

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/15/2025
NAME OF PROVIDER OR SUPPLIER  Aviata at the Gardens - Tallahassee		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Phillips Rd Tallahassee, FL 32308	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review and facility policy review, the facility failed to invite resident to care plan meetings for 1 of 3 residents sampled. (Resident #2)The findings include:On 7/14/25 at 5:02 PM, an interview was conducted with Resident #2. She stated she had not participated in any care plan meeting since she arrived at the facility. She further stated she had not been invited to any care plan meeting. A review of Resident #2's medical record was conducted with Staff A, the MDS coordinator. Resident #2 was admitted on [DATE]. A record of the most recent care plan meetings indicated they were conducted on 5/2/25, 2/27/25 and 11/29/24. Care plan meeting forms were signed and dated by Staff A and the Social Services Director. There was no indication that Resident #2 was in attendance. On 7/15/25 at 9:27 AM, an interview was conducted with Staff A. She stated that Resident #2 did not participate in the care plan meetings. She was unsure of the reason Resident #2 did not attend. A review of the facility's policy and procedure was conducted. The facility policy titled, Care Plan Invitation, dated 11/30/2014, revised 9/25/2017, stated The resident and/or the resident representative shall be invited to attend each of the interdisciplinary Care Planning Conferences for the specific resident. Deliver a Care Planning invitation to the resident 7-14 days prior to the date of the conference Place a copy of the invitation in the medical record. Request that the resident and/or resident representative contact the facility designee to confirm or reschedule the date/time for the resident's conference. Have all attended to the Care Planning Conference, including resident and resident representative sign the Care Plan Conference Record to verify their attendance.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based upon interview, observation, and record review, the facility failed to maintain a clean environment in 2 out of 4 halls observed. The findings include: On 7/14/25 at 10:02 AM, during the initial tour, hallway 300 was noted with has a very strong urine-like smell. On 7/14/25 at 10:04 AM, Staff C, a housekeeper, was interviewed. She stated she works three days a week from 8:00 am to 2:00 pm. She will have two hallways assigned for cleaning duties. She stated she does not work on weekends. She stated sometimes she would have two extra hallways assigned when someone did not come to work. Upon asking if she was able to finish her assignments, she stated she does what she could. She stated her assignments were to clean surfaces and sweep and mop floors. On 7/14/25 at 10:17 AM, an interview was conducted with Resident # 7. She stated sometimes on the weekends she did not see housekeeping personnel. She further stated staff would sometimes come in and pick up the trash, but they would not mop or wipe the tables. On 7/14/25 at 10:27 AM, an interview was conducted with Resident #8. She stated the last time she saw housekeeping was on Saturday (7/12/25) when they came in and picked up the trash. She further stated that housekeeping doesn't clean on the weekends. On 7/14/25 at 10:43 AM, hallway 100 also had a very strong urine smell. On 7/14/25 at 10:47 AM, Resident #5 was interviewed. She stated housekeeping came in her room every 2 to 3 days. She stated they clean the floors and the table. She further stated she does not recall staff ever coming on a Sunday but they did come in the room on Saturday 7/12/25. It was noted during the interview with Resident #5 that the floor is sticky. Upon inspection of her bathroom, there was a very strong urine-like smell. On 7/14/25 at 5:02 PM, an interview was conducted with Resident #2. She stated housekeeping did not come on weekends and that they did not clean enough. On 7/14/25 at 5:12 PM, a second tour of the facility was performed and hallways 100 and 300 still had a very strong urine-like smell. On 7/14/25 at 5:43 PM, the Director of Nursing (DON) was made aware of the strong urine odor in 100 and 300 hallways. She stated there were no housekeeping staff available at this time at the facility as they had all gone home. On 7/15/25 at 11:15 AM an interview was conducted with Staff B, the Manager of Housekeeping/Laundry. He stated the expectation for housekeeping staff was to clean the rooms every day, which includes sweeping, mopping, and wiping surfaces. Upon request, he was unable to provide documentation of staff daily workload verification.</p>		