

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2025
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NAME OF PROVIDER OR SUPPLIER AVANTE AT LAKE WORTH, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 N A ST LAKE WORTH, FL 33460
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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced Licensure Complaint survey, #2025002635, was conducted on . at Avante at Lake Worth, Inc. The facility had deficiencies at the time of the survey.</p>	N 000		
N 110 SS=D	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record same corrections as F584 review the facility failed to provide a clean and comfortable environment for 3 of 3 sampled Residents, (Resident #2, Resident #3 and Resident #4).</p> <p>The findings included:</p> <p>Review of the record revealed Resident #2 was last admitted to the facility on . Review of the current comprehensive assessment dated documented Resident #2 had a () score of 15, on a 0 to 15 scale, indicating the resident was</p> <p>During an observation and interview on</p>	N 110	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and/or executed solely because it is required.</p> <p>Safe/Clean/Comfortable/Homelike Environment</p> <p>A) What corrective action will be accomplished for those residents found to have been affected by this practice? a. On , Resident #2s room was</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 110	<p>Continued From page 1</p> <p>at 10:25 AM, when asked if there were any cleanliness concerns regarding the room, Resident #2 stated there were roaches seen all the time. When asked what the facility did about it, Resident #2 stated pest control comes out but believed whatever they are using was not working because she still saw them around. She voiced that they got in her way and went up the walls. "It's not acceptable" she stated. An observation was made of Resident #2 room, heavy dirt residue was seen on the edges and corners of the floors in the room and bathroom.</p> <p>During an interview on _____ at 10:30 AM, when asked if there was a pest control problem, Staff A voiced that she had not seen many but believed the company was not effective. "I think they should change companies" she stated. Review of the record revealed Resident #3 was on an _____ feeding (a method used to provide nutrition directly into the _____ tract through a tube.)</p> <p>During an interview and observation on _____ at 10:40 AM, was asked how the cleanliness of the room was, Resident #3's representative stated "It isn't as clean as I would like it to be." The representative pointed out her areas of concern in the room. Observation conducted on walls, bathroom door, floor near feeding and resident curtains revealed dried _____ splashed on them, photographic evidence _____ obtained. Further observation revealed dirt accumulation along the edges and corners of the Resident's room and bathroom.</p> <p>Review of the current comprehensive assessment dated _____ documented Resident #4 had a _____ (_____) score of 3, on a 0 to 15 scale.</p>	N 110	<p>treated for roaches. On _____ heavy dirt residue was removed from the edges and corners of floors in the room and bathroom.</p> <p>b. On _____, Resident #3s room was repainted, deep cleaned, curtains replaced, walls were wiped down and bathroom door was cleaned. Dirt accumulation along edges and corner of floors removed.</p> <p>c. On _____, Resident #4s ceiling was repaired. Resident #4s curtain was replaced. Heavy dirt debris on the floor corner and edges were cleaned.</p> <p>B) How will you identify other residents having the potential to be affected by the same practice, and what corrective action will be taken?</p> <p>a. By _____, audit completed in all resident rooms to ensure concerns with pest control were addressed.</p> <p>b. By _____, deep cleaning schedule audit completed to address residents rooms and bathrooms, floors, floor edges/corners, walls in need of repainting, or repairs. Repairs to be completed as indicated on deep cleaning calendar.</p> <p>c. By _____, audit completed to ensure cubical curtains do not have stains or dry splashed feed in residents rooms.</p> <p>d. On _____, audit completed to identify ceiling damage, holes, and/or curtain tracks in need of repair.</p> <p>C) What measures will be put into place</p>	

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NAME OF PROVIDER OR SUPPLIER
AVANTE AT LAKE WORTH, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE
**2501 N A ST
LAKE WORTH, FL 33460**

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N 110	<p>Continued From page 2</p> <p>indicating the resident was severely</p> <p>During an observation on at 11:05 AM, heavy ceiling damage and holes were seen around the curtain tracks in Resident #4's room. Further observation revealed that this room also had heavy dirt debris on the floor corner and edges located in the Resident's room and bathroom.</p> <p>During an interview on at 12:56 PM, when asked what projects he was working on, the Director of Maintenance and Housekeeping services stated he was working on repairing Resident #4's ceiling. He stated that 2 days ago Resident #4 had pulled out the curtains himself; they were working on transferring the Resident to another room to get his room repaired. When asked how they clean the floors, he stated that they use auto scrubbing machine; for the corners and edges of the floors they use an angle brush and scrappers. When concerns were made aware of observations conducted in observed resident rooms, he stated that their machines had been broken for a month and a half and it has taken a while to get them due to the parts needed to fix them. When asked how they were deep cleaning without machines, he stated they were mopping and he agreed that was not effective.</p> <p>On at 1:30 PM, an environmental tour was conducted with the Director of Maintenance and Housekeeping services. Resident #3's room was toured and he agreed the room needed to be cleaned, wiped down and repainted. When Resident #4's was observed, the Director of Maintenance and Housekeeping services also agreed that room was unclean and needed</p>	N 110	<p>or what systemic changes will you take to ensure that the practice does not reoccur?</p> <p>a. By , the ED/designee educated the environmental services supervisor and maintenance director on ensuring that resident rooms are treated appropriately for roaches. Rooms and bathroom walls, floors-edges/corners of floors, and curtains are repaired/maintained in good, clean condition.</p> <p>b. By , the ED/designee educated staff on identifying, and timely reporting environmental concerns in TELS.</p> <p>D) How will the corrective actions be monitored to ensure the practice will not reoccur; what quality measures will be put into place?</p> <p>a. ED/designee to randomly audit resident rooms to ensure that there are no concerns with pest control.</p> <p>b. ED/designee to randomly audit 6 resident rooms and bathrooms to ensure that they are clean and in good repair, paint touch-ups are made timely, curtains are devoid of holes/stains, and floors and corners are clean.</p> <p>c. ED/designee to randomly audit ceiling damage and holes around curtain tracks to ensure ceiling is in good condition.</p> <p>d. Audits will be conducted weekly x4 weeks then monthly for 2 months or until substantial compliance is achieved.</p>	
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N 110	<p>Continued From page 3</p> <p>attention.</p> <p>During an interview on _____ at 2:22 PM, the Administrator was made aware of the observations made and concerns voiced by Residents and Resident families regarding cleanliness and pests. The Administrator agreed with the concerns and findings.</p> <p>Class III</p>	N 110	<p>Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 000	INITIAL COMMENTS	F 000			
F 584 SS=D	<p>An unannounced Complaint survey, number 2025002635, was conducted on _____ at Avante at Lake Worth, Inc. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safety.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)();</p>	F 584			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a clean and comfortable environment for 3 of 3 sampled Residents (Resident #2, Resident #3 and Resident #4).</p> <p>The findings included:</p> <p>1. Review of the record revealed Resident #2 was last admitted to the facility on . Review of the current Minimum Data Set (MDS) assessment dated documented Resident #2 had a () score of 15, on a 0 to 15 scale, indicating the resident was .</p> <p>During an observation and interview on at 10:25 AM, when asked if there were any cleanliness concerns regarding the room, Resident #2 stated there were roaches seen all the time. When asked what the facility did about it, Resident #2 stated pest control comes out but believed whatever they are using was not working because she still saw them around. She voiced that they got in her way and went up the walls. "It's not acceptable" she stated. An observation was made of Resident #2 room, heavy dirt</p>	F 584	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>Safe/Clean/Comfortable/Homelike Environment A) What corrective action will be accomplished for those residents found to have been affected by this practice? a. On , Resident #2s room was treated for roaches. On heavy dirt residue was removed from the edges and corners of floors in the room and bathroom. b. On , Resident #3s room was repainted, deep cleaned, curtains replaced, walls were wiped down and bathroom door was cleaned. Dirt accumulation along edges and corner of floors</p>		

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F 584	<p>Continued From page 2</p> <p>residue was seen on the edges and corners of the floors in the room and bathroom.</p> <p>During an interview on _____ at 10:30 AM, when asked if there was a pest control problem, Staff A voiced that she had not seen many but believed the company was not effective. "I think they should change companies" she stated.</p> <p>2. Review of the record revealed Resident #3 was on an _____ feeding (a method used to provide nutrition directly into the _____ tract through a tube.)</p> <p>During an interview and observation on _____ at 10:40AM, was asked how the cleanliness of the room was, Resident #3's representative stated "It isn't as clean as I would like it to be." The representative pointed out her areas of concern in the room. Observation conducted on walls, bathroom door, floor near feeding and resident curtains revealed dried _____ splashed on them, photographic evidence obtained. Further observation revealed dirt accumulation along the edges and corners of the Resident's room and bathroom.</p> <p>3. Review of the current Minimum Data Set (MDS) assessment dated _____ documented Resident #4 had a _____ (_____) score of 3, on a 0 to 15 scale, indicating the resident was severely _____ .</p> <p>During an observation on _____ at 11:05 AM, heavy ceiling damage and holes were seen around the curtain tracks in Resident #4's room. Further observation revealed that this room also had heavy dirt debris on the floor corner and</p>	F 584	<p>removed.</p> <p>c. On _____, Resident #4s ceiling was repaired. Resident #4s curtain was replaced. Heavy dirt debris on the floor corner and edges were cleaned.</p> <p>B) How will you identify other residents having the potential to be affected by the same practice, and what corrective action will be taken?</p> <p>a. By _____, audit completed in all resident rooms to ensure concerns with pest control were addressed.</p> <p>b. By _____, deep cleaning schedule audit completed to address residents rooms and bathrooms, floors, floor edges/corners, walls in need of repainting, or repairs. Repairs to be completed as indicated on deep cleaning calendar.</p> <p>c. By _____, audit completed to ensure cubical curtains do not have stains or dry splashed feed in residents rooms.</p> <p>d. On _____, audit completed to identify ceiling damage, holes, and/or curtain tracks in need of repair.</p> <p>C) What measures will be put into place or what systemic changes will you take to ensure that the practice does not reoccur?</p> <p>a. By _____, the ED/designee educated the environmental services supervisor and maintenance director on ensuring that resident rooms are treated appropriately for roaches. Rooms and bathroom walls, floors-</p>		

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F 584	<p>Continued From page 3</p> <p>edges located in the Resident's room and bathroom.</p> <p>4. During an interview on _____ at 12:56 PM, when asked what projects he was working on, the Director of Maintenance and Housekeeping services stated he was working on repairing Resident #4's ceiling. He stated that 2 days ago Resident #4 had pulled out the curtains himself; they were working on transferring the Resident to another room to get his room repaired. When asked how they clean the floors, he stated that they use auto scrubbing machine; for the corners and edges of the floors they use an angle brush and scrappers. When he was made aware of observations and concerns in resident rooms, he stated that their machines had been broken for a month and a half and it has taken a while to get them _____ due to the parts needed to fix them. When asked how they were deep cleaning without machines, he stated they were mopping and he agreed that was not effective.</p> <p>On _____ at 1:30 PM, an environmental tour was conducted with the Director of Maintenance and Housekeeping services. Resident #3's room was toured and he agreed the room needed to be cleaned, wiped down and repainted. When Resident #4's was observed, the Director of Maintenance and Housekeeping services also agreed that room was unclean and needed attention.</p> <p>During an interview on _____ at 2:22 PM, the Administrator was made aware of the observations made and concerns voiced by Residents and Resident families regarding cleanliness and pests. The Administrator acknowledged the concerns and findings.</p>	F 584	<p>edges/corners of floors, and curtains are repaired/maintained in good, clean condition.</p> <p>b. By _____, the ED/designee educated staff on identifying, and timely reporting environmental concerns in TELS.</p> <p>D) How will the corrective actions be monitored to ensure the practice will not reoccur; what quality measures will be put into place?</p> <p>a. ED/designee to randomly audit resident rooms to ensure that there are no concerns with pest control.</p> <p>b. ED/designee to randomly audit 6 resident rooms and bathrooms to ensure that they are clean and in good repair, paint touch-ups are made timely, curtains are devoid of holes/stains, and floors and corners are clean.</p> <p>c. ED/designee to randomly audit ceiling damage and holes around curtain tracks to ensure ceiling is in good condition.</p> <p>d. Audits will be conducted weekly x4 weeks then monthly for 2 months or until substantial compliance is achieved.</p> <p>Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p>	

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