

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

PRINTED: 03/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105588	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2025
NAME OF PROVIDER OR SUPPLIER ASPIRE ON SANTA BARBARA			STREET ADDRESS, CITY, STATE, ZIP CODE 216 SANTA BARBARA BLVD CAPE CORAL, FL 33991		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey for #2024009939, #2024013988, #2024016638, #2024013337, #2024002947, #2024002385, #2024002639, #2024011733, 2023016118, #2024011393, #2024000112, #2024000668, #2025000453, #2024000809 was conducted on through at Aspire on Santa Barbara, a skilled nursing facility in Cape Coral, Florida.</p> <p>Complaint #2024009939 was substantiated with a citation at F689. Complaint #2024013988 was substantiated with a citation at F689. Complaint #2024016638 was unsubstantiated. Complaint #2024013337 was substantiated without citation. Complaint #2024002947 was unsubstantiated. Complaint #2024002385 was unsubstantiated. Complaint #2024002639 was unsubstantiated. Complaint #2024011733 was substantiated without citation. Complaint #2023016118 was substantiated without citation. Complaint #2024011393 was substantiated without citation. Complaint #2024000112 was unsubstantiated. Complaint #2024000668 was substantiated without citation. Complaint #2025000453 was unsubstantiated. Complaint #2024000809 was substantiated without citation.</p> <p>Aspire on Santa Barbara is not in compliance with the Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

/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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F 000	Continued From page 1	F 000		
F 689 SS=E	<p>The following is the description of the noncompliance.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review the facility failed provide appropriate interventions to prevent for 2 (Residents #1, and #2) of 3 residents surveyed with a history of with major injury. Failure to provide appropriate interventions creates a potential for and related injuries to the residents.</p> <p>The findings included: The facility policy on " Management" Document N-1259 effective and last revised reads, "Residents are evaluated for risk. Patient Centered interventions are initiated, based on resident risk . . . Purpose: Is to identify residents at risk for and establish/modify interventions to decrease the risk of future and minimize the potential for resulting injury. . ."</p> <p>Clinical record review revealed Resident #1 was admitted to the facility on . Diagnoses</p>	F 689	<p>F789: Free of Accident Hazards/Supervision/Devices</p> <p>(1)What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #1, Dycem was placed in resident wheelchair on Care plan and Kardex updated.</p> <p>Resident #1, Hipsters were put on resident, on Care plan and Kardex updated.</p> <p>Resident #2, floor mats were placed on each side of the bed on .</p> <p>Educated CNAB on resident #1 on interventions.</p>	

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F 689	Continued From page 2 included) and Idiopathic Review of the care plan initiated on revealed Resident #1 was at risk for recurrent and related injuries related to gait/balance problems, poor communication, comprehension, unaware of safety needs, hearing problems and a history of On the facility updated the care plan showing Resident #1 had an actual , refusing hipsters (briefs with impact absorbing padding over areas). Review of the Quarterly Minimum Data Set (MDS) Assessment with a target date of noted the resident's cognition was severely with a score of "04". Resident #1 required partial/ with transferring, did not exhibit behaviors or refuse care. Review of facility's incident investigations revealed on Resident #1 sustained an unwitnessed obtained at a local hospital were negative for Resident #1 complained of on and off to the left and after the On a new showed a questionable of the left Resident #1 was transferred to a local hospital and underwent a surgical repair of the The facility's investigation showed on staff did not ensure Resident #1 was wearing the hipsters as per the care plan. The corrective action initiated by the facility at the time of the included weekly audits to ensure precautions and care plans were being followed. Staff A was suspended secondary to not following the care plan, putting the resident at risk.	F 689	Educated CNAC on resident #2 on intervention. (2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken; A Quality review that contains look period of 60 days was completed on to ensure residents with that the care plans, karex and interventions are in place. Issues or concerns were addressed as they were identified. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; Director of Clinical Services/Designee re-educated the licensed nurses and certified nursing assistants on the components of this regulation with an emphasis on; <ul style="list-style-type: none"> • management policy and procedure • Care plan and karex to be updated with interventions • intervention to be in place During clinical morning meeting Director of Nursing/Designee will review resident with to ensure care plan, karex and intervention in place Newly hired licensed nurses and certified	

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F 689	<p>Continued From page 3</p> <p>The care plan for actual initiated on and revised on had a target date of . The goal was for Resident #1 to resume usual activities and minimize the risk of further incident.</p> <p>The interventions included: "Provide hipsters as indicated" (initiated on) and, "Provide Dysem to wheelchair" (initiated on). A Dysem (Dycem) is a square piece of blue used to prevent the resident from sliding out of the wheelchair.</p> <p>On at 10:30 a.m., in an interview Certified Nursing Assistant (CNA) Staff B said she was assigned to care for Resident #1. She said this was the first day she had been assigned the resident. When asked if Resident #1 was on precautions, CNA Staff B said she did not know.</p> <p>On at 10:32 a.m., Resident #1 was observed sitting in a wheelchair. CNA Staff B assisted the resident to stand up from the chair. No Dysem was observed on the wheelchair. CNA Staff B felt the resident's , and verified Resident #1 was not wearing the hipsters. CNA Staff B said she did not know where the Dysem was.</p> <p>CNA Staff B looked into the resident's drawer and found the resident's hipsters. CNA Staff B said Resident #1 should be wearing the hipsters during the day and night.</p> <p>On at 10:47 a.m., a telephone interview was conducted with Resident #1's daughter. The Dysem and hipsters were described to the daughter. Resident #1's daughter said she had not seen a Dysem in the resident's chair and had not seen her wearing hipsters.</p>	F 689	<p>nursing assistants will receive education in orientation.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>The facility Director of Clinical Services /designee will conduct a weekly audit of 5 residents to ensure interventions are care planned, karex updated and intervention in place weekly x 4 weeks, and then every 2 weeks x 2 months</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends moving to quarterly monitoring by the Divisional Director of Clinical Services when completing their systems review.</p>		

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F 689	<p>Continued From page 4</p> <p>On . . . at 12:30 p.m., in an interview the Director of Nursing (DON) said she was not aware Resident #1 sustained a . . . resulting in a . . . in She said she was not aware Resident #1's . . . interventions included hipsters and Dysem to the wheelchair.</p> <p>The DON said staff should sign off the prevention interventions daily on the Treatment Administration Record (TAR).</p> <p>On . . . at approximately 11:00 a.m., in a follow up interview the DON said the current administration did not require documentation of . . . intervention on the TAR. She said the interventions were listed on the care plan and the CNA Kardex (Provides instructions for safe care). She verified there was no documentation verifying the care plan interventions were being completed daily. The DON also verified there was no documentation Resident #1 was refusing to wear hipsters or refusing the Dysem in her wheelchair.</p> <p>2. Clinical Record review revealed Resident #2 was admitted to the facility on Diagnoses included history of Moderate Protein (. . . of one side of the body), . . . , and</p> <p>Review of the Admission MDS with a target date of noted the resident's cognition was severely with a . . . score of "06". Resident #2 required partial/ . . . of staff for transfers. He did not refuse care and had no behaviors.</p> <p>Review of the care plan initiated on revealed Resident #2 was at risk for . . . and related injuries related to decreased physical mobility, . . . , and . . . cognition. The care plan initiated on noted Resident #2 had an actual The goal with a target date</p>	F 689		

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F 689	<p>Continued From page 5</p> <p>of was to resume usual activities and minimize the risk of further incident. The interventions included:</p> <p>Ensure left side floor mat is in place (initiated on _____).</p> <p>Ensure right side floor mat is in place (Initiated on _____).</p> <p>Review of a late entry progress note dated at 8:00 p.m., revealed Resident #2 was on the floor beside his bed, no complaint or signs and symptoms of injury. Resident #2 was transferred to the wheelchair, then to bed, monitoring frequently.</p> <p>The alert note dated at 10:30 a.m., documented Resident #2 was sent to the hospital for external rotation of the right and were noted.</p> <p>Resident #2 was re-admitted from the hospital on with a diagnosis of closed of the right (bone).</p> <p>On at 8:30 a.m., and at 8:10 a.m., Resident #2 was observed lying in bed. There were no floor mats on either side of the bed. No floor mats were observed in Resident #2's room.</p> <p>On at 8:15 a.m., in an interview CNA Staff C said she did not know if Resident #2 was supposed to have floor mats next to his bed. She said she had not been assigned to the resident for a while, she was just assigned to him today. Staff C verified Resident #2 was in bed and the mats were not in place on the right side or the left side of the bed as per the care plan. Staff C verified no mats were located in the resident's room.</p> <p>Review of the CNA Kardex revealed safety</p>	F 689		

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F 689	Continued From page 6 instructions that included to ensure the left side floor mat and the right side floor mat were in place. On _____ at approximately 11:00 a.m., the DON said per the current administration policy, the mats would be listed on the care plan and on the Kardex. The DON verified the floor mats were listed on Resident #2's care plan and CNA Kardex.	F 689			

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey for #2024009939, #2024013988, #2024016638, #2024013337, #2024002947, #2024002385, #2024002639, #2024011733, 2023016118, #2024011393, #2024000112, #2024000668, #2025000453, #2024000809 was conducted on through at Aspire on Santa Barbara, a skilled nursing facility in Cape Coral, Florida.</p> <p>Complaint #2024009939 was substantiated with citation at N201. Complaint #2024013988 was substantiated with citation at N201. Complaint #2024016638 was unsubstantiated. Complaint #2024013337 was substantiated without citation. Complaint #2024002947 was unsubstantiated. Complaint #2024002385 was unsubstantiated. Complaint #2024002639 was unsubstantiated. Complaint #2024011733 was substantiated without citation. Complaint #2023016118 was substantiated without citation. Complaint #2024011393 was substantiated without citation. Complaint #2024000112 was unsubstantiated. Complaint #2024000668 was substantiated without citation. Complaint #2025000453 was unsubstantiated. Complaint #2024000809 was substantiated without citation.</p> <p>The following is the description of the deficiencies.</p>	N 000		
N 201 SS=E	400.022(1)(i), FS Right to Adequate and Appropriate Health Care	N 201		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed

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N 201	<p>Continued From page 1</p> <p>(I) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interview, and record review the facility failed provide appropriate interventions to prevent for 2 (Residents #1, and #2) of 3 residents surveyed with a history of with major injury. Failure to provide appropriate interventions creates a potential for and related injuries to the residents.</p> <p>The findings included:</p> <p>The facility policy on " Management" Document N-1259 effective and last revised reads, "Residents are evaluated for risk. Patient Centered interventions are initiated, based on resident risk . . . Purpose: Is to identify residents at risk for and establish/modify interventions to decrease the risk of future and minimize the potential for resulting injury. . ."</p> <p>Clinical record review revealed Resident #1 was admitted to the facility on . Diagnoses included () and Idiopathic . . .</p> <p>Review of the care plan initiated on revealed Resident #1 was at risk for recurrent and related injuries related to gait/balance problems, , poor</p>	N 201	<p>N201</p> <p>(1)What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #1, Dycem was placed in resident wheelchair on Care plan and Kardex updated.</p> <p>Resident #1, Hipsters were put on resident, on Care plan and Kardex updated.</p> <p>Resident #2, floor mats were placed on each side of the bed on .</p> <p>Educated CNAB on resident #1 on interventions.</p> <p>Educated CNAC on resident #2 on intervention.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p>	

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N 201	<p>Continued From page 2</p> <p>communication, comprehension, unaware of safety needs, hearing problems and a history of</p> <p>On the facility updated the care plan showing Resident #1 had an actual , refusing hipsters (briefs with impact absorbing padding over areas).</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment with a target date of noted the resident's cognition was severely with a score of "04". Resident #1 required partial/ with transferring, did not exhibit behaviors or refuse care.</p> <p>Review of facility's incident investigations revealed on Resident #1 sustained an unwitnessed obtained at a local hospital were negative for . Resident #1 complained of on and off to the left , and after the . On , a new showed a questionable of the left . Resident #1 was transferred to a local hospital and underwent a surgical repair of the . The facility's investigation showed on staff did not ensure Resident #1 was wearing the hipsters as per the care plan.</p> <p>The corrective action initiated by the facility at the time of the included weekly audits to ensure precautions and care plans were being followed. Staff A was suspended secondary to not following the care plan, putting the resident at risk.</p> <p>The care plan for actual initiated on and revised on had a target date of . The goal was for Resident #1 to resume usual activities and minimize the risk of further incident.</p> <p>The interventions included: "Provide hipsters as indicated" (initiated on</p>	N 201	<p>A Quality review that contains look period of 60 days was completed on to ensure residents with that the care plans, kardex and interventions are in place.</p> <p>Issues or concerns were addressed as they were identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Director of Clinical Services/Designee re-educated the licensed nurses and certified nursing assistants on the components of this regulation with an emphasis on;</p> <ul style="list-style-type: none"> management policy and procedure Care plan and kardex to be updated with interventions intervention to be in place <p>During clinical morning meeting Director of Nursing/Designee will review resident with to ensure care plan, kardex and intervention in place</p> <p>Newly hired licensed nurses and certified nursing assistants will receive education in orientation.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>The facility Director of Clinical Services</p>		

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N 201	Continued From page 3) and, "Provide Dysem to wheelchair" (initiated on _____). A Dysem (Dycem) is a square piece of blue _____ used to prevent the resident from sliding out of the wheelchair. On _____ at 10:30 a.m., in an interview Certified Nursing Assistant (CNA) Staff B said she was assigned to care for Resident #1. She said this was the first day she had been assigned the resident. When asked if Resident #1 was on precautions, CNA Staff B said she did not know. On _____ at 10:32 a.m., Resident #1 was observed sitting in a wheelchair. CNA Staff B assisted the resident to stand up from the chair. No Dysem was observed on the wheelchair. CNA Staff B felt the resident's _____, and verified Resident #1 was not wearing the hipsters. CNA Staff B said she did not know where the Dysem was. CNA Staff B looked into the resident's drawer and found the resident's hipsters. CNA Staff B said Resident #1 should be wearing the hipsters during the day and night. On _____ at 10:47 a.m., a telephone interview was conducted with Resident #1's daughter. The Dysem and hipsters were described to the daughter. Resident #1's daughter said she had not seen a Dysem in the resident's chair and had not seen her wearing hipsters. On _____ at 12:30 p.m., in an interview the Director of Nursing (DON) said she was not aware Resident #1 sustained a _____ resulting in a _____ in _____. She said she was not aware Resident #1's _____ interventions included hipsters and Dysem to the wheelchair. The DON said staff should sign off the prevention interventions daily on the Treatment	N 201	/designee will conduct a weekly audit of 5 residents to ensure interventions are care planned, kardex updated and intervention in place weekly x 4 weeks, and then every 2 weeks x 2 months The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends moving to quarterly monitoring by the Divisional Director of Clinical Services when completing their systems review.	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 83609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/27/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ASPIRE ON SANTA BARBARA

**216 SANTA BARBARA BLVD
CAPE CORAL, FL 33991**

(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) COMPLETE DATE
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N 201

Continued From page 4
Administration Record (TAR).

On _____ at approximately 11:00 a.m., in a follow up interview the DON said the current administration did not require documentation of intervention on the TAR. She said the interventions were listed on the care plan and the CNA Kardex (Provides instructions for safe care). She verified there was no documentation verifying the care plan interventions were being completed daily. The DON also verified there was no documentation Resident #1 was refusing to wear hipsters or refusing the Dysem in her wheelchair.

2. Clinical Record review revealed Resident #2 was admitted to the facility on _____. Diagnoses included history of Moderate Protein _____ (_____ of one side of the body), _____, and _____.

Review of the Admission MDS with a target date of _____ noted the resident's cognition was severely _____ with a _____ score of "06". Resident #2 required partial/_____ of staff for transfers. He did not refuse care and had no behaviors.

Review of the care plan initiated on _____ revealed Resident #2 was at risk for _____ and related injuries related to decreased physical mobility, _____, and _____ cognition. The care plan initiated on _____ noted Resident #2 had an actual _____. The goal with a target date of _____ was to resume usual activities and minimize the risk of further incident. The interventions included:

Ensure left side floor mat is in place (initiated on _____).

Ensure right side floor mat is in place (Initiated on _____).

Review of a late entry progress note dated _____ at 8:00 p.m., revealed Resident #2 was

N 201

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER ASPIRE ON SANTA BARBARA	STREET ADDRESS, CITY, STATE, ZIP CODE 216 SANTA BARBARA BLVD CAPE CORAL, FL 33991
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(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) COMPLETE DATE
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N 201	<p>Continued From page 5</p> <p>on the floor beside his bed, no complaint or signs and symptoms of injury. Resident #2 was transferred to the wheelchair, then to bed, monitoring frequently.</p> <p>The alert note dated _____ at 10:30 a.m., documented Resident #2 was sent to the hospital for external rotation of the right _____ and _____ were noted.</p> <p>Resident #2 was re-admitted from the hospital on _____ with a diagnosis of closed _____ of the right _____ (_____ bone).</p> <p>On _____ at 8:30 a.m., and _____ at 8:10 a.m., Resident #2 was observed lying in bed. There were no floor mats on either side of the bed. No floor mats were observed in Resident #2's room.</p> <p>On _____ at 8:15 a.m., in an interview CNA Staff C said she did not know if Resident #2 was supposed to have floor mats next to his bed. She said she had not been assigned to the resident for a while, she was just assigned to him today. Staff C verified Resident #2 was in bed and the _____ mats were not in place on the right side or the left side of the bed as per the care plan. Staff C verified no _____ mats were located in the resident's room.</p> <p>Review of the CNA Kardex revealed safety instructions that included to ensure the left side floor mat and the right side floor mat were in place.</p> <p>On _____ at approximately 11:00 a.m., the DON said per the current administration policy, the mats would be listed on the care plan and on the Kardex. The DON verified the floor mats were listed on Resident #2's care plan and CNA Kardex.</p> <p>Class III</p>	N 201		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 83609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2025
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NAME OF PROVIDER OR SUPPLIER ASPIRE ON SANTA BARBARA	STREET ADDRESS, CITY, STATE, ZIP CODE 216 SANTA BARBARA BLVD CAPE CORAL, FL 33991
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