

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22517</p> <p>Based on clinical record review and interview, the facility failed to provide evidence that the staff provided care and services that met professional standards of quality as evidenced by the staff failure to follow the physician orders for medication administration for 8 of 12 residents reviewed (Residents #7, #8, #9, #11, #12, #13, #14, #15).</p> <p>The findings included:</p> <p>1) Review of the clinical record for Resident #8 revealed that the resident is one of 30 evacuated residents who remained in the facility after the storm. They arrived to this facility on 10/07/24. According to the Director of Nursing (DON) in an interview on 10/31/24 at 3:45 PM, she stated that when the other facility's staff left on 10/18/24, they took the Medication and Treatment Administration Records (MAR and TAR) with them but she gained access to their system and printed the MAR and TAR for the remaining residents to ensure her staff could provide the necessary care and services as of October 18, 2024.</p> <p>Review of the Medication Administration Record for October 2024 revealed that the staff failed to place their initials in the appropriate boxes to indicate the medications were administered as prescribed as follows:</p> <p>Resident #8 was prescribed 11 oral medications and 2 intravenous medications. The MAR documented multiple doses that were not signed as administered by the nurses. Additionally, an observation of medications being returned to the previous facility's pharmacy was conducted on 11/04/24 at approximately 3:50 PM revealed that the staff had the medications available.</p> <p>a. Finasteride Oral Tablet 5 mg Give 1 tablet by mouth for BPH revealed 3 doses were not signed for, with 2 of the 3 doses the nurse noted the medication was not available.</p> <p>b. Venlafaxine HCL Oral tablet 37.5 mg one tablet once for depression, 3 missed doses.</p> <p>c. Rulukek Oral tablet give 1 tablet by mouth twice daily for ALS, 7 missed doses.</p> <p>d. Trazadone HCL 50 mg give 0.5 tablet by mouth two times for depression, 9 missed doses.</p> <p>e. Midodrine HCL 10 mg tablet give one tablet every 8 hours for hypotension, 14 missed doses.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. Quetiapine Fumarate Oral tablet 25 mg give 0.5 mg tablet three times for brief psychosis, 13 missed doses.</p> <p>The other 4 oral medications were over the counter medications, including vitamins.</p> <p>g. DAPTomyacin Intravenous Solution Reconstituted 500 mg, use 500 mg intravenously at bedtime for Osteomyelitis until 11/06/24, 5 missed doses.</p> <p>h. Ertapenem Sodium Injection Solution Reconstituted 1 GM, use 1 gram intravenously one time a day for infection until 11/06/24, 3 missed doses.</p> <p>2) Review of the clinical record for Resident #9 revealed the resident is one of 30 evacuated residents who remained in the facility after the storm. The resident had diagnoses which included, Acute Respiratory Failure with Hypoxia, Dysuria, and persistent vegetative state.</p> <p>Review of the Medication Administration Record revealed that the nurses failed to place their initials in the appropriate boxes to indicate they administered the prescribed medication as follows:</p> <p>a. Amlodipine Besylate Oral tablet 5 mg via G-tube once a day for HTN, 9 missed doses since October 18.</p> <p>b. Ascobic Acid tablet 500 mg Give 1 tablet via Peg tube for supplement, 9 missed doses.</p> <p>c. Aspirin 81 mg give 81 mg via Peg tube in the morning related to Atherosclerotic Heart Disease, 7 missed doses.</p> <p>d. Senna Oral tablet 8.6 mg give 2 tablets via G-tube twice daily for constipation, 20 missed doses.</p> <p>e. Hydralazine HCL Oral tablet 100 mg via Peg tube three times daily for HTN, 23 missed doses.</p> <p>f. Clonidine HCL Oral tablet 0.2 mg give 1 tablet via G-tube every 6 hours for HTN, 34 missed doses.</p> <p>g. Ipratropium Albuterol Solution 0.5 - 2.5 3 mg/3 ml 3 ml inhale orally via nebulizer four times a day for COPD for 10 days until finished dated 10/14/24, 26 missed doses.</p> <p>h. Ertrapenem Sodium Solution Reconstituted 1 GM intravenously every 24 hours for pneumonia for 5 days until finished start 10/16/24, 3 missed doses.</p> <p>h. Prostat two times a day for increased wound healing 30 ml twice daily, 22 missed doses.</p> <p>3) Review of the clinical record for Resident #13 revealed that the resident is one of 30 evacuated residents who remained in the facility after the storm. The resident had diagnoses which included Atherosclerotic Heart Disease of native coronary artery with unspecified angina pectoris, and Diabetes Mellitus.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MAR revealed that the nurses failed to place their initials in the appropriate boxes to indicate they administered the prescribed medication as follows:</p> <p>a. Gabapentin Capsule 100 mg give 1 capsule by mouth three times a day for neuropathy, 8 missed doses.</p> <p>b. Metoprolol Tartrate 25 mg, give 0.5 mg tablet twice a day, 5 missed doses.</p> <p>c. Zetia Oral Tablet give 10 mg by mouth one time day, 3 missed doses.</p> <p>d. Lidocaine External Patch apply to lower back at bedtime, 13 missed doses.</p> <p>e. Meloxicam Oral 15 mg give 1 tablet by mouth at bedtime, 2 missed doses.</p> <p>f. Sertraline HCL 150 mg give 1 capsule by mouth at 7:00 PM, 2 missed doses.</p> <p>g. Cyanocobalamin tablet 500 mg give 1 tablet by mouth daily for supplement, 2 missed doses.</p> <p>4) Review of the clinical record for Resident #11 revealed that the resident is one of 30 evacuated residents who remained in the facility after the storm. The resident had diagnoses which included Parkinson's Disease, Cerebral Infarction, Bradycardia, and Cardiomyopathy.</p> <p>Review of the MAR revealed that the nurses failed to place their initials in the appropriate boxes to indicate they administered the prescribed medication as follows:</p> <p>a. Duloxetine HCL 30 mg give 2 tablets by mouth twice daily, 4 missed doses.</p> <p>b. Ferrous Sulfate 325 mg give 1 tablet by mouth twice a day, 4 missed doses.</p> <p>c. Vitamin D give 2000 IU by mouth once a day, 2 missed doses.</p> <p>d. Apixaban Oral 5 mg give one tablet twice a day, 4 missed doses.</p> <p>5) Review of the clinical record for Resident #15 revealed the resident is one of the 30 evacuated residents remaining in the facility after the storm. The resident had diagnoses which included Cerebral Infarction, Dysphasia, Aphasia, Diabetes Mellitus, Heart failure, gastrostomy, and Atherosclerotic Heart Disease.</p> <p>Review of the MAR revealed that the nurses failed to place their initials in the appropriate boxes to indicate they administered the prescribed medication as follows:</p> <p>a. Entresto Tablet 49-51 mg give 1 tablet via peg tube two times a day for CHF, 6 missed doses.</p> <p>b. Famotidine Oral Suspension give 5 ml via peg tube in the morning, 2 missed doses.</p> <p>c. Jardiance 10 mg tablet give 1 tablet via peg tube once a day for Diabetes, start 10/18/24, 6 missed doses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Acetaminophen Oral Liquid give 20 ml via peg tube every 12 hours for pain, 4 missed doses.</p> <p>e. Carvedilol tablet 25 mg give 1 tablet via peg tube two times a day, 7 missed doses.</p> <p>f. Fluticasone Propionate Suspension 50 mcg/ACT 1 spray in each nostril two times a day, 14 missed doses.</p> <p>6) Review of the clinical record for Resident #12 revealed the resident is one of the 30 evacuated residents remaining in the facility after the storm. The resident had diagnoses which included Morbid Obesity, Chronic Pulmonary embolism, seizures, lymphedema, and peripheral vascular disease.</p> <p>Review of the MAR revealed that the nurses failed to place their initials in the appropriate boxes to indicate they administered the prescribed medication as follows:</p> <p>a. Phenytoin Sodium Extended Oral Capsule 100 mg give 1 capsule by mouth three times a day for seizures, 12 missed doses.</p> <p>b. Artificial Tears Ophthalmic Solution 1% instill 1 drop in both eyes two times a day for dry eyes, 16 missed doses.</p> <p>c. Eliquis Oral Tablet 5 mg give one tablet by mouth twice a day for anticoagulant, 2 missed doses.</p> <p>d. Bumetanide Oral 1 mg give in the morning for diuretic, 1 missed dose.</p> <p>e. Crestor Oral Tablet 5 mg give 1 tablet at bedtime, 1 missed dose.</p> <p>f. Cyanocobalamin 1000 mcg give 1 tablet one time a day. 1 missed dose.</p> <p>g. Ecotrin Low Strength 81 mg once daily, 1 missed dose.</p> <p>h. Sertraline HCL oral tablet 25 mg give 1 tablet once daily, 1 missed dose.</p> <p>i. Vitamin D 3 Oral 50 mcg give 1 tablet once daily, 1 missed dose.</p> <p>7) Review of the clinical record for Resident #7 revealed the resident is one of the 30 evacuated residents remaining in the facility after the storm. The resident was admitted to the facility on [DATE].</p> <p>Further review of the electronic clinical record revealed the staff failed to document the resident was administered medication on October 31, 2024 as follows:</p> <p>a. Secubitril-Valsartan Oral Tablet 24-26 mg give 1 tablet by mouth one time a day for HTN.</p> <p>b. Tricor Oral 48 mg give 1 tablet by mouth at bedtime for hyperlipidemia.</p> <p>c. Melatonin tablet 3 mg give 1 tablet by mouth at bedtime.</p> <p>d. Rosuvastatin Calcium Oral tablet 20 mg give 1 tablet by mouth a bedtime for high cholesterol.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. Coreg Oral Tablet 25 mg give 1 tablet by mouth two times a day HTN.</p> <p>f. Eliquis Oral Tablet 5 mg give 1 tablet by mouth two times a day for Afib.</p> <p>8) Review of the clinical record for Resident #14 revealed the resident is one of the 30 evacuated residents remaining in the facility after the storm. The resident was admitted to the facility on [DATE].</p> <p>Further review of the electronic clinical record revealed the staff failed to document the resident was administered medication on October 31, 2024 as follows:</p> <p>a. Brimonidine Tartrate Ophthalmic Solution instill 1 drop in right eye at bedtime for glaucoma.</p> <p>b. Dorzolamide HCL Ophthalmic Solution 2% instill 1 drop in right eye at bedtime.</p> <p>c. Latanoprost PF Ophthalmic Solution 0.005% instill 1 drop in right eye at bedtime.</p> <p>d. Melatonin Oral 5 mg give 10 mg by mouth at bedtime.</p> <p>e. Senna Tablet 8.6 mg give 2 tablets by mouth.</p> <p>f. Trazodone HCL 100 mg give 100 mg by mouth daily.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	
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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p>22517</p> <p>Based on clinical record review and staff interview, the facility failed to provide evidence of providing the necessary care and services consistent with the prescribed treatment plan of care for 2 of 12 sampled residents (Resident # 8 and # 9). The staff failed to provide evidence they performed the prescribed treatments for tracheostomy care, wound care, catheter care, skin checks, oral care, and the PICC (Peripherally Inserted Central Catheter) dressing changes and monitoring.</p> <p>The findings included:</p> <p>1) Resident #9 is one of 30 residents who remained in the facility after the storm. The resident had diagnoses which included seizures, persistent vegetative state, acute respiratory failure with hypoxia, pressure ulcer of sacral region Stage 4, and essential Hypertension. Resident #9 had a tracheostomy, is total care for all activities of daily living; received tube feeding via gastrostomy tube, Wound Vac for the sacral wound and had a Foley catheter.</p> <p>Resident # 9 is also the resident whom the staff failed to perform the necessary oral care, please refer to F 677 for specific details and she is also the resident that the staff failed to provide evidence that multiple medications were administered, please refer to F 658 for specific details.</p> <p>Review of the Treatment Administration Record revealed that the nurses failed to place their initials in the appropriate boxes to indicate the treatments were completed as follows:</p> <p>a. Tracheostomy Care every shift related to persistent vegetative state, 13 missed treatments.</p> <p>b. Observe for changes in skin integrity of stoma site, i.e. redness, excoriation, signs/symptoms of infection during care every shift, 13 missed treatments.</p> <p>c. NPWT dressing change three times a week and as needed. Clean wound bed with Normal Saline apply skin sealant to surrounding tissue, cut sponge to wound size and place in wound. Cover with Transparent Dressing. Attach NPWT at (125 mmHg), continual to sacrum on day shift every MWF (Monday, Wednesday and Friday), 5 missed treatment.</p> <p>d. Change NPWT canister every week and as needed every day shift every Friday for adaptive equipment, 2 missed treatments.</p> <p>e. Skin check every week on 7-3 day shift every Thursday for skin care, document in weekly skin evaluation, 2 missed treatment.</p> <p>f. Catheter Care with soap and water every shift, 18 missed treatments.</p> <p>2) Resident #8 is one of 30 evacuated residents who remained in the facility after the storm. The clinical record revealed that the resident had diagnoses which included Amyotrophic Lateral Sclerosis, Pressure Ulcer of Sacral Region Stage 4, and Osteomyelitis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	

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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Treatment Administration Record revealed that the nurses failed to place their initials in the appropriate boxes to indicate the treatments were completed as follows:</p> <p>a. Skin check every week on 7-3 day shift every Tuesday for skin care, document in weekly skin evaluation, 2 missed treatment.</p> <p>b. Change the PICC line dressing weekly and as needed. Observe site and report to MD (Medical Doctor) any significant changes daily every Monday. Alert MD to any signs/symptoms of infections or excessive bleeding, 2 missed treatments.</p> <p>c. Measure the arm circumference 3 inches above the PICC insertion site dressing weekly, 2 missed treatments.</p> <p>Resident #8 is also the resident who was observed on 11/04/24 at approximately 3:00 PM that had a PICC Line dressing in his right upper arm that was dated 10/15/24. Please refer to F694 for specific details.</p> <p>An interview was conducted on 10/31/24 at 3:45 PM with the Director of Nursing, she stated that when the other facility's staff left on 10/18/24, they took the Medication and Treatment Administration Records with them but she gained access to their system and printed the MAR and TAR for the remaining residents to ensure her staff could provide the necessary care and services as of October 18, 2024.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>22517</p> <p>Based on observation, clinical record review and staff interview, the facility staff failed to provide the necessary care and services to maintain the oral hygiene of a resident who is unable to carry out activities of daily living, for 1 of 12 residents reviewed (Resident #9).</p> <p>The findings included:</p> <p>Resident #9 is one of 30 residents who remained in the facility after the storm. The resident had diagnoses which included seizures, persistent vegetative state, acute respiratory failure with hypoxia, pressure ulcer of sacral region Stage 4, and essential Hypertension. Resident #9 had a tracheostomy, is total care for all activities of daily living, received tube feeding via gastrostomy tube, Wound Vac for the sacral wound and had a Foley catheter.</p> <p>An observation of Resident #9 was conducted on 11/04/24 at 5:20 PM revealed that the resident was lying in bed. The resident's mouth was open and she was noted to have a copious amount of dry yellowish brown colored crusty substance inside her mouth and lips, due to lack of necessary mouth care.</p> <p>The surveyor requested Staff A, Registered Nurse, come to the resident's room at 5:30 PM, to observe the condition of the resident's mouth. The nurse stated, she had just taken over for the nurse and was unaware of the care that had been provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>22517</p> <p>Based on observation, interview, clinical record review and policy review, the facility failed to ensure that 1 of 1 residents reviewed for intravenous medications (Resident #8) received the necessary care and services consistent with professional standards of practice. This is evidenced by the staff failing to complete the PICC (Peripherally Inserted Central Catheter) line dressing for multiple weeks.</p> <p>The findings included:</p> <p>Review of the facility's policy regarding Catheter Insertion and Care, Central Vascular Access Device (CVAD) Dressing Change, Revised 1/17/2019, documented the following:</p> <ol style="list-style-type: none"> 1. Central vascular access devices (CVADs include: <ol style="list-style-type: none"> a. Peripherally Inserted Central Catheter (PICC). 2. The catheter insertion is a potential entry site for bacteria that may cause catheter-related infection. 3. A transparent dressing is the preferred dressing. If the patient is allergic to the transparent dressing, a sterile gauze and sterile tape dressing may be used. 4. Licensed nurses caring for patients receiving infusion therapies are expected to follow infection control and safety compliance procedures. <p>General Guidelines:</p> <ol style="list-style-type: none"> 1. Sterile dressing change using transparent dressings is performed: <ol style="list-style-type: none"> a. 24 hours post-insertion or upon admission b. At least weekly. c. If the integrity of the dressing has been compromised (wet, loose or soiled). <p>An observation on 11/04/24 at approximately 3:00 PM revealed that Resident #8 had a PICC Line dressing in his right upper arm that was dated 10/15/24, 20 days ago.</p> <p>An interview was conducted on 11/04/24 at approximately 3:15 PM with the Regional Consultant Nurse (RCN). The surveyor informed the RCN of the PICC line dressing, she reported that the dressing is to be done weekly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13th St Fort Pierce, FL 34950	
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #8 is one of 30 evacuated residents who remained in the facility after the storm. According to the Director of Nursing in an interview on 10/31/24 at 3:45 PM, she stated that when the other facility's staff left on 10/18/24, they took the Medication and Treatment Administration Records with them but she gained access to their system and printed the MAR and TAR for the remaining residents to ensure her staff could provide the necessary care and services as of October 18, 2024.</p> <p>Another interview was conducted on 11/04/24 at approximately 3:30 PM with the Director of Nursing, who was informed of the PICC line dressing dated October 15, 2024. She too confirmed that the dressing is supposed to be completed weekly. The surveyor requested the Treatment Administration Record for Resident #8. The DON was unable to offer an explanation as to why the PICC line dressing had not been completed.</p> <p>The surveyor received the TAR for Resident #8 on 11/06/24 via email. The surveyor's review of the TAR further confirmed that the weekly PICC dressing was not completed. The staff were also to measure the arm circumference 3 inches above the PICC insertion site dressing weekly. The staff failed to place their initials in the appropriate box to indicate that the staff completed the weekly monitoring of the PICC Line as well.</p> <p>Review of the clinical record revealed that the resident had diagnoses which include Amyotrophic Lateral Sclerosis, Pressure Ulcer of Sacral Region Stage 4, and Osteomyelitis. The Medication Administration Record documented a 09/30/24 prescribed intravenous medication order for DAPTomyacin Intravenous Solution Reconstituted 500 mg, use 500 mg intravenously at bedtime for Osteomyelitis until 11/06/24. Review of the MAR, revealed that since 10/18/24, the nurses failed to place their initials in the appropriate boxes to indicate that the medication was administered for 5 of 14 doses (10/25/24, 10/26/24, 10/27/24, 10/29/24 and 10/30/24) and the nurse documented on 10/19/24, 10/23/24 and 10/24/24, that the medication was not available.</p> <p>The resident was also prescribed on 09/30/24 Ertapenem Sodium Injection Solution Reconstituted 1 GM, use 1 gram intravenously one time a day for infection until 11/06/24, the nurses failed to place their initials in the appropriate boxes to indicate the medication was administered for 3 doses since 10/18/24 (10/29/24, 10/30/24 and 10/31/24).</p>		