

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Aspire at the Gardens - Tallahassee		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Phillips Rd Tallahassee, FL 32308	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>30584</p> <p>Based on resident and staff interviews, review of the facility grievance log, and policy and procedures, the facility failed to make prompt efforts to resolve grievances for 2 of 3 residents reviewed. (Residents #2 and #3)</p> <p>The findings include:</p> <p>On August 14, 2024 at 2:07 pm, a telephone interview was conducted with the husband of Resident #2. He stated he has filed two grievances with the previous administrator, one in August 2024 and another in July 2024. He stated they had voiced numerous complaints to the previous Nursing Home Administrator (NHA) and nothing was ever done about it.</p> <p>On August 14, 2024 at 2:20 pm, an interview was conducted with Resident #3. She stated that several grievances have been filed with the previous NHA about two Certified Nursing Aides (CNAs) that speak disrespectfully to the residents and failed to render assistance when needed, but nothing ever gets done about it. The same staff who disrespect and ignore the call lights continue to work on this hallway according to the resident. She also stated that, after she had lodged complaints against this CNA, the CNA was serving meal trays on the hall but skipped over their room. She stated to the CNA that We never received our trays. The CNA stated, I don't want to walk in that room, because she knew we had previously complained about her behavior.</p> <p>Review of the medical record for Resident #2 revealed a Brief Inventory for Mental Status (BIMS) listed as 15 (no impairment of cognition) and the resident's diagnose include hemiplegia/hemiparesis post stroke affect left dominant side; and difficulty walking, among others.</p> <p>Review of the medical record for Resident #3 revealed also revealed a BIMS score of 15 (no impairment of cognition) and a below the knee amputation left side.</p> <p>A review of the Grievance Logs since March 2024 through present revealed there were no complaints or grievances for Resident #2 or Resident 3 during the month of August or July, even though both residents expressly stated they filed a grievance.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Regional Director was interviewed concerning these grievances. He stated that these were grievances were submitted to the previous Administrator, who claimed they had followed up on these issues. They did not discover the failure of the previous administration to follow up on these grievances until after the previous administrator had left.</p> <p>Review of Policy and Procedures Subject Complaint/Grievance Document Name N-1042 Effective Date 11/30/14 and Revision Date 10/24/22 revealed the Procedure as follows:</p> <ol style="list-style-type: none"> 1. An employee receiving a complaint/grievance from a resident, family member and/or visitor will initiate a Complaint/Grievance Form. -Complaint/Grievance forms will be available 24 hours per day 7 days a week in an unsecured common area. -Accommodations will be made to ensure residents have the opportunity regardless of their physical abilities or limitations. 2. Original grievance forms are then submitted to the Grievance Officer /designee for further action. 3. The Grievance Officer /designee shall act on the grievance and begin follow-up of the concern or submit it to the appropriate department director for follow-up. 4. The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days. 5. The findings of the grievance shall be recorded on the Complaint/Grievance Form. 6. The results will be forwarded to the Executive Director for review and filing. 7. The Grievance Official will log complaints/grievances in Monthly Grievance Log. 8. The individual voicing the grievance will receive follow up communication with the resolution, a copy of the grievance resolution will be provided to the resident upon request. 		