

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Aspire at West Palm Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 5065 Wallis Road West Palm Beach, FL 33415	

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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29151</p> <p>Based on record review and interview, it was determined, the facility staff failed to provide necessary care and services for 1 of 2 sampled residents (Resident #1), who required antibiotic therapy and monthly catheter changes to minimize risk of infection.</p> <p>The findings included:</p> <p>Clinical record review conducted on 04/01/25 revealed Resident #1 was originally admitted to the facility on [DATE] with diagnoses including Paraplegia and Urinary Tract Infection.</p> <p>Minimum Data Set, quarterly assessment with reference date 12/20/24, documents the resident was assessed as independent for skills of daily decision making, is staff dependent for personal hygiene, bathing, dressing and toileting and has an indwelling urinary catheter.</p> <p>Care Plans implemented for Resident #1 and revised 12/30/24 included the following:</p> <p>Paraplegia, resident has Spinal Injury related to trauma with potential for decline in self care. The approaches noted give medications as ordered and monitor document for side effects and effectiveness.</p> <p>Risk for Urinary Tract Infection (UTI), Dysuria and Bladder Spasms related to catheter and multiple comorbidities documents the goal to minimize the risk of complications related to the potential for infection through the review date. The approaches noted administer antibiotic as ordered, maintain universal precautions, monitor and documents signs of UTI.</p> <p>Physician's orders dated 09/17/24 documents Tobramycin Sulfate injection 80 mg/2 milliliters intramuscularly every month on the 17th, prior to catheter change.</p> <p>Infectious Disease Consult dated 11/12/24 documents orders: Change catheter monthly as ordered.</p> <p>Review of the Medication Administration Records dated 10/2024, 11/2024, 12/2024 and 02/2025 provide no evidence that Resident #1 received the prescribed antibiotic therapy and provides no evidence of monthly catheter changes.</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: 105558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Aspire at West Palm Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 5065 Wallis Road West Palm Beach, FL 33415	
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 - Few</p>	<p>Review of the progress notes failed to provide evidence of the resident's refusal of catheter changes or antibiotic therapy.</p> <p>The record indicates Resident #1 requested to be seen by the provider on 02/17/25 due to pain on urination, cough, and bladder spasms.</p> <p>The provider evaluation dated 02/17/25 at 10:10 AM documents the resident has a supra pubic catheter, history of recurrent UTI and is on Tobramycin monthly, the urine is slightly cloudy with sediments and diagnostic tests were ordered.</p> <p>Resident #1 was transferred to the hospital on 02/17/25 at approximately 10:30 PM via emergency personnel.</p> <p>Hospital records dated 02/18/25 document Resident #1 presented to the emergency department with complaints of abdominal pain, bladder spasms and chills that are worsening since this morning. Positive for UTI and suspected urosepsis. The resident was admitted for medical management.</p> <p>Interview with Director of Nursing conducted on 04/01/25 at approximately 2:10 PM revealed there is no evidence Resident #1 received the antibiotic therapy in October 2024, November 2024, December 2024 and February 2025. In addition, there is no evidence of monthly catheter changes, or evidence that the resident refused the care.</p> <p>The investigation concluded Resident #1 did not receive monthly catheter changes and the prescribed monthly antibiotic therapy to mitigate the risk of recurrent UTI's.</p>		