

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105955	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2026
NAME OF PROVIDER OR SUPPLIER Advinia Care at Venice		STREET ADDRESS, CITY, STATE, ZIP CODE 950 Pinebrook Road Venice, FL 34285	
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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy and procedure, and staff interviews, the facility failed to provide nursing care and services consistent with professional standards of practice for 1 (Resident #1) of 2 residents reviewed for ostomy (part of the intestine surgically brought outside the abdominal wall to collect stool into a pouch) .The findings included:The findings include: Review of the facility Ostomy Care (Colostomy [surgical opening bringing the a section of the large intestine to the surface], Jejunostomy [a surgical opening into the mid-section of the small intestine through the abdominal wall], Ileostomy [a surgical opening connecting the small intestine through a new opening through the abdominal wall]) policy (last revised 1/2023) states it is the policy of this facility to provide ostomy care to residents in a manner that promotes dignity and resident health by maintaining cleanliness and skin integrity, preventing odors and preventing infections . apply appliance per manufacturers recommendations, ensure the appliance is secured properly.Record review for Resident #1 showed he was admitted on [DATE] with a diagnosis of Cellulitis of the Abdominal Wall (a bacterial infection of the abdomen), Ileostomy Status and Encounter for Attention to Colostomy.Review of Resident #1's physician orders noted Change Ostomy appliance. Apply powder on irritated area and ostomy barrier paste before apply ostomy ring (Start Date: 5/9/26) . Describe stoma with each Ileostomy appliance change (Start Date: 5/11/26).During an interview on 6/8/26 at 10:58 a.m. the Director of Nursing (DON) said LPN Staff B called her on the morning of 5/24/26 and said CNA Staff A was providing colostomy care on Resident #1. She said that Resident #1 told her she was doing it wrong and she shushed Resident #1.During a phone interview on 6/8/26 at 11:39 a.m. LPN Staff B said CNA Staff C had told her that morning something was wrong with Resident #1 and he wanted to speak with a supervisor because he had a lot of complaints. She said when she went to check on Resident #1 he said CNA Staff A was doing colostomy care wrong. Prior to that, CNA Staff A had just asked me for my scissors to do colostomy care. I told CNA Staff A I would come help her but she said, no I got it. Now fast forward, Resident #1 told me CNA Staff A does not know what she is doing. Resident #1 said he told her she has to remove the plastic off of the wafer (the adhesive base that attaches your ostomy pouch to the skin around the stoma [a surgically created opening on the surface of the body that connects to an internal organ]) for it to stick. Resident #1 said CNA Staff A then shushed him and said, I know what I am doing.Review of a facility provided statement signed by the DON on 5/25/26 said Resident #1 was interviewed regarding the incident with CNA Staff A overnight. Resident #1 stated that he was trying to tell her that she was not properly managing his ileostomy appliance at which time she stated, you don't know everything, placed her finger over her lips and said shut up.Review of a facility provided written statement signed by CNA Staff A on 5/27/26 said there was a hole in the tube from when I changed his bag and was giving [NAME] his bag. She handed me his colostomy bag back to me, so I was confused on why she gave me his bag back. I asked her if she wanted me to do it. When she's supposed to put a new bag on him so I put a new bag on him.Review of a facility provided written statement signed by LPN Staff B (no date) said Resident stated he was upset with the aide because his ostomy care was not attached properly. He (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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	said she didn't take off the seal to the wafer in order for it to adhere properly. He kept telling her she was doing it wrong and he repeatedly asked her to get the nurse . prior to this I was at the nurse's station when the aide came with ostomy supplies and I said oh I will do it but, she said she had it and I said thank you.During an interview on 6/8/26 at 1:00 p.m. CNA Staff D said we just clean around the stoma for ostomy care. Usually we just empty the bag. The nurse normally changes the bag and wafers.During an interview on 6/8/26 at 1:04 p.m. CNA Staff E said we don't change ostomy bags or wafers here. Only the nurse can change the bag and wafer. The DON does not like the CNAs touching the ostomy bags so we can only empty them.During an interview on 6/8/26 at 1:06 p.m. CNA Staff F said the nurses can change the ostomy bag and wafer. We can empty the bags but not change them.During an interview on 6/8/26 at 1:10 p.m. RN Staff G said usually the nurse changes ostomy bags. The CNAs can empty the pouch. CNAs can't change the wafer. They can only remove and replace the bag. They can also empty the bags.During a telephone interview on 6/8/26 at 1:29 p.m. LPN Staff B said CNA Staff A changed the whole thing for Resident #1's Ileostomy. She changed the wafer. The thing was she did not take the paper portion off of the wafer, so it did not adhere properly. As a CNA, I did it. I gave her the ok to change it. I figured it was no big deal when she asked.Review of facility provided education for CNA Staff A showed no education on how to perform ostomy dressing changes.During an interview on 6/8/26 at 1:36 p.m. the DON said CNAs are not allowed to change the ostomy wafers. I told LPN Staff B they can change the bag. She said it is important nurses attach the wafer because they need to assess for breakdown and proper fitting. The DON confirmed CNA Staff A was not trained on how to do ostomy care or changing of the wafer. She said CNAs can empty the bag, rinse the bag and really that is it. She said if it needs to be changed, reinforced or a new appliance needs to be applied, it needs to be done by a nurse.During an interview on 6/8/26 at 2:13 p.m. the DON said CNA Staff A had no training for ostomy care. She said CNA Staff A had no competencies completed.		