

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER Aspire at Seminole		STREET ADDRESS, CITY, STATE, ZIP CODE 9393 Park Blvd Seminole, FL 33777	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>22481</p> <p>Based on observation, record review, and interviews, the facility failed to ensure adequate nail care and consistent shower services for one (Resident #1) of three residents sampled for Activity of Daily Living services.</p> <p>Findings included:</p> <p>A review of Resident #1's clinical chart, documented an initial admission of 05/2022; readmission of 03/2024. Medical Diagnoses included: Metabolic Encephalopathy; Hyperosmolality and Hyponatremia; Aphasia; chronic kidney disease; contracture of muscle right hand, diabetes insipidus .</p> <p>On 09/16/2024 at 1:08 p.m., a phone interview was conducted with Resident #1's family member. She stated she communicated with (Resident #1) daily by way of video chat. She stated his appearance was unclean at times and his fingernails are long and unclean.</p> <p>On 09/16/2024 at approximately 1:30 p.m., Resident #1 was observed in his room, sitting in his wheelchair at bedside. He agreed to answer questions. He showed the surveyor his hands. Resident #1 was observed to have a closed right hand, which he pulled open to show his nails. The skin on the right hand was observed to be dry and scaly in appearance. His fingernails were observed to be longer in length, approximately 1/4 inch beyond the nail bed, darker yellowish discolor in appearance and uneven. When asked if he would like his nails to be cut, he nodded yes.</p> <p>On 09/16/2024 at approximately 1:40 p.m., Staff A, Licensed Practical Nurse (LPN) was interviewed. She said she was familiar with Resident #1, and stated, For nails, we have a podiatrist that comes in weekly. That is Social Services responsibility for scheduling the residents. I do not deal with the nails. Shower sheets are in the books. Certified Nursing Assistants (CNAs) fill them out. There is a shower schedule.</p> <p>A review of the shower schedule in the book reflected Resident #1's room to be scheduled for two times per week, Monday and Thursdays during the 7:00 a.m. to 3:00 p.m. shift.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/16/2024 at 1:59 p.m., the Social Service Director (SSD) was interviewed. She stated for male residents, the CNAs or Nurses would cut the residents fingernails. She said, for the toenails, the facility has a podiatrist group. For diabetic residents, the podiatrist would have to see the resident. She stated at this time, there had been a transition to a new podiatrist group, (name of company). She stated she had a list of residents that are to be seen by them. She stated she would put a resident on the list if she was told to by the CNAs or nursing staff.</p> <p>On 09/16/2024 at 2:25 p.m. the SSD was re-interviewed, she provided documentation of podiatrist visits for the facility. Resident #1 was documented to have been seen for his feet on 07/01/2024. She confirmed there was no documentation of the resident being seen for his fingernails. Review of the list of residents scheduled to be seen on 09/30/2024 by the podiatrist revealed no presence of Resident #1's name. The SSD stated the residents on the list were for foot care services. She stated the podiatrist service company had been changed. Services by the former company were completed in 07/2024. No podiatrist services in 08/2024 due to the transition, and the current list of persons were to receive care on 09/30/2024. When asked if the podiatrist provided fingernail cutting service to Resident #1, she stated she would have to review with the Director of Nursing (DON).</p> <p>An interview was conducted on 09/16/2024 at 2:34 with the DON. For Resident #1, she stated, we can clip them; nursing can clip them; CNAs can file them. He is a diabetic. They have to be very careful with him. The DON stated there was not specific place for documentation of the nail care. For the shower sheets for Resident #1, the DON said she did not see any shower sheets for the last 30 days for Resident #1, she said she knew the resident had got a shower the other day, she could not remember which day. She stated she knew the resident refused on occasion. She confirmed staff should document refusal of shower. The process, she confirmed that the aides are to fill out a shower sheet and then the nurses sign off to review if the resident had any new areas of skin conditions.</p> <p>A review of a blank shower sheet presented by the DON, titled, Skin Monitoring: Comprehensive CNA shower review, documented: Perform a visual assessment of resident's skin when giving the resident a shower. Report abnormal looking skin (as described below) to the charge nurse immediately. Forward any problems to your prospective unit managers for review. Use this form to show the exact location and description of the abnormality. Using the body chart below, describe and graph abnormalities by number. The form was observed to have a visual assessment area with a body diagram to show locations of abnormalities on the skin. Further review of the form reflected an area: Does the resident need fingernails/toenails cut? With a yes or no box to mark. The form had an area for the CNA to sign and the Charge nurse to sign, an area to document the Charge nurse's assessment, and interventions.</p> <p>A review of Resident #1's Care Plan, focus area: (Resident #1) has an ADL (activities of daily living) self-care performance deficit . initiated 08/31/2023.</p> <p>The goal of the plan: The resident will maintain current level of function in ADLs through the review date.</p> <p>The interventions included:</p> <p>Bathing/Showering: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse, initiated 08/31/2023.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Bathing/Showering: The resident requires supervision/ touching assistance by staff with bathing/ showering as scheduled and as necessary, initiated 08/31/2023.</p> <p>On 09/16/2024 at 2:50 p.m., Resident #1 was observed with the DON. Resident #1 allowed the DON to review his hands. The DON was observed to state, I am going to come down and cut those for you.</p>		