

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48176</p> <p>Based on observation, record review, and interview the facility failed to provide a sanitary environment in the dining rooms, laundry area and one residential room.</p> <p>The findings include:</p> <p>On 12/16/24 at 11:40 AM, a tour of the dining and kitchen area was conducted. The floor in the kitchen area had several spills of what appeared to be liquid that was now dry and dry food and crumbs were observed at every table. There were some red stains as well. (Photographic evidence obtained)</p> <p>On 12/16/24 at 11:46 AM, an interview with Staff C, Dietary Aide, was performed. When asked her opinion on the condition of the floors, she stated they were disgusting and unacceptable. When asked who was responsible for keeping the floors clean she stated that someone from laundry across usually sweeps and mops but she was unaware why it had not been done.</p> <p>On 12/16/24 at 11:59 AM, an interview was conducted with Staff D, Licenced Practical Nurse Unit Manager. She was assisting in the dining room that day. When asked her opinion on the floors she agreed that they were dirty. When asked if the floors get clean after each meal, she said Not always.</p> <p>On 12/16/24 at 3:24 PM, an interview was held with the Regional [NAME] President of Operations. He stated the expectation is that the dining room should be swept after every meal and mopped daily.</p> <p>45951</p> <p>During a tour of the facility conducted on 12/16/24 at 11:53 AM, it was noted in resident room [ROOM NUMBER] that the floor around the residents' beds were dirty with wet/discolored areas and debris present. One of the residents stated during an interview, For two guys that can't get out of bed, the floor sure gets dirty and stays dirty in here. A return visit on 12/17/24 noted that the floor continued to be in the same state, with the same wet/discolored areas and debris present (photographic evidence obtained).</p> <p>A tour of the facility was conducted on 12/16/24 at 2:49 PM with the Account Manager for Healthcare Services Group (the facility's Environmental Services group) and the Facility Administrator. During this tour, the surveyor reviewed the soiled utility and shower rooms on each hallway along with the facility's laundry area. Photographic evidence was obtained of all the following areas of concern.</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:  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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Soiled Utility Room on the facility's East Side hallway contained a specimen refrigerator. Inside this refrigerator, the surveyor observed a specimen which was double bagged, but unlabeled. Also in this Soiled Utility Room, 1 of 2 linen bins contained linens which were not bagged.</p> <p>In the Shower Room on the [NAME] Side hallway, a wall handrail was observed to be loose and not fully connected to the wall.</p> <p>Upon entering the washing machine side of the laundry area, a large buildup of lint and debris was observed behind the two washing machines, including a drinking straw, a hair tie, glove fingers, wrappers, and peanuts. Closer observation of the washing machines revealed each had a filter located on the outside. Each filter had signs instructing the staff to clean filters daily. However, each of the filters had a large buildup of lint and debris present. When asked how often these areas were cleaned, the Account Manager and Administrator stated the maintenance staff was responsible for cleaning these areas but that they did not know when the filters or drainage area had been cleaned last.</p> <p>Upon entering the dryer side of the laundry room, the ceiling around the ceiling vent was torn and falling away from the ceiling. There was also a large buildup of lint and dark matter on the ceiling. The Account Manager stated two of the three dryers present were not working. He explained that dryer number two had been broken for approximately 2 months and they were actively waiting on parts to complete fixing it. He further explained that dryer number three had been broken for multiple years. Upon observing dryer one, the only working dryer, a large buildup of red/brown matter was observed melted on the inside of the dryer drum. When asked how often the drum was cleaned, the Account Manager and Administrator stated maintenance was responsible for cleaning the dryer drum and that they did not know when it had been cleaned last. Upon observing the dryer lint area, a moderate buildup of lint was present along with foreign objects such as pens, wrappers, and peanuts. The Account Manager stated the laundry staff should be cleaning the lint area each hour.</p>		

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45951</p> <p>Based on observations, interviews, and record review, the facility failed to ensure physician orders for tube feeding were followed and failed to ensure tube feeding was administered in a proper manner for 1 of 1 resident reviewed for tube feeding. (Resident #242)</p> <p>The findings include:</p> <p>During a tour of the facility conducted on 12/16/24 at 11:53 AM, Resident #242 was observed with a tube feeding bag. Closer observation revealed there were no labels, date, time, or tube feeding formulary written on the bag. The tube feeding machine was set for the tube feeding to instill at 60 milliliters per hour (mL/hr) and for the water flush to instill at 100mL every 2 hours (photographic evidence obtained).</p> <p>The initial record review for Resident #242 revealed that the physician orders for tube feeding included an order written on 12/03/24 for Jevity 1.5 60ml/hr X [run for] 24 hours and an order written on 11/18/24 for Flush g-tube [feeding tube] with 100mL of water every 6 hours for hydration. Resident #242 was admitted to the facility on [DATE]. He has a medical history significant for Congestive Heart Failure, Muscle Weakness, Dysphagia, and Spinal Stenosis with Bone Infection. A review of Resident #242's Admission Minimum Data Set (MDS), dated [DATE], revealed he had a Brief Interview of Mental Status score of 14, which indicates he was cognitively intact. This MDS documented he was receiving tube feeding. A review of Resident #242's Care Plan revealed there was a care plan in place stating requires tube feeding related to swallowing problem. A review of the Dietitian's Nutrition Assessment Form, dated 11/25/24, revealed Resident #242's fluids [were] limited related to [his medical] history of Heart Failure.</p> <p>During a tour of the facility conducted on 12/17/24 at 10:08 AM, Resident #242's tube feeding bag was again unlabeled and infusing at a rate of 60mL/hr with the water flush infusing at a rate of 100mL every 2 hours (photographic evidence obtained).</p> <p>An additional tour of the facility was conducted on 12/17/24 at 1:11 PM. Resident #242's tube feeding bag remained unlabeled and infusing at a rate of 60mL/hr with the water flush infusing at a rate of 100mL every 2 hours.</p> <p>An interview was conducted with Staff A, a Licensed Practical Nurse (LPN) and Staff B, another LPN, on 12/17/24 at 2:23 PM. Both nurses independently reviewed Resident #242's medical record and confirmed he was ordered to receive his water flush at 100mL every 6 hours. The nurses confirmed the settings on the tube feeding pump were programmed incorrectly. Staff A changed the water flush rate to the ordered rate. The LPN's were asked if it was proper procedure to not write on the tube feeding bag. Staff B stated the tube feeding was hung by the night shift staff. The nurses further confirmed that the date, time, and formulary should be written clearly on the tube feeding bag.</p> <p>(continued on next page)</p>		

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the facility's Director of Nursing on 12/18/24 at 12:53 PM. She stated Resident #242 was the facility's first resident to have continuous tube feeding in a long time. She stated that the expectation was that the staff would properly label the tube feeding bag with the date, time, and formulary. She further stated the staff were expected to properly follow physician's orders regarding rate for the tube feeding and the water flush.</p> <p>Review of the facility's policy titled Enteral Feeding-Enteral Nutrition Pump, last revised date 11/12/18 revealed nurses administer enteral feeding when volume control is indicated and as ordered by physician</p>		

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 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>		

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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45951</p> <p>Based on observations, interviews, and record review, the facility failed to ensure policies were upheld regarding smoking to ensure safety for 6 of 6 residents reviewed for smoking (Resident #42, #37, #65, #36, #6, #30).</p> <p>The findings include:</p> <p><b>Resident #42</b></p> <p>During a tour of the facility conducted on 12/16/24 at 12:20 PM, the surveyor observed Resident #42 sitting at the side of her bed with a vape hanging from a lanyard around her neck. An interview was conducted with Resident #42 at this time. The resident was asked if the facility allowed her to keep her vape on her or if the staff was supposed to keep it for her. Resident #42 shrugged her shoulders in response.</p> <p>A review of Resident #42's record revealed she was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. Resident #42 has a medical history significant for Lack of Coordination, Communication Deficit, Muscle Weakness, and Tremor. Review of Resident #42's Quarterly Minimum Data Set (MDS) dated [DATE] documented she had a Brief Interview of Mental Status (BIMS) score of 13, which indicates she was cognitively intact. Resident #42's Care Plan revealed there was no care plan in place regarding her being a known smoker. Resident #42's Admission/Readmission Data Collection forms, dated 12/08/24, 09/21/23, 08/17/23, and 06/26/23 revealed all forms documented Resident #42 was not a smoker. A further review of Resident #42's Smoking Evaluation, dated 11/12/24, and the Quarterly Data Collection, dated 01/02/24, revealed these forms documented Resident #42 was a smoker.</p> <p><b>Resident #37</b></p> <p>During a tour of the facility conducted on 12/16/24 at 12:21 PM, Resident #37 was observed sitting in her wheelchair next to her bed. Closer observations revealed she had a vape lying on her bed next to her. An interview was conducted with Resident #37 at this time. She was asked if the facility allowed her to keep her vape on her or if the staff was supposed to keep it for her. Resident #37 stated she thought the staff were supposed to keep the vapes but that no staff had confiscated it from her.</p> <p>A review of Resident #37's record revealed she was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. Resident #37 has a medical history significant for Chronic Obstructive Pulmonary Disease, Diabetes, Opioid Abuse, Coronary Artery Disease, and Depression. Resident #37's Quarterly MDS dated [DATE] documented she had a BIMS score of 15, which indicates she was cognitively intact. Resident #37's Care Plan revealed there was a care plan in place regarding her being a known smoker. Resident #37's Smoking Evaluations, dated 11/12/24, 03/25/23, 02/02/23, 06/06/22, 05/03/22, and Quarterly Data Collection, dated 06/06/22, stated that Resident #37 was a smoker. There was no Admission/Readmission Data Collection available for review.</p> <p><b>Resident #65</b></p> <p>(continued on next page)</p>		

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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a tour of the facility conducted on 12/17/24 at 1:03 PM, Resident #65 was observed propelling himself through the facility with a cigarette in his mouth. An interview was attempted with Resident #65 at this time, but he indicated he was in a hurry to go to the smoking patio for the designated 1:00 PM smoking time.</p> <p>A review of Resident #65's record revealed he was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. Resident #65 has a medical history significant for Peripheral Vascular Disease, Lack of Coordination, and Coronary Artery Disease. Resident #65's Annual MDS dated [DATE] documented he had a BIMS score of 15, which indicates he was cognitively intact. Review of Resident #65's Care Plan revealed there was a care plan in place regarding him being a known smoker. Resident #65's Smoking Evaluations, dated 11/04/24, 02/04/24, 08/04/23, 05/04/23, 03/28/23, 02/28/23, and 11/28/22, Admission/Readmission Data Collections dated 11/28/22 and 05/04/23, and Quarterly Data Collections, dated 11/04/24, 02/04/24, 08/04/23, and 02/28/23 revealed these forms all documented Resident #65 was a smoker.</p> <p>Resident #36</p> <p>During a tour of the facility conducted on 12/17/24 at 2:05 PM, Resident #36 was observed using his vape in his room. Upon being discovered, Resident #36 immediately put the vape into his pocket. An interview was attempted with Resident #36 at this time, but he stated he had nothing to say about it and quickly changed the subject.</p> <p>A review of the record revealed Resident #36 was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. Resident #36 had a medical history significant for Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Paraplegia, and Brown-Sequard Syndrome (which is a neurological disorder which causes one side of the spinal cord to become damaged). Resident #36's Quarterly MDS dated [DATE] documented he had a BIMS score of 14, which indicates he was cognitively intact. Resident #36's Care Plan revealed there was a care plan in place regarding him being a known smoker. Resident #36's Smoking Evaluations, dated 10/25/24, 06/07/24, and 01/02/24 documented Resident #36 was evaluated to be an unsafe smoker. Further review of Smoking Evaluations, dated 10/03/23, 03/26/23, 02/02/23, 05/03/22, 02/25/22, and 12/21/21 documented Resident #36 was evaluated to be a safe smoker. Resident #36's Admission/Readmission Data Collection, dated 10/02/23, documented Resident #36 was a smoker. Resident #36's Quarterly Data Collection, dated 05/28/24, documented Resident #36 was not a smoker. Further review of Quarterly Data Collections, dated 02/28/24, 03/09/23, and 12/21/21 documented Resident #36 was a smoker.</p> <p>42756</p> <p>Resident #6</p> <p>On 12/16/24 at approximately 11:13 AM, Resident #6 was observed in the hallway with a pack of cigarettes in his pocket.</p> <p>On 12/17/24 at approximately 3:39 PM, Resident #6 was observed smoking in the smoking area. He was being supervised and wearing a smoking safety apron as required by his smoking assessment.</p> <p>(continued on next page)</p>		

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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/17/24 at approximately 4:00 PM, a review of the resident's record was conducted. The most recent Smoking Evaluation Form dated 10/24/24 for Resident #6 was conducted. The Smoking Evaluation Form indicated that Resident #6 had issues with both short and long term memory. The form indicated that Resident #6 had inadequate short and long term memory required to smoke independently. The form indicated that Resident #6 did not have adequate fine motor skills to hold a cigarette at the time of the assessment. The Smoking Evaluation Form indicated that at the time of the assessment that Resident #6 was unable to light a cigarette safely with a lighter. The observation further indicated that Resident #6 did not smoke safely (Does not allow ashes or lit material to fall while smoking, inhaling, holding or smoking item, remains alert and aware while smoking. Does not burn furniture, clothing, skin, self or others. Turns off oxygen prior to lighting a cigarette and smokes only in designated area.) The Summary of the smoking evaluation section of the form indicated that Resident #6 was an unsafe smoker, required constant supervision, and needed to wear a smoke apron while smoking.</p> <p>The current care plan for Resident #6 indicated that the resident is a smoker and occasionally non-compliant with the smoking policy on 12/21/23. Goals on the care plan included: the resident will not smoke without supervision through the review date on 1/5/24 and the resident will not suffer injury from unsafe smoking practices through the review date on 1/5/24. Interventions on the care plan listed: The resident requires SUPERVISION while smoking dated 12/31/23, the resident's smoking supplies are stored per facility policy dated 12/31/23. The care plan did not mention that Resident #6 was required to wear an apron while smoking as stated in the smoking evaluation.</p> <p>Resident #30</p> <p>On 12/17/24 at approximately 2:45 PM Resident #30 was observed with a pack of cigarettes in his pocket.</p> <p>On 12/17/24 at approximately 4:00 PM a review of the smoking assessment and care plan for Resident #30 was conducted. Although Resident #30 was considered a safe smoker; the care plan dated 11/17/24 indicated that Resident #30 was non compliant with the smoking policy at times.</p> <p>Staff interviews</p> <p>An interview was conducted with Staff A, a Licensed Practical Nurse (LPN), and Staff B, another LPN, on 12/17/24 at 2:15 PM. Staff A stated the residents were not supposed to keep any smoking equipment like vapes, cigarettes, or lighters in their rooms. Staff A further stated there was a smoking box, which was kept at the [NAME] Side nurse's station that housed all the resident's smoking materials. Staff A stated she was unaware of Resident #42 and Resident #37 having vapes in their room. Staff B stated she thought the facility's policy had changed and that residents could keep cigarettes in their rooms but not lighters or vapes. Staff B stated she was unaware of Resident #65 having cigarettes in his room.</p> <p>An interview was conducted with the facility's DON on 12/18/24 at 12:29 PM. She stated the latest is that the residents can keep cigarettes on their person, but no ignition source. However, it was noted that, per the most recent policy, it indicated no smoking supplies were to be kept in the resident's rooms. The DON stated she would ask the regional staff if the policy had officially been changed. Review of additional policies provided by the regional staff revealed there was no policy updated since the above quoted policy dated 02/07/20.</p> <p>(continued on next page)</p>		

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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy titled Smoking-Supervised, last revised 02/07/20 revealed the center will retain and store matches, lighters, etc. for all residents, the same rules that apply to regular tobacco cigarettes also apply to electronic smoking materials, and electronic cigarettes are permitted but only in facility designated smoking areas. Electronic cigarettes and materials will be retained and stored by nursing staff.</p>		