

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

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Form Approved OMB
No. 0938-0391

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 06/03/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to keep 1 Resident (Resident #3) out of 3 Residents sampled receives the necessary services to maintain good grooming in keeping fingernails clean and trimmed. Findings include: During an observation on 6/3/2026 at 9:25 AM Resident #3 lying in bed with a left-hand contracture and right hand with very long dirty fingernails. Unable to observe the nail length of left-hand nail length due to contracture. The fingernails extend about 1/2 inch to 3/4 of an inch from fingertips and dirty (Photo evidence). Review of Resident #3's medical record showed they were admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy, depressed mood, contracture left hand, contracture of left wrist and a history of traumatic brain injury. During an interview on 6/3/2026 at 9:25 AM Resident #3 stated, I don't like them, I want my nails cut and clean. It has been a while since they did my nails, I don't remember when the last time was. During an interview on 6/3/2026 at 9:30 AM Staff A Certified Nursing Assistant (CNA) stated, I don't know [Resident #3's Name]'s bath schedule, the nails are long. [Resident #3's Name] is not mine. During an interview on 6/3/2026 at 9:35 AM Staff B, Registered Nurse stated, Resident nails are important to hygiene and should be maintained. It is my responsibility to ensure that hygiene is maintained. No, I did not see [Resident #3's Name]'s nails. Yes, I see they are long. During an interview on 6/3/2026 at 9:40 AM Staff C, CNA stated, Yes, [Resident #3's Name] is mine. I did see his nails were long yesterday. Yes, I did work yesterday, and I did not have time to get to him, I was very busy. During an interview on 6/3/2026 at 10:00 AM the Administrator stated, They (residents) are here to be taken care of. We should be doing their ADL's (Activities of Daily Living). During an interview on 6/3/2026 at 10:35 AM the Director of Nursing stated, My expectation is for the resident's nails to trimmed and clean each time they are bathed. Review of facility's policy titled, Activities of Daily Living Maintain Abilities, dated 3/2/2019 show it reads, Policy, It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life and honor and support these principles for each resident and that the care and services provided and person centered and honor and support each resident's preferences and choices.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 106084	If continuation sheet Page 1 of 2

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure 1 Resident (Resident #1) out of 3 Residents sampled receives necessary treatment and services for pressure sores consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Findings include: During the record review of Resident #1 medical record the resident was admitted on [DATE] with diagnoses of fracture of superior rim of left pubis, fracture of left acetabulum, fracture of sacrum, and fracture of superior rim of right pubis. Review of the nursing admission assessment completed on the same day 3/16/2026 of admission noted that Resident #1 had a pressure ulcer on the sacrum and a skin tear on right forearm. Review of Resident #1's physician orders noted there were no orders for wound care on pressure ulcer or skin tear until 3/23/2026. Wound care order read clean sacrum with n/s (normal saline), pat dry and cover with dry dressing one time a day for pressure. This was discontinued on 3/24/2026. An order dated 3/25/2026 clean sacrum with wound cleanser, apply Xeroform, and cover with bordered dressing. One time a day for pressure. An order dated 3/23/2026 skin tear on right forearm cleanse with n/s, pat dry and cover with dry dressing. One time a day for skin tear. An order on 3/31/2026 Wound care: Sacrum- cleanse wound cleaner, pat dry, protect peri wound with skin prep, apply betadine-soaked gauze, cover with bordered gauze dressing as needed for soiled/displaced/wound rounds. An order on 3/31/2026 Wound care: Sacrum- cleanse wound cleaner, pat dry, protect peri wound with skin prep, apply betadine-soaked gauze, cover with bordered gauze dressing every evening shift every Tuesday, Thursday, Saturday for stage 4 pressure ulcer. An order dated 3/16/2026 for Wound Consult PRN (as needed). Review of the Wound Care consultation on 3/31/2026 wound assessment noted, Wound #1 sacral is an acute Stage 3 Pressure Injury Pressure Ulcer and has received a status of not healed. Initial wound encounter measurements are 6 cm (centimeters) length x 6.5 cm width x 1.5 cm depth. During an interview on 6/3/2026 at 3:00 PM with the Director of Nursing stated, The staff did not get a wound care order when the pressure ulcer was identified on admission. What should have happened was the nurse should call the doctor to get an order for wound care. That order should have been in place at the time the wound care physician visit was made.		