

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Donnellson		STREET ADDRESS, CITY, STATE, ZIP CODE  901 State Street Donnellson, IA 52625	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45338</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure completion of a nursing admission assessment upon a resident's admission to the facility for one of six residents reviewed for assessment and intervention (Resident #11). The facility reported a census of 22 residents.</p> <p>Findings include:</p> <p>1. Review of the Admission MDS assessment for Resident #11 dated 2/1/24 revealed the resident scored 01 out of 15 on a BIMS exam, which indicated severely impaired cognition.</p> <p>Per the resident's census information present in the electronic health record, Resident #11 admitted to the facility 1/26/24.</p> <p>On 3/26/24 review of Resident #11's assessments present in the electronic health record lacked an admission assessment.</p> <p>On 3/26/24 at 1:57 PM when queried about an admission assessment for Resident #11, the facility's Director of Nursing (DON) acknowledged she did not see one.</p> <p>Review of the Facility Policy titled Documentation Standard, dated 8/2023, did not address the area of concern.</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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