STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106028	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Shoal Creek	500 Hospital Drive Crestview, FL 32539

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on record reviews and interview, the facility failed follow the physician orders for lab services for 1 of 5 residents sampled for medication review. (Resident #6)The findings include:On 1/6/25. a record review was conducted for Resident #6, who has diagnoses including Dementia, Major Depressive Disorder, and Schizophrenia. A physician order dated 11/6/24 included obtaining a fasting Depakote Level every May and November. A review of lab results in the electronic medical record (EMR) revealed there was no documentation of a Depakote level since 6/6/2025. (Photographic evidence obtained)On 1/7/25 at approximately 9:40 AM, an interview was conducted with the Director of Nursing (DON). The DON stated the lab was not completed, and a stat fasting Depakote level was ordered today.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, policy review, and interviews, the facility failed to discard spoiled foods and failed to store food in a sanitary manner that is in accordance with professional standards to prevent foodborne illness.The findings include:On 01/04/26 at approximately 10:45AM, during the initial kitchen tour, there was an unopened zip lock bag observed in the walk-in cooler on a shelf dated 12/21/26 containing chicken patties. There were bananas stored in their original produce box sitting directly on the walk-in cooler floor that had brown to black discoloration on the banana peels. There were also 9 medium size tomatoes that appeared wrinkled and shriveled loose in a worn and wet cardboard produce box.On 01/04/26 at 10:40 AM, an interview was conducted with Staff A, a Kitchen Aide. She reported she was not aware that food is not to be stored directly onto walk-in cooler floor and was not sure how to store food properly in the walk in cooler or freezer. A record review on 01/04/2026 revealed a facility policy, dated 4/2018, that indicated that all food items must be stored at least six inches off the floor. Refrigerated foods will be stored wrapped, or in covered containers, labeled and dated and arranged in a manner to prevent cross contamination.