STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105764	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at the Gardens - Tallahassee	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, resident interview and staff interview, the facility failed to develop a comprehensive care plan to address refusal of care for 1 of 26 sampled residents. (Resident #138) The findings include:Observations of Resident #138 were conducted on 4/13/26 at 1:22 PM, 4/14/26 at 12:48 PM, 4/14/26 at 4:38 PM, 4/15/26 at 9:18 AM, 4/15/26 at 12:49 PM, and 4/16/26 at 9:25 AM. During all of these observations, the resident was observed to have oily appearing, uncombed hair and some of her fingernails were about 1/2 centimeter past the nail bed. On 4/16/26, the resident was noted to have an odor. An interview was conducted with Resident #138 on 4/16/26 at 9:25 AM. She stated her last bath or shower was Saturday 4/4/26 and the staff have not offered to brush her hair or trim her fingernails at all this week. A review of Resident #138's medical record revealed she was admitted to the facility on [DATE]. A care plan was initiated on 2/10/26 for alteration in usual functional performance in self-care related to decreased mobility, cerebral palsy, flaccid paralysis with an intervention of partial/moderate assist with 1 staff assist for bathing/showering. The current care plans did not indicate the resident would refuse showers/bathing and ADL (activities of daily living) care.An interview was conducted with Employee C (Subacute Unit Manager) on 4/16/26 at 9:34 AM. She stated the resident would refuse showers/bathing at times and has since admission. An interview was then conducted with Employee D (Minimum Data Set Coordinator) on 4/16/26 at 10:33 AM. Employee D reviewed Resident #138's care plans and confirmed the resident did not have a care plan for refusal of bathing or ADL care. She stated the facility usually discussed these things during clinical meetings. Employee D confirmed the resident's refusal of ADL care and bathing should have been care planned. The facility policy Plans of Care (N-1015 revised 9/25/17) states, An individualized person-centered plan of care will be established by the interdisciplinary team with the resident and/or resident representative (s) to the extent practicable and updated in accordance with state and federal regulatory requirements.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105764	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at the Gardens - Tallahassee	1650 Phillips Rd Tallahassee, FL 32308

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on staff interviews, observations, and photographic evidence, the facility failed to maintain an effective pest control program to ensure a clean, safe, and homelike environment in 1 of 2 nutritional pantries reviewed.The findings include:Observation of the nutritional pantries in the general and restorative care sides of the building was conducted on 04/15/2026 at 2:22 PM with the dietary manager. Small, dark, cylindrical pellets within the pantry cabinets were observed. In addition, upon observation, live, brown, fast-moving insects about half an inch long were observed within the nutritional pantry cabinets and at the baseboard of the wall below the cabinets. The Dietary Manager stated, yes, that is a roach. Photographic evidence was obtained of the small dark cylindrical pellets and roaches within these cabinets.An additional observation and interview were conducted on 04/15/2026 at 2:40PM with the Maintenance Director in the nutritional pantry in the general and restorative care side of the facility. When shown the small, dark, cylindrical pellets, the Maintenance Director confirmed that those were from a cockroach. Additional photographic evidence was obtained. An interview with the Facility Administrator was conducted on 04/16/2026 at 10:50 AM. The Facility Administrator stated that the Dietary Manager is responsible for keeping the pantry clean and stocked.An interview with the Dietary Manager was conducted on 04/16/2026 at 11:00 AM. The Dietary Manager stated that the pantry is stocked and cleaned by their staff. She acknowledged the cabinets were not cleaned properly.