

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Emerald Shores		STREET ADDRESS, CITY, STATE, ZIP CODE 626 N Tyndall Pkwy Callaway, FL 32404	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>28603</p> <p>Based on observation, record review, staff interviews, and policy review, the facility staff failed to demonstrate competency in skin care during 1 of 1 partial bed bath observations. (Resident #4)</p> <p>The findings include:</p> <p>An observation of a partial bed bath for Resident #4 was observed being performed by Employee A, a Certified Nursing Assistant, on 12/10/24 at 8:40 AM. Employee A explained the procedure to Resident #4. Employee A then obtained one pan of water from the sink in the bathroom and donned gloves. Employee A requested that Resident #4 wash his face with the wet washcloth. Employee A then placed liquid soap in the pan of water, wet the washcloth, and then washed the resident's chest and underarms with the soapy washcloth. Employee A did not rinse the soap from the resident's body. Employee A then placed more liquid soap in the pan of water, wet the washcloth with the soapy water, and washed his back with the soapy washcloth. She did not rinse the soap from the resident's back either. Employee A then placed fresh water in the pan, placed liquid soap on a washcloth, placed the washcloth with soap in the pan of water, then wrung out the washcloth. She then cleansed the resident's genitals and buttocks with the soapy washcloth. She did not rinse the soap from the resident's genitals and buttocks either. Employee A changed the water in the pan again and placed liquid soap in the water. She then washed the resident's feet with the soapy water and did not rinse the resident's feet.</p> <p>A review of Resident #4's electronic medical record revealed an admission minimum data set with an assessment reference date of 12/4/24, indicating that the resident required substantial/maximal assistance of staff to bathe or shower. Review of the resident's comprehensive plan of care dated 12/9/24 for alteration in usual functional performance in self-care indicated the resident required substantial/maximal assistance of one staff for showering/bathing.</p> <p>An interview was conducted with Employee A on 12/10/24 at 9:53 AM. Employee A stated the soap should have been rinsed from the body. She stated she was nervous and forgot the additional pan for rinse water. An interview was conducted with the Director of Nursing (DON) on 12/10/24 at 10:15 AM. The DON stated staff should use 2 pans of water during a bed bath, one for soapy water to cleanse and one for clean water to rinse. She stated the resident should be rinsed with clean water after bathing with soap.</p> <p>Review of the facility policy for Perineal Care (N-1170 revised 9/5/2017) indicated care to include washing, rinsing, and drying of the skin.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 105148
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