

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Aspire at Venice		STREET ADDRESS, CITY, STATE, ZIP CODE  1026 Albee Farm Rd Venice, FL 34285	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>41155</p> <p>Based on observation, review of clinical records and staff interviews the facility failed to provide the necessary care and services to maintain urinary catheters in a safe and sanitary manner for 3 (Resident #900, #899 and #800) of 4 residents reviewed with indwelling urinary catheters.</p> <p>The findings included:</p> <p>During the initial facility tour on 3/4/25 at 9:47 a.m., Resident #900's indwelling catheter drainage bag was observed on the floor.</p> <p>Photographic evidence obtained.</p> <p>On 3/4/25 at 9:52 a.m., Registered Nurse (RN) Staff A verified Resident #900's catheter drainage bag was on the floor.</p> <p>On 3/4/25 at 10:00 a.m., an observation from the 100 hall revealed Resident #899's catheter drainage bag was located on the side of the bed facing the doorway to his room and was very full. There was no privacy cover and the drainage bag and urine were visible by staff, other residents and visitors, passing by the room.</p> <p>On 4/4/25 at 10:05 a.m., in an interview RN Staff A confirmed Resident #899's catheter drainage bag was very full and visible to anyone passing by the residents room.</p> <p>Photographic evidence obtained.</p> <p>On 4/4/25 at 2:56 p.m., in an interview Certified Nursing Assistant (CNA) Staff G said the urinary catheter drainage bag of residents who have indwelling urinary catheters was to be attached to the bed frame on the side away from the door so no one can see it. CNA Staff G said if the resident was up in a wheelchair or walking you have a leg bag or a privacy bag. The CNA said, Always privacy, cover them, and keep the drainage bag off the floor.</p> <p>On 3/4/25 at 3:15 p.m., during an observation from the 200 hallway Resident #800's catheter drainage bag was noted to be on the floor and visible from the hallway.</p> <p>Photographic evidence obtained.</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
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/4/25 at 3:20 p.m., RN Staff C said Ok when informed that Resident #800's catheter drainage bag was on the floor. RN Staff C did not remove the resident's urinary catheter bag from the floor.</p>