

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Big Bend		STREET ADDRESS, CITY, STATE, ZIP CODE 207 Marshall Dr Perry, FL 32347	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>42756</p> <p>Based on observations, interviews, review of records, and policy review, the facility failed to ensure 2 of 3 residents sampled received restorative nursing as recommended. (Resident #31 and #55)</p> <p>The findings include:</p> <p>Resident #31</p> <p>On 12/16/24 at approximately 12:45 PM, Resident #31 was noted to have his left arm, wrist, and hand contracted. There was a splint lying on his bedside table.</p> <p>On 12/16/24 at approximately 3:52 PM, Resident #31 was observed without a splint in place. The splint was lying on his bedside table. The resident was asked if that splint was for his wrist and hand. He nodded yes in agreement indicating that the brace was for his left arm, wrist, and hand.</p> <p>On 12/17/24 at approximately 8:50 AM, Resident #31 was observed without his splint on.</p> <p>On 12/17/24 at approximately 11:51 AM, Resident #31 was observed up in his wheelchair watching television in a common area. He did not have a brace on at the time of the observation.</p> <p>On 12/17/24 at approximately 3:21 PM, Resident #31 was observed awake in his room. He did not have the brace on at the time of the observation. The resident was asked if he had worn his brace in the last two days, he shook his head no.</p> <p>On 12/17/24 at approximately 3:30 PM, a review of Resident #31's medical records was conducted. Resident #31's profile dated 12/18/2024 showed the resident with a contracted left wrist. A physician's order was initiated on 12/1/2021 stating that Resident #31 may have a restorative maintenance program as indicated.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #31's restorative care plan was conducted. The focus on the care plan was limited physical mobility related to decreased mobility and a contracture of his left hand (date Initiated: 12/02/2021). Goals on the plan included remaining free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, and fall related injury through the next review. Interventions on the care plan included the following: Restorative Nursing placing a left arm splint/brace and to provide Active Assisted Range of Motion (AAROM) and Passive Range of Motion (PROM). The care plan further directed nursing to monitor/document/report as needed any signs and symptoms of immobility including contractures forming or worsening, thrombus formation, skin-breakdown, or fall related injury.</p> <p>A review of the Restorative Tasks section of the electronic medical record was conducted:</p> <p>Restorative progressive range of motion (PROM) to left upper extremity(LUE) was only documented on 12/11/24, 12/13/24 and 12/16/24.</p> <p>Number of minutes spent providing split or brace assistance had entries on 12/11/24 indicated 15, 12/13/24 indicated 15, 12/16/24 indicated 25.</p> <p>Percentage of task completed was marked on 12/11/24 at 100%, 12/13/24 100%, and 12/16/24 100%.</p> <p>For tolerance, there was a check mark on 12/11/24, 12/13/24 and 12/16/24.</p> <p>For verbal cues, there was a check mark on 12/11/24, 12/13/24 and 12/16/24.</p> <p>For programs, there was a check mark on 12/11/24, 12/13/24 and 12/16/24.</p> <p>Neither the care plan nor the task questions documented specific exercises or explanation of what parts of the left upper extremity received the range of motion The documentation did not provide information regarding the number of times specific range of motion exercises were performed. The care plan and tasks did not clearly document the amount of time that Resident #31 wore the splint. The tasks and the care plan only mentioned hand splint and not the elbow splint.</p> <p>A review of the occupational therapy evaluation and plan of treatment for certification period for 8/24/24 to 10/22/24 was conducted. The evaluation noted that Resident #31 had some paralysis (Hemiplegia) of the left side and a contracture of the muscle of his left hand. The occupational therapy discharge summary dated 8/24/24 to 9/12/24 recommended that Resident #31 receive restorative therapy. A splint and brace program was established. Staff was trained. The recommendation was for the resident to safely wear his splint on his left hand for up to 1.5 hours with minimal redness, swelling and discomfort.</p> <p>Resident #31's progress notes were reviewed. The most recent restorative nursing progress note was dated 7/4/24. The note mentioned that Resident #31 continued on restorative range of motion (ROM) and splinting to left upper extremity. He was tolerating restorative services well. There is no documentation in the progress notes regarding restorative services after 7/4/2024.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/24 at 3:58 PM, an interview was conducted with Staff E, the Restorative Certified Nursing Assistant (RCNA). Staff E was asked to give specific information regarding the restorative services provided for Resident #31. She explained that Resident #31 receives restorative services 3 times a week for 4 hours. Staff E explained that the splint was applied to resident #31. She did not give any explanation about any further therapy or range of motion that was provided. She did not give specific information regarding how long the splint was applied to Resident #31. She did not provide specific information regarding what type of splint or specify if the splint in use was a hand or elbow splint. Staff E showed the surveyor a folded copy of the Interdisciplinary Progress Notes with entries dated 12/2/2024, 12/3/2024, 12/5/2024, 12/7/2024, 12/8/2024 and 12/17/2024. The notes had Resident #31's name written in on 12/2/24 and 4 hours. There was no mention of range-of- motion performed for the client on that date. Resident #31's name was not entered on any of the other dates. Staff E indicated that she had another interdisciplinary progress note form that she left at home with documentation from 12/16/24. She did not provide any additional Interdisciplinary Progress Notes before the end of the survey on 12/18/24. The Interdisciplinary Progress Notes contained a log entry on 12/5/24 that indicated that she was pulled to work on the floor on that date. Review of all of the entries on the log revealed the documentation was not specific or measurable and it was difficult to determine exactly what restorative services Resident #31 was receiving.</p> <p>Staff E provided a copy of the Therapy Communication to Restorative Nursing Program, dated 9/23/24, for Resident #31. The current functional status section of the form indicated that the resident was dependent. The problems needs section of the form listed Resident #31 required restorative therapy for his left upper extremity (LUE). The recommendations section of the form listed two items:</p> <ol style="list-style-type: none"> 1. Passive Range of Motion (PROM) of the upper extremity. Shoulder, elbow, wrist and fingers. 2. Apply left hand splint for up to 4 hours or as patient tolerance. Three times a week for 12 weeks. The form also hand a note: waiting on elbow splint. <p>Staff E was asked to explain the process for initiating and providing restorative therapy for a resident. She explained that she receives the Communication to Restorative Nursing Program forms from the Director of Nursing (DON). They provide therapy for the residents, log what they have done in their logsm and check it off in the electronic medical record under tasks. She indicated that they have been short of staff since the hurricane and occasionally get pulled to assist the nursing assistants on the floor. The surveyor requested for a list of all residents receiving restorative therapy. A review of the restorative therapy list provided by the facility revealed that the facility was to provide restorative services to 78 residents.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director of Nursing (DON) was conducted on 12/17/14 at approximately 4:20 PM. The DON was asked to show documentation regarding specific range of motion information and splinting restorative nursing tasks for Resident #31. She explained that there was a change of department heads. Previously there was a binder that had documentation regarding specifically what was being provided to clients. Each page in the binder had a page for a week's worth of program. When she realized that restorative records needed more documentation, she said a performance improvement plan was put in place today. She explained that the tasks questions can be worded more specifically to provide documentation. She explained that she had been providing more specific measurable information in the tasks for several of the newer residents added to restorative services. She indicated she has not yet been able to go back and correct tasks for residents who had been previously entered. Resident #31's tasks had not been updated to include more specific information in the tasks section. The DON was notified that restorative staff were being pulled to assist Certified Nursing Assistants on the floor. She agreed that restorative staff was being utilized at times to work the floors and indicated that the facility has had staffing difficulties.</p> <p>On 12/18/24 at approximately 12:30 PM, an interview was conducted with Staff P, another RCNA. She indicated that she started working as a restorative aid on 12/12/24. She was asked to look at her documentation for restorative services. Resident #31 was on the log and it was listed that the resident received PROM to left upper extremity and a splint. There was not any further specific information on the log.</p> <p>On 12/18/24 at approximately 2:15 PM, the Director of Rehabilitative Services was interviewed. She explained that they do specific training for restorative aids on how to perform restorative therapy for each individual resident. The Restorative nurse is responsible for supervising the restorative program and ensuring that the tasks are being completed and documented correctly. She was asked if the clients are communicating to her that restorative is not being done. She explained that they do screenings for therapy to check in and see if they need anything. Through this process, the director has been made aware that the restorative aids are being pulled to facilitate staffing. She explained that she consistently provides reminders that restorative therapy is important.</p> <p>On 12/18/24 at 2:40 PM, a second interview was conducted with the DON. She was asked who the facility's restorative nurse was. The DON said that, normally, restorative is assigned to the Assistant Director of Nursing (ADON). But the position was vacant and she was the current restorative nurse until he position can be filled.</p> <p>On 12/17/24 at approximately 11:00 AM, a review of the facility policy for Restorative services (last revised 4/15/22) was conducted. The policy stated, The Restorative Nursing Assistant (RNA) will document the resident's participation and actual number of minutes participating in restorative intervention. The Restorative nurse/designee will review the RNA documentation weekly. Restorative Nurse/designee will document the resident's response to the intervention and progress towards goals. Modify goals and intervention as appropriate. Revise care plan as needed and program changes. The restorative nurse/designee will review restorative programs monthly and document a summary note. Documentation should in include but is not limited to an evaluation of the continued appropriateness of the current restorative nursing program; reflect functional progress made during the entire month and any teaching.</p> <p>48176</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #55</p> <p>During a review of the record Resident # 55 is ordered to receive restorative services three times a week. However, based on the medical record, Resident #55 has received restorative services only 6 times in the last 30 days.</p> <p>On 12/17/24 at 2:18 PM, an interview with the Director of Nursing (DON) was performed. She stated Resident #55 does receive his restorative on schedule but he often refuses. She stated she would provide all the restorative notes. However, when retrieving the notes, she stated that, while looking for them, she realized they had not been getting done since August, when she took over the program. She also stated staff should be logging in the medical record every time restorative gets done.</p> <p>On 12/17/24 at 4:39 PM, an interview with Staff E (RCNA) was performed. When asked if it was accurate that Resident #55 has received restorative services 6 times in the last 30 days, she stated that sounds accurate based on the amount of days she works. The DON also confirmed that it is correct that the resident is not receiving restorative 3 times a week.</p> <p>On 12/18/24 at approximately 11:00 AM, an interview was held with the Director of Rehabilitation. When asked if she knew why the residents are not receiving restorative services as ordered, she stated, I am aware that staff keep getting pulled to provide care in other areas, but restorative should be its own program and just provide those services. We work very hard in therapy, but the hard work is lost when they do not get them up to walk 3 times a week, or follow the restorative orders as recommended.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>42756</p> <p>Based on observation and interviews, the facility failed to post nursing staffing in an accessible location that included the required information daily on 1 of 3 survey dates. (12/16/2024)</p> <p>The findings include:</p> <p>On 12/16/24 at approximately 12:00 PM, during an observation, no staffing was posted as required anywhere in the facility. The dry eraser board in both the east and west wing did have a date and the total number of actual hours worked by staff, but it was not posted in a clear and readable format in a place accessible to residents and visitors.</p> <p>On 12/16/24 at approximately 1:00 PM, Staff Member M, a Certified Nursing Assistant (CNA), was asked to show where staffing was posted. She indicated that it should be posted on the dry erase board but acknowledged that it was not complete. (photographic evidence was obtained). On 12/17/24, staffing information was posted as required.</p> <p>On 12/18/24 at approximately 2:00 PM, an interview was conducted with the Staffing Coordinator Scheduler was conducted. She was asked to show where staffing was posted on 12/16/24. She initially indicated that she posts staffing every day. She did acknowledge that staffing information was not posted on Monday 12/16/24 as required.</p>		