

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Aspire at Palm Bay		STREET ADDRESS, CITY, STATE, ZIP CODE  5405 Babcock St NE Palm Bay, FL 32905	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39943</p> <p>Based on interview and record review, the facility failed to complete a Preadmission Screening And Resident Review (PASARR) for a resident later identified with a Mental Illness (MI), for one of six residents reviewed for PASRR, of a total sample of 40 residents, (#47).</p> <p>Findings:</p> <p>Resident # 47 was admitted to the facility on [DATE] with diagnoses including hypertension, type 2 diabetes, and dementia. She had a Level I PASARR completed in the hospital on 11/03/20 which indicated a Level II PASARR evaluation was not required.</p> <p>Review of the medical record indicated a diagnosis of major depressive disorder was added on 3/16/21 and a diagnosis of schizophrenia was added on 7/27/21. Schizophrenia was listed as a primary diagnosis. The medical record showed the facility failed to repeat a Level I PASARR or refer the resident for Level II evaluation after a new diagnosis for possible MD/ID were added.</p> <p>Review of the Significant Change Minimum Data Set (MDS) assessment dated [DATE] Section A indicated no serious mental illness and no PASARR completed. This conflicted with information submitted in Section I-Active Diagnoses of the assessment with documentation of anxiety disorder, depression, psychotic disorder, and schizophrenia as current diagnoses. Section E indicated the resident had physical behaviors directed toward others for 4-6 days in the lookback period which placed the resident at significant risk for physical illness or injury, interfered with resident care, and significantly interfered with residents' participation in activities or social interactions. The assessment also indicated these behaviors put others at risk for physical injury, and significantly disrupted care or the living environment.</p> <p>Review of the Quarterly MDS assessment dated [DATE], Section A also contained no documentation of any PASARR being completed. Section I of the assessment, active diagnoses included psychotic disorder and schizophrenia. Section E of the assessment indicated resident #47 had physical behaviors directed toward others on 1-3 days during the lookback period, and rejection of care.</p> <p>Review of a Care Coordination Note dated 3/11/21 written by the Psychiatric Nurse Practitioner read:</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>To perform regular psychotropic meeting and to see this patient in order to consider gradual dose reductions (GDR). Regular appropriate GDRs are necessary in elderly patients, and it is necessary to discuss it in psychotropic meetings where decisions are made with input from nursing home treatment team members. Today I attended a clinical meeting and met with the DON, Social Services, Unit in Charge and nursing staff to discuss patient's clinical case. Patient is unstable requiring med changes: as per collected information and interview, it appears that patient is unstable .The symptoms are occurring almost daily and causing severe distress. Continue medication: Seroquel 200 mg day-schizophrenia.</p> <p>Review of a psychiatry Subsequent Note dated 4/24/24 read:</p> <p>Assessments and Plan: As per collected information and interview it appear that the patient is stable . But as patient has underlying psychiatric disorders the symptoms can exacerbate on periodic basis in the facility setting, we will follow up with this patient intermittently.</p> <p>On 6/13/24 at 10:01 AM, the Social Service Director stated a new diagnosis was considered a change in condition which would require a review of the current level I PASARR and require a new level I PASARR to be submitted. The Social Service Director indicated the new PASARR could possibly trigger the need for a Level II PASARR to be completed.</p> <p>Policy and Procedure for Preadmission Screening and Resident Review (PASARR) dated 11/08/21 read: . The purpose is to ensure that the residents with SMI (Serious Mental Illness) or ID (Intellectual Disability) receive the care and services they need in the most appropriate setting. Social Services are responsible for coordinating significant change updates of these screenings, conducted by the appropriate agency. These results along with the results from the previous years will be kept in the appropriate sections of the residents' records.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35086</b></p> <p>Based on interview and record review, the facility failed to ensure the Preadmission Screening and Resident Review (PASARR) was accurately completed prior to accepting a new admission, (#92), failed to request Level I, (#21) and Level II evaluations, (#66), for 3 of 6 residents reviewed for PASARR, of a total sample of 40 residents.</p> <p>Findings:</p> <p>1. Resident #92's medical record revealed he was admitted to the facility on [DATE] from another skilled nurse facility (SNF) with diagnoses including bipolar disorder, depressive disorder, dementia and anxiety.</p> <p>Resident #92's PASARR form dated 1/13/24 was inaccurate and did not reflect that the resident had a serious mental illness (SMI). Review of the psychiatry note dated 2/13/24 included diagnoses of bipolar disorder as well. The resident also had a care plan for behaviors initiated on 2/14/24 and activities of self-care performance deficit which included diagnosis of bipolar disorder on 2/29/24.</p> <p>Further review of the medical record for resident #92 revealed a Psychiatry Evaluation Note dated 2/14/24 and also included diagnosis of bipolar disorder.</p> <p>On 6/11/24 at 4:40 PM, the Social Services Director verified resident #92's Level I PASARR that was done on 1/13/24 prior to his admission to the facility was inaccurate and should have been re-done to include his diagnosis of bipolar disorder which is a SMI. She explained the purpose of doing a Level I PASARR was to determine if he needed further evaluation through completion of a Level II PASARR. Since the Level I PASARR was inaccurate they did not know if the resident would have needed a Level II assessment. The Social Services Director explained she had just started working at this facility in May of this year and could not say why the prior Social Services staff did not do another assessment. She added, the purpose of doing PASARR was to ensure the resident received psychology, psychiatric or other resources which provide outside services if needed.</p> <p>On 6/12/24 at 9:54 AM, the Regional nurse verified it would have been the facility's Social Service Department responsibility to ensure the PASARR was accurate and to re-assess if not, to ensure the resident got any needed services for his SMI. The Regional nurse explained if the resident had come from the hospital, it would have been the responsibility of the hospital liaison to ensure accuracy but since he came from another SNF and had prior diagnosis of bipolar disorder it was the facility Social Services Director's responsibility.</p> <p>48878</p> <p>2. Review of the medical record revealed resident #21 was admitted to the facility on [DATE] from the hospital. Her diagnosis included cerebral infarction (stroke), anxiety disorder, alcohol abuse, brief psychotic disorder, and major depressive disorder.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident # 21's Quarterly Minimum Data Set (MDS) assessment with assessment reference date of 3/23/24 revealed the resident scored 00 out of 15 on the Brief Interview for Mental Status which indicated she had severely impaired cognitive skills for daily decision making. The Quarterly MDS also noted that the resident did not exhibit behavior symptoms or rejection of care that was necessary to achieve the resident's goals for health and well-being.</p> <p>Review of resident # 21's medical record revealed a behaviors care plan initiated on 8/14/23 and revised on 11/29/23 that indicated the resident had behaviors of screaming at staff and nursing students. Interventions included provide positive interaction and explain procedures before starting them and psychiatric consult as needed.</p> <p>On 6/12/24 at 12:10 PM, the Social Service Director stated she had been working at the facility since 5/16/24 and it was her responsibility to ensure the residents' Level I and Level II PASARRs were completed and submitted timely. She also stated residents are to have Level I PASARRs submitted prior to admission, if a resident was diagnosed with a new mental illness diagnosis, or if there was a change in condition. She verified resident #21 was diagnosed with depressive disorder, anxiety disorder, and psychotic disorder on 6/27/23, however, only the depressive disorder diagnosis was listed on the Level I PASARR submitted on 6/27/23. The Social Service Director acknowledged the resident's anxiety and psychotic disorder diagnosis should have been included on the Level I PASARR. She confirmed the Level I PASARR was inaccurate and another Level I PASARR should have been submitted with the correct diagnosis.</p> <p>3. Review of the medical record revealed resident #66 was admitted to the facility on [DATE] from the hospital. Her diagnosis included major depressive disorder, schizoaffective disorder, and type 2 diabetes.</p> <p>Resident # 66's Quarterly Minimum Data Set assessment with assessment reference date of 3/23/24 revealed the resident scored 15 out of 15 on the Brief Interview for Mental Status which indicated she did not have any cognitive impairment. The Quarterly MDS also noted the resident did not exhibit behavior symptoms or rejection of care that was necessary to achieve the resident's goals for health and well-being.</p> <p>Review of resident # 66's medical record revealed a care plan that included antipsychotic therapy related to diagnosis of schizoaffective disorder and behaviors of refusing insulin, refusing to eat at times, and refusing medications initiated on 10/07/22 and revised on 4/08/24.</p> <p>Resident #66's Order Summary Report and the Medication Administration Record showed the resident had an order for Abilify 15 milligram (mg) by mouth at bedtime for psychosis related to schizoaffective disorder.</p> <p>On 6/12/24 4:10 PM, Social Service Director verified resident # 66 was admitted on [DATE] with a Level I PASARR completed on 12/22/21 that triggered for a Level II PASARR to be performed. She stated a Level II PASARR had not been submitted until today, 6/12/24. She acknowledged the Level II PASARR should have been submitted when the Level I triggered for the Level II in December 2021.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policies and procedures for Preadmission Screening and Resident Review revised 11/08/21 read, The center will assure that all Serious Mentally Ill and Intellectually Disabled residents receive appropriate pre-admission screening according to Federal/State guidelines. The purpose is to ensure that the residents with SMI or are ID receive the care and services they need in the most appropriate setting. It is the responsibility of the center to assess and assure that the appropriate preadmission screenings, either Level I or Level II, are conducted and results obtained prior to admission .If it is learned after admission that a PASARR Level II screening is indicated, it will be the responsibility of Social Services to coordinate and/or inform the appropriate agency to conduct the screening and obtain the results.</p>		