

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

PRINTED: 05/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105888	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER ASPIRE AT ST CLOUD			STREET ADDRESS, CITY, STATE, ZIP CODE 4641 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769	
(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
E 000	Initial Comments During the Fire & Life Safety recertification survey conducted on 4/08/25 at Aspire at St. Cloud, Emergency Preparedness was reviewed. Aspire at St. Cloud is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted on 4/08/25 at Aspire at St. Cloud, a Long-Term Care facility in St. Cloud, Florida. Aspire at St. Cloud is not in compliance with 42 CFR 483.90 (a), and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012), requirements for Long-Term Care facilities. Initial Plan Review: 1993 Existing NFPA 220 Construction Type: 11(222) Number of beds: 120 Census:113	K 000		
K 222 SS=D	The following is a description of the noncompliance: Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING	K 222		5/10/25

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

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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 222	<p>Continued From page 1</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be</p>	K 222		

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K 222	<p>Continued From page 2 permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain their entrance and egress doors in accordance with National Fire Protection Association (NFPA) 101.</p> <p>Findings include:</p> <p>On 4/08/25 between the hours of 8:00 AM and 12:30 PM, during the facility tour with the Director of Maintenance, it was found that one egress door near resident room 118 on the 100 Hall, out of nine egress doors did not positively latch. After testing the door three times the latching mechanism did not positively latch. An interview was conducted at this time with the Director of Maintenance, and he acknowledged and concurred with the finding.</p> <p>NFPA 101 (2012 Edition) Ch 19.7.6, 4.6.12.1 NFPA 80 (2010 Edition) Ch 5.2.3.5.2, 5.2.3.6.1, 5.2.3.6.2, 5.2.3.7.1, 5.2.4.3, 5.2.4.6</p> <p>(Photographic Evidence Obtained)</p>	K 222	<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 conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of these deficiencies cited are correctly applied.</p> <ol style="list-style-type: none"> The one egress door near resident room 118 on the 100 hall, noted to not positively latch when tested will be repaired to proper function. Additional egress doors will be reviewed for positive latching. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Egress Doors specific to maintaining egress doors to positively latch, and will continue to monitor in accordance with NFPA 	

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K 222	Continued From page 3	K 222	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: 74908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety relicensure survey was conducted on 4/08/25 at Aspire at St. Cloud, a nursing home in St. Cloud, 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. The following is description of the deficiencies, found at the time of the visit.	K 000		
K 222 SS=D	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	K 222		5/10/25

AHCA Form 3020-0001

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K 222	<p>Continued From page 1</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on</p>	K 222		

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K 222	<p>Continued From page 2</p> <p>door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain their entrance and egress doors in accordance with National Fire Protection Association (NFPA) 101.</p> <p>Findings include:</p> <p>On 4/08/25 between the hours of 8:00 AM and 12:30 PM, during the facility tour with the Director of Maintenance, one egress door of nine near resident room 118 on the 100 Hall did not latch positively. After testing the door 3 times the latching mechanism was not positively latching. An interview was conducted at this time with the Director of Maintenance, and he acknowledged and concurred with the finding.</p> <p>NFPA 101 (2021 Edition) Ch 19.7.6, 4.6.12.1 NFPA 80 (2019 Edition) Ch 5.2.3.5.2, 5.2.3.6.1, 5.2.3.6.2, 5.2.3.7.1, 5.2.4.3, 5.2.4.6</p> <p>(Photographic Evidence Obtained)</p> <p>CLASS III</p>	K 222	<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 conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of these deficiencies cited are correctly applied.</p> <ol style="list-style-type: none"> 1. The one egress door near resident room 118 on the 100 hall, noted to not positively latch when tested will be repaired to proper function. 2. Additional egress doors will be reviewed for positive latching. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Egress Doors specific to maintaining egress doors to positively latch, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 	