

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2024
NAME OF PROVIDER OR SUPPLIER  Aspire at Coral Bay		STREET ADDRESS, CITY, STATE, ZIP CODE 2939 S Haverhill Rd 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36734</p> <p>Based on record review and interview, the facility failed to provide supervision to prevent an elopement for 1 of 3 resident reviewed for elopement risk (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses included End Stage Renal Disease, Diabetes, Generalized Anxiety Disorder, and Unspecified Mood Disorder.</p> <p>A comprehensive assessment dated [DATE] documented Resident #1 was cognitively intact and required partial/moderate assistance with activities of daily living.</p> <p>The resident was assessed and care planned for at risk for elopement on 05/03/24. The resident had interventions in place.</p> <p>On 06/19/24 at 11:00 AM, Resident #1 exited the facility. The resident was returned to the facility at 12:30 PM by law enforcement.</p> <p>Facility investigation revealed Resident #1 exited the facility at approximately 5:00 AM on 06/19/24. Resident #1 was returned to the facility at 5:15 AM by staff. No additional interventions were put in place.</p> <p>An interview was conducted with the Regional Nurse Consultant (RNC) on 07/08/24 at 1:00 PM. The RNC stated the Nursing Home Administrator and Director of Nursing should have been notified and Resident #1 should have been placed on 1:1 observation. This would have prevented the resident from eloping 6 hours later. Resident #1 will remain on 1:1 observation until the resident can be transferred to a secured unit. The resident was moved to a room closer to the nursing station.</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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