

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
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NAME OF PROVIDER OR SUPPLIER ASPIRE AT ST CLOUD	STREET ADDRESS, CITY, STATE, ZIP CODE 4641 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769
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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 000	<p>INITIAL COMMENTS</p> <p>A Relicensure survey was conducted in conjunction with Complaint Investigation #2025003667 from to . The complaint was not substantiated, but Aspire at St. Cloud did have deficiencies at the time of the visit.</p>	N 000		
N 110 SS=E	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to provide a homelike dining experience in the day/dining rooms on both nursing units for all residents who ate their breakfast and dinner meals there. This affected 29 residents at the two observed meals with the potential to affect all residents who chose to eat their meals in the unit's day/dining rooms.</p> <p>Findings:</p> <p>The facility's main dining room was noted during the survey dates from to not to be open for residents to eat their breakfast or dinner meals. For breakfast and dinner, residents</p>	N 110	<p>1. Ensured trays and lids were removed from the tables during all meals in the day room areas. tablecloths and center pieces were ordered on The dining room was opened on for dinner, then scheduled to open the following day for breakfast.</p> <p>2. Observed all dining areas and corrected all issues found at that time Daily observation of the day room areas and dining room to ensure that resident meals are served in a homelike environment with tablecloths and centerpieces, as well as the trays being</p>	

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X8) DATE

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N 110	<p>Continued From page 1</p> <p>were able to eat in the day/dining room on either of the two nursing units, or in their bedroom.</p> <p>On at 8:10 AM, six residents were observed as they ate breakfast in the day room on the 100's unit. The meals for each resident were served with their dishes, drinks, and flatware left on the meal trays from which they ate, which created an institutional appearance. There were also no centerpieces or linen on the tables. A few minutes later, at 8:20 AM, twelve residents were observed as they ate breakfast in the 200's unit dayroom which also had no centerpieces or table linens and residents eating from trays at the tables.</p> <p>On at 8:54 AM, eleven residents were observed as they ate breakfast in the 200's unit day/dining room with their meal dishes on their meal trays. A table with four residents eating their meal from their trays with the lids from the main plates stacked in the center of the table, instead of a centerpiece. The residents at the table stated they usually ate breakfast and sometimes dinner in the unit day rooms. They explained the tables were crowded with their trays and the lids on it. Resident #59 stated it was better at lunch when the trays were removed and the dishes with food were placed on the table. She stated they also used to have flower centerpieces on the table which made it nicer.</p> <p>On at 8:56 AM, the Activities Director stated she never noticed that meal items were left on the trays during breakfast meal service, but was sure dishes, drinks and flatware were removed and placed on the tables during lunch at the main dining room. She added she would make sure to discuss making the environment more homelike in the unit dayrooms/dining</p>	N 110	<p>removed under the plate and lids removed from table.</p> <p>3. Educate all staff on removing trays and lids from table for all meals with an emphasis on meals served in day rooms Audit of two meals per day to ensure that meals are set properly on table in the dining room and day rooms, without lids on tables, tablecloths and centerpieces in place including cleanliness. The dining room is now scheduled to be opened for breakfast, lunch, and dinner according to facility policy. 5 Random Quality reviews will be completed weekly, including weekends by weekend supervisor or designee. The audits will include homelike environment, such as plates and lids removed from trays for all meals and main dining room open for all meals. Audit will include observation of tablecloths and centerpieces to ensure compliance.</p> <p>4. NHA/DON will conduct a quality review on mealtimes being set properly and homelike environment components are in place. This will be conducted 5x weekly for 4 weeks, then weekly for 2 months.</p>		

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N 110	<p>Continued From page 2</p> <p>rooms, with the Administrator. At 9:30 AM , the Administrator and Regional Vice President of Operations stated they were aware the unit dining areas were not homelike and were going to be ordering linen tablecloths for them. They stated they were also going to spruce up the environment with plants, art, and other decorations so the residents felt like it was their home and not like they were trapped in an institution. They stated they want it to be decorated for the resident's enjoyment.</p> <p>On at 12:58 PM, Certified Nursing Assistant (CNA) B explained they left the dishes on the trays when the residents ate in the unit day rooms at breakfast and dinner for no specific reason, it was just how they did it. She acknowledged it was important to make the environment homelike for residents as it was their home and made them, especially the more residents, feel more like they were at home rather than an institutional facility.</p> <p>On at 1:05 PM, CNA A stated she had worked there for a long time and they had never been told to remove the dishes from the meal trays when serving meals in the unit dayrooms, only in the main dining room. She added, we always did it this way.</p> <p>The facility's policy entitled, Meal Distribution, dated , did not include information for providing a homelike dining experience for residents.</p> <p>Pattern Class III</p>	N 110		

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

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OMB NO. 0938-0391

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F 000	INITIAL COMMENTS Recertification survey was conducted in conjunction with Complaint #2025003667 from to . The complaint was not substantiated, but Aspire at St. Cloud was not in compliance with 42 CFR Part 483 and 488, requirements for Long Term Care Facilities.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)() ;	F 584		

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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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F 584	<p>Continued From page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after _____ must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the facility failed to provide a homelike dining experience in the day/dining rooms on both nursing units for all residents who ate their breakfast and dinner meals there. This affected 29 residents at the two observed meals with the potential to affect all residents who chose to eat their meals in the unit's day/dining rooms.</p> <p>Findings:</p> <p>The facility's main dining room was noted during the survey dates from _____ to _____ not to be open for residents to eat their breakfast or dinner meals. For breakfast and dinner, residents were able to eat in the day/dining room on either of the two nursing units, or in their bedroom.</p> <p>On _____ at 8:10 AM, six residents were observed as they ate breakfast in the day room on the 100's unit. The meals for each resident were served with their dishes, drinks, and flatware left on the meal trays from which they ate, which created an institutional appearance. There were also no centerpieces or linen on the tables. A few minutes later, at 8:20 AM, twelve</p>	F 584	<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> <p>1. Ensured trays and lids were removed from the tables during all meals in the day room areas, tablecloths and center pieces were ordered on The dining room was opened on _____ for dinner, then scheduled to open the following day _____ for breakfast.</p> <p>2. Observed all dining areas and corrected all issues found at that time Daily observation of the day room areas</p>		

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F 584	<p>Continued From page 2</p> <p>residents were observed as they ate breakfast in the 200's unit dayroom which also had no centerpieces or table linens and residents eating from trays at the tables.</p> <p>On at 8:54 AM, eleven residents were observed as they ate breakfast in the 200's unit day/dining room with their meal dishes on their meal trays. A table with four residents eating their meal from their trays with the lids from the main plates stacked in the center of the table, instead of a centerpiece. The residents at the table stated they usually ate breakfast and sometimes dinner in the unit day rooms. They explained the tables were crowded with their trays and the lids on it. Resident #59 stated it was better at lunch when the trays were removed and the dishes with food were placed on the table. She stated they also used to have flower centerpieces on the table which made it nicer.</p> <p>On at 8:56 AM, the Activities Director stated she never noticed that meal items were left on the trays during breakfast meal service, but was sure dishes, drinks and flatware were removed and placed on the tables during lunch at the main dining room. She added she would make sure to discuss making the environment more homelike in the unit dayrooms/dining rooms, with the Administrator. At 9:30 AM, the Administrator and Regional Vice President of Operations stated they were aware the unit dining areas were not homelike and were going to be ordering linen tablecloths for them. They stated they were also going to spruce up the environment with plants, art, and other decorations so the residents felt like it was their home and not like they were trapped in an institution. They stated they want it to be</p>	F 584	<p>and dining room to ensure that resident meals are served in a homelike environment with tablecloths and centerpieces, as well as the trays being removed under the plate and lids removed from table.</p> <p>3. Educate all staff on removing trays and lids from table for all meals with an emphasis on meals served in day rooms Audit of two meals per day to ensure that meals are set properly on table in the dining room and day rooms, without lids on tables, tablecloths and centerpieces in place including cleanliness. The dining room is now scheduled to be opened for breakfast, lunch, and dinner according to facility policy. 5 Random Quality reviews will be completed weekly, including weekends by weekend supervisor or designee. The audits will include homelike environment, such as plates and lids removed from trays for all meals and main dining room open for all meals. Audit will include observation of tablecloths and centerpieces to ensure compliance.</p> <p>4. NHA/DON will conduct a quality review on mealtimes being set properly and homelike environment components are in place. This will be conducted 5x weekly for 4 weeks, then weekly for 2 months.</p>	

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F 584	Continued From page 3 decorated for the resident's enjoyment. On at 12:58 PM, Certified Nursing Assistant (CNA) B explained they left the dishes on the trays when the residents ate in the unit day rooms at breakfast and dinner for no specific reason, it was just how they did it. She acknowledged it was important to make the environment homelike for residents as it was their home and made them, especially the more residents, feel more like they were at home rather than an institutional facility. On at 1:05 PM, CNA A stated she had worked there for a long time and they had never been told to remove the dishes from the meal trays when serving meals in the unit dayrooms, only in the main dining room. She added, we always did it this way. The facility's policy entitled, Meal Distribution, dated , did not include information for providing a homelike dining experience for residents.	F 584		
F 880 SS=E	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and . §483.80(a) prevention and control program. The facility must establish an prevention	F 880		

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F 880	Continued From page 4 and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable or before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable or should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of ; () When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and (vi) The hygiene procedures to be followed	F 880			

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F 880	<p>Continued From page 5</p> <p>by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the facility failed to implement hygiene protocol for residents to help prevent the development and transmission of communicable and for 23 residents who ate meals in the dining room. Findings:</p> <p>On at 11:49 AM, in the facility main dining room, 23 residents were observed as they were assisted to their tables to dine. Several residents stated they arrived from . . . None of the residents were offered a way to clean their before they ate. A short time later at 12:12 PM, staff sat next to and provided meal assistance to four residents without providing hygiene for them.</p> <p>On at 8:58 AM, Certified Nursing Assistant (CNA) D explained that several years ago they used to out wipes to residents to clean their before they ate but over time that practice stopped. She added, it would be a</p>	F 880	<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> <p>1. On preventionist immediately educated staff on the importance of hygiene for residents before and after meals. On NHA immediately obtained sanitizing wipes and sanitizer, provided them to staff and residents to use at that time and prior to upcoming</p>	

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F 880	<p>Continued From page 6</p> <p>good thing to do that again because cleaning was important to help stop the spread of germs. CNA D said the residents often touched their food while eating and they could have germs on their</p> <p>On at 9:03 AM, CNA C explained they never reminded residents to wash their or offered hygiene prior to eating meals during the two years she had worked at the facility. CNA C acknowledged that staff could offer the residents gel or wipes to clean any germs or dirt from their</p> <p>On at 12:58 PM, CNA B stated it was important for people to wash their before eating because germs were everywhere. She said there was, "...no saying what the residents have touched prior to their eating." CNA B added staff had never been told to clean the resident's before meals, and she just hadn't thought about it herself.</p> <p>On at 1:05 PM, CNA A did not remember ever washing resident's prior to eating meals in the past 20 years since she had worked there. She stated it was important in order to not spread germs.</p> <p>On at 3:12 PM, the facility's Preventionist stated it was important for people to wash their before they ate and she was sure the facility had provided education on the importance of hygiene before meals last year. She added this was common knowledge we all learned as a child and as nursing staff, we know this. The Preventionist said she was disappointed that nursing staff stated they were never educated or did not know to offer to</p>	F 880	<p>meals.</p> <p>2. On NHA observed both units and corrected any issues at that time. Both units were observed, and the deficient practice was corrected immediately.</p> <p>3. - The Director of Nursing/ Preventionist will educate all current nursing and activity staff on proper control practices related to hygiene before and after meals for residents. - The Director of Nursing/ Preventionist/ or designee will administer an eating support competency to measure understanding. - The Director of Nursing/ Preventionist will educate alert and oriented residents on proper hygiene before and after meals for increased awareness. - The Administrator or designee will conduct 5 random quality reviews including weekends by weekend supervisor or designee the audit will include control practices regarding hygiene for residents before and after meals to ensure compliance.</p> <p>4. The Administrator or designee will conduct a quality review on proper hygiene prior to meals. This will be conducted 5 times weekly for 4 weeks, then weekly for 2 months. The findings of these quality reviews will be reported to</p>		

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F 880	Continued From page 7 clean residents' prior to mealtimes. She added, washcloths, wipes and gel were all available for use. The facility's policy entitled Handwashing/ Hygiene, dated 2019, stated the facility considered hygiene as the primary means to prevent the spread of and staff should make sure to clean their before and after assisting a resident with meals. The policy indicated residents would be encouraged to practice hygiene, but did not specify staff should offer hygiene to residents prior to meals.	F 880	the Quality Assurance/Performance improvement Committee monthly until committee determines substantial compliance has been met.		