

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: 105996	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER Aviata at Spring Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 12170 Cortez Blvd Brooksville, FL 34613	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review the facility failed to accurately document vital signs ordered for 1 (Resident #1) of 6 residents reviewed for medical management. Findings include: Review of Resident #1's physician order dated 5/22/2026 read, Vital Signs: Vital Signs Q [every] shift every shift. Review of Resident #1's Treatment Administration Record for the month of May 2026 for night shift vital signs documented on 5/23/2026 and on 5/24/2026 Temperature, Respirations, and Oxygen Saturation were documented as NA [not applicable], on 5/25/2026 Respirations were document as NA, on 5/26/2026 Temperature and Oxygen Saturation were documented as NA, on 5/28/2026 Temperature, Respirations, and Oxygen Saturation were documented as NA, on 5/29/2026 Temperature was documented as NA, on 5/30/2026 Temperature and Pulse was documented as NA, and on 5/31/2026 Blood pressure, Temperature, Pulse, Respirations, and Oxygen Saturation was documented as NA. During an interview on 6/23/2026 at 11:48 AM Staff A Licensed Practical Nurse (LPN) stated, I am not sure why there is NA in the vital section. It might not carry over from the vital summary tab. It might not have carried over to that section. Typically, I go by the MAR [Medication Administration Record] and TAR [Treatment Administration Record]. During an interview on 6/23/2026 at 12:56 PM Staff B, LPN, stated, If there is an NA I probably did not have the supplies at hand. There is supplies I just might not have it there when I am taking the vitals and I will go get it later and might forget to go back and document the vitals. During an interview on 6/23/2026 at 1:54 PM the Director of Nursing stated, Staff are to document accurately. During an interview on 6/23/2026 at 4:26 PM the Administrator stated, We do not have a policy for documentation or charting of vitals. This is a standard of practice. During an interview on 6/23/2026 at 4:30 PM the Director of Nursing stated, For skilled patients vitals should be taken every shift. I want staff to follow physician orders and document accurately the care provided.		

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