STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105895	A. Building B. Wing	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Seminole	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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow resident to participate in the development and implementation of his or her person-centered plan of care. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility did not ensure four residents (#1, #3, #6, #10) out of five residents reviewed were informed in advance of changes to their plan of care related to medication.Findings included: An interview was conducted on 12/15/25 at 10:45 a.m. with Resident #1. The resident said she was very upset because the facility changed her medications and did not discuss it with her or even let her know. Resident #1 said she had been on Clonazepam for a long time and was taken off. The resident said she was not aware she had been taken off the medication until she started feeling different and spoke to the nurse. She said her nurse informed her she was no longer taking Clonazepam and something else. Resident #1 said she had heard of this happening to several other residents in the facility as well. Review of admission Records showed Resident #1 was admitted on [DATE] with diagnoses including major depressive disorder, suicidal ideations, generalized anxiety disorder, chronic pain and bipolar disorder. Review of Resident #1's Quarterly Minimum Data Set (MDS), dated [DATE], Section C, Cognitive Patterns, showed a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact. Review of Resident #1 physician orders showed:-Clonazepam 0.5 milligram (mg). Give 2 tablets by mouth two times a day for anxiety. Start date 7/8/25. Discontinued 11/13/25.-Clonazepam 0.5 mg. Give 1 tablet by mouth two times a day for anxiety for 7 days. Start date 11/13/25. Discontinued 11/19/25-Clonazepam 0.5 mg. Give 1 tablet by mouth one time a day for anxiety for 7 days. Start date11/21/25. Discontinued 11/27/25.-Remeron 15 mg. Give 1 tablet by mouth at bedtime for depression. Start date 7/2/25. Discontinued 11/13/25.-Seroquel XR oral tablet extended release (ER). 150 mg. Give 1 tablet at bedtime for bipolar. Start date 7/2/25. Discontinued 11/13/25. -Seroquel 50 mg. Give 2 tablets by mouth at bedtime for bipolar for 7 days. Start date 11/13/25. Discontinued 11/19/25.-Seroquel 50 mg. Give 1 tablet by mouth at bedtime for bipolar for 5 days. Start date 11/20/25. Discontinued 11/24/25.-Seroquel 50 mg. Give 0.5 tablet by mouth at bedtime for bipolar for 3 days. Start date 11/25/25. Discontinued 11/27/25.-Gradual dose reduction (GDR) documentation related to discontinuing Remeron, decrease clonazepam, and Seroquel x 7 days. Every shift document in the medication administration record (MAR). Start date 11/14/25. Discontinued 11/17/25.-GDR documentation related to discontinuing Remeron, decrease clonazepam, and Seroquel x 7 days. Every shift for 4 days. Start date 11/17/25. Discontinued 11/17/25. Review of psychiatry notes showed: 11/13/25 Interval History: The information obtained was from nursing staff, observation, and chart review. Physical ROS [review of symptoms]: All systems negative except symptoms mentioned in Patient's most current H&P. [History and Physical]Assessment and Plan for today's visit:The patient is being seen today for an assessment for gradual dose reduction (GDR), as recommended by CMS guidelines. The patient's current psychotropic medications were reviewed and assessed for the need for any changes or adjustments. According to the staff, the patient has been stable and cooperative with care. There have been no reports of behavioral disturbances, anxiety, or agitation. The patient's behavior has been stable and uneventful. Medication compliance is good and no side effects have been reported or evidenced.Recommendation: It appears that the patient can tolerate the GDR and will likely remain stable. The risks versus benefits of a gradual dose reduction (GDR) have been considered, and it has been determined that this approach is appropriate. The patient is believed to be able to tolerate a GDR with the possibility of discontinuing the medication completely. Will decrease Clonazepam 1 mg to 0.5 mg PO [by mouth] bid x 7 days, decrease to QD [every day] x 7 days, then d/c [discontinue]; d/c Mirtazapine 15 mg PO qhs[at bedtime]; reduce Seroquel XR 150 mg to IR 100 mg PO qhs x 7 days, decrease to 50 mg qhs x 5 days, reduce to 25 mg qhs x 3 days, then d/c. The other psychiatric medications will be continued at their current dosages. The gradual dose reduction will be conducted over the next several days to weeks to safely discontinue the medication, with close monitoring for any adverse effects or worsening of mental health symptoms. Close monitoring of the patient's response to the medication changes will be necessary, and a follow-up visit to the facility will be scheduled as needed to assess the patient's progress and make any necessary adjustments. This approach aims to provide the patient with the most appropriate and effective treatment while considering their complex clinical presentation and unique needs. Regular monitoring and communication with the patient and the interdisciplinary team will be crucial to ensure the best possible outcome. Review of Resident #1's medical record did not show any documentation medication changes were discussed with the resident or that the resident was involved in the change to the plan of care. Review of primary care provider note showed: 11/19/25 Interval History: Patient

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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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to provide Quality Assurance and Performance Improvement (QAPI) practice that demonstrated identification, monitoring and implementation of an effective Action Plan to improve findings of deficient practice on the recertification survey conducted on 12/15/2025-12/16/2025 regarding maintaining a clean, sanitary and safe physical environment.Findings included: The facility plan of correction completion date was 11/07/2025. The plan of correction for F584 showed, Closet, wall and floors in identified rooms were cleaned on 10/7/2025. Facility wide audit completed with no other rooms identified. 100% education for housekeeping staff on 5 and 7 step cleaning and 100% Department Heads/IDT (Interdisciplinary team) on identification and appropriate notification of dark spots, discoloration and bio-growth. Audits will be done 4 x weekly for 1 month then then weekly Biweekly for 4 weeks and 1xmonthly ongoing. Audits will be brought to QAPI Committee until the QAPI Committee reports substantial compliance has been met. until substantial compliance An observation was conducted on 12/15/2025 at 3:45 p.m. with Staff E, Certified Nursing Assistant (CNA) of the shower room. Staff E noticed the black growth on the floor in the past and informed the nurse so it could be entered into the facility's maintenance system. However, she was unaware if the nurse submitted the cleaning request as the growth was still there. Staff E stated she had seen housekeeping clean the shower room, so she knew the room had been cleaned. An observation and interview were conducted on 12/15/2025 at 3:46 p.m. with the Housekeeping Director about cleaning procedures for the shower room. He stated the last time the shower room equipment was pressure washed was November 28th, 2025. He stated there was no documentation or logs ensuring the pressure washing had been done. An observation and interview were conducted on 12/16/2025 at 9:29 a.m. with the Maintenance Director about room [ROOM NUMBER]A (loose sink and bed lamination), room [ROOM NUMBER] (loose toilet), room [ROOM NUMBER] (shower chair and shower floor) and room [ROOM NUMBER] (loose toilet and sink). He did not remember the shower repair visit for room [ROOM NUMBER]A. The Maintenance Director was informed that the resident stated she told him of the loose sink during that shower repair visit. However, review of work orders did not show an order for the sink in room [ROOM NUMBER]. The Maintenance Director asked if the loose sink and bed lamentation work order was on the list. He said, then no I do not know about it. He stated if there were any issues, an order needs to be put in facility's maintenance system. He said that whoever the resident told was supposed to do it. He then stated he should have put in the order himself. He stated a lot of times residents tell him stuff as he is passing by so he cannot put in the work orders right away. An observation and interview were conducted on 12/16/2025 at 10:47 a.m. with the NHA and Regional [NAME] President about the expectations of the facility's QA process. The NHA stated it was the unit manager's responsibility to ensure cleanliness of shower rooms. The NHA stated the Housekeeping Director conducts random checks to ensure cleanliness of the facility. He then reports findings to the NHA. She stated that housekeeping staff do not have a system or log that tracks things/rooms needing to be cleaned as the staff directly reports it to the Housekeeping Director. The NHA said the expectation was to adhere to the cleaning schedule for rooms, shower room, and shower room equipment. The NHA stated the daily room rounds conducted by staff and herself included caulking, cracks in the rooms, floors and equipment such as shower chairs. After the checks, she would inform maintenance about any issues. The NHA said that staff were to report anything wrong into the facility's maintenance system, and the staff have been trained on how to access and utilize this maintenance system. The NHA stated the administration performed education refreshers on this, as well as annual education about the maintenance system. The NHA stated if the residents told Maintenance Director, he was really good about addressing the concerns as he would put it into the maintenance system himself. However, if it were something quick, he would not put it in the system. The NHA and Regional [NAME] President were informed of the situation in room [ROOM NUMBER]A about the loose sink that the resident told the Maintenance Director about, and it was still not fixed. The Regional [NAME] President stated more features could be added to the checklist which would prompt staff to inspect more. The NHA and Regional [NAME] President were also informed that on 12/15/2025, concerns about room [ROOM NUMBER] discoloration around the toilet, shower room floors, shower room equipment having bio growth, and room [ROOM NUMBER] shower chair and floor had bio growth had been relayed to the Maintenance and Housekeeping Directors, room [ROOM NUMBER] had a loose sink and toilet that were not resolved as of

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews the facility did not ensure proper infection control practices on five halls (100, 200, 400, 500, 600) out of six halls in the facility related to contact precautions, personal protective equipment (PPE) use, clean linen storage, and improper storage of oxygen equipment.Findings included: Review of a list of residents on Trasmission Based Precautions provided by the facility showed residents in room [ROOM NUMBER], 108, and 511 were on contact precautions. During a tour of the facility on 12/15/25 from 9:45-10:15 a.m. the following observations were made:-room [ROOM NUMBER] had a nebulizer mask uncovered on the bedside table. No bag for mask storage was observed.-An open, unlabeled water bottle sitting on the railing in the 200 hall with a used washcloth underneath.-room [ROOM NUMBER] had an oxygen mask on the bedside table uncovered. No bag for mask storage was observed.-room [ROOM NUMBER] was observed to have a partially obscured contact precaution sign on the door and a staff member was in the room providing care to the resident with no PPE on.-A beside commode was sitting outside room [ROOM NUMBER]. Staff D, Licensed Practical Nurse (LPN) was observed at the door preparing the resident's medication. She said she did not know why the commode was in the hallway. The nurse then entered the room with no PPE on. There was a contact precaution sign on the door of the room. -room [ROOM NUMBER] and 108 did not have contact precautions signs on the door.-The linen cart on the 400 hall had a bottle of cleaner, box of pens, and air freshener stored on the shelf with the clean linen. -The linen cart on the 100 hall and perineal/body wash and an open can of soda on the shelf with the clean linen. An interview was conducted on 12/15/25 at 1:14 p.m. with Staff D, LPN. Staff D confirmed the resident in room [ROOM NUMBER] was on contact precautions for c-diff. PPE should have been worn in the room. An observation conducted on 12/15/25 at 12:29 p.m. revealed room [ROOM NUMBER] had a contact precaution sign on the door and Staff B, Certified Nursing Assistant (CNA) was observed walking into the resident room to deliver and set up a food tray without wearing PPE. An interview was conducted on 12/15/25 at 12:38 p.m. with Staff B, CNA. Staff B said she did not wear PPE into room [ROOM NUMBER] because she only needed to wear it when providing close care. Staff B confirmed wearing PPE only on close contact applied to a resident on contact precautions, such as the resident in room [ROOM NUMBER]. An interview was conducted on 12/15/25 at 12:32 p.m. with Staff C, LPN. Staff C confirmed she was assigned to room [ROOM NUMBER] and 108. Staff C said room [ROOM NUMBER] was the only room on the unit on contact precautions. Staff C said there were a couple of others, but their precautions ended. An interview was conducted on 12/16/25 at 2:29 p.m. with Staff F, Registered Nurse (RN). She said respiratory masks should be bagged at the bedside not sitting out uncovered. Staff F said they do use plastic storage bags on the unit, but she would have to ask central supply for them. Staff F said nothing should be stored in the linen cart with clean linen. An interview was conducted on 12/16/25 at 1:05 p.m. with Staff H, RN/Unit Manger (UM). Staff H said if a resident was on contact precautions, staff should have worn gown and gloves anytime they are in the room and a mask if there is a chance of splattering. Staff H said with enhanced barrier precautions (EBP) PPE was worn when providing close care to a resident. Staff H confirmed room [ROOM NUMBER], 108, and 511 were on contact precautions, although rooms [ROOM NUMBERS] came off precautions in the afternoon of 12/15/25. Staff H said room [ROOM NUMBER] was still on contact precautions and staff should have worn PPE anytime they entered the room. Staff H said nothing should be stored in the linen carts except clean linen and she will have a discussion with staff. Staff H confirmed it is an infection control concern to have other items with the linen. Staff H said opened water bottles and used washcloths should not be left in the halls. She said she throws water bottles away all the time when she sees them in the hall. Staff H said all staff are educated on infection control but said it could be confusing with EBP and the facility may change to more distinctly colored signs to help clarify. Review of a facility policy titled Infection Control, revised October 2018, showed:Policy StatementThis facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.Policy Interpretation and ImplementationI. This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and the general public alike, regardless of race, color, creed, national origin, religion, age, sex, handicap, marital or veteran status, or payor source.2. The objectives of our infection control policies and practices are to:a. Prevent, detect, investigate, and control infections in the facility;b. Maintain a safe, sanitary, and comfortable