

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Pleasant Valley		STREET ADDRESS, CITY, STATE, ZIP CODE  17990 Spencer Road Pleasant Valley, IA 52767	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>26529</p> <p>Based on observations, clinical record review, Registered Dietician, staff and resident interviews, the facility failed to provide food that met the individual preferences of 1 of 7 residents reviewed (Resident #4). The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment, dated 8/7/24, revealed Resident #4 scored 15 out of 15 points possible on the Brief Interview for Mental Status (BIMS) indicating intact cognition. The MDS listed diagnoses included diabetes, congestive heart failure, peripheral vascular disease and anxiety. The MDS assessed Resident #4 required substantial staff assistance to reposition in bed, transfer to and from bed and chair, for dressing, toileting and bathing, and limited staff assistance required for eating.</p> <p>A review of Physician Orders revealed:</p> <p>a. Consistent/Controlled Carbohydrate diet (CCHO, common diet order for people with diabetes), regular texture, thin consistency liquids, ordered 5/31/22.</p> <p>b. Lantus SoloStar (long acting insulin) Solution Pen-injector 100 unit/ml (milliliter) (Insulin Glargine). Inject 53 units subcutaneously two times a day for DM2 (diabetes mellitus type 2). Start Date: 10/22/24.</p> <p>c. Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 7 units subcutaneously with meals related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA. Start Date: 9/23/24</p> <p>d. Trulicity Subcutaneous Solution Pen-Injector 1/5 MG (milligrams)/0.5ML (Dulaglutide - generic name). Inject 1/5 mg subcutaneously in the morning every Fri (Friday) related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA q Friday. Start Date: 4/12/24</p> <p>The Care Plan, Created on: 4/21/22, Revision on: 11/14/23 Focus area I have Diabetes Mellitus and take insulin. Interventions included: Encourage me to practice good health practices; lose weight if overweight, compliance with dietary restrictions, compliance with treatment regimen, adequate sleep and exercise, good hygiene and oral care.</p> <p>(continued on next page)</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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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan, Date Initiated: 7/18/22, Revision on: 1/8/24 Focus area I have a nutritional problem r/t (related to) Class 3 obesity. I receive a therapeutic diabetic diet for bgl (blood glucose) &amp; wt (weight) control. My obesity and urine incontinence places me at risk for skin breakdown. I am able to feed myself and make my needs and preferences known. I prefer to eat meals in my room. I am non-compliant with my current diet. Interventions included: Document % (percent) eaten of each meal and offer meal alternative consistent with diet order if meal is refused or &lt;50% consumed. Encourage dietary compliance with CCHO diet order for healthy weight control and blood glucose regulation. Explain and reinforce the importance of maintaining the diet ordered. Provide and serve diet as ordered.</p> <p>The facility policy, dated October 2023, titled Nutrition &amp; Weight Management, Diet Ordering Standard indicated All residents' diets shall be served according to the physician's order.</p> <p>During an observation on 10/23/24 at 10:20 a.m. a whiteboard in the facility dining room contained a hand written menu for the noon meal: chicken tetrazini, green beans, roll, and chilled fruit.</p> <p>An alternate menu written on a piece of paper, posted on the wall near the whiteboard listed a hot dog as the alternate for the 10/23/24 noon meal. The alternate menu did not have an authorization/signature of a Registered Dietician (RD).</p> <p>During an observation on 10/23/24 at 12:14 p.m, Resident #4 received a room tray with a hot dog on a bun, and a saucer of fruit cocktail.</p> <p>During an interview on 10/23/24 at 2:11 p.m., Resident \$4 stated staff brought her a hot dog for lunch. She stated she told the staff member she didn't care for hot dogs, and asked if she could have a peanut butter and jelly sandwich. Resident stated she received the sandwich about 20 minutes later. She stated she preferred a vegetarian diet, would eat meat if absolutely necessary but preferred not to, staff usually provided a peanut butter and jelly sandwich when she asked for it, it wasn't the best choice but about the only one consistent with her preferences. Resident #4 stated staff have not provided the sandwich when she asked, she couldn't estimate how often this had happened. She explained the other night she received a supper tray with beef, she asked for a substitution but staff didn't provide anything else for her to eat, so she covered the food with a napkin and didn't eat anything until breakfast the following morning.</p> <p>During an interview on 10/24/24 at 10:03 a.m., Staff A, the interim off-site RD stated she worked remotely from another state and had not been in the facility or met with any of the resident's. She stated was not aware Resident #4 preferred a vegetarian diet and was concerned the resident went without a meal due to her preferences, as she was an insulin dependent diabetic, and had other conditions that also required consideration. Staff A stated she would speak to the Dietary Manager and the facility Administrator to come up with some menu alternatives that would be appropriate for the resident, and would also discuss an Always Available alternative menu with them.</p> <p>During an interview on 10/24/24 at 10:28 a.m., the Administrator stated she was going to have a conference phone call with the resident, the Dietary Manager and Staff A, RD after the lunch meal today. The Administrator stated there were some additional items usually available in the kitchen besides the list that they had, that included tomato, chicken noodle and vegetable soups, deli meats for sandwiches, and could provide some type of vegetable salad/cottage cheese combination and would discuss this with Staff A.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/24/24 at 1:25 p.m., the Administrator provided an Alternates Available Menu, signed by the RD. The list included: hot dog, hamburger, chicken nuggets, polish sausage, grilled cheese, soup, peanut butter and jelly, and lunch meat sandwich</p> <p>A Progress Note, transcribed by Staff A, RD, on 10/24/24 at 1:59 p.m. stated: Resident [Resident #4] expressing desire to eat more vegetarian meals. Reports she is not fully a vegetarian, however is not liking meats as much as she had previously. Registered Dietitian, Dietary Manager, and Administrator met with resident to discuss her new food preferences. Weekly menus were provided to resident, however resident reports being blind in one eye and poor vision in the other. The Dietary Manager read menu selections to resident and reviewed menu selection with her. Dietary preferences were obtained for meal/food preferences, ensuring adequate protein to be received. Dietary Manager stated self or dietary aid will visit with resident daily to review and obtain new food preferences for the day for meal substitutions from regular menu. Food items that the facility does not have in inventory was discussed with Administrator and Dietary Manager for adding foods to the food purchase order and sources of obtainment. Resident expressed pleasure that the staff will support her for her new food preferences to promote adequate nutrition status and personal pleasure and contentment. RD remains available to continue to review resident's selections with Dietary Manager and facility staff as warranted. RD available as needed.</p>		