff H said the resident was having pain but was stable after she returned. She said, For sure, they should look into that if it is not known where the fracture came. Staff H said the resident's fracture was fixed for comfort, not really to be able to walk on it. 2. Review of the facility's Admission/Discharge To/From Report, dated [DATE] to [DATE], revealed Resident #8 was discharged to an acute care hospital on [DATE]. Review of the facility's Incident Log, dated ,d+[DATE] to ,d+[DATE], revealed Resident #8 had a fall on [DATE]. Review of a progress note for Resident #8, dated [DATE] at 11:35 p.m., by Staff S, LPN showed, This writer noticed other nurses and cna's running down the hall, I went to see what was going on and witnessed other nurses assisting the resident and speaking to keep to keep [sic] him awake. A focus assessment was performed on the resident. Resident Vital signs, kept residents on his Rt [right] side to prevent aspiration, held gauze and applied pressure to eyebrow area. 911 was called and stayed with the patient until EMS [Emergency Management Service] arrived. A message was left with the PCP [Primary Care Provider] answering service. Family was called and voicemail was left, shift supervisor was notified. Review of Admission Records showed Resident #8 was admitted on [DATE] with diagnoses including Cerebrovascular Accident (stroke) with right hemiparesis, sepsis, dysphagia, wounds, and other co-morbidities. Review of Resident #8's Admission MDS, dated [DATE], showed the resident was dependent with all activities of daily living care (ADL), had impairments in both upper and lower extremities preventing movement, and the resident had not had any falls since admission/entry or reentry prior to assessment. An interview was conducted on [DATE] at 3:31 p.m. with Staff S, LPN. Staff S, LPN confirmed working with Resident #8 on [DATE] and recalled the incident. Staff S recalled coming out of another resident's room seeing all these employees going to Resident #8's room. Staff S said she immediately followed, as she was the assigned nurse. She said upon arrival, she noted Resident #8 on the floor with blood on his head. Staff S said the CNA responsible for the resident (Staff T, CNA) stated she turned the resident, and he rolled out of the bed. She stated Resident #8 had an air mattress with collapsable sides. Staff S stated she was not sure how this happened as Resident #8 was tall, thin, and did not move. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 5:13 p.m. with Staff T, CNA. Staff T confirmed she cared for Resident #8 on the night of [DATE]. She said he often had behaviors and yelled. She said she went in and talked to him, and he was calm. She said since the resident was calm, she thought she could clean him up on her own. She said she cleaned up his front and rolled him away from her to clean up his back side. She said the resident was on an air mattress and they are slippery. She said he was not really on a sheet. She said when she rolled him away from her, he slipped off the other side. She said she tried to catch him by his shirt, but he fell off and hit the floor. She said as that happened, she had to let go of his shirt and go search for someone to help. She said she went outside and got the nurse assigned to him. She said she didn't really know his injuries, but he was bleeding, and the nurse started working on him. The CNA said she had previously assisted with Resident #8 being cleaned and changed because he was sometimes combative. She said she was only worried about his behavior and thought since he was calm, she could change him herself. She said the CNAs do not know if a resident is a one-person or a two-person assist because it is not in the computer or on their Kardex. She said they have to go off of personal judgement and it is sometimes passed down from the previous shift's CNA. Staff T explained if shift to shift report was not completed, then you just go off your experience. She said the facility had not done any training on turning/positioning residents before or after the incident with Resident #8. Review of Resident #8's Comprehensive Care Plan, [DATE], showed the following: -Focus: Resident needed assistance with activities of daily living because of weakness. The goal showed: I will improve my ability to transfer, dress, toilet, ambulate by next review. The interventions included: Anticipate resident's needs; Assist me with all oral intake of food and fluids; Assist me with hygiene, bathing, dressing, toileting and transfers; Assist me with toileting promptly when requested; Assist with all ADL care to ensure daily needs are met. -Focus: The staff have identified that I am at risk for falls because of these risk factors: Unaware of safety needs. The goal showed: I will have minimized injury due to a fall through next review. The interventions included: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. -Focus: At times I can agitated, combative, continuous outburst. The goal showed: I will show a decrease in my episodes of being resistant thru next review. The interventions included: Allow choices when able to give resident feeling of control; Converse with during care about topic of interest to redirect; Monitor for effectiveness of medication prescribed to limit behavior; Report to Dr if not effective or behavior continues to decline; Psych eval and follow up per order. An interview was conducted on [DATE] at 1:10 p.m. with Staff Z, LPN UM (Unit Manager). Staff Z said residents were evaluated by therapy and those results were sent to the MDS team. She said MDS then enters the information about the functional level of the resident and that populates to the Kardex. She said it usually says dependent or max assist, something like that. She said dependent means two-person assist and maximum assist means ,d+[DATE]. When asked how the CNAs would know which to use since they cannot assess residents she said, That is all I know about the process. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 12:48 p.m. with Staff Y, CNA. She said the facility had not done any training on turning, positioning, or transferring residents. She said the CNAs do not know if a resident is a one or two-person assist or if they need a lift. She said the CNAs have To figure it out. Interviews were conducted from [DATE] to [DATE] at various times with the following staff: Staff U, D, W, X, V, N, O, Q, CNA's. During these interviews staff stated the computer system does not indicate specific directions for what level of care (i.e Assist of one, mechanical lift) is needed for residents' ADL needs. The staff stated usually they just know how to care for residents based on our experience. The CNAs said they try to complete shift to shift report to inform other CNAs of care needs, but it does not always happen with staffing patterns and time constraints. An interview was conducted on [DATE] at 2:23 p.m. with the MDS Coordinator. She said approximately a year ago, when the MDS changed from section G to section GG, it quit having an assist of 1 or two option. She stated related to the care plan not indicating a level of assistance needed, That is not a directive I have been given here. She said the CNAs would just know the level of care from passing it down in report. She doesn't know how else they would know. The MDS Coordinator confirmed CNAs cannot assess residents. Review of hospital records for Resident #8, dated [DATE], showed the resident presented to the emergency department and underwent a head and maxillofacial CT (computed tomography) scan which revealed an 8 millimeter (mm) subdural hemorrhage layering along the right frontotemporal convexity, with no significant midline shift, interval development of large right frontotemporal infarct is noted compared to February 2022, and possible acute/subacute. The resident was also noted to have a right front scalp hematoma which was a laceration, and sutures were applied. Upon arrival the resident was noted to have a forehead laceration with a dressing in place that was blood soaked. The resident was unable to answer questions correctly although he was attempting to. The CT scan results, dated [DATE], showed the following: Calvarium/Scalp: large right frontal scalp hematoma calvaria fracture evaluation limited by motion artifact. CT Maxillofacial: comminuted right greater than left nasal bone fractures moderate overlying soft tissue swelling. Review Resident #8's ER record showed the resident received 12 sutures to right eyebrow laceration. Resident #8 was admitted to the ICU (intensive care unit). No other documentation is available at this time. An interview was conducted on [DATE] at 4:10 p.m. with the NHA and DON. The NHA stated the facility was following Resident #8's plan of care with one-person assist. The NHA confirmed the care plan did not have assist requirements as an intervention. The NHA stated, I thought it was there. The NHA stated no investigation was needed. The NHA stated after comparing statements from staff he decided to eventually find the CNA neglected to utilize proper positioning techniques and the facility had no control over this. The NHA stated this was based on the DCF investigation. After the NHA spoke with the investigator, the NHA decided to start a neglect report. The NHA stated the report was filed and the nursing assistant was reported to the board. The NHA and DON stated no other actions needed to be taken. They stated they did not do any in-services, review their policies, or interview other residents. They stated no education was provided to staff post-incident. (continued on next page)

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted on [DATE] at 4:38 p.m. with the Director of Rehabilitation (DOR). He said Resident #8 had severe safety awareness concerns and had decreased coordination. He said Resident #8 was totally dependent and in therapy that means they would use two people to assist. He said nursing decides if two people should be used for transfers and care on the unit. He said the Resident #8 had rigid tone so Everything is total dependent, and he needs a lot of help. He said the resident having rigid tone means staff would have to hold him because he cannot hold himself while turning. He said if the resident was being turned, he would need a person on each side of him. The DOR stated, To roll him he still needs a lot of help. He said if the resident didn't have control, it is dangerous for a CNA to roll the resident away from them because they can roll off the bed if no one is on the other side. The DOR said for therapy, Total dependent means max assist; two people and lifts. Review of the facility's Abuse and Neglect Log, dated ,d+[DATE] to ,d+[DATE], did not reveal any reports after [DATE] of any incidents of abuse or neglect. An interview was conducted on [DATE] at 10:33 a.m. with the DON. The DON stated she had validated with the NHA, no other reports or allegations of abuse or neglect had been made since [DATE]. 3. Review of the facility's Admission/Discharge To/From Report, for dates [DATE] to [DATE], revealed Resident #12 was discharged to an acute care hospital on [DATE]. Review of Resident #12's progress notes, dated [DATE] at 3:31 p.m., authored by the DON showed: Resident had a fall blood pressure is ,d+[DATE] pulses 85. We're sending her to the hospital. Review of Resident #12's progress notes, dated [DATE] at 3:44 p.m., authored by Staff AA, Registered Nurse (RN) showed: Pt [patient] found on the floor at evacuation site. VSS [Vital Signs Stable]. EMS [Emergency Medical Services] on site. Pt sent to hospital. Family called. Message left. Review of Admission Records showed Resident #12 was admitted on [DATE] with diagnoses including hypertension, weakness, dementia, Huntington's disease, and other co-morbidities. Review of Resident #12's Admission MDS, dated [DATE], Section C, Cognitive Patterns, revealed a BIMS score of 8, indicated the resident had moderate cognitive impairment, Section J, Health Conditions showed no pain and no falls. Review of Resident #12's Physical Therapy Discharge Summary, dated [DATE], showed: Resident #12 was able to perform sitting to standing with the use of an assistive device; was able to transfer with supervision only, and was able to walk 150 feet with a front wheeled walker with contact guard assistance. Review of Resident #12 Comprehensive Care Plan, [DATE], shows: (continued on next page)

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 11/06/2024
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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Focus: The staff have identified that I am at risk for falls because of these risk factors: Dementia, use of anti-psychotic medication, use of antidepressant medication. The care plan interventions showed: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. -Focus: I need assistance with activities of daily living because of weakness. The care plan intervention showed: Anticipate resident's needs; Assist me with all oral intake of food and fluids; Assist me with hygiene, bathing, dressing, toileting and transfers; Assist me with toileting promptly when requested; Assist with all ADL care to ensure daily needs are met. -Focus: The resident has an ADL Self Care Performance Deficit r/t Activity Intolerance, r/t cognitive deficits. The interventions showed: Encourage the resident to participate to the fullest extent possible with each interaction; Encourage the resident to use bell to call for assistance; Anticipate needs not verbalized as resident does not always clearly make needs Nursing known. Keep call bell within reach, encourage use, answer promptly. An interview was conducted on [DATE] at 3:15 p.m. with the NHA and AIT. They stated the facility needed to prepare for evacuation to a church on [DATE]. The NHA said at the church the County Emergency Management showed up and stated the facility should move their residents to a county shelter. The NHA and AIT stated no one was seriously injured, no one died , and no one eloped. They said there may have been a skin tear. The NHA stated, We did the best we could. The NHA confirmed they did not compile a post-storm assessment, as they did not have time; they needed to get ready for the next storm. An interview was conducted on [DATE] at 11:50 a.m. with Staff V, CNA. Staff V stated, During the evacuation things happened. Staff V stated, Yes there was a fall. I was in the gym where [Resident #12] was assigned. The management did not leave out assignments for CNAs, so I am not sure who was responsible for [Resident #12]. Staff V said, I was in a doorway and heard a loud thud. I turned and noted [Resident #12[on the floor, it looked bad, no one was near. Staff V stated there was no walker and most of the residents came without their walkers/wheelchairs, etc. She said those items were not brought with them for the evacuation. Staff V, said the DON did finally come over to Resident #12, after another nurse had already been providing care. Staff V stated, The DON was not in the gym when Resident #12 fell . Staff V stated she did not remember who else was in the g [TRUNCATED]

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48223 Based on observations, interviews, and record review, the facility failed to ensure sufficient nursing staff, with the appropriate competencies and skill sets, provided nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident on four out of four resident units in the facility. This failure resulted in a fracture of unknown origin, falls with major injury, lack of wound care according to physician orders, lack of medication administration according to physician orders, missed laboratory orders, lack of follow-up for critical diagnostic results, and Activities of Daily Living (ADL) care not being provided to residents per care plans. This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Residents #3, #8, #12, #9, #19, #21, #22, #20, #1, #13, #15, #16, #18, #7, #17, #24, #25 #14, and #10 and resulted in the determination of Immediate Jeopardy on 6/22/24. The findings of Immediate Jeopardy were determined to be removed on 10/28/04 and the severity and scope was reduced to a F. Findings included: Cross reference F600 An observation was conducted on 10/21/24 at 10:11 a.m. of Resident #19 in bed with the head of the bed elevated. He had a bandage on his right anterior forearm. The bandage was approximately 6 by 4 and clearly visible. The bandage had a faded date of 10/8/24 written on it. The same bandage remained in place on 10/22/24 and 10/23/24. An observation and interview was conducted on 10/21/24 at 10:47 a.m. with Resident #21. The resident was observed to have two bandages on his left leg, one on his knee and one on his foot. The bandage on the left knee had slid down his leg leaving the open wound exposed. The resident was also observed to have a bandage on his right knee and no bandage on his right foot. The bandage on the right knee was observed to have blood soaked through the underside. The right foot had an open wound on his 2nd toe and on his heel. None of the bandages in place had a date notated. Resident #21 said, I'm very upset. This is why I have come here. He said he was really worried because he didn't want any further infections. He said he had not had a dressing change for the 10 days he had been at the facility. He said he kept asking the nurses about changing the bandages with no follow-up on their part. He said no one responded to his call bell for two days and he felt very isolated. A follow-up observation and interview was conducted on 10/22/24 at 1:50 p.m. with Resident #21. The resident's bandages remained in the same condition as they were the previous day. The resident confirmed the bandages had not been changed. He said he was not sure why he was there and if the facility did not do something soon, he would leave against medical advice (AMA). On 10/23/24 9:30 a.m. Resident #21 was observed rolling through the front corridor with the same loose, undated dressing in place. (continued on next page)

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An observation and interview was conducted on 10/23/24 at 12:38 p.m. with Resident #20. The resident was lying in bed uncovered. A large bandage was observed on her anterior lower right leg. The bandage was not dated. The resident said she had fallen and hit her leg about a month ago and the dressing had not been changed since she was admitted to the facility. The resident said she had a skin tear on her left leg, but it was almost healed. Resident #20 said the wound on her right leg is not being taking care of to my liking. On 10/21/2024 at 10:15 a.m. during an observation and interview, Resident #16 was observed in bed, dressed in a facility gown watching television. Resident #16 was observed partially covered by a bed sheet and his face had food from breakfast on it. Resident #16 said the care in facility was not great. He said he had not had a shower or a bed bath in a long time. He stated it had been about two weeks. Resident #16 said he had asked several times for a shower or bed bath, but was told by staff they were too busy, and he would have to wait. He said he does not like to feel dirty. On 10/21/2024 at 11:03 a.m. during an observation and interview, Resident #18 was observed in bed watching television. The resident stated he had not had any daily care for the day. Resident #18 said it sometimes takes staff hours to answer call lights, and he does not get showers or bed baths on the days he is supposed to. On 10/21/2024 at 12:50 p.m. during an observation and interview, Resident #7 was observed dressed and seated in his wheelchair eating lunch. His family member (FM) was in a chair at the resident's side assisting him with lunch. Resident #7's FM stated the facility is always short staffed with nurses and CNAs. She said Resident #7 does not always get showers on his shower days and will not get one until she speaks with the staff. On 10/21/2024 at 10:15 a.m. during an observation and interview, Resident #17 was observed dressed and sitting in his wheelchair watching a movie on his personal electronic device. Resident #17 said staffing in the facility is really bad and he doesn't always get a shower on his scheduled day because of short staffing. Resident #17 said he has even asked for a shower appointment on days when he does not get a shower on his scheduled day. He said he would at least like to have a shower on the two shower days he is scheduled for. An observation was conducted on 10/21/24 at 11:15 a.m. of Resident #24 lying in bed asleep. Her breakfast tray was sitting on her bedside table pushed approximately five feet aware from her bed, out of her reach. The call bell was also observed to be hanging on the wall out of reach for the resident. On 10/22/24 during the lunch meal the following was observed: - 12:03 p.m. the lunch meal carts arrived to A wing, four residents were observed in their wheelchairs, sitting around the table in the common area/dining room. No staff were seen in the area. - 12:13 p.m. a staff member served the four residents their lunch meal, set the meal up and walked away. - 12:19 p.m. no staff member in the dining room, one resident (Resident #25) calling for assistance and appeared to be having a difficult time eating, another resident was observed just looking at the tray. (continued on next page)

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- 12:20 p.m. notified the A wing Unit Manager (UM) of Resident #25 needing assistance. The UM approached and spoke with resident, then proceeded back to the nurses' station. - 12:25 p.m. Resident #25 still requesting assistance. - 12:35 p.m. notified a passing CNA of Resident #25 request, CNA said OK and kept walking. - 12:54 p.m. All four residents still at dining table, two (one being Resident #25) residents had not touched their meals and one resident is calling out loudly. Two CNAs were at the far corner of the dining room talking. Three staff members (unit clerk, UM, and nurse) were observed at the nurse's station. No staff member attempted to assist the residents. - 12:55 p.m. Surveyors requested staff assist residents in the dining room. An interview was conducted on 10/21/24 at 11:30 a.m. with family members of a resident. The family said staff did not assist the residents with eating. They observed the staff offering one bite of food and if the resident did not take it immediately, the staff member took the tray away and no one attempted again to get the resident to eat. The family said staff asked them about feeding the resident themselves, but they do not feel comfortable doing that because they do not want the resident to choke. An observation and interview was conducted on 10/28/24 at 9:41 a.m. of a call light on in room [ROOM NUMBER]A and 109B. The call light system at the nurses' station showed the lights had been on for 26 minutes and 35 minutes respectively. Staff E, LPN, was observed standing a couple of rooms down in the hall but was not responding to the call lights. Upon entering room [ROOM NUMBER]A, the resident said her call light had been on for a long time. The resident was observed to have on a gown that was wet on the front. The resident said she spilled her drink from breakfast on her gown. She said a staff member came in and said they would get someone, but no one had come. The resident said it is normal to wait an hour and a half for your call light to be answered. She said You could be dying in here and no one would come. They never have enough staff. Upon entering room [ROOM NUMBER]B the resident was observed sitting in her wheelchair crying. She said she really needed to go to the bathroom and her light had been on for 30 mins. She said a CNA came in and told her she would be back after she had finished feeding other residents, but she had not returned. At 9:45 a.m. Staff E, LPN was observed going into room [ROOM NUMBER]B. The resident was overheard telling the nurse she had to go to the bathroom really bad. The nurse told her she would go find her CNA, then she exited the room. At 9:49 a.m. Staff FF, CNA was observed entering the room to assist the resident. The nurse then checked on the resident in 109A and assisted with getting a new gown. An interview was conducted on 10/28/24 at 9:56 a.m. with Staff FF, CNA. She said staffing was not good, especially on weekends. She confirmed the resident in 109B had her call light on for a while and she told her she would come back. She said the problem is that some residents get their breakfast early, including room [ROOM NUMBER]B. She said those residents then need to go to the bathroom and she is still feeding other residents. Staff FF said just on her assignment she had six residents to assist with breakfast. She said there is no additional help to feed residents or answer call bells during mealtimes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 10/25/24 at 3:23 p.m. with the ADON. She said residents were scheduled for two showers a week and additional if requested. She said if a resident missed a shower staff should document. She confirmed CNAs document showers in the Task section of the medical record. The ADON said if a resident asked for a shower they should have gotten one. Regarding call lights, she said they should have been responded to as soon as staff can. She said everyone should answer a call light, not just CNAs. The ADON said call light response times had been an issue and she had heard about it. The ADON agreed residents not getting assisted with eating is not acceptable. The ADON said she felt like a lot of things weren't getting done because agency just don't care. An interview was conducted on 10/21/24 at 10:22 a.m. with Resident #13. Resident #13 stated, They [the facility] are understaffed, as they have a significant amount of residents to care for. They don't have time to care for me a lot of the times, I have to sit in my soiled brief. I feel demoralized when this happens. I have expressed my concerns to the NHA, he useless and never gets back to me and makes comments like, we are doing the best we can. You can leave in you don't like it. So, I just deal with it. Resident #13 continued to state not receiving medications in a timely manner either. An observation and interview was conducted on 10/21/24 at 10:47 a.m. with Resident #21. He said, No one responded to me [my call bell] for two days, I felt very isolated. Resident #21 stated being thirsty and the facility only passes water one time per day, I have gotten smart and now ask for two cups. I don't think they [facility] have time for me. An interview was conducted on 10/21/24 at 10:57 a.m. with a family member while visiting. The family member stated I ensure myself or another family member is here to care for [resident] as the facility does not have enough staff. The CNAs are very compassionate and try their best but just not enough of them. An interview was conducted on 10/22/24 at 1:00 p.m. with Staff U, CNA. Staff U stated, Staffing is terrible, I can't get my job done. For example, today I was told at 9:30 a.m. that someone [another CNA] did not show up, so our assignments changed. Which means, no one was assigned to those residents from 7:00 to 9:30 a. m. they [the residents] had not been touched. It's too much, one and a half hours to figure out someone did not show up and rearrange assignment. Breakfast was done, hopefully those residents did not need assistance. There are a lot of heavy care residents (meaning total care) that need assistance with everything. We just don't have time to do everything. There is not enough staff. Agency won't come here for one reason or another. It's even worse on the weekends. On a couple of weekends there isn't even staff in the main dining room. Family members are passing trays to residents as no one [staff] shows up in the dining room. An interview was conducted on 10/22/24 at 1:10 p.m. with Staff CC, CNA. Staff CC stated, Hard working here, staffing is crazy, we are always short. You just have to work around, harder get up total care [residents] they have to stay in bed. We have difficulty assisting in dining, especially if the resident takes longer [to eat] and then food [gets] cold. Really hard to accomplish our job. Sometimes we are not even told if someone did not show up [for their shift] then that assignment doesn't even have anyone over [the residents] until it's noticed. An interview was conducted on 10/22/24 at 1:15 p.m. with Staff DD, CNA. Staff DD stated, Staffing is not good, call offs, workload is crazy. I can't get them [residents] 100%. I can do basics only, no showers, hardly any assistance with meals especially if they need a lot of encouragement. Just not enough to assist with everyone who needs. (continued on next page)

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 10/22/24 at 2:09 p.m. with Staff W, CNA. Staff W stated, Work a lot, doubles, multiple days in a row. I don't have time for any extras with the residents, no time for breaks. Staff W continued to state it's easier to leave the residents in their beds due to time restraints. An interview was conducted on 10/22/24 at 2:18 p.m. with Staff X, CNA. Staff X stated, having to work a lot due to not enough staff, call offs, works many doubles and multiple days in a row. We want to do what we can for the residents, as the care is too much for the number we have. We don't have time for things like showers, or just getting them out of bed. An interview was conducted on 10/22/24 at 4:13 p.m. with Staff EE, LPN. Staff E stated the evening shift [3:00 p.m. to 11:00 p.m.) is especially challenging on staff. Many times, the staff scheduled don't show up and are not replaced, we don't start with the number needed, many reasons not enough. The facility receives a number of new admissions on the evening shift, not sure how those residents feel. Very sad, we do what we can. During an interview on 10/24/24 at 11:50 a.m. with Staff V, CNA. Staff V stated, Staffing is awful. It's crazy, no one knows what is up, people [staff] come and go as they please. No one pays attention to what anyone does. Staff V stated not having time to get resident up out of bed regularly, shower. Only, the basics. During an interview on 10/25/24 at 12:00 p.m. with Staff O, CNA stated, staffing was difficult, as have over 20 residents a piece to care for. Staff O said accomplishing anything outside of basic care is hard. Staff O stated, Showers don't happen, and you hope you have all good eaters as not much time to assist. During an interview on 10/28/24 at 11:38 a.m. with Staff Q, CNA stated working for the facility for many years and the past few months have just been terrible. She stated, Staffing and patient care is a big mess. The facility has no idea if staff are here or not. Nursing doesn't pay attention to residents, unless their families are here. Administration has no idea what they are doing. An interview was conducted on 10/22/24 at 12:17 p.m. with a family member. The family member stated having to come to ensure family member receives care. Someone from the family is here most of the time, especially for meals as the staff don't have time to assist. The family member stated, In fact, we have had to pass trays in the dining room to residents on weekends as no staff members show up. An interview was conducted on 10/28/24 at 9:45 a.m. with room [ROOM NUMBER]. Resident in room [ROOM NUMBER] stated, There is no staff on weekends. I have to help my roommate sometimes, he is a veteran so I don't mind, but they should be helping him. I will put the call light on for him, because he needs to be changed. The staff will comes in and turn the light off and says they will be back. It will be an hour and a half to two hours before they come back to change him. Numerous staff don't show up when they are supposed to, weekends are especially short. It is impossible to get any help around here. An interview was conducted on 10/22/24 at 11:58 a.m. with Resident #15. Resident #15 stated last Friday she Did not get shower and could not get help. This happens from time to time because they don't have enough staff. Resident #15 stated speaking with the administration many times and filed grievances but nothing happens. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 10/28/24 at 9:39 a.m. and 11:15 a.m. a strong smell of urine occurred on the 300 unit near the right side of the nurse's station. On 10/21/24 at 10:24 a.m. an observation on the A-wing revealed 6 call lights going off, two LPN's present in hallway took several minutes and surveyor walking by staff to enter one of the rooms with the light on. During an interview and observation on 10/21/24 at 12:50 p.m. the family member of Resident #7 was in the resident's room at the bedside assisting the with lunch meal. Resident #7 family member stated, The facility never knows what their staffing should be and is always short staffed from the nurses to the CNAs. She said the staffing numbers are never posted on the weekends even after she has told the facility they need to be posted. Resident #7 family member stated Resident #7 doesn't always get showers and they will skip the shower until I say something to the staff. Not sure why I need to keep asking for something they should be providing. During an interview on 10/21/24 at 10:07 a.m. Resident #16 stated the care here is not great, it takes a long time for his call light to be answered, if at all. Resident #16 states having to ask to have his sheets changed. Resident #16 said not having had a shower or bed bath for over two weeks, if requests the staff say they are busy and has to wait, which means I don't get one. During an interview on 10/21/24 at 11:03 a.m. Resident #18 stated, There is definitely a staff shortage here. It takes a long time for call lights to be answered, don't get showers or baths when supposed to. Resident #18 stated, I feel like management doesn't care. An interview was conducted on 10/23/2024 at 3:20 p.m. with Staff GG, CNA. Staff GG stated usually working the 3pm-11pm shift. Staff GG said there is supposed to be 7 CNAs, but sometimes there are only 5 working. Staff GG said it is very busy when this happens. Staff GG stated she does not get overwhelmed as she has been a CNA for many years and has a lot of experience. Staff GG stated, the CNAs with less experience have a harder time keeping up when there is not enough staffing, and they struggle. She stated, sometimes upon arrival to the shift residents have not had all of their needs met from the day shift and sometimes they have to change residents and do complete care that should have been done on the previous shift. An observation was conducted on 10/23/24 at 11:05 a.m. of Resident #17, who is cognitively intact, approaching Staff C, RN at the A Unit nurses' station. The resident expressed concerns related to staffing the previous shift. He stated there was only one nurse on the A Unit for part of the 10/22/24 11:00 p.m. to 10/23/24 7:00 a.m. shift. An interview was conducted on 10/23/24 at 1:03 p.m. with Staff C, RN. She confirmed she was scheduled to work on the A Unit until 11:00 p.m. on 10/22/24. She said she stayed over because a nurse did not come to relieve her. She said she left the facility before another nurse arrived, thus leaving Staff G, LPN as the only nurse for 64 residents. She said she left because the other nurse Was almost here. Staff C said she did not do a narcotic count or give report to Staff G, LPN. Staff C said she did not remember what time she left the facility. (continued on next page)

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 10/25/24 at 11:18 a.m. with Staff G, LPN. Staff G confirmed he worked on 10/22/24 11:00 p.m. to 10/23/24 7:00 a.m. shift on the A Unit. Staff G said he does not know what time Staff C, LPN left. He confirmed he was the only nurse for 64 residents but does not remember how long it was between Staff C leaving and the Unit Manager arriving. Staff G remembered getting a new admission resident while being the only nurse on the unit. He said as transport was leaving the facility the Unit Manager arrived. Staff G said there were staffing issues in the facility. He said over the weekend the police were called by an agency nurse because she did not want to leave her assignment or it would be abandonment, but there was no staff in the facility. He said staff had called the staffing phone and no one answered and the ADON said she would not come in. He said he called the NHA and the NHA made some calls getting the D Wing Unit Manager to come in. Staff G said he counted narcotics with the agency nurse so she could leave, and he waited until the Unit Manager arrived. Staff G said, Staffing [explicative]. He said there were a lot of disgruntled employees, and they never had the staff they needed. Staff G said it was like that often and There is rarely a time we have adequate staff, so we have time to give the patients the adequate care they deserve. He said they do not know where people are working, and people had to switch units mid shift. Staff G said a week or so ago some of the resident's family members stepped in and helped in the dining room. He said the family were passing residents their meal trays and pouring juice and coffee for residents. He said staffing had been like that for a while and staff Feel like pawns in this big game. He said he often gets complaints from residents and family members about not getting showers and ADL care. He said, We don't have the capacity because of the workload. He said, If we don't have the eyes on the floor to see a resident on the edge of the bed because CNAs are in other rooms . A lot of the stuff can be prevented but we can't catch it in time. Staff G said they had a lot of residents that tried to stand up and needed to be watched because they tried to get up by themselves. He said if you have 4 CNAs taking care of 60 + patients, someone is going to get neglected. Staff G said there have been Many incidences of neglect that could have been prevented. An interview was conducted on 10/29/24 at 11:07 a.m. with the DON regarding staffing concerns. She agreed during mealtimes there are not enough hands on deck. She said the management team (i.e. DON, ADON, etc.) do not go to the units to help with meals. The DON said the facility had a lot of call outs and use agency staff. She said if all else fails they offered bonuses to their staff to come in. As for the night shift going from 10/22/24 into the morning or 10/23/24, she said she was told a nurse stayed over until the unit manager arrived and got report. She said she was not aware there was a period of time with only one nurse for 64 residents. She said having one nurse is not acceptable, unless there are under 40 residents. She said the nurse should have stayed on the unit until a relieving nurse arrived, report was given, and a narcotic count was completed. She said she heard the facility was short on CNAs over the weekend, but was told the NHA came in to work because he is a CNA. The DON said staff had been good about picking up shifts, but they are angry with management about several issues. She said they are down to very few agencies they work with. The DON said there is a problem with call outs, no shows, or some staff quitting. She agreed staffing concerns and shortages lead to a [NAME] effect with care not being provided. The DON agreed that all the concerns combined including staffing, wound care, ADL care, labs, and medications all together can lead to neglect of the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 10/24/24 at 2:35 PM with the Staffing Coordinator (SC). The SC stated overseeing the staffing for the building. The SC explained when a call off is received, we try to fill the position immediately. The SC stated staff know they have to report off a minimum of 2 hours prior to start of shift, if less than 2 hours it is considered a no call no show. The SC stated having had 4 call offs for 10/24/24 and was able to fill through calling staff and using agency staff which would be the process. The SC stated being instructed by the NHA and DON to staff the building based on census and state calculations of a minimum of 2.0 for CNA and 1.0 for Nursing. The SC stated the biggest obstacle for staffing is finding good staff. The SC stated they can only utilize one agency as the facility has not paid two other agencies monies owed. During an interview on 10/25/24 at 3:23 p.m. the ADON stated, I think there is enough staff here. We try to staff so nurses have no more than 40 residents and CNAs 20. We base the staffing on census. The ADON stated a nurse should not leave the facility until the next nurse arrives to take over the cart. The ADON stated being vaguely aware, that two nurses had to stay over as another nurse did not show up the other night, but I thought a nurse came in to relieve one. The ADON stated not being aware that the nurse did not stay until the other nurse arrived which left, one nurse to care for 64 residents. The ADON stated being unaware the police department was contacted regarding not having enough staff in the facility. During an interview on 10/25/2024 at 4:24 p.m. with the NHA staffing was discussed. The NHA stated staffing the facility is based on the census for day. The NHA stated the Staffing Coordinator (SC) is responsible for totaling the number of hours staff worked the day before. The NHA stated they did increase the number of staff on the rehab unit based on acuity but really it [staffing] is on census. The NHA stated if there is a call off, the supervisor is responsible for finding a replacement for the position. The supervisor works with the SC to accomplish this. If the position is a nurse, then the agency can be called and if the position remains open then the supervisor/UM will fill this position. The NHA stated the UM hours are in the system as direct care staff. The facility has a staffing phone for the staff to call with any need. The phone is carried by the Nurse Manager on call for the day. The NHA stated being aware of staffing concerns from staff and families. The NHA stated, Yes, I have heard of staffing concerns. I'll come over at 3:30 in the morning, as staff are complaining. I will say to them, why do we need more [staff] if you are not going to do the job, as you are just sitting at the station, talking when I come in. We are doing the best we can, we are focusing on the evening shift [3-11p]. Review of facility's policy and procedure titled Staffing, dated revised 8/2022 showed: Policy Statement: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. 2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care. (continued on next page)

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	3. Other support services (e.g., dietary, activities/recreational, social, therapy, environmental, etc.) are also staffed to ensure that resident needs are met. 4. Direct care staffing information per day (including agency and contract staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter. 5. Inquiries or concerns relative to our facility's staffing should be directed to the administrator or his/her designee. Facility immediate actions to remove the Immediate Jeopardy included: 1. Staffing a. Current staffing model reviewed and updated to reflect resident needs and acuity. b. Facility assessment reviewed and updated on 10/25/2024 to reflect current resident population needs. c. Reassessed the acuity level of each unit. Reviewed assistance the level of care needs for ADLs including transfer status, mechanical lift usage, and residents requiring a higher level of care due to comorbidities. Education 1. Education provided to the staffing team to include administration, Director of Nursing, and staffing coordinator by RDO on 10/28/2024 regarding staffing standards and staffing for acuity on each unit to ensure quality resident care. Audit: 1. Initial audit was completed for 30 days to compare the AHCA report to the PPD report and compare with schedules to ensure that PPD was met, and ratios were appropriate for the resident acuity. In the initial audit, the administrator, staffing coordinator and payroll coordinator reviewed staffing from the previous day to ensure that hours and ratios were achieved according to the staffing plan based on acuity. Payroll also ran the PPD report from the payroll software, after editing missed punches, to compare and enter into the AHCA staffing sheets to encompass hours from the previous day. Staffing coordinator reviewed the schedule for the current day and next day to review attendance and staffing needs to ensure that resident needs are met, and staff are within the ratio of the staffing model. It is the administrator's responsibility to ensure that the staffing model is updated, and the facility assessment is completed to reflect resident acuity needs on each unit. Verification of the facility's removal plan was conducted by the survey team on 10/28/2024. A review of facility education was conducted to verify the staff on the staffing team were understand and implement staffing guideline changes. (continued on next page)

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 11/06/2024
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)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Interviews were conducted with the NHA, the DON, and two Nurse Managers to validate staffing needs education had been given and understanding of staffing guidelines. Based on verification of the facility's Immediate Jeopardy removal plan, the immediate jeopardy was determined to be removed on 10/28/2024 and the non-compliance was reduced to a scope and severity of F.

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 11/06/2024
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234 Based on interviews and record review, the facility failed to provide medication administration per physician orders for three residents (#1, #13, #15) of three reviewed for medication administration. Findings included: 1. Review of Resident #1's Admission Record showed he was admitted to the facility on [DATE] with diagnoses including benign prostatic hyperplasia with lower urinary tract symptoms, chronic pain syndrome, and polyneuropathy. Review of Resident #1's active physician orders revealed the following orders: -Flomax Capsule 0.4 mg. [milligram] Give 1 capsule by mouth at bedtime. Dated 9/25/24. -Lyrica Oral Capsule 25 mg. (Pregabalin). Give 1 capsule by mouth two times. Dated 9/25/24. Review of Resident #1's October Medication Administration Record (MAR) revealed Flomax was not administered on 10/05/24, 10/07/24, 10/08/24, 10/09/24, 10/11/24, and 10/12/24, and Lyrica was not given on 10/11/24. A review of Resident #1's complete medical record revealed no documentation for the reason as to why the medications were not administered. 2. Review of Resident #13's Admission Record showed she was admitted to the facility on [DATE] with diagnoses including Type II Diabetes, atrial fibrillation, post-traumatic stress disorder, Bipolar Disorder, paranoid schizophrenia, presence of urogenital implants, calculus of kidney, and hydronephrosis with renal and ureteral calculous obstruction. Review of Resident #13's active physician orders revealed the following orders: - Allopurinol Oral Tablet 100 mg. Give 1 tablet by mouth in the morning for lower uric acid levels. Dated 8/23/24. - Amiodarone HCl Oral Tablet 200 mg. Give 1 tablet by mouth at bedtime for irregular heart rhythm. Dated 8/22/24. - Metformin HCl Oral Tablet 1000 mg Give 1 tablet by mouth at bedtime for type II diabetes. Dated 8/22/24. - Allopurinol Oral Tablet 100 mg. Give 1 tablet by mouth in the morning for lower uric acid levels. Dated 8/23/24. (continued on next page)

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 11/06/2024
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Famotidine Oral Tablet 20 mg. Give 1 tablet by mouth in the morning for Gastroesophageal reflux disease (GERD). Dated. 8/23/24. -Oxycodone HCl Oral Tablet 10 mg. Give 1 tablet by mouth every 6 hours for pain. Dated 8/22/24 -Lyrica Oral Capsule 100 mg (Pregabalin). Give 1 capsule by mouth at bedtime for pain. Dated 8/22/24 -Lyrica Oral Capsule 50 mg (Pregabalin). Give 1 capsule by mouth two times a day for neuropathy. Dated 8/23/24 -Xanax Oral Tablet 0.25 mg (Alprazolam). Give 1 tablet by mouth two times a day for generalized anxiety disorder. Dated 8/22/24 -Ilotycin Ointment 5 mg/gm (Erythromycin). Instill 5 mg in both eyes three times a day for infection until 9/6/24. Dated 9/4/24. -Tolterodine Tartrate Oral Tablet 2 mg. Give 1 tablet by mouth two times a day for treat overactive bladder. Dated 8/22/24. Review of Resident #13's October MAR showed Metformin and Amiodarone were not administered on 10/14/24 due to being on order from the pharmacy. Review of Resident #13's September MAR showed the resident missed the following medications: -Allopurinol Oral Tablet 100 mg on 9/8, 9/11, 9/12, 9/13, 9/16, 9/18, 9/21, 9/25 and 9/26/24. Progress notes dated 9/9, 9/11, 9/12, 9/13, 9/18/24 showed the medication was on order. - Amiodarone HCl Oral Tablet 200 mg on 9/8, 9/12, 9/13, 9/16, 9/18, 9/21, 9/25, and 9/26/24. Progress notes dated 9/13, 9/25/24 showed the medication was on order. -Famotidine Oral tablet 20 mg on 9/8 and 9/26/24. No reason documented. -Metformin HCL Oral Tablet 1000 mg on 9/26/24. No reason documented. -Tolterodine Tartrate Oral Tablet 2 mg on 9/26 and 9/27/24. No reason documented. -Xanax Oral Tablet 0.25 mg on 9/5 and 9/28/24. A progress note dated 9/5/24 at 12:40 p.m. showed medication is not available. No reason documented for the 9/28/24 evening dose. -Oxycodone HCl Oral Tablet 10 mg on 9/8 (2 doses) and 9/26/24 (2 doses). No reason documented. -Ilotycin Ointment 5 mg/gm (Erythromycin). Medication was not administered 3 times on 9/4 and 2 times on 9/5/24. The medication was only administered 1 out of 6 doses scheduled. No reason documented. No documentation physician was notified. 3. Review of Resident #15's Admission Record showed she was admitted to the facility on [DATE] with diagnoses including epilepsy, fibromyalgia, chronic pan, and opioid dependence. (continued on next page)

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 11/06/2024
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #15's active physician orders revealed the following orders: -Keppra Tablet 1000 mg. Give 1 tablet by mouth two times a day. Dated 9/25/24. -Lyrica Capsule 25 mg. Give 1 capsule by mouth in the evening. Dated 9/25/24. -Percocet Oral Tablet 7.5-325 mg. Give 1 tablet by mouth every 6 hours for chronic pain Review of Resident # 15's October MAR revealed the bedtime dose of Keppra was not administered on 10/11/24 and 10/14/24, Lyrica was not administered on 10/13/24, 10/14/24, 10/15/24, 10/18/24, and 10/19/24, Percocet was not administered on 10/16/24. All medications not administered had an administration note of on order from the pharmacy. An interview was conducted on 10/22/24 at 10:42 AM with Staff F, LPN. She stated, If we have a missing medication, we put an order in the computer for it. Sometimes we have to call the pharmacy if they haven't sent it. Sometimes the pharmacy will have to order the medication before they send it. I would put a note in saying per pharmacy, they are ordering the medication. If someone is out to the hospital for more than 24 hours, we have to put all the orders in and verify with the doctor. It usually only takes a couple minutes to get it verified. If a medication is held because we don't have it, I notify the doctor and document that in a progress note. An interview was conducted on 10/22/24 at 10:55 a.m. with Staff J, LPN. He stated they order medications that are low on the computer. Staff J said if he noticed the medication was on order, he would send the pharmacy a fax and the medication would typically arrive right away. Staff J also stated if a medication was held, he would have notified the doctor or nurse practitioner and put a progress note in the electronic medical record. An interview was conducted on 10/22/24 at 2:20 p.m. with the pharmacy for the facility. Regarding Resident #15 the pharmacy stated Resident #15 needed new prescriptions for her medications due to the facility changing pain management providers. The pharmacy said they received the prescription request for Resident #15's Lyrica on 10/21/24, and for Percocet on 10/16/24. The pharmacy said they make multiple deliveries to the facility each day. They said staff requested medications electronically, by fax or over the phone. The pharmacy said there was no reason residents did not have medication available if it was ordered. An interview was conducted on 10/29/24 at 11:07 a.m. with the DON. She reviewed the medical records of Resident's #1, #13, and #15. She said she did not know why Resident #1 did not get the Lyrica and confirmed there was no documentation why it was not administered. She said Resident #15 shouldn't have missed some of the medications she did due to them being in the facility's electronic dispensing machine. The DON said there are a lot of agency nurses in the facility, and they didn't let her know. She said at one point there was an issue with the facility's system integrating with the pharmacy, but even if that was the case, there is no reason any resident should go days without their medication. Regarding Resident #13 the DON said the resident admitted on [DATE] and there was no reason the Amiodarone was not in the facility. She said that could have also been pulled from the electronic medication dispensing machine. The DON said she believed all of the missing and on order medication is mostly due to agency nurses. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a facility policy titled Policy: Administering Medication, revised 8/2022, showed the following: Policy Statement Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation 1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so. 2. The director of nursing services supervises and directs all personnel who administer medications and/or have related functions. 3. Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions. 4. Medications are administered in accordance with prescriber orders, including any required time frame. [.] 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall document in the MAR. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. 23. As required or indicated for a medication, the individual administering the medication records in the resident's medical record.

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 11/06/2024
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51097 Based on observations, interviews, and record review, the facility failed to store medications properly on one out of four units and in three out of four medication carts. Findings include: On 10/21/24 at 10:03 a.m. observed a treatment cart sitting in an alcove outside a resident room unlocked. No staff were within sight. The cart remained unlocked at 10:45 a.m. On 10/21/24 at 10:15 a.m. observed a medication cup containing a pill sitting on the bedside table in room [ROOM NUMBER] window bed. On 10/21/2024 at 10:15 a.m. observed a lidocaine pain relief patch on the resident's over bed table in room [ROOM NUMBER] window bed. On 10/21/2024 at 10:26 a.m. observed Fluticasone Propionate Nasal Spray and a container of A&D+E ointment located on the resident's nightstand in room [ROOM NUMBER] door bed. On 10/21/24 at 10:28 a.m. observed a bottle of Nystatin topical power with a prescription label attached on the bedside table in room [ROOM NUMBER] window bed. On 10/21/24 at 4:03 p.m. observed a medication cart on the A-Wing unlocked sitting by the nurses' station. A resident was sitting beside the cart and no nurse was present. On 10/22/24 at 12:24 p.m. observed a medication cart on the A-Wing unlocked. No staff members were in the hall at the time. On 10/22/2024 at 1:42 p.m. observed a bottle of Ibuprofen 200 mg tablets in a bin on the over the bed table in room [ROOM NUMBER] door bed. On 10/23/24 at 9:40 a.m. observed an unidentified medication on the floor in the A-wing hall. An audit and interview was conducted on 10/23/24 at 11:10 a.m. of the A-wing high medication cart with Staff C, Registered Nurse (RN). Loose medications were observed in a medication cup in the top drawer. Staff C, RN stated it was for a resident she had not given the medication to yet. In the locked controlled substance drawer, three hearing aid boxes, batteries, glasses, and other personal items were stored with medications. An audit and interview was conducted on 10/24/24 at 10:31 a.m. of the D-wing high medication cart with Staff K, Licensed Practical Nurse (LPN). The locked controlled substance drawer contained hearing aids, batteries and other personal items stored with medications. Staff K, LPN stated they have always put them in there. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An audit and interview was conducted on 10/24/24 at 10:55 a.m. of the C-wing high medication cart with Staff L, RN. A personal water bottle was stored in a medication drawer with medications. Hearing aid batteries were stored in the locked controlled substance drawer with medications. Staff L, RN admitted the water bottle was hers and she should not have stored it with medications. On 10/24/24 at 10:55 a.m. an interview with Staff L, RN was conducted. Staff L Stated medications should not be at the resident's bedside and she would remove them. Staff L also stated she always watches the residents take their medications. On 10/25/24 at 3:23 p.m. an interview with the Assistant Director of Nursing (ADON) was conducted. She stated medications should not be at bedside, pills should not be left on the floor, and medication carts should be locked when a nurse is not at the cart. A review of Policy titled Medication Storage in the facility, dated 2024, revealed the following: Policy: Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to license nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedure: 2.Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. (Photographic evidence obtained).

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 11/06/2024
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)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234 Based on interview, record review, and policy review the facility failed to provide laboratory services as ordered for three residents (#14, #13, and #10) out of three reviewed for laboratory orders. Findings included: 1. Review of Admission Record showed Resident #14 was admitted on [DATE] with diagnoses including acute respiratory failure with hypoxia, heart failure, chronic kidney disease, and Type II Diabetes mellitus. Review of Resident #14's physician orders showed: - Please check Vitamin D level, BMP, iron level, B12 level, CBC, A1C, Lipids. One time only for 1 Day. Ordered 8/26/2024. - Please check Vitamin D level, iron level, B12 level, BMP, CBC, A1C, Lipids. Every night shift for LABS for 1 Day. Ordered 9/4/2024. Discontinued 9/5/24. - Please check Vitamin D level, iron level, B12 level, BMP, CBC, A1C, Lipids. Every night shift for LABS for 1 Day. Ordered 9/5/2024. Review of Resident #14's August 2024 MAR showed the lab test was signed off as completed on 8/26/24. Review of Resident #14's Lab Reports did not reveal any results from labs signed off as drawn on 8/26/24. Review of Resident #14's September 2024 MAR showed the lab was not signed off as completed on 9/4/24. A new order was entered for 9/5/24 and that was signed off as completed. Review of Resident #14's Lab Results Report, dated 9/6/24, showed it was flagged for several abnormal values. 2. Review of Admission Records showed Resident #13 was admitted on [DATE] with diagnoses including urinary tract infection, Type 2 Diabetes Mellitus, acute kidney failure, and Chronic Obstructive Pulmonary Disease with exacerbation. Review of Resident #13's provider progress note, dated 9/5/24, showed the following: . [Resident] endorses increase feelings of urgency and frequency. [Resident] states that she feels as if she has a yeast infection and may be getting a UTI. Ordered UA [urinalysis] w/ C&S [with culture and sensitivity] . Diagnoses: N39.0 - Urinary tract infection, site not specified. Review of Resident #13's physician orders revealed: (continued on next page)

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 11/06/2024
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)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- UA w/ C&S. Ordered 9/6/24 -UA w/ C&S. Ordered 9/7/24 -UA w/ C&S. Ordered 9/9/24. -UA w/ C&S. Ordered 9/10/24. -UA w/ C&S via straight cath [catheter]. Ordered 9/11/24. -UA w/ C&S via straight cath for 3 days. Ordered 9/16/24. -UA w/ C&S. Ordered 10/22/24. Review of Resident #13's progress notes revealed: Resident refusal for 9/6/24, 9/10/24, and 9/11/24. No other documentation was found related to the 9/7, 9/8, 9/9. On 9/18/24 it was revealed the order for UA C&S was marked as completed, however no results were found for that date. On 10/22/24 the UA w/ C&S revealed lab results showing bacteria in the urine. 3. Review of Admission Record showed Resident #10 was admitted on [DATE] with diagnoses including rhabdomyolysis, acquired absence of other specified parts of the digestive tract, urinary tract infection, dementia, and acute kidney failure. Review of Resident #10's physician orders showed: -Obtain UA C&S to r/o UTI possibly related to confusion. Every shift for UA C&S Clean Catch Urine. May use Straight Cath to obtain sample if unable to obtain Clean Catch. COMPLETE REQUISITION ON AMA WEBSITE, PRINT REQ AND UNIT REPORT LOG AND FLAG IN PHLEBOTOMY BINDER PRIOR TO 0300. D/C order upon collection. Ordered 9/15/2024 - UA C&S IS IN THE FRIDGE, PLEASE DO THE REQ FORM. One time only for 1 Day. Ordered 9/16/2024. - UA / CS for s/s of UTI (confusion) every shift for UA C&S Clean Catch Urine. May use Straight Cath to obtain sample if unable to obtain Clean Catch. COMPLETE REQUISITION ON AMA WEBSITE, PRINT REQ AND UNIT REPORT LOG AND FLAG IN PHLEBOTOMY BINDER PRIOR TO 0300. D/C order upon collection. Ordered 9/16/2024. Discontinued on 9/16/24. - Re-collect urine for u/a c&s per daughter request. May straight cath. Every shift for burning. Ordered 9/19/2024. Discontinued 10/2/2024 Review of Resident #10's September and October 2024 MAR showed the UA order on 9/15/24 was signed off as completed. The order showing UA C&S IS IN THE FRIDGE, PLEASE DO THE REQ FORM, was not signed off on 9/16, but was signed off on 9/17/24. The order for UA on 9/16/24 was not signed off as completed but was discontinued. The order to re-collect urine for U/A C&S was signed off as completed once on 9/19, 3 times on 9/20, 3 times on 9/21, 2 times on 9/22, 3 times on 9/23, one time on 9/24, one time on 9/25, w times on 9/26, 3 times on 9/27, 3 times on 9/28, 3 times on 9/29, 3 times on 9/30, and two times on 10/1/24. (continued on next page)

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 11/06/2024
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)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #10's progress notes revealed a note dated 9/19/24 saying attempted to collect urine sample via straight cath, swelling and redness noted to vaginal area. Resident c/o pain due to swelling, refused straight cath stating 'I can't do this anymore'. Education provided to resident; she continues to refuse. A provider note, dated 9/23/24, showing history of present illness: .Facility staff states they are unable to collect a urine specimen over the weekend. Facility staff state the patient is no longer complaining of symptoms. Hospice nurse states that they spoke with daughter, and she stated that she does not want a urinalysis performed at this time . Review of Resident #10's Lab Results Report showed a UA C&S received on 10/1/24 flagged as abnormal and showed many bacteria present (Klebsiella pneumoniae). An interview was conducted on 10/22/24 at 4:01 p.m. with Staff G, LPN. He said the process for labs was the orders were put into the electronic medical record, then night shift took orders and put them into the laboratory's website, printed out a requisition form and placed it in the lab book. He said the lab came around 4:00 a.m. to draw labs that had been ordered for that day. He said for urine samples, it is collected on night shift if possible then put in the fridge in the soiled utility room. He said the lab tech got the requisition forms from the lab book, drew labs, and collected samples from the fridge. Staff G said all lab results go directly into the electronic medical record when they are completed. An interview was conducted on 10/22/24 at 2:25 p.m. with Staff B, LPN/UM. She said all lab and imaging results are digital and could be in each resident's medical record. An interview was conducted on 10/22/24 at 3:53 p.m. with the laboratory that services the facility. They reviewed all orders received by the lab and results for Resident #14 and said they showed no orders were placed in August 2024; they only showed an order placed on 9/6/24. They reviewed all orders received by the lab and results for Resident #13. They said they showed no lab received in September 2024. The lab reviewed all orders received by the lab and results for Resident #10 and said they had no orders in September 2024; they only showed a urine culture on 10/1/14 that was abnormal. An interview was conducted on 10/25/24 at 3:23 p.m. with the ADON. She said she had not been aware of any issues with labs in the facility. She described the process saying orders were put in the computer, night shift completed the requisition forms and put them in the lab book, then lab came to draw and collect labs. The ADON said if labs are ordered one day they should be done by the next day and if they are not completed a reason should be documented in the chart and a doctor notified. The ADON reviewed the medical record for Resident #14 and confirmed he had no lab results for the labs ordered on 8/26/24 and it was signed off as completed. She said she didn't know why it was signed off and not done. The ADON reviewed Resident #13's record and said there were some refusals documented, but she didn't know why a urine sample didn't get to the lab in September when it was ordered. Review of a facility policy titled Lab and Diagnostic Test Results - Clinical Protocol, reviewed 10/25/24, showed the following: Assessment and Recognition 1. The physician will identify, and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. (continued on next page)

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 11/06/2024
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)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. The staff will process test requisitions and arrange for tests. 3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility. Review by Nursing Staff 1. When test results are reported to the facility, a nurse will first review the results. (a.) If staff who first receive or review lab and diagnostic test results cannot follow the remainder of this procedure for reporting and documenting the results and their implications, another nurse in the facility (supervisor, charge nurse, etc.) should follow or coordinate procedure. 2. Before contacting the physician, the person who is to communicate results to a physician will gather, review and organize the information and be prepared to discuss the following (to the extent that such information is available). (a.) The individual's current condition and details of any recent changes in status, including vital signs and mental status. (b.) Major diagnoses, allergies, current medications , any recent pertinent lab work, actions already taken to address results and treat the resident/patient, and pertinent aspects of advance directives (example limitations on testing and treatment). (c.) Why the las and diagnostic tests were obtained (for example as a routine screen or follow -up; to assess a condition change or recent onset of signs and symptoms, or to monitor a serum medication level. (d.) How test results may relate to the individual's current condition and treatment (e.) Any concerns and questions the physician will be expected to address regarding the resident. 3. A nurse will identify the urgency of communicating with the attending physician based on physician request, the seriousness of any abnormality and the individual's current condition. 4. A nurse will try to determine whether the test was done: (a.) As routine screen or follow -up. (b.) To assess a condition change or recent onset of signs and symptoms or (c.) To monitor a drug level. (1.) The reason for getting a test often affects the urgency of acting upon the result. (2.) If the reason for performing the test cannot be identified, the nurse should proceed as though the test were ordered to assess a condition change or recent onset of signs and symptoms.

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 11/06/2024
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)
F 0777 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234 Based on interviews and record review, the facility failed to provide follow-up notification for critical radiology results for one resident (#9) of one reviewed for imaging. Findings included: Review of Admission Records showed Resident #9 was admitted on [DATE] with diagnoses including anemia, Type 2 Diabetes Mellitus, dementia, and acquired absence of left great toe. Review of Resident #9's wound care provider notes dated 8/19/24 showed the following: The patient is an [AGE] year-old female who I have been asked to see regarding an ulcer on her left foot .The area needs continued aggressive offloading. Measurements of the left foot ulcer are 2.6 cm long, 2.7 cm wide, and 0.5 cm deep with moderate serosanguineous drainage. Notes showed a wound culture and arterial and venous doppler ultrasound were ordered. Review of Resident #9's physician orders revealed an order dated 8/19/24 for Complete ultrasound to left foot due to open wound. The computer showed it was ordered by Staff A, [NAME] Clerk. Review of Resident #9's ultrasound results, dated 8/20/24, showed the following: Impressions: No evidence of hemodynamically significant stenosis. Occlusion of the left proximal to mid superficial femoral, posterior tibial and peroneal arteries. Critical Findings: Y Review of Resident #9's medical record showed a progress note, dated 8/20/24, written by Staff F, Licensed Practical Nurse (LPN). The note showed MD ordered arterial ultra sound [sic] to resident left foot due to current open wound located on the left side of her foot. Ultrasound completed and results sent to MD. An interview was conducted on 10/28/24 at 1:41 a.m. with Staff F, LPN. She did remember Resident #9 but does not recall if she spoke with anyone about the ultrasound results. Review of Resident #9's medical record did not reveal any evidence of follow-up related to the critical ultrasound findings. There were no consults, additional tests, no mention of the results in provider notes, and the resident was not sent to a higher level of care for evaluation. An interview was conducted on 10/28/24 at 3:30 p.m. with Resident #9's PCP. He said he remembered the resident well. He reviewed his notes and said on 8/20/24 at 9:30 p.m. he was notified of Resident #9's ultrasound results, and the nurse informed him Resident #9 had an appointment to see a vascular specialist on 8/23/24. An interview was conducted on 10/28/24 at 1:33 p.m. with the Assistant Director of Nursing (ADON). The ADON said there had been a glitch in the computer and it was putting a staff member in the ordered by space in the orders so she would have to figure out who ordered the ultrasound. (continued on next page)

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 11/06/2024
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)
F 0777 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A follow-up interview was conducted on 10/28/24 at 3:23 p.m. with the ADON. She said she found in the wound care provider notes that he was the one that ordered the ultrasound for Resident #9. She said he should have been notified of the critical results. She said she spoke to him, and he had been unaware of the critical findings on the ultrasound. The ADON said there should have been follow-up with critical results to ensure the provider was notified so the problem could have been addressed. An interview was conducted on 10/29/24 at 12:02 p.m. with Resident #9's wound care provider. He said he ordered the ultrasound for Resident #9 on 8/19/24. He reviewed his notes and said he had no notes related to ultrasound results. He said if he had received the results, he would have charted the information. He said with the resident having occluded blood vessels he would have sent her straight to vascular. He said he was not notified of the results, or he would have followed up. An interview was conducted on 10/29/24 at 11:07 a.m. with the DON. She said she was only able to find the ultrasound for Resident #9 was ordered by the wound care provider. The DON said she does not see where any follow-up was completed with vascular for Resident #9. She said she spoke with the wound care provider, and he was not happy he was not notified of the results. The DON said on the facility's end, the result did not flag as having critical findings. She said she did not know until she pulled up the results to review them. She said the system should alert the staff to critical values. The DON said when a nurse gets critical results called to them, they should notify the provider. She said nurses are expected to follow-up on their resident's labs and imaging. She said, In our head it was done. The doctor got notified. She said the management team did not see the result to make sure there was more follow-up. Review of Resident #9's progress note, dated 9/20/24, showed the resident's left foot is cold and blotchy with no pulse. The resident stated there was a little pain when the nurse touched her feet. The doctor was notified and ordered the resident to be sent to the hospital to have her left foot assessed. Review of a facility policy titled Lab and Diagnostic Test Results - Clinical Protocol, reviewed 10/25/24, showed the following: Assessment and Recognition 1. The physician will identify, and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. 2. The staff will process test requisitions and arrange for tests. 3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility. Review by Nursing Staff 1. When test results are reported to the facility, a nurse will first review the results. (a.) If staff who first receive or review lab and diagnostic test results cannot follow the remainder of this procedure for reporting and documenting the results and their implications, another nurse in the facility (supervisor, charge nurse, etc.) should follow or coordinate procedure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0777 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Before contacting the physician, the person who is to communicate results to a physician will gather, review and organize the information and be prepared to discuss the following (to the extent that such information is available). (a.) The individual's current condition and details of any recent changes in status, including vital signs and mental status. (b.) Major diagnoses, allergies, current medications , any recent pertinent lab work, actions already taken to address results and treat the resident/patient, and pertinent aspects of advance directives (example limitations on testing and treatment). (c.) Why the las and diagnostic tests were obtained (for example as a routine screen or follow -up; to assess a condition change or recent onset of signs and symptoms, or to monitor a serum medication level. (d.) How test results may relate to the individual's current condition and treatment (e.) Any concerns and questions the physician will be expected to address regarding the resident. 3. A nurse will identify the urgency of communicating with the attending physician based on physician request, the seriousness of any abnormality and the individual's current condition. 4. A nurse will try to determine whether the test was done: (a.) As routine screen or follow -up. (b.) To assess a condition change or recent onset of signs and symptoms or (c.) To monitor a drug level. (1.) The reason for getting a test often affects the urgency of acting upon the result. (2.) If the reason for performing the test cannot be identified, the nurse should proceed as though the test were ordered to assess a condition change or recent onset of signs and symptoms.

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48223 Based on interview and record review the administration of the facility failed to update their emergency plan as changes occurred and failed to plan and carry out a safe evacuation. There was a complete disregard for patient safety and quality of care to be maintained during a natural disaster that required an evacuation. Additionally, after one failed evacuation the facility did not secure a location for a second natural disaster that occurred shortly after the first one. The facility maintained an evacuation agreement with a local church that began in 2018. In February 2024 the church informed the facility that the agreement was to be terminated effective [DATE]. No alternative evacuation location was arranged. In September of 2024 when evacuation was ordered for hurricane [NAME] the facility staff moved 226 residents to a local church. Family members of the residents called the police and emergency medical services to report conditions. Local Police, Fire and Emergency officials assessed the location and deemed it unsafe. The residents were on small cots placed right next to each, staff did not have enough room to care for the residents, the resident care was not organized, supplies were not available, there was not enough room for every resident to be indoors, important supplies were housed outside with rain predicted and the residents were not safe in terms of fire exits and supervision. The local authorities moved all the residents to a county shelter the night before hurricane [NAME]. Before hurricane [NAME] the facility Nursing Home Administrator (NHA) began calling Local County Emergency Operation Center (CEOC), and State officials asking for an evacuation location or to be allowed to not evacuate. Again, the facility did not have a plan for the safety and care of its residents. A volunteer at the CEOC working with the Emergency Operations leadership assisted the NHA by determining that the most acutely ill residents could be moved to a local Nursing Home. The NHA moved all the remaining 217 residents to a church in a nearby county. The CEOC acknowledged awareness of his plan and said they were unable to approve evacuation plans at the last minute. Upon review after the storm, the County Emergency Management did not approve of this location due to it being in an evacuation zone and unsuitable if evacuations were ordered for a hurricane. The facility remains without a safe evacuation location. These failures created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to all facility Residents and resulted in the determination of Immediate Jeopardy on [DATE]. The findings of Immediate Jeopardy are ongoing and have not been removed, the severity and scope remains an L as there has been no verification of removal of immediacy of harm. Findings included: (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview on [DATE] at 3:15 p.m. with the Nursing Home Administrator (NHA) and the Administrator in Training (AIT), the NHA said he knew the agreement with Evacuation Location #1 was terminated sometime in [DATE] when he began as the NHA with the facility. The facility received the termination of contract letter in [DATE]. He said he started calling other vendors at this time to find a suitable location and admitted to only looking for options to keep the entire facility in one location (approximately 280 residents). The NHA stated he was unsuccessful and called (local) County Emergency Management (CEM) for assistance, who instructed him they could not assist him. The NHA did not have a location as of [DATE] when a hurricane was projected to impact St. Petersburg. The NHA stated he was not able to find a location and continued to contact CEM for assistance, and said they needed to help us. The NHA stated he was finally able to find a location. The NHA stated that no communication occurred to families during the evacuation for [NAME]. The AIT stated if families had her number they were contacting her, although only if they had her number. The NHA stated he thought this was successful event as no one eloped, died or (had a) major injury. The NHA admitted to not looking for a location for evacuation prior to the imminent need of the next major hurricane, [NAME]. The NHA stated, I kept contacting CEM and they did not help me. Review of the approved facility disaster plan dated February 2024, provided by the local Emergency Management office showed multiple sections such as Facility Basic information, Incident Command Structure. It included Policies and Procedures on a Food Plan, Water Plan, Emergency Power Plan, Medical Supplies, Medical Records, Sewage, Transportation and Rationale for disaster plan. It contained a Hazard Analysis, Elevation certificate, Evacuation Plan and Essential Business Functions, Disaster Chain of Command, a Floor Plan of the facility, Emergency meal plan, menus, a food a water list needed, Evacuation Time Table, Information, Training and Exercises, Emergency Preparedness Communication Plan, management and staff contact numbers. It contained the Sheltering License Agreement with (Evacuation Location #1) and Mutual Aid Agreements with two local nursing homes. It contained agreements with a Food distributor, commercial buses, wheelchair transport, a rental truck company, Review of the approved facility disaster plan dated February 2024, provided by the local Emergency Management office included a Sheltering License Agreement effective [DATE], with the [NAME] of a local church (Evacuation Location #1). The church agreed to make certain areas available to the Nursing Home in the event of a hurricane evacuation order. A Shelter Agreement Clarification page was included that showed the Church (Evacuation Location #1) would be able to accommodate 379 Residents from the facility for the year 2023, signed by the NHA at the time and the [NAME] of the church on [DATE]. Mutual Aid Agreements were included with two nearby nursing homes. Both Mutual Aid Agreements specified that the receiving facility could only take 60 residents from an outside source and the number would depend on current in-house census and both facilities understand that a local in-house emergency, and or emergency that affected all facilities in the [NAME] Bay Area, would render a variance in available space. The Mutual Aide Agreements were signed by each facility and the current NHA in February of 2024. Review of a letter dated [DATE], written to the administrator of the facility and signed by the [NAME] of a local church (Evacuation Location #1) showed the church was terminating the agreement to be the evacuation location for the facility effective [DATE]. The termination was due to the facility not following agreed upon safety and cleanliness procedures during the past evacuations, and other problems described in the letter. (continued on next page)

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An Emergency Management Planning document was provided to the surveyors on [DATE] by the NHA and described by him as the plan followed for hurricane [NAME]. The document showed the facility was licensed to house 274 residents including a secure dementia unit of up to 70 residents. The facility is in hurricane evacuation Zone A (most vulnerable zone and is usually the first to be evacuated), the elevation was 9 feet 4 inches above sea level and will be evacuated to an offsite location as directed by the Local County Emergency Management. Review of the document showed Evacuation Location #1 crossed out and replaced by a different church located in a nearby city (Evacuation Location #2). Evacuation location #2 was dated to be effective [DATE]. On multiple pages of the Emergency Management Planning Document Evacuation Location #1 was still listed. No documentation was provided for the approval of Evacuation Location #2 by the local Emergency Management Office. Review of an email communication from the Emergency Management Health Care Plan Compliance Specialist showed the last review and approval of an Emergency Plan for the facility on [DATE]. Review of a letter from the local County Emergency Management office, dated [DATE] signed by the Healthcare Plan Compliance Specialist showed, To the current Administrator, We are pleased to inform you that your electronic Comprehensive Emergency Management Plan (CEMP) was reviewed. You will receive the CEMP Approval Certificate upon payment. The facility was instructed to submit their plan for the [DATE] to February 2025 time frame by [DATE]. Review of the local County Emergency Operations Center evacuation orders for hurricane [NAME] showed, [DATE], Attn: Facility Administration: An Evacuation order for Residential Health Care Facilities, [local] County has issued an evacuation order for all Level A facilities. The anticipated impacts of the storm include: -Storm Surge of 5 to 8 ft is possible along areas of [local] County; however, this is highly dependent on where the storm makes landfall. -Strong tropical storm force winds are forecast for [local] County starting 10 am on Thursday. -Heavy rainfall of up to 6 inches is forecast for [local] County. -Isolated to scattered tornadoes will be possible, especially in the outer rainbands of the storm. -Hazardous surf and rip currents are expected to continue until the storm passes If you are included in the evacuation level A you should complete your evacuation and be in your safe location by Thursday at 7am. The [local] County Emergency Operations Center (EOC) will be calling to ensure that you are evacuating as planned and as called for in the Comprehensive Emergency Management Plan (CEMP) for your facility. If you are not included in the evacuation level, but choose to evacuate anyway, please ensure that you inform the Emergency Operations Center of your plans and sheltering location. We will continue to monitor the system. Please monitor your emails for any further protective measures. The contact information for the [local] County Emergency Operations Center is: The Health and Human Services EOC Desk [DATE] or [DATE] Sincerely, [local]County Emergency Operations Center. The facility evacuated to Evacuation Location #2, a church in a nearby city on [DATE], an unapproved location. (continued on next page)

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of a [local] Police Department Incident report dated [DATE] showed they were called at 7:40 pm, and arrived at 7:42 pm at the Evacuation Location #2. This report is to document the conditions at [evacuation location #2], during the preparation for tropical storm [NAME]. On [DATE] two officers did an area check . there were 4 different rooms that people were placed in. Each room was over-packed with cots half the size of a person pushed together leaving no space for a person to move around or get up in most areas. Each room was hotter than outside inside the building, leaving many people uncomfortable. The majority of the people were barely dressed due to the conditions of the room. A lot of people were placed in adult diapers. There was only 1 fan observed running which was a small ceiling fan in the primary chapel. The primary chapel had more than 80 people in it, the memory care had more than 50 people in it, and the two other rooms had more than 30 people in each room. Multiple wheelchairs were left outside with no cover for the storm to come. Multiple medical and survival supplies were also left outside with no cover for the storm to come. While these rooms were already packed full there were more than 20 people outside standing and in wheelchairs waiting to be placed in a room. This information was forwarded up the chain of command. Review of an e-mail communication from the Deputy Director of Safety and Emergency Services for local County Government written on [DATE] at 3:00 am to 5 [local] County staff members regarding the facility's residents at Evacuation Location #2 revealed: Good morning, [facility name], is a skilled nursing facility located in zone A and were required to evacuate 250 residents. They evacuated to [Evacuation Location #2] in [city name]. We were advised that the SNF [skilled nursing facility] had all of the medical support needed for its patients, but the facility lacked a few resources. We received a request to assist them with a generator at the church and a safety concern was raised because the church did not have fire suppression, so [local] FD [fire department] responded and put them on fire watch. More calls came in concerned about the safety of the patients due to a lack of generator for refrigerated medicine, heating ventilation and air conditioning (HVAC) so County Officials, [the local County EMS Medical Director and the EMS and FIRE Administrator for local County] responded to the church. Upon arrival and conversations between [Local city] FD, [local county] PD [police department], [the local County EMS Medical Director] and [the EMS and FIRE Administrator for local County], it was decided that the facility was not safe for the residents. Initially, it was decided that the patients would be moved to an Academy due to the nearby location. After multiple conversations with the school district and due to a lack of a generator at [the academy] was decided that the patients should be moved to [a local middle school] which is further away but is a special needs shelter and has a generator back up for those patients dependent on electricity. [County Busses] helped move the 50 patients that could walk and provided transport for wheelchairs. Multiple trucks with liftgates from [commercial ambulance service] helped transport equipment and the [commercial ambulance service] and the Fire Departments transported the rest of the patients to the shelter. An interview was conducted with the local County EMS Medical Director, [DATE] at 1:30 p.m. He said concerns about the facility (Evacuation Location #2) came about as follows: 1) Concerns were raised to the Emergency Operations Center (EOC) by a Fire Department officer that had run a 911 call to the facility and reported concerns about conditions. 2) A request for assistance was made for power for the refrigerator. (continued on next page)

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	[The local County EMS Medical Director], went with a group to evaluate the situation, and he said that on [DATE] ahead of [NAME]: 1)Medications and computers were being stored outside in a courtyard area. 2) Residents were on cots, shoulder to shoulder and head to foot, there was no access to residents, the square footage available was woefully short. 3) Security concerns were identified for the memory care residents in a hall room with little to no safeguards. 4) Means of egress was not clear of all obstructions. 5) They had a handful of portable generators that looked like they were picked up at (a home improvement store) that day. 6) Several residents were on Oxygen concentrators and would have posed a significant problem in the event of power loss. [The local County EMS Medical Director] stated that a consensus meeting was held between himself, [local city] Police, and [local city] Fire and they were all on the same page that the facility was inadequate to care for so many residents. Together the group decided that the most appropriate course of action was to relocate the residents to a more suitable location. An interview was conducted with Staff Member Q, Certified Nursing Assistant (CNA) on [DATE] at 11:38 a.m. She said she has worked for the facility since 2022. She said the hurricane staffing and patient care were a big mess. The administration has no idea what they are doing. For hurricane [NAME] it was an absolute nightmare, She was scheduled to work ,d+[DATE] a.m. and they were told to meet at the church at 11 pm, not even come in early, crazy. She said, The residents were packed into this church with no linen, you could not walk between cots. It was so hot even with the portable units, there was no air flow. We were short staffed, there were no fluid passes, you could not get to the residents, they were covered with towels, there were not enough linens. There were no assignments, everyone was everywhere, except with residents. Residents were not provided supplies; you could not get to the supplies. Then we evacuated to the school, even though we were at the school still there was confusion, no direction given on who to take care of, we were left to guess, which means no one accepts responsibility. I stayed in the cafeteria from 7am to 7 pm. I did hear that someone fell in the gym, but I did not see it. An interview was conducted on [DATE] at 3:11 p.m. with Resident #15. She said during the hurricane [NAME] evacuation the residents were taken to a church big enough for 100 people but there were 250 people there. Resident #15 said she didn't do well in tight spaces and was a little claustrophobic. She said, It was so bad. I called my grandson and told him to get me the [explicative] out of here. Resident #15 said she was not happy because she was put on a cot and her wheelchair was taken away. She said she was independent and used the bathroom herself. She said she was left on her cot for hours without being able to get up. Resident #15 said staff told her to just go in her pants and they wound just change me. Resident #15 said the evacuations were horrible. (continued on next page)

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on [DATE] at 2:15 p.m. with the Staff Member II, Occupational Therapist (OT) who stated there were safety concerns. I tried to give my opinion, but no one wanted to hear me. The evacuations were Very disorganized. Therapy knew their responsibility of transferring residents on to the buses and off only. The facility had Charter buses for the evacuations for the first (storm). If residents were able to sit upright in a wheelchair, we were able to sit them in the bus seat. We had to physically lift the residents into the bus. To my knowledge the wheelchairs did not go to the evacuation site unless the resident had to travel in the chair. Those residents were evacuated by wheelchair transporters. An interview was conducted on [DATE] at 2:35 p.m. with Staff Member JJ, Physical Therapist (PT) who stated the evacuations were confusing regarding transport. He found out no transport had been set up for return after hurricane [NAME]. The facility was only utilizing the buses they owned for transport, this took forever. Resident #23 received a skin tear during one of the transfers. A nurse came to evaluate the wound right away, but they were not able to find a first aid kit for supplies to cover the skin tear. Thirty minutes went by, and someone finally drove over with supplies, to cover the skin tear. An interview was conducted on [DATE] at 2:47 p.m. with Staff Member KK, CNA who stated regarding the evacuations, No one knew what was up with any of the evacuations, chaos. I'm sure that is why I don't remember anything specific except chaos. An interview was conducted on [DATE] at 4:37 p.m. with former Staff Member M, CNA. She said, The evacuation for [NAME] to the church was unorganized, the Therapy department completed the transferring charter. At the church everyone was being put on a cot, no elevated head, just a sheet, maybe a pillow I don't think enough for everyone. There was not enough room for everyone, you could hardly squeeze between cots, residents were outside in the rain as there was no room in the church. Families started to come there complaining, I don't remember who. The bathroom hallway had cots as there was no room. No one was told anything, we did not know who we were to care for, except follow normal schedules, be at work at 7 a.m. at the nursing home, then we went to the church at 3:30 p.m. It started to get dark; it started raining. I'm not sure if everyone got to eat, there was no organization, everyone received the same diet, we were not sure who was who, it was a total mess. We could not pass fluids because we couldn't get to residents, we had to walk sideways between cots. They stuck some residents in a closet, at least they left the doors open for them, but it was hot, even with the spot cooler. There were residents who had been bed bound for years and now they were on these cots with only a sheet. I was instructed to go assist alert residents. All the officials came, and we had to move again, at least that evacuation had organization somewhat. You could tell the officials were frustrated. When we got to the school (Evacuation Location #3) the meals were the same, no one had their diets indicated but it was better than the church as the school was giving out meals. Then they told us not to give the school meals, we were only supposed to use our supply. Well, who knew where that was? The only fluids were given with a meal, if you received meal. I don't think they had a way to know who got what or if everyone got to eat. I didn't see anyone helping anyone eat. I was assigned the alert residents, so they only needed to be served. There were no assignments [NAME] except B wing (the memory care wing) was in gym, but I am not sure who was in the gym with them. I saw a Resident outside on the sidewalk exiting to the street. I brought her back in, I am not sure who it was, but she got out. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of EOC evacuation orders for hurricane [NAME] showed, [DATE], Attn: Facility Administration: Level A-C Evacuation order for Residential Health Care Facilities, (local) County has issued an evacuation order for all Level A, B and C facilities. The anticipated impacts of the storm include: Storm Surge over 10 ft. is possible along areas of (local) County, however this is highly dependent on where the storm makes landfall. Life-threatening storm surge flooding will be possible across coastal areas of (local) County on Wednesday (,d+[DATE]).Heavy rain of 5 to 8 inches, with isolated higher amounts of up to 12 inches is forecast through Thursday (,d+[DATE]).Tropical storm force winds are forecast to start in the early morning hours of Wednesday (,d+[DATE])and continue through late Wednesday night (,d+[DATE]). The wind field is expected to expand. There is the potential for some tornadoes and /or waterspouts on Thursday (,d+[DATE]). If you are included in the evacuation level A, B or C you should complete your evacuation and be in your safe location by Tuesday 8pm. The (local) County Emergency Operations Center (EOC) will be calling to ensure that you are evacuating as planned and as called for in the Comprehensive Emergency Management Plan (CEMP) for your facility. If you are not included in the evacuation level, but choose to evacuate anyway, please ensure that you inform the Emergency Operations Center of your plans and sheltering location. We will continue to monitor the system. Please monitor your emails for any further protective measures. The contact information for the (local) County Emergency Operations Center is: The Health and Human Services EOC Desk [DATE] or [DATE] (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted by phone with the Director of the Department of Health in (local) County on [DATE] at 4:00 p.m. He stated that requests for assistance in finding a place to evacuate to were being made by the facility as [NAME] was approaching. The facility ultimately evacuated to the church in (local city), Evacuation Location #2. He said the EOC received a Fire Officers concerns about conditions following a 911 call they responded to (at Evacuation Location #2). He said an additional request for assistance with powering refrigeration equipment at the location was received. He said the EOC dispatched the Medical Director for the (local) County EMS, (local) Police, and (local) Fire Departments to assess and evaluate conditions at (Evacuation location #2). He said the EOC received a report that available square footage was inadequate for the number of residents present, creating security concerns for the police, and egress concerns due to crowding for the fire representative. The (local) County allowed them to relocate to a Middle School, (Evacuation Location #3) where they were operating a special needs shelter. The Director of the Department of Health in (local) County noted that while actions were taken because of need, (local) County evacuee numbers were expected to be in the thousands (for Hurricane [NAME]) and their system is not designed to support long term care facility residents. The Director of the Department of Health in (local) County acknowledged that it was a short turnaround between [NAME] and when the evacuation for [NAME] was ordered. The facility did request the use of the special needs shelter again. The (local county) was expecting large numbers of evacuees, has multiple long term care facilities, and planning for evacuations is the responsibility of the facility. The Director of the Department of Health in (local) County said that, while unfortunate, it does not change the responsibility of the facility to develop arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. Review of an e-mail communication from the County Emergency Operations Center written on [DATE] at 7:54 pm to 5 (local) County staff members regarding the facility revealed: As The Director of [the] Department of Health in (local) County knows, [name] the NHA of this building had a [Emergency Plan] approved with receiving facility that unfortunately failed meaning the receiving facilities backed out thus they did not have placement for this larger facility. The plan in motion is 23 residents with higher acuity to [Local Nursing Home] and the rest to go with the Administrator, Director of Nurses (DON) and staff to (Evacuation Location #4) that is 10 K SQT, high and not in an evac zone, has a kitchen, etc. The facility would bring a generator, 12 portable AC units and 4 wet vacs in case needed in addition to food, fluids, medications, treatments, mattresses, etc. We did have a conversation with [name] the Administrator explaining that the CEOC [(local) County Emergency Operations Center] cannot review or approve a new or temporary plan at this point other than verbally as done. In doing so we explained that it is his decision what is best for the residents and staff of his facility and that the CEOC acknowledges this new plan, but it is not approved. [NHA] did verbalize his understanding. Signed by a volunteer at the (CEOC). (continued on next page)

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with the Emergency Management Healthcare Plan Compliance Specialist with the (local) County Emergency Management office on [DATE] at 10:30 a.m. She stated that the facility did not submit an alternative location for approval prior to the hurricanes. The facility did not ask for approval for either Evacuation Location #2 or Evacuation Location #4. She reviewed the location information for Evacuation Location #4 and said that it would not be approved as an evacuation site because it is in Flood Zone D. She said only facilities in no flood zone areas can be used as evacuation locations. Review of the Quality Assurance and Performance Improvement (QAPI) Policy and Procedure, dated 2024 revealed the following: PURPOSE, To ensure that (the Facility) implements a comprehensive QAPI program which addresses all the care and unique services that the facility provides. To ensure continuous evaluation of the Facility's systems with the objectives of: ensuring that care delivery systems function consistently, accurately, and incorporate current and evidence-based practice standards where available; preventing deviation from care processes, to the extent possible; identifying issues and concerns with the Facility's systems, as well as identifying opportunities for improvement; and developing and implementing plans to correct and/or improve identified areas. To ensure that the Facility implements a quality management program which takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality. An interdisciplinary approach encompasses all managerial, and clinical, services, which includes care and services provided by outside (contracted or arranged) providers and suppliers. [.] VII. Governance and Leadership, A. The Facility Administrator is essentially responsible for the internal risk management and QAPI program. B. The governing body and/or executive leadership (or organized group or an individual who assumes full legal authority and responsibility for operation of the Facility), must ensure the QAPI Program: a. Is defined, implemented, and ongoing; b. Addresses identified priorities; c. Is sustained through transitions in leadership and staffing; d. Has adequate resources, including staff time, equipment, and technical training as needed; e. Uses performance indicator data, resident and staff input, and other information to identify and prioritize problems and opportunities; f. Implements corrective actions to address gaps in systems and evaluates actions for effectiveness; and g. Establishes clear expectations around safety, quality, rights, choice, and respect. [.] (continued on next page)

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 11/06/2024
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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	IX. Responsibilities of QAA Committee. Functioning under the Facility's governing body, the QAA Committee is responsible for: A. Reporting to the Facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program; B. Regularly reviewing and analyzing data, including data collected under the QAPI program and data resulting from drug regimen reviews; C. determining what performance data will be monitored and the schedule or frequency for monitoring this data; D. Acting on available data to make improvements; E. Identifying and responding to quality deficiencies throughout the facility; F. Oversight of the QAPI program when fully implemented. G. Developing and implementing corrective action, and monitoring to ensure performance goals or targets are achieved; H. Revising corrective action when necessary. I. Meeting at least quarterly, and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary.

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48223 Based on interview and record review the facility failed to maintain a Governing Body that was aware of the facility emergency plans. The Governing body was not aware the facility did not update their emergency plan as changes occurred. The facility failed to address the needs of their patient population during an emergency and failed to provide for continuity of operations during a natural disaster, a hurricane. The facility maintained an evacuation agreement with a local church that began in 2018. In February 2024 the church informed the facility that the agreement was to be terminated effective May 31, 2024. No alternative evacuation location was arranged. In September of 2024 when evacuation was ordered for hurricane [NAME] the facility staff moved 226 residents to a local church. Family members of the residents called the police and emergency medical services to report conditions. Local Police, Fire and Emergency officials assessed the location and deemed it unsafe. The residents were on small cots placed right next to each, staff did not have enough room to care for the residents, the resident care was not organized, supplies were not available, there was not enough room for every resident to be indoors, important supplies were housed outside with rain predicted and the residents were not safe in terms of fire exits and supervision. The local authorities moved all the residents to a county shelter the night before hurricane [NAME]. The conditions during hurricane [NAME] led to the injury of 2 residents (#12, #22) known to have suffered harm, including a fracture for one resident as a result of lack of supplies and lack of supervision during that evacuation that lasted from 9/25/2024 to 9/28/2024. Before hurricane [NAME] the facility Nursing Home Administrator (NHA) began calling Local County Emergency Operation Center (CEOC), and State officials asking for an evacuation location or to be allowed to not evacuate. Again, the facility did not have a plan for the safety and care of its residents. A volunteer at the CEOC working with the Emergency Operations leadership assisted the NHA by determining that the most acutely ill residents could be moved to a local Nursing Home. The NHA moved all the remaining 217 residents to a church in a nearby county. The CEOC acknowledged awareness of his plan and said they were unable to approve evacuation plans at the last minute. Upon review after the storm, the County Emergency Management did not approve of this location due to it being in an evacuation zone and unsuitable if evacuations were ordered for a hurricane. The facility remains without a safe evacuation location. These failures created a situation that resulted in a worsened condition for two residents (#12, #22) and the likelihood for serious injury and or death to all facility Residents and resulted in the determination of Immediate Jeopardy on 09/24/2024. The findings of Immediate Jeopardy are ongoing and have not been removed, the severity and scope remains an L as there has been no verification of removal of immediacy of harm. Findings included: (continued on next page)

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the Facility assessment dated [DATE] and signed by the NHA, DON, Governing Body Representative, Medical Director and Infection Control Prevention Officer revealed, on page 24, Section IV Facility and Community-Based Risk Assessment, B. Emergency Management, Please note: In lieu of completing this section, your facility can include a copy of its required Emergency Preparedness Plan. 1. See CEMP book for further information. CEMP Binder is located in Administrator's Office. Review of the approved facility disaster plan dated February 2024, provided by the local Emergency Management office showed multiple sections such as Facility Basic information, Incident Command Structure. It included Policies and Procedures on a Food Plan, Water Plan, Emergency Power Plan, Medical Supplies, Medical Records, Sewage, Transportation and Rationale for disaster plan. It contained a Hazard Analysis, Elevation certificate, Evacuation Plan and Essential Business Functions, Disaster Chain of Command, a Floor Plan of the facility, Emergency meal plan, menus, a food a water list needed, Evacuation Time Table, Information, Training and Exercises, Emergency Preparedness Communication Plan, management and staff contact numbers. It contained the Sheltering License Agreement with (Evacuation Location #1) and Mutual Aid Agreements with two local nursing homes. It contained agreements with a Food distributor, commercial buses, wheelchair transport, a rental truck company, Review of the approved facility disaster plan dated February 2024, provided by the local Emergency Management office included a Sheltering License Agreement effective June 1, 2018, with the [NAME] of a local church (Evacuation Location #1). The church agreed to make certain areas available to the Nursing Home in the event of a hurricane evacuation order. A Shelter Agreement Clarification page was included that showed the Church (Evacuation Location #1) would be able to accommodate 379 Residents from the facility for the year 2023, signed by the NHA at the time and the [NAME] of the church on 5/3/2023. Mutual Aid Agreements were included with two nearby nursing homes. Both Mutual Aid Agreements specified that the receiving facility could only take 60 residents from an outside source and the number would depend on current in-house census and both facilities understand that a local in-house emergency, and or emergency that affected all facilities in the [NAME] Bay Area, would render a variance in available space. The Mutual Aide Agreements were signed by each facility and the current NHA in February of 2024. Review of a letter dated 2/16/2024, written to the administrator of the facility and signed by the [NAME] of a local church (Evacuation Location #1) showed the church was terminating the agreement to be the evacuation location for the facility effective May 31,2024. The termination was due to the facility not following agreed upon safety and cleanliness procedures during the past evacuations, and other problems described in the letter. An interview was conducted with a member of the Governing Body on 11/6/2024 at 1:55 p.m. She said she has been working for Aventura for 2 years and on the Governing Body of Aventura for a year and 1/2. She said that the Administrator reports regularly to the Governing Body through regularly scheduled meetings, emails, and impromptu meetings. She said there is a constant flow of information. She said that problems are communicated with the Governing Body, resource needs, system breakdowns. She said that the Governing Body responds to the Administrator with phone calls, Zoom calls, in person visits and sometimes QAPI programs are started. She said that the Administrator is held accountable by reports that are sent, Risk management meetings weekly, and the Administration is supervised through the Electronic medical record. She said she was not aware until recently that the facility did not have an approved Evacuation Location. (continued on next page)

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An Emergency Management Planning document was provided to the surveyors on 10/24/2024 by the NHA and described by him as the plan followed for hurricane [NAME]. The document showed the facility was licensed to house 274 residents including a secure dementia unit of up to 70 residents. The facility is in hurricane evacuation Zone A (most vulnerable zone and is usually the first to be evacuated), the elevation was 9 feet 4 inches above sea level and will be evacuated to an offsite location as directed by the Local County Emergency Management. Review of the document showed Evacuation Location #1 crossed out and replaced by a different church located in a nearby city (Evacuation Location #2). Evacuation location #2 was dated to be effective 7/1/2024. On multiple pages of the Emergency Management Planning Document Evacuation Location #1 was still listed. No documentation was provided for the approval of Evacuation Location #2 by the local Emergency Management Office. Review of an email communication from the Emergency Management Health Care Plan Compliance Specialist showed the last review and approval of an Emergency Plan for the facility on 10/3/2023. Review of a letter from the local County Emergency Management office dated 10/3/2023 signed by the Healthcare Plan Compliance Specialist showed, To the current Administrator, We are pleased to inform you that your electronic Comprehensive Emergency Management Plan (CEMP) was reviewed. You will receive the CEMP Approval Certificate upon payment. The facility was instructed to submit their plan for the March 2024 to February 2025 time frame by January 2, 2024. Review of the local County Emergency Operations Center evacuation orders for hurricane [NAME] showed, September 24, 2024, Attn: Facility Administration: Level An Evacuation order for Residential Health Care Facilities, [local] County has issued an evacuation order for all Level A facilities. The anticipated impacts of the storm include: -Storm Surge of 5 to 8 ft is possible along areas of [local] County; however, this is highly dependent on where the storm makes landfall. -Strong tropical storm force winds are forecast for [local] County starting 10 am on Thursday. -Heavy rainfall of up to 6 inches is forecast for [local] County. -Isolated to scattered tornadoes will be possible, especially in the outer rainbands of the storm. -Hazardous surf and rip currents are expected to continue until the storm passes If you are included in the evacuation level A you should complete your evacuation and be in your safe location by Thursday at 7am. The [local] County Emergency Operations Center (EOC) will be calling to ensure that you are evacuating as planned and as called for in the Comprehensive Emergency Management Plan (CEMP) for your facility. If you are not included in the evacuation level, but choose to evacuate anyway, please ensure that you inform the Emergency Operations Center of your plans and sheltering location. We will continue to monitor the system. Please monitor your emails for any further protective measures. The contact information for the [local] County Emergency Operations Center is: The Health and Human Services EOC Desk [PHONE NUMBER] or [PHONE NUMBER] Sincerely, [local]County Emergency Operations Center. The facility evacuated to Evacuation Location #2, a church in a nearby city on 9/25/2024, an unapproved location. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of a [local] Police Department Incident report dated 9/25/2024 showed they were called at 7:40 pm, and arrived at 7:42 pm at the Evacuation Location #2. This report is to document the conditions at [evacuation location #2], during the preparation for tropical storm [NAME]. On 9/25/2024 two officers did an area check . there were 4 different rooms that people were placed in. Each room was over-packed with cots half the size of a person pushed together leaving no space for a person to move around or get up in most areas. Each room was hotter than outside inside the building, leaving many people uncomfortable. The majority of the people were barely dressed due to the conditions of the room. A lot of people were placed in adult diapers. There was only 1 fan observed running which was a small ceiling fan in the primary chapel. The primary chapel had more than 80 people in it, the memory care had more than 50 people in it, and the two other rooms had more than 30 people in each room. Multiple wheelchairs were left outside with no cover for the storm to come. Multiple medical and survival supplies were also left outside with no cover for the storm to come. While these rooms were already packed full there were more than 20 people outside standing and in wheelchairs waiting to be placed in a room. This information was forwarded up the chain of command. Review of an e-mail communication from the Deputy Director of Safety and Emergency Services for local County Government written on 9/26/2024 at 3:00 am to 5 [local] County staff members regarding the facility's residents at Evacuation Location #2 revealed: Good morning, [facility name], is a skilled nursing facility located in zone A and were required to evacuate 250 residents. They evacuated to [Evacuation Location #2] in [city name]. We were advised that the SNF [skilled nursing facility] had all of the medical support needed for its patients, but the facility lacked a few resources. We received a request to assist them with a generator at the church and a safety concern was raised because the church did not have fire suppression, so [local] FD [fire department] responded and put them on fire watch. More calls came in concerned about the safety of the patients due to a lack of generator for refrigerated medicine, heating ventilation and air conditioning (HVAC) so County Officials, [the local County EMS Medical Director and the EMS and FIRE Administrator for local County] responded to the church. Upon arrival and conversations between [Local city] FD, [local county] PD [police department], [the local County EMS Medical Director] and [the EMS and FIRE Administrator for local County], it was decided that the facility was not safe for the residents. Initially, it was decided that the patients would be moved to an Academy due to the nearby location. After multiple conversations with the school district and due to a lack of a generator at [the academy] was decided that the patients should be moved to [a local middle school] which is further away but is a special needs shelter and has a generator back up for those patients dependent on electricity. [County Busses] helped move the 50 patients that could walk and provided transport for wheelchairs. Multiple trucks with liftgates from [commercial ambulance service] helped transport equipment and the [commercial ambulance service] and the Fire Departments transported the rest of the patients to the shelter. An interview was conducted with the local County EMS Medical Director, 10/31/23024 at 1:30 p.m. He said concerns about the facility (Evacuation Location #2) came about as follows: 1) Concerns were raised to the Emergency Operations Center (EOC) by a Fire Department officer that had run a 911 call to the facility and reported concerns about conditions. 2) A request for assistance was made for power for the refrigerator. (continued on next page)

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 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	[The local County EMS Medical Director], went with a group to evaluate the situation, and he said that on 09/25/2024 ahead of [NAME]: 1)Medications and computers were being stored outside in a courtyard area. 2) Residents were on cots, shoulder to shoulder and head to foot, there was no access to residents, the square footage available was woefully short. 3) Security concerns were identified for the memory care residents in a hall room with little to no safeguards. 4) Means of egress was not clear of all obstructions. 5) They had a handful of portable generators that looked like they were picked up at (a home improvement store) that day. 6) Several residents were on Oxygen concentrators and would have posed a significant problem in the event of power loss. [The local County EMS Medical Director] stated that a consensus meeting was held between himself, [local city] Police, and [local city] Fire and they were all on the same page that the facility was inadequate to care for so many residents. Together the group decided that the most appropriate course of action was to relocate the residents to a more suitable location. An interview was conducted with Staff Member Q, Certified Nursing Assistant (CNA) on 10/28/2024 at 11:38 a.m. She said she has worked for the facility since 2022. She said the hurricane staffing and patient care were a big mess. The administration has no idea what they are doing. For hurricane [NAME] it was an absolute nightmare, She was scheduled to work 11-7 a.m. and they were told to meet at the church at 11 pm, not even come in early, crazy. She said, The residents were packed into this church with no linen, you could not walk between cots. It was so hot even with the portable units, there was no air flow. We were short staffed, there were no fluid passes, you could not get to the residents, they were covered with towels, there were not enough linens. There were no assignments, everyone was everywhere, except with residents. Residents were not provided supplies; you could not get to the supplies. Then we evacuated to the school, even though we were at the school still there was confusion, no direction given on who to take care of, we were left to guess, which means no one accepts responsibility. I stayed in the cafeteria from 7am to 7 pm. I did hear that someone fell in the gym, but I did not see it. An interview was conducted on 10/21/24 at 3:11 p.m. with Resident #15. She said during the hurricane [NAME] evacuation the residents were taken to a church big enough for 100 people but there were 250 people there. Resident #15 said she didn't do well in tight spaces and was a little claustrophobic. She said, It was so bad. I called my grandson and told him to get me the [explicative] out of here. Resident #15 said she was not happy because she was put on a cot and her wheelchair was taken away. She said she was independent and used the bathroom herself. She said she was left on her cot for hours without being able to get up. Resident #15 said staff told her to just go in her pants and they wound just change me. Resident #15 said the evacuations were horrible. (continued on next page)

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 10/24/24 at 2:15 p.m. with the Staff Member II, Occupational Therapist (OT) who stated there were safety concerns. I tried to give my opinion, but no one wanted to hear me. The evacuations were Very disorganized. Therapy knew their responsibility of transferring residents on to the buses and off only. The facility had Charter buses for the evacuations for the first (storm). If residents were able to sit upright in a wheelchair, we were able to sit them in the bus seat. We had to physically lift the residents into the bus. To my knowledge the wheelchairs did not go to the evacuation site unless the resident had to travel in the chair. Those residents were evacuated by wheelchair transporters. An interview was conducted on 10/24/24 at 2:35 p.m. with Staff Member JJ, Physical Therapist (PT) who stated the evacuations were confusing regarding transport. He found out no transport had been set up for return after hurricane [NAME]. The facility was only utilizing the buses they owned for transport, this took forever. Resident #23 received a skin tear during one of the transfers. A nurse came to evaluate the wound right away, but they were not able to find a first aid kit for supplies to cover the skin tear. Thirty minutes went by, and someone finally drove over with supplies, to cover the skin tear. An interview was conducted on 10/24/24 at 2:47 p.m. with Staff Member KK, CNA who stated regarding the evacuations, No one knew what was up with any of the evacuations, chaos. I'm sure that is why I don't remember anything specific except chaos. An interview was conducted on 10/24/2024 at 4:37 p.m. with former Staff Member M, CNA. She said, The evacuation for [NAME] to the church was unorganized, the Therapy department completed the transferring charter. At the church everyone was being put on a cot, no elevated head, just a sheet, maybe a pillow I don't think enough for everyone. There was not enough room for everyone, you could hardly squeeze between cots, residents were outside in the rain as there was no room in the church. Families started to come there complaining, I don't remember who. The bathroom hallway had cots as there was no room. No one was told anything, we did not know who we were to care for, except follow normal schedules, be at work at 7 a.m. at the nursing home, then we went to the church at 3:30 p.m. It started to get dark; it started raining. I'm not sure if everyone got to eat, there was no organization, everyone received the same diet, we were not sure who was who, it was a total mess. We could not pass fluids because we couldn't get to residents, we had to walk sideways between cots. They stuck some residents in a closet, at least they left the doors open for them, but it was hot, even with the spot cooler. There were residents who had been bed bound for years and now they were on these cots with only a sheet. I was instructed to go assist alert residents. All the officials came, and we had to move again, at least that evacuation had organization somewhat. You could tell the officials were frustrated. When we got to the school (Evacuation Location #3) the meals were the same, no one had their diets indicated but it was better than the church as the school was giving out meals. Then they told us not to give the school meals, we were only supposed to use our supply. Well, who knew where that was? The only fluids were given with a meal, if you received meal. I don't think they had a way to know who got what or if everyone got to eat. I didn't see anyone helping anyone eat. I was assigned the alert residents, so they only needed to be served. There were no assignments [NAME] except B wing (the memory care wing) was in gym, but I am not sure who was in the gym with them. I saw a Resident outside on the sidewalk exiting to the street. I brought her back in, I am not sure who it was, but she got out. (continued on next page)

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of CEOC evacuation orders for hurricane [NAME] showed, October 6, 2024, Attn: Facility Administration: Level A-C Evacuation order for Residential Health Care Facilities, (local) County has issued an evacuation order for all Level A, B and C facilities. The anticipated impacts of the storm include: Storm Surge over 10 ft. is possible along areas of (local) County, however this is highly dependent on where the storm makes landfall. Life-threatening storm surge flooding will be possible across coastal areas of (local) County on Wednesday (10/09).Heavy rain of 5 to 8 inches, with isolated higher amounts of up to 12 inches is forecast through Thursday (10/10).Tropical storm force winds are forecast to start in the early morning hours of Wednesday (10/09)and continue through late Wednesday night (10/09). The wind field is expected to expand. There is the potential for some tornadoes and /or waterspouts on Thursday (10/10). If you are included in the evacuation level A, B or C you should complete your evacuation and be in your safe location by Tuesday 8pm. The (local) County Emergency Operations Center (EOC) will be calling to ensure that you are evacuating as planned and as called for in the Comprehensive Emergency Management Plan (CEMP) for your facility. If you are not included in the evacuation level, but choose to evacuate anyway, please ensure that you inform the Emergency Operations Center of your plans and sheltering location. We will continue to monitor the system. Please monitor your emails for any further protective measures. The contact information for the (local) County Emergency Operations Center is: The Health and Human Services EOC Desk [PHONE NUMBER] or [PHONE NUMBER] (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted by phone with the Director of the Department of Health in (local) County on 10/31/23024 at 4:00 p.m. He stated that requests for assistance in finding a place to evacuate to were being made by the facility as [NAME] was approaching. The facility ultimately evacuated to the church in (local city), Evacuation Location #2. He said the EOC received a Fire Officers concerns about conditions following a 911 call they responded to (at Evacuation Location #2). He said an additional request for assistance with powering refrigeration equipment at the location was received. He said the EOC dispatched the Medical Director for the (local) County EMS, (local) Police, and (local) Fire Departments to assess and evaluate conditions at (Evacuation location #2). He said the EOC received a report that available square footage was inadequate for the number of residents present, creating security concerns for the police, and egress concerns due to crowding for the fire representative. The (local) County allowed them to relocate to a Middle School, (Evacuation Location #3) where they were operating a special needs shelter. The Director of the Department of Health in (local) County noted that while actions were taken because of need, (local) County evacuee numbers were expected to be in the thousands (for Hurricane [NAME]) and their system is not designed to support long term care facility residents. The Director of the Department of Health in (local) County acknowledged that it was a short turnaround between [NAME] and when the evacuation for [NAME] was ordered. The facility did request the use of the special needs shelter again. The (local county) was expecting large numbers of evacuees, has multiple long term care facilities, and planning for evacuations is the responsibility of the facility. The Director of the Department of Health in (local) County said that, while unfortunate, it does not change the responsibility of the facility to develop arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. Review of an e-mail communication from the County Emergency Operations Center written on 10/06/2024 at 7:54 pm to 5 (local) County staff members regarding the facility revealed: As The Director of [the] Department of Health in (local) County knows, [name] the NHA of this building had a [Emergency Plan] approved with receiving facility that unfortunately failed meaning the receiving facilities backed out thus they did not have placement for this larger facility. The plan in motion is 23 residents with higher acuity to [Local Nursing Home] and the rest to go with the Administrator, Director of Nurses (DON) and staff to (Evacuation Location #4) that is 10 K SQT, high and not in an evac zone, has a kitchen, etc. The facility would bring a generator, 12 portable AC units and 4 wet vacs in case needed in addition to food, fluids, medications, treatments, mattresses, etc. We did have a conversation with [name] the Administrator explaining that the CEOC [(local) County Emergency Operations Center] cannot review or approve a new or temporary plan at this point other than verbally as done. In doing so we explained that it is his decision what is best for the residents and staff of his facility and that the CEOC acknowledges this new plan, but it is not approved. [NHA] did verbalize his understanding. Signed by a volunteer at the (CEOC). (continued on next page)

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with the Emergency Management Healthcare Plan Compliance Specialist with the (local) County Emergency Management office on 10/31/2024 at 10:30 a.m. She stated that the facility did not submit an alternative location for approval prior to the hurricanes. The facility did not ask for approval for either Evacuation Location #2 or Evacuation Location #4. She reviewed the location information for Evacuation Location #4 and said that it would not be approved as an evacuation site because it is in Flood Zone D. She said only facilities in no flood zone areas can be used as evacuation locations. Resident #12 Review of Resident #12's progress notes, dated 9/26/2024 at 3:44 p.m., authored by Staff AA, Registered Nurse (RN) showed: Pt [patient] found on the floor at evacuation site. VSS [Vital Signs Stable]. EMS [Emergency Medical Services] on site. Pt sent to hospital. Family called. Message left. Review of Resident #12's hospital records, dated 9/26/24, showed admission to the Emergency Department [AGE] year-old female presenting with left lateral superior orbital rim fracture (a break in the thick bone on the outer edge of the eye socket, on the left side, and in the upper part) minimally displaced and left humerus (long bone of the arm) fracture with need of surgical intervention status post ground level fall. Review of Resident #12's hospital records, from her admission on 9/26/24, showed She suffered a fall after her skilled nursing facility was forced to evacuate. The patient reportedly struck her head on the wall and also complained of pain in her arm. The assessment showed the resident had a left humerus fracture with surgical intervention and orbital wall fracture. Review of Admission Records showed Resident #12 was admitted on [DATE] with diagnoses including hypertension, weakness, dementia, Huntington's disease, and other co-morbidities. Review of Resident #12's Admission Minimum Data Set (MDS), dated [DATE], Section C, Cognitive Patterns, revealed a Brief Interview for Mental Status (BIMS) score of 8, indicated the resident had moderate cognitive impairment, Section J, Health Conditions showed no pain and no falls. Review of Resident #12's Physical Therapy Discharge Summary, dated 9/5/24, showed: Resident #12 was able to perform sitting to standing with the use of an assistive device; was able to transfer with supervision only, and was able to walk 150 feet with a front wheeled walker with contact guard assistance. Review of Resident #12 Comprehensive Care Plan, dated 7/19/24, showed: Focus: The staff have identified that I am at risk for falls because of these risk factors: Dementia, use of anti-psychotic medication, use of antidepressant medication. The care plan interventions showed: Anticipate resident's needs; I should have sneakers, shoes, slippers with rubber soles or non-slip socks when I am out of bed; Keep frequently used items within reach: TV remote, tissues, water glass over bed stand and my water glass (unless I need thickened liquids or can't have anything by mouth); Keep my call light within reach so I can call for assistance; Maintain bed in lowest locked position. (continued on next page)

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 11/06/2024
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)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 10/24/24 at 11:50 a.m. with Staff V, CNA. Staff V stated, During the evacuation things happened. Yes, there was a fall. I was in the gym where [Resident #12] was assigned. The management did not leave out assignments for CNAs, so I am not sure who was responsible for [Resident #12]. Staff V said, I was in a doorway and heard a loud thud. I turned and noted [Resident #12] on the floor, it looked bad, no one was near. Staff V stated there was no walker and most of the residents came without their walkers or wheelchairs, etc. She said those items were not brought with them for the evacuation. Staff V, said the DON did finally come over to Resident #12, after another nurse had already been providing care. Staff V stated, The DON was not in the gym when Resident #12 fell . Staff V stated she did not remember who else was in the gym. An interview was conducted on 10/24/24 at 2:08 p.m. with Staff AA, Registered Nurse (RN). Staff AA stated, I did not see [Resident #12] fall, no one did. I heard a noise, and she was on the floor when I looked. I believe [Resident #12] was heading toward a door. A follow-up interview was conducted on 10/24/24 at 1:17 p.m. with the DON and AIT. The DON stated, Oh, I forgot to mention that fall earlier. I saw her fall in the gym. I was standing and talking to [Resident #12], who had rubber/foam slip on shoe with holes on the top and [Resident #12] turned around fell and hit the door frame before I could reach my hand out to catch [Resident #12]. The nurse [Staff AA] assisted her. Resident #22 Review of Resident #22's Admission Records showed he was admitted on [DATE] with diagnoses including sepsis, unspecified protein-calorie malnutrition, chronic pain, other specified local infections of the skin and subcutaneous tissue and acquired absence of the right and left leg above the knee. He was readmitted on [DATE] with the additional diagnoses of osteomyelitis, arthritis due to other bacteria unspecified joint, and unspecified open wound, left hip, subsequent encounter. Review of Resident #22's Treatment Administration Record (TAR), from 9/1/24 to 9/20/24, revealed the resident did not receive his wound care treatment on 9/27/24, while at the hurricane evacuation site. Wound care was also missed on 9/4/24 and 9/11/24 with no documentation as to why. Review of Resident #22's progress note, dated 9/27/2 [TRUNCATED]

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 11/06/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234 48223 Based on observations, interviews, and record review the facility failed to ensure infection control practices were implemented to provide a safe, sanitary, and comfortable environment for residents on three out of four units in the facility related to hand hygiene, soiled linens, housekeeping carts during mealtime, personal protective equipment (PPE) carts, and isolation precautions. Findings included: On 10/21/24 at 10:00 a.m. an observation was made of a staff member entering room [ROOM NUMBER], removing tape from a call light button, turning the light off, and exiting the room with no hand hygiene performed. On 10/21/24 at 10:05 a.m. an observation was made of a used exam glove on the floor inside the entrance to room [ROOM NUMBER], a room on enhanced barrier precautions. On 10/21/24 at 10:25 a.m. an observation was made in the A Unit shower room of multiple soiled towels and bath clothes in the shower and on the floor of the shower room. Bags of soiled linen were observed in the shower room. On 10/21/24 at 10:30 a.m. an observation was made of multiple staff members entering and exiting resident rooms answering call lights without performing any hand hygiene. On 10/21/24, 10/23/24, and 10/25/24 a housekeeping cart was observed sitting in the dining area on the A unit while residents were eating their meals. On 10/23/24 at 9:53 a.m.an observation was made of soiled linen and a urinal on the floor in room [ROOM NUMBER]. On 10/23/24 at 10:07 a.m. Staff C, Registered Nurse (RN) was observed retrieving a treatment cart, gathering wound care supplies, and entering room [ROOM NUMBER] without performing hand hygiene. On 10/23/24 at 10:20 a.m. an observation was made of a PPE cart sitting outside of an isolation room with coffee creamer and sweetener sitting on top in the hall on the C Unit. On 10/24/24 at 2:30 p.m. a soiled towel and a liquid substance was observed on the floor in the elevator. On 10/21/24 at 10:45 a.m. and 10/23/24 at 2:00 p.m. an observation occurred of an isolation cart outside room [ROOM NUMBER] with an 8 1/2 x 11 yellow paper, laminated with the words Isolation Cart typed on the paper. A quarter sized brown substance was noted on top of the paper. On 10/22/24 at 1:24 p.m. and 10/24/24 at 10:43 a.m. a blanket was observed on floor to catch liquid running down the wall from the ceiling. (continued on next page)

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 11/06/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/22/24 at 1:52 p.m. an observation of Staff II, Housekeeping Aide (HA) wearing blue gloves exiting room [ROOM NUMBER], entering room [ROOM NUMBER], and performed job duties in room [ROOM NUMBER], exited room [ROOM NUMBER], entered room [ROOM NUMBER]. Staff II went to each resident individual trash cans, brought the cans closer to the entry of the room. Staff II then removed the trash from each resident trash can at the entrance to the room, placed the individual trash bags into a larger trash bag and left the large trash bag at the entrance to the room. Staff II then stacked the three resident trash cans at the entry of the room. Staff II exited the room, touched the mop handle and other parts of the housekeeping cart. No removal of gloves, no PPE being donned/doffed and no hand hygiene (HH) were observed. room [ROOM NUMBER] had a STOP Contact Precautions sign on the outside of the room, with an isolation cart next to the door containing PPE. The Contact Precaution sign showed: Everyone Must: clean their hands, including before entering and when leaving the room. Providers and staff must also: put on gloves before room entry. Discard gloves before the room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. On 10/22/24 at 1:55 p.m. an observation and interview was conducted with Staff L, Licensed Practical Nurse (LPN). Staff L was observed entering room [ROOM NUMBER], and walked directly to the resident in bed A. Staff L touched the resident's sheets and the resident, assisted the resident in repositioning. Staff L exited the room and walked directly to the nurse medication cart. No PPE was donned/doffed. An interview with Staff L occurred upon the exit of room [ROOM NUMBER]. Staff L stated the resident in 323 A is on contact precautions due to an organism in the wound, and the physician ordered contact isolation. Staff L stated she did not wear PPE to assist the resident in 323 A and did not complete HH. Staff L stated contact precautions means to wear PPE when providing care to the location of the organism and I did not have contact with where the organism is located. The organism is in the wound on his bottom. She stated PPE would only need to be used during wound care. Staff L was not able to verbalize the difference between contact precautions and enhanced barrier precautions. An interview was conducted with Staff II, HA on 10/22/24 at 2:00 p.m. Staff II confirmed not changing gloves and completing HH in between resident rooms and not donning PPE. Staff II stated not having to wear PPE when cleaning or emptying trash cans. Staff II stated she did see the contact precaution sign and isolation cart on the outside of the room. During multiple interviews on 1/22/24 between 2:00 p.m. and 4:45 p.m. 3 of 3 CNAs, 3 of 4 nurses and 2 of 2 therapists were not able to explain what contact precautions were and the difference between enhanced barrier precautions. An interview was conducted on 10/25/24 at 3:23 p.m. with the Assistant Director of Nursing (ADON)/Infection Preventionist (IP). She stated dirty linens should not be left on the floor or in resident rooms, they should be taken to the soiled utility. She said if a resident leaves dirty linens on the floor, staff should pick it up. The ADON/IP reviewed photos of the shower room on Unit A with soiled towels and bath clothes lying around and said, No that should not be like that. She confirmed used gloves should never be left on the floor and PPE carts should not have anything set on top. She said if a resident puts something on the cart, it should be discarded. She said for a resident on contact precautions anyone that entered a room should have put a gown and gloves on and removed them before exiting the room. She said for an enhanced barrier precaution room anyone doing contact care with the resident should have put on a gown and gloves. She stated that gloves should not be worn in the hallway, gloves should be removed and HH performed upon exiting a resident room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy and procedure titled POLICY: Infection Prevention and Control Program dated 7/24 reveals: Policy: It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Explanation and Compliance Guidelines 1. The designated Infection Preventionist serves as a consultant to our staff on infectious diseases, resident room placement, implementing of isolation precautions, staff and resident exposures, and epidemiological investigations of exposures of infectious diseases. 2. The RNs and LPNs supervise direct care staff in daily activities to assure appropriate precautions and techniques are observed, assess the resident's isolation needs, initiate appropriate precautions in accordance with our established policies and current CDC Infection Control Isolation Guidelines, consult with the Medical Director (and/or the resident's attending physician) as soon as possible to obtain written order for same; and consult the Infection Preventionist for questions regarding isolation, infection control issues, and questions relative to communicable diseases and infections. 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable disease for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee. c. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections. 4. Hand Hygiene Protocol: a. All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE removal, before/after eating, before/after toileting, and before going off duty. b. Staff shall wash their hands before and after performing resident care procedures. c. Hands shall be washed in accordance with our facility's established hand washing procedure. 5. Isolation Protocol: a. Standard precautions shall be observed for all residents. (continued on next page)

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 11/06/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. A resident with an infection or communicable disease shall be placed on isolation precautions as recommended by current CDC Guidelines for Isolation Precaution. A copy of these guidelines are[sic] available at each nurses' station. c. Residents will be placed on the least restrictive isolation precaution for the shortest duration possible under the circumstances. d. When a resident on isolation precautions must leave the resident care unit/area, the charge nurse on that unit/area shall communicate to all involved departments the nature of the isolation and shall prepare the resident for transport in accordance with current isolation precaution guidelines. e. Residents with Tuberculosis are placed on Airborne Precautions and placed in a special room that is equipped with special air handling and ventilation capacity. If no such room is available, the resident(s) will be discharged to a facility with such capabilities. f. Immunocompromised and myelosuppressed residents shall be placed in a private room if possible and shall not be placed with any resident having an infection or communicable disease. [.] 10. Linens a. Laundry and direct care staff shall handle, store, process, and transport linens so as to prevent spread of infection. b. Clean linen shall be delivered to resident care units on covered linen cards with covers down. c. Linen shall be stored on all resident care units on covered cards, shelves, in bins, drawers, or linen closets. d. Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom. e. Environmental services staff shall not handle soiled linen unless it is properly bagged. Review of the facility's policy and procedure titled Policy: Enhanced Barrier Precautions, undated, reveals: Implementation of EBP: EBPs are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) during high-contact resident care activities both inside and outside the residents' room, which can result in transferring MDROs to staff hands and clothing. EBPs should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility. PPE to include Gloves & Gown. Eye & Face protection may be indicated if a splash risk exists. (continued on next page)

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 11/06/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PPE and ABHR should be stored near residents' room and be accessible to staff. Near the exit or outside the room is acceptable. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: -Dressing -Bathing/showering -Transferring -Providing hygiene -Changing linens -Changing briefs or assisting with toileting -Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator -Wound care: any skin opening requiring a dressing Note: EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility. When to Use EBP: EBPs are indicated for residents with any of the following, regardless of where they reside in the facility: -Infection or colonization with a CDC-targeted MDRO when contact precautions do not otherwise apply. -Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. -Wounds include chronic wounds, such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. Shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing, do not require EBP. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for EBP. Facilities are not required to use EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by the CDC. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105688	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at the Bay	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy and procedure titled Handwashing/Hand Hygiene, Revised 9/2024, revealed: Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation 1.All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily available and convenient for staff use to encourage compliance with hand hygiene policies. 5.[sic] Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility. 6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: a. When hands are visibly soiled; and b. After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents; c. Before preparing or handling medications; d. Before performing any non-surgical invasive procedures; e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites); f. Before donning sterile gloves g. Before handling clean or soiled dressings, gauze pads, etc.; h. Before moving from a contaminated body site to a clean body site during resident care; (continued on next page)

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 11/06/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	i. After contact with a resident's intact skin; j. After contact with blood or bodily fluids; k. After handling used dressings, contaminated equipment, etc.; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m. After removing gloves; n. Before and after entering isolation precaution settings; o. Before and after eating or handling food; p. Before and after assisting a resident with meals; and q. After personal use of the toilet or conducting your personal hygiene. 8. Hand hygiene is the final step after moving and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.