

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER ASPIRE AT SAINT LUCIE			STREET ADDRESS, CITY, STATE, ZIP CODE 611 S 13TH ST FORT PIERCE, FL 34950	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted on 03/17/25 at Aspire at Saint Lucie, a nursing home in Fort Pierce, Florida. Aspire at Saint Lucie is not in compliance with 42 CFR 483.90 (a) and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012) requirements for nursing homes. Initial Plan Review: 2008 Existing NFPA 220 Construction Type: V (000) Number of beds: 171 Census: 133 The following is description of the noncompliance.	K 000		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain the fire extinguishers (FE) in accordance with NFPA 101. The findings include: On 03/17/25 between the hours of 11:30 AM through 2:30 PM while on facility tour with the Maintenance Director, the following was observed:	K 355	This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors findings or	4/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/09/2025

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.

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K 355	Continued From page 1 1. The FE by room 20 was in a cabinet with the top of the handle above 60 inches from the floor. 2. The FE by room 8 was in a cabinet with the top of the handle above 60 inches from the floor. 3. The FE by in the main lobby was in a cabinet with the top of the handle above 60 inches from the floor. 4. The FE by room 30 was in a cabinet with the top of the handle above 60 inches from the floor. 5. The FE by the Emerald Nurses Station was in a cabinet with the top of the handle above 60 inches from the floor. 6. The FE by room 45 was in a cabinet with the top of the handle above 60 inches from the floor. 7. The FE by room 25 was in a cabinet with the top of the handle above 60 inches from the floor. An interview was conducted with the maintenance director concurrent with the observations and the findings were confirmed. The findings were reviewed at the exit conference with the administrator and the maintenance director on 03/17/25 at 3:00 PM.	K 355	conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of these deficiencies cited are correctly applied. 1. The fire extinguishers noted in the fire extinguisher (FE) cabinets by room 20, by room 8, in the main lobby, by room 30, by the Emerald Nurses Station, by room 45, and by room 25 will be remounted to the required height. 2. Additional fire extinguisher locations will be reviewed for placement at the required height. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Portable Fire Extinguishers specific to maintaining fire extinguisher placement at the required height and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	
K 363 SS=D	NFPA 101 (2012 edition) 19.3.5.12, 9.7.4.1 NFPA 10 (2010 edition) 6.1.3.8.2 Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist	K 363		4/20/25

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K 363	<p>Continued From page 2</p> <p>the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain their corridor doors in accordance with NFPA 101.</p> <p>The findings include:</p> <p>On 03/17/25 between the hours of 11:30 AM through 2:30 PM while on facility tour with the</p>	K 363	<ol style="list-style-type: none"> 1. The resident room corridor door to room 47 was repaired to properly close. 2. Additional resident room corridor doors will be reviewed for proper closing. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Corridor- Doors specific to maintaining resident room 	

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K 363	Continued From page 3 Maintenance Director the patient room corridor door to room 47 would not completely close due to the bottom of the door rubbing against the floor preventing the door from closing. An interview was conducted with the maintenance director concurrent with the observations and the findings were confirmed. The findings were reviewed at the exit conference with the administrator and the maintenance director on 03/17/25 at 3:00 PM. NFPA 101 (2012 edition) 19.3.6.3.1, 19.7.6, 4.6.12.1 NFPA 80 (2010 edition) 7.1.4.1	K 363	corridor doors to properly close and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 06 B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2025
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety re-licensure survey was conducted on 03/17/25 at Aspire at Saint Lucie, a nursing home in Fort Pierce, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2021 Edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2021 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K 000		
K 355 SS=D	<p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, 9.9, and NFPA 10</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain the fire extinguishers (FE) in accordance with NFPA 101.</p> <p>The findings include:</p> <p>On 03/17/25 between the hours of 11:30 AM through 2:30 PM while on facility tour with the Maintenance Director, the following was observed:</p>	K 355	<p>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors findings or</p>	4/20/25

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE _____	(X8) DATE 04/09/25
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K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2021 EXISTING Doors, including doors or panels to nurse servers and pass-through openings, protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be doors constructed to resist the passage of	K 363		4/20/25

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K 363	<p>Continued From page 2</p> <p>smoke and shall be constructed of materials such as the following:</p> <p>(1) 1 ¼ in. thick, solid-bonded wood core</p> <p>(2) Material that resists fire for a minimum of 20 minutes.</p> <p>19.3.6.3 through 19.3.6.4.2</p> <p>2021 NEW</p> <p>Doors, including doors or panels to nurse servers and pass-through openings, protecting corridor openings shall be constructed to resist the passage of smoke, and the following also shall apply:</p> <p>(1) Compliance with NFPA 80 shall not be required.</p> <p>(2) For other than doors protecting pass-through openings, a clearance between the bottom of the door and the floor covering not exceeding 1 in. (25 mm) shall be permitted.</p> <p>(3) For doors protecting pass-through openings, a clearance between the bottom of the door and the sill not exceeding 1/8 in. (3 mm) shall be permitted.</p> <p>(4) Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible material shall not be required to be constructed to resist the passage of smoke.</p> <p>18.3.6.3 through 18.3.6.3.8</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain their corridor doors in accordance with NFPA 101.</p> <p>The findings include:</p> <p>On 03/17/25 between the hours of 11:30 AM through 2:30 PM while on facility tour with the Maintenance Director the patient room corridor</p>	K 363	<ol style="list-style-type: none"> The resident room corridor door to room 47 was repaired to properly close. Additional resident room corridor doors will be reviewed for proper closing. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Corridor- Doors specific to maintaining resident room corridor doors to properly close and will 	

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K 363	<p>Continued From page 3</p> <p>door to room 47 would not completely close due to the bottom of the door rubbing against the floor preventing the door from closing.</p> <p>An interview was conducted with the maintenance director concurrent with the observations and the findings were confirmed. The findings were reviewed at the exit conference with the administrator and the maintenance director on 03/17/25 at 3:00 PM.</p> <p>NFPA 101 (2021 edition) 19.3.6.3.1, 19.7.6, 4.6.12.1 NFPA 80 (2019 edition) 7.1.4.1</p> <p>Class III</p>	K 363	<p>continue to monitor in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI Committee for further review.</p>	

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E 000	<p>Initial Comments</p> <p>During the recertification survey conducted on 03/17/25 at Aspire at Saint Lucie, a nursing home, the Emergency Preparedness Program (EP) was reviewed. Aspire at Saint Lucie is in compliance with Emergency Preparedness rule per CFR (Code of Federal Regulations) 42, Part 483.73, requirement for Long Term Care Facilities.</p> <p>The facility was found in compliance at the time of the survey.</p>	E 000			

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