

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2025
NAME OF PROVIDER OR SUPPLIER Aviata at Seminole		STREET ADDRESS, CITY, STATE, ZIP CODE 9393 Park Blvd Seminole, FL 33777	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews the facility failed to notify and consult with the resident's physician on their known use of illicit drugs, related to the potential for medication contraindication for one resident (#4) out of eight residents sampled. Findings Included: On 10/07/2025 at 10:58 A.M. Resident #4 was observed in his wheelchair in the parking lot smoking. He said he goes to the west side of the parking lot for more privacy. He had a bottle of cologne on his lap and started spraying it on his body. Resident #4 said he was smoking marijuana (a psychoactive drug derived from the dried leaves, flowers, and stems of the Cannabis sativa or Cannabis indica plants, with effects Relaxation, Euphoria, Increased appetite, Altered perception, Impaired coordination, and Anxiety (in some users). Source:https://en.wikipedia.org/wiki/Cannabis. Resident #4 said some staff cared that he smoked and some staff did not. On 10/07/2025 at 2:00 pm. Resident #4 was observed in room [ROOM NUMBER] sitting in his wheelchair watching television. The room was noted with a strong smell of marijuana. Resident #4 said the smell in his room comes from him smoking marijuana outside. He said he tried to spray cologne on so the smell would not be so bad. Review of an admission record dated 10/07/2025 revealed Resident #4 was admitted to the facility on [DATE] with diagnoses to include Parkinson's disease without dyskinesia, without mention of fluctuations, chronic kidney disease, stage 3 unspecified, other seizures, cannabis abuse, uncomplicated. Review of a minimum data set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 which indicated Resident #4 had moderate cognitive impairment. Review of physician's orders revealed the following Gabapentin Oral Tablet 1 milligram (Folic Acid) Give 1 tablet by mouth three times daily for nerve pain. Start date 05/01/2025 Lacosamide Oral Tablet 200 milligram (Lacosamide) Give 1 tablet by mouth every 12 hours for seizure. Start date 04/16/2205 Levetiracetam Oral Tablet 500 milligram (Levetiracetam) Give 3 tablet by mouth twice a day for seizures. Start date 04/16/2025 Trazodone Hydrochloride (HCl) Oral Tablet 50 milligram (Trazodone HCl) Give 50 mg by mouth at bedtime for insomnia. start date 09/17/2025 Review of Resident #4 care plan revealed a focus showing resident #4 is a smoker date initiated on 4/14/2025 and revised on 07/23/2025 Goals showed residents #4 will not suffer injury from unsafe smoking practices through the review date. Date initiated on 04/14/2025, revised on 06/17/2025 Interventions showed to notify charge nurse immediately if it is suspected resident has violated facility smoking policy. Date initiated 04/17/2025. On 10/07/2025 at 11:06 a.m. an interview was conducted with Staff C, Certified Nursing Assistant, CNA. Staff C said Resident #4 always smells like marijuana after he comes back to the facility. She said staff, and most of the residents have complained about the smell to administration but nothing has been done about it. On 10/07/2025 at 11:59 a.m., an interview was conducted with Staff D, License Practical Nurse, LPN. Staff D said if she identifies one of her residents smoking marijuana, she immediately reports it to a supervisor. If the supervisor is not available, she reports the concern in a group chat to alert administration. Staff D said she does not notify the resident provider because once she reports the concern to a supervisor, it is up to them to handle the situation. Staff D said Resident #4 is very strong-willed and sometimes gets aggressive with staff. Staff D stated once he signs out on a leave of absence, then he is responsible for himself. Staff D said, We cannot control what he does once he signs out, even if he comes back to the facility smelling like marijuana. He goes outside on a leave of absence, which means he is his own person. Staff D said she reported the concerns regarding Resident #4 smoking marijuana to the supervisor before, and the supervisor addressed the issue with the resident. On 10/07/2025 at 12:20 p.m., an interview was conducted with Staff E, Registered Nurse, RN. Staff E said if a resident returned to the facility after a leave of absence smelling like marijuana, he would ask the resident about it. If the resident tells him no, they were not smoking an illegal substance, then there is nothing else he can do about it. Staff E said he was not allowed to search the resident even if they come back to the facility with a suspicious smell. He said the only thing he could do was to ask them if they smoked marijuana. Staff E stated Staff D had reported the concerns about Resident #4 smoking marijuana. He said when he questioned the resident about it, the resident told him he was not smoking marijuana. Staff E said Resident #4 did smell like marijuana, but there was nothing he could do if the resident tells him something different. Staff E said the only thing he could do was notify the provider, but he had not reached out to the Resident #4's provider about their concerns regarding drug use. Staff E said he thought Staff D had spoken to Resident #4's provider about the concern. On 10/07/2025 at 1:00 p.m. an interview was conducted with Staff F, Nurse</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide a safe, clean, and sanitary environment, in one common room and in two resident rooms (407 and 108) located in two halls (400 and 100) of six halls observed.</p> <p>Findings included:</p> <p>An observation of room [ROOM NUMBER] on 10/7/2025 at 9:24 A.M. revealed multiple light, dark gray and black spots of biogrowth on the back wall of the closet. The corners of the closet and the floor revealed dark accumulation of microorganisms. The floors were stained with brown and black substances. An observation of the Day Room revealed two air vents on the ceiling. There was white paint around each vent and underneath the paint was black areas observed coming through the peeling paint. The paint was covering areas of moisture/condensation.</p> <p>An interview was conducted on 10/7/2025 at 11:50 A.M. with Staff A, Housekeeping. Staff A said each room in the facility was deep cleaned at least once per month. She said if she saw bio-growth, she would spray it with [Name of Product]. She said that product kills the biogrowth on the walls and other surfaces. She said she did not know of any room that had biogrowth at the time. Staff A said the maintenance department takes care of the ceiling and vents cleaning.</p> <p>An interview on 10/7/2025 at 11:55 A.M. with Staff B, Laundry Aide revealed there had been biogrowth in the facility, which would be killed with [Name of Product]. Staff B stated if there was biogrowth on the ceilings, it is reported to maintenance. He said the maintenance department was responsible for removing bio-growth. He said he did not know if there was a checklist for the deep cleaning that was done once a month.</p> <p>An interview was conducted on 10/7/2025 at 12:08 P.M. with the Director of Maintenance (DOM). The DOM said he repaired the vents in the day room a few weeks ago. He said he cleaned and painted the area around the vent in the ceiling. He said he did not know why it looked black underneath the paint. The DOM said he did not know about the biogrowth in the closet of room [ROOM NUMBER]. He stated he could not check every room and relies on the staff to let him know about biogrowth found in the facility. The DOM said Room108 had not cleaned, and he did know why there was a note from housekeeping indicating the room was clean.</p> <p>An Interview with the Nursing Home Administrator (NHA) on 10/7/2025 at 12:56 P.M. revealed room [ROOM NUMBER] was his Angel Round room (A facility program assigning administrative staff resident rooms to monitor for concerns). The NHA stated he had not looked at the room in a few weeks. He said if biogrowth was found in resident areas, then maintenance was to be notified, and they should take care of it. The NHA said he did not know if there if there was a checklist for the deep cleaning that is done in resident rooms once a month.</p> <p>A review of a document titled, 5-Step Daily Room Cleaning, Revised 10/25/2016 showed: 3. Spot clean walls: vertical walls are not completely wiped down daily &ndash; but must be spot cleaned daily.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/7/2025 at 12:56 P.M. A request for a policy for removal of bio-growth was made. The NHA said the facility did not have a policy for removal of biogrowth.</p> <p>On 10/07/2025 at 10:58 A.M. Resident #4 was observed in his wheelchair in the parking lot smoking. He said he goes to the west side of the parking lot for more privacy. He had a bottle of cologne on his lap and started spraying it on his body. Resident #4 said he was smoking marijuana (a psychoactive drug derived from the dried leaves, flowers, and stems of the Cannabis sativa or Cannabis indica plants, with effects Relaxation, Euphoria, Increased appetite, Altered perception, Impaired coordination, and Anxiety (in some users). Source:https://en.wikipedia.org/wiki/Cannabis. Resident #4 said some staff cared that he smoked and some staff did not.</p> <p>On 10/07/2025 at 2:00 pm. Resident #4 was observed in room [ROOM NUMBER] sitting in his wheelchair watching television. The room was noted with a strong smell of marijuana. Resident #4 said the smell in his room comes from him smoking marijuana outside. He said he tried to spray cologne on so the smell would not be so bad.</p> <p>On 10/07/2025 at 11:06 a.m. an interview was conducted with Staff C, Certified Nursing Assistant, CNA. Staff C said Resident #4 always smells like marijuana after he comes back to the facility. She said staff, and most of the residents have complained about the smell to administration but nothing has been done about it.</p> <p>On 10/07/2025 at 11:59 a.m., an interview was conducted with Staff D, License Practical Nurse, LPN. Staff D said, We cannot control what he does once he signs out, even if he comes back to the facility smelling like marijuana. He goes outside on a leave of absence, which means he is his own person. Staff D said she reported the concerns regarding Resident #4 smoking marijuana to the supervisor before, and the supervisor addressed the issue with the resident.</p> <p>On 10/07/2025 at 12:20 p.m., an interview was conducted with Staff E, Registered Nurse, RN. Staff E said if a resident returned to the facility after a leave of absence smelling like marijuana, he would ask the resident about it. Staff E stated Staff D had reported the concerns about Resident #4 smoking marijuana. Staff E said Resident #4 did smell like marijuana, but there was nothing he could do if the resident tells him something different.</p> <p>On 10/07/2025 at 1:00 p.m., an interview was conducted with Staff F, Nurse Practitioner, NP. Staff F said the facility had not reported to her any concerns regarding current residents using illicit drugs.</p> <p>On 10/07/2025 1:56 p.m., an interview was conducted with the Medical Director (MD). The MD said, If any resident's room smelled like Marijuana or staff sees signs of residents smoking Marijuana, then they needed to notify the residents' provider so immediate action can be taken.</p> <p>On 10/07/2025 at 2:00 p.m., an interview was conducted with the Director of Nurses (DON) and the Nursing Home Administrator, NHA. The DON said if a resident smelled like marijuana but did not look impaired, there was nothing they could do about it. The NHA said Nurses should contact the resident's provider if the resident was impaired or smelled like they had smoked marijuana.</p> <p>The facility did not provide a policy on removal of odors.</p>		