

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2025
NAME OF PROVIDER OR SUPPLIER  Avante at Ocala, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  2021 SW 1st Ave Ocala, FL 34474	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46523</p> <p>Based on interview and record review the facility failed to ensure residents medical records were complete and accurate for 1 of 3 residents, Resident #1, reviewed for mood and behaviors.</p> <p>Findings include:</p> <p>Review of the Active Orders for Resident #1, physician's order dated 12/25/2024, provided for a documentation system to track Resident #1 for behavior monitoring and staff interventions that read as follows, Behavior code-0-no behavior, 1-Fear/panic, 2-anger, 3-Scream/yell, 4-Danger/self/others, 5-Delusions, 6-Hallucinations, 7-Sad/tearful, 8-Emotion/Acts withdrawal, 9-other. Interventions - 1-music/aromatherapy, 2-Reminiscence/reality orient, 3-Exercise/activity, 4-1:4 5-Reduce stim [stimuli] 6-PRN [as needed] med outcome I-improved S-Same, W-Worse, Side Effects - 0-none, 1-EPS [extrapyramidal symptoms] 2-Tardive Dys [Dyskinesia] 3-Hypotension, 4-Inc behavior, 5-Sedation/drowsy, 6-Inc Falls/dizzy as needed for behavior.</p> <p>Review of Resident #1 physician order dated 3/16/2025 read, Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG (milligram)give 250 mg by mouth two times a day related to dementia in other disease classified elsewhere unspecified severity with mood disturbance.</p> <p>Review of Resident #1's physician order dated 3/16/2025 read, Trazadone HCl Oral Tablet 50 mg [milligrams] give 1 tablet by mouth three times a day related to depression.</p> <p>Review of Resident #1 Treatment Administration Record for the month of April 2025 documented only check marks and staff initials for Behavior monitoring.</p> <p>During an interview on 4/30/2025 at 11:45 AM Staff A, License Practical Nurse (LPN) stated, We should document whether a resident is or is not having behaviors in our treatment record.</p> <p>Review of Resident #1's progress note dated 4/25/2025 written by Advance Registered Nurse Practitioner (APRN #1) read, Chief Complaint: Behaviors. History of present illness: Reports patient was blocking the door on 4/24/2025. Patient is in no acute distress at this time. Staff reports he is taking all medications as prescribed, tolerating well</p> <p>Review of Resident #1's progress note on 4/24/2025 read, Resident is stable. Still refusing to take his meds. Providers are aware. No behaviors noted throughout this shift.</p> <p>(continued on next page)</p>

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/30/2025 at 11:54 AM ARNP #1 stated, The staff did tell me he [Resident #1] was refusing all his medications.</p> <p>During an interview on 4/30/2025 at 12:57 PM the Director of Nursing stated, Behavior documentation in the treatment record and the supplementation option was not added. It should have had the option for a number to be coded which would provide details of the behaviors if any. The ARNP [ARNP #1] stated she dictates her notes and it should have said [Resident #1's name] does not take his medications. Staff and providers should document accurately.</p> <p>Review of the facility policy and procedure titled Documentation with a last reviewed date of 1/25/2025 read, Policy: Each Resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation.</p> <p>Review of the facility policy and procedure titled Behavior and Psychoactive Management Program with a last reviewed date of 3/2/2019 read, Procedure: 3. Monitoring the resident's behavior(s) to establish patterns, determine intensity and behavior frequency, and identifying the specific (targeted) behaviors that are distressing to the resident which are decreasing resident's quality of life.</p>