

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Aspire on Evans		STREET ADDRESS, CITY, STATE, ZIP CODE 3735 Evans Ave Fort Myers, FL 33901	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30599</p> <p>Based on interviews and record reviews the facility failed to ensure two of three residents surveyed (Resident #159, and Resident #8) received showers as scheduled weekly and as requested by the residents and their families.</p> <p>The findings included:</p> <p>Resident #159 was admitted to the facility on [DATE] with a history of dementia, muscle weakness, dysphagia, and difficulty walking.</p> <p>Resident #159's 5-day Minimum Data Set, dated dated [DATE] shows a Brief Mental Interview score of 6. This score shows the resident to be moderately cognitively impaired.</p> <p>Resident #159 was care planned by the facility with an activities of daily living self-care performance deficit which documents Resident #159 requires partial assistance for showering. Resident #159 is dependent on staff providing her assistance with showering due to her mental and physical status.</p> <p>On 3/12/24 Resident #159's granddaughter complained in a written grievance that her grandmother had not received a shower since she had been admitted [DATE]. The response of the facility was to educate Certified Nursing Assistants (CNAs) to provide showers as requested.</p> <p>On 4/2/24 at 1:30 p.m. Resident #159's granddaughter said she the facility is still not providing regular showers for her grandmother. She stated she had come to the facility on [DATE] and found her grandmothers hair to be greasy, unkept and there were food particles stuck to her skin which showed the granddaughter her grandmother had not been showered.</p> <p>Review of Resident #159 clinical documentation for showering provided by the facility shows Resident #159 had one shower documented during March 2024 on 3/11/24.</p> <p>On 4/2/24 at approximately 3:30 p.m. The Director of Nursing said she felt the resident had been showered but the CNAs were not documenting the resident's showers. The Director of Nursing said if it was not documented it was not done.</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>Resident #7 was admitted to the facility on [DATE] with a history of muscle weakness, chronic pain, difficulty walking, unsteadiness on his feet, abnormalities with gait and mobility, and repeated falls.</p> <p>According to the Minimum Data Set, dated dated dated [DATE] Resident #7 needs partial assistance from another person for bathing. Minimum Data Set, dated dated dated [DATE]/24 shows a Brief Mental Interview score of 13. This score shows the resident to be cognitively intact.</p> <p>Review of Resident #7's clinical documentation for showering provided by the facility shows Resident #7 had one shower documented during March 2024 on 3/15/24.</p> <p>On 4/2/24 at 3:45 p.m. Resident #7 said he had a shower this morning and he had not had a shower for a week prior to having a shower today. He stated staff do not provide him assistance with regular scheduled showers weekly.</p>		