

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Aspire at the Sea - Pompano Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 NE 2nd Street Pompano Beach, FL 33062	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36734</p> <p>Based on observation, interview, and record review, the facility failed to meet infection control standards of practice related to a midline catheter used for intravenous (IV) antibiotics or fluids, for 2 of 2 observed residents (Residents #2 and #3).</p> <p>The findings included:</p> <p>1. Record review revealed Resident #2 was admitted to the facility on [DATE]. A comprehensive assessment dated [DATE] documented the resident was cognitively intact and required substantial/maximum assist with activities of daily living (ADL).</p> <p>A review of Resident #2's orders revealed an order dated 02/07/25 for a midline catheter, and to flush the midline catheter with 10 milliliters (ml) of saline every shift and as needed.</p> <p>An observation of Resident #2 was conducted with Staff A, a Licensed Practical Nurse (LPN) on 02/11/25 at 11:45 AM. Resident #2's midline catheter IV line was observed without a cap, leaving the line open to the bloodstream. Staff A stated the midline catheter should have a cap on it. Resident #2 stated she was not aware her IV line needed a cap.</p> <p>2. Record review revealed Resident #3 was admitted to the facility on [DATE]. A comprehensive assessment dated [DATE] documented the resident had severe cognitive impairment and was dependent for ADL.</p> <p>A review of Resident #3's orders revealed an order dated 01/15/25 for a midline catheter placement, and to flush the midline catheter with 10 milliliters (ml) of saline every shift and as needed.</p> <p>An observation of Resident #3 was conducted with Staff A, a Licensed Practical Nurse (LPN) on 02/11/25 at 12:00 PM. Resident #3's midline catheter IV line was observed without a cap, leaving the line open to the bloodstream. Staff A stated the line should have a cap on it.</p> <p>An interview was conducted with the Director of Nursing on 02/11/25 at 2:30 PM. The DON acknowledged midline catheter IV lines should have a cap on them.</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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