

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aspire at Arbor Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 SE 24th Rd Ocala, FL 34471	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>39371</p> <p>Based on observation and interview, the facility failed to ensure nurse staffing information was posted on a daily basis.</p> <p>Findings include:</p> <p>During an observation on 2/6/2025 at 8:45 AM, upon entrance to the facility, the nurse staffing information posted in the front lobby was dated 2/3/2025.</p> <p>During an interview on 2/6/2025 at approximately 9:00 AM, the Administrator stated it was the expectation to have the staffing information posted and readily available with the correct information at the beginning of each shift, and the facility had no policy for posting the nurse staffing.</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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