

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 02/13/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45951</p> <p>Based on observations, interview, and record review, the facility failed to maintain proper isolation precautions for 2 of 2 residents reviewed for Enhanced Barrier Precautions (EBP) (Resident #97 and #67), and the facility failed to ensure proper handwashing practices during medication administration opportunities for 2 of 20 observations (Resident #71 and #563).</p> <p>The findings include:</p> <p>Resident #97</p> <p>During a tour of the facility conducted on 02/10/25 at 12:50 PM, Resident #97 was noted with a urinary catheter present. Resident #97 stated the staff did not clean the catheter regularly.</p> <p>A review of Resident #97's medical record revealed he was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. He had a medical history significant for Paraplegia, Hematuria, and Urinary Tract Infection. A review of Resident #97's Admission Minimum Data Set (MDS), dated [DATE] revealed he had a Brief Interview of Mental Status (BIMS) Score of 11, which indicates he had moderate cognitive impairment. This MDS documented the presence of the urinary catheter. A review of Resident #97's physician orders revealed there were orders written on 01/11/25 regarding Catheter care every shift and as needed and Enhanced Barrier Precautions.</p> <p>A urinary catheter care observation was conducted with Staff A, Certified Nursing Assistant (CNA), and Staff B, another CNA, on 02/13/25 at 10:33 AM. They gathered their needed supplies from a linen cart and entered Resident #97's room. Staff A and Staff B washed their hands and donned gloves. Staff A had a handful of gloves in her scrub top pocket that she used throughout the catheter care observation. Neither Staff A nor Staff B donned an isolation gown for performing the catheter care.</p> <p>Resident #67</p> <p>During the initial record review conducted on 02/10/25 at 3:34 PM, Resident #67 was noted with pressure injuries present on his left heel, left groin, right ischium, and sacrum.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 105764
		If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #67's medical record revealed he was initially admitted to the facility on [DATE] and was last readmitted on [DATE]. He had a medical history significant for Paraplegia, Malnutrition, Osteomyelitis, Colostomy, Depression, Atrophy, and Muscle Weakness. A review of Resident #67's Annual MDS, dated [DATE] revealed he had a BIMS score of 15, which indicates he was cognitively intact. This MDS documented the presence of pressure injuries. A review of Resident #67's physician orders revealed there were orders written on 11/08/24 regarding wound care procedures for each of his wounds.</p> <p>A wound care observation was conducted with Staff C, Licensed Practical Nurse, and Staff D, Nurse Practitioner. Staff C gathered supplies from the wound care cart prior to entering Resident #67's room. Staff C and Staff D washed their hands and donned gloves. Neither Staff C nor Staff D donned an isolation gown for performing the wound care.</p> <p>48580</p> <p>Resident #71</p> <p>On 02/13/25 at approximately 08:19 AM during Med Pass observations for Resident # 71, Nurse J was observed to dispense medications to Resident #71 without washing her hands or using hand sanitizer. Hand sanitizer was readily available on top of the medication cart and a sink and soap was available in the resident's room. She then proceeded to prepare medications for the next resident without sanitizing her hands between residents.</p> <p>On 02/13/25 at approximately 09:00 AM, Nurse K donned gloves to hang the IV antibiotic for Resident # 563 and was observed to use a gloved hand to place the used bag into a trash can and then used the same hand to flip hair out of her face, but she did not change gloves. She proceeded to use contaminated gloves to wipe the hub of a medication vial with alcohol and the insert spike of IV tubing. Nurse K then proceeded to continue medication pass to Resident # 84. She removed her gloves but did not use hand sanitizer or wash hands between residents. Nurse K was also observed to place her finger inside a medication cup while opening medication cart to obtain ordered medications.</p> <p>A review of the facility policy titled Enhanced Barrier Precautions, dated August 2022 revealed the following:</p> <p>Gloves and gowns are applied prior to performing high contact resident care activity</p> <p>Examples: providing hygiene, device care or use (including urinary catheters), wound care.</p> <p>EBPs are indicated for residents with wounds and/or indwelling medical devices</p> <p>EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk</p> <p>Signs are posted in the door or wall outside the resident's room indicating the type of precautions and personal protective equipment (PPE) required</p> <p>PPE is available outside of the resident's rooms.</p>		