

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Aspire of Perry		STREET ADDRESS, CITY, STATE, ZIP CODE 2625 Iowa Street Perry, IA 50220	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, resident interview, staff interview, observation, and policy review the facility failed to respect resident rights related to visits from guests (Resident#1). The facility further failed to provide dignity for a resident requiring incontinence care and repositioning (Resident#15). Dignity concerns were found for two of four residents reviewed. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS further revealed diagnosis of renal insufficiency, diabetes mellitus, and depression.</p> <p>Interview 9/30/24 at 11:30 AM with Resident #1 revealed that the facility was not letting a friend of his take him out of the facility for visits as well as not allowing this friend to come into the facility to visit. Resident #1 further revealed that this friend had come to the facility with supper and was asked to leave by the Administrator. Resident #1 then revealed he was unsure as to why this friend was asked to leave. Resident #1 revealed that he is his own guardian. Resident #1 then revealed that he has the right to private visitation and he felt as though it isn't right that he cannot see his friend.</p> <p>Interview 9/30/24 at 3:45 PM with Staff B, Human Resources (HR) revealed that the facility was investigating an allegation involving Resident #1 and Staff C, Registered Nurse (RN). Staff B then revealed the allegation was turned into the facility on [DATE] and the facility was still working on the investigation as of 9/30/24. Staff B further revealed that Staff C came to the facility on [DATE] to bring Resident #1 supper and that Staff C was asked to leave the facility as an investigation was still being completed.</p> <p>Follow up interview 10/1/24 at 12:15 PM with Staff B revealed that the facility was currently still working on the investigation involving Staff C. Staff B further revealed that incident was turned into the Director of Nursing (DON) and the Administrator on 9/13/24 via email by Staff D, Social Service Director/Activity Director (SSD/AD).</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview 10/1/24 at 4:45 PM with Staff E the former Director of Nursing (DON) revealed that she had completed the investigation process 9/13/24 and that the completed investigation had gone missing from her office desk. Staff E further revealed that nothing inappropriate was ever witnessed or between Staff C or Resident #1.</p> <p>Interview 10/7/24 at 10:18 AM with the Administrator revealed that an investigation should have been completed in a more timely manner. The Administrator further revealed that it is the Residents right to have visitors.</p> <p>Review of a facility provided policy titled, Resident rights and dignity management, dated October 2023 revealed:</p> <p>a. Federal and state laws guarantee certain basic rights to all residents of the facility. These rights include visits and be visited by others from outside the facility.</p> <p>49056</p> <p>2. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 documented diagnosis of osteoarthritis, difficulty in walking and anxiety. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition.</p> <p>The Care Plan documented a focus as follows; the resident has potential impairment to skin integrity related to incontinence and immobility. The Care plan documented target date of 11/10/24 with the goal that the resident will maintain or develop clean and intact skin by the review date. The Care Plan directed staff as follows; keep skin clean and dry. Use lotion on dry skin. identify/document potential causative factors, and eliminate/resolve where possible.</p> <p>The Treatment Administration Record dated 9/1/24 to 9/30/24 included the following physician's order; Barrier Cream two times a day for open area to coccyx with start date of 9/3/24.</p> <p>Interview on 10/3/24 at 10:10 AM with Resident #15 reported she doesn't get changed like she should. Resident #15 reported the staff change me in the morning and then not again until supper time. She stated they have to use the mechanical lift to get me into bed. She stated that the staff give her a diaper to have a bowel movement in. Resident #15 stated that she is not able to walk anymore and this is how it has to be.</p> <p>Observations are as followed on:</p> <p>10/8/24 at 8:35 AM with Resident #15 sitting at the breakfast table in her wheelchair.</p> <p>10/8/24 at 10:08 AM with Resident #15 sitting in her room in her wheelchair working with therapy.</p> <p>10/8/24 at 10:30 AM with Resident #15 sitting in her room in her wheelchair watching television.</p> <p>10/8/24 at 11:04 AM with Resident #15 sitting in her room in her wheelchair watching television.</p> <p>10/8/24 at 11:30 AM with Resident #15 sitting in her room in her wheelchair watching television.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/8/24 at 1:06 PM with Resident #15 in her wheelchair finishing up her lunch.</p> <p>Interview on 10/8/24 at 1:30 PM with Resident #15 stated she had not been changed since before breakfast.</p> <p>Observation completed on 10/8/24 at 2:53 PM with Resident #15 revealed Staff J, Certified Nursing Assistant, (CNA) and Staff K, CNA, completed transfers and peri care. Observations revealed Resident #15 was completely wet and needed a new brief and bed pad.</p> <p>Interview on 10/10/24 at 9:27 AM with the Director of Nursing (DON) reported the expectation for the staff is to change residents when wet and as needed.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to notify the family when a fall occurred for 1 of 5 residents reviewed (Resident #4) for falls. The facility also failed to notify the Physician regarding a resident's urine culture results for 1 of 3 residents (Resident #14) reviewed for a Urinary Tract Infection (UTI). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) assessment for Resident #4 dated 8/17/24 identified a Brief Interview for Mental Status (BIMS) score of 03, which indicated severely impaired cognition. The MDS identified Resident #4 was independent with bed mobility. The MDS documented Resident #4 required supervision/touching assistance with sit to stand and chair/bed to chair transfers. The MDS documented Resident #2 used a wheelchair and a walker. The MDS included diagnoses of hypertension (high blood pressure), end stage renal disease (kidney), neurogenic bladder, Alzheimer's disease, non-Alzheimer's disease and repeated falls.</p> <p>An incident report dated 9/1/24 at 5 PM revealed Resident #4 had a fall in the living room. Resident #4 was ambulating without his walker and went to sit on the recliner and missed, causing him to sit on the floor, tip over to his left side and hit his head on the floor. The incident report documented Resident #4's Physician was notified of the fall. The incident report lacked documentation Resident #4's family was notified of the fall with injury.</p> <p>Review of the clinical record lacked documentation Resident #4's family was notified of the fall on 9/1/24.</p> <p>On 10/2/24 at 1:34 PM, the acting Director of nursing (DON) acknowledged and verified she could not locate family notification for the fall on 9/1/24. The DON reported she expected the family to be notified after an incident.</p> <p>A facility policy titled Change in Condition/Incident Reporting dated August 2023 documented if there was a change in condition, the resident's family/responsible party to be notified promptly.</p> <p>49056</p> <p>2. The Annual Minimum Data Set (MDS) assessment dated [DATE] for Resident #14 showed the Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS documented diagnosis of cerebral palsy, seizure disorder, anxiety and depression.</p> <p>The Progress Note dated 8/30/24 at 1:31 AM documented Resident #14 complained of frequency with urination.</p> <p>Progress Note dated 9/2/24 at 5:40 AM showed that the urinalysis lab indicated a urinary tract infection and waiting for culture and sensitivity report.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Order Note dated 9/3/24 at 5:26 PM revealed the physician ordered an antibiotic Cipro 500 milligrams (mg) twice daily for five days.</p> <p>Review of culture and sensitivity lab report dated for 9/3/24 showed the antibiotic Cipro was resistant to the microorganism that grew out. The Progress Notes lacked documentation that the facility notified the physician the antibiotic was resistant.</p> <p>The facility Progress Note dated 10/2/24 at 8:19 PM showed that Resident #14 complained of urinary frequency again.</p> <p>Review of the facility policy named Physician Services dated January 2024 revealed the facility will follow physician orders for resident care and treatments, including medications, treatments, ancillary services and consultations. Nurses will receive and transcribe physician orders in the following format: verbal written, faxed, emails or per electronic health records. Physician orders include medications including strength, dosage, frequency, route of administration, supporting diagnosis and a stop date when appropriate, treatments, diets, laboratory, radiology, other diagnostic procedures, therapy, restorative care, special medical procedures and devices required for the safety and well-being of the resident.</p> <p>Interview on 10/10/24 at 9:27 AM with the Director of Nursing, DON, verified the expectation of the nursing staff would be to notify the physician that the antibiotic was resistant so they could get the proper antibiotic.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on record review, resident interview, staff interview, and policy review the facility failed to appropriately implement interventions to protect residents from potential abuse for 1 of 1 residents (Resident #1) reviewed. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS further revealed diagnosis of renal insufficiency, diabetes mellitus, and depression.</p> <p>Interview 9/30/24 at 10:00 AM with Staff C, Registered Nurse (RN) revealed that She had been taking Resident #1 out of the facility to go look at sites, have supper, or go to her house to watch television. Staff C then revealed that She was told by the Administrator that this was ok since the beginning of the year. Staff C further revealed that no sexual advances from Resident #1 or herself ever occurred as Resident #1 is like a brother.</p> <p>Interview 9/30/24 at 11:30 AM with Resident #1 revealed that he had known Staff C and Staff C's family for a very long time. Resident #1 further revealed that he never paid for anything when going out of the facility with Staff C. Resident #1 further revealed that nothing sexual or inappropriate had ever happened when going out of the facility with Staff C.</p> <p>Interview 9/30/24 at 3:30 PM with Staff D Social Service Director/Activity Director (SSD/AD) revealed that the allegations were turned into Staff B, Human Resources (HR) by email on 9/12/24, and that Staff D felt it was inappropriate for Staff C to be taking Resident #1 to her home to watch television, and for meals. Staff D then revealed that no one in the facility had witnessed any inappropriate behavior, but felt it was wrong due to the fact that Staff C was an employee at the facility.</p> <p>Interview 9/30/24 at 3:30 PM with Staff B, HR revealed that Staff C, RN was suspended and an investigation was taking place at this time. Staff B further revealed no investigation was completed the first week after this situation was reported. Staff B then revealed that a letter was sent to Staff C the day after the allegations on 9/13/24 informing them that an investigation was taking place and that Staff C was not allowed to be in the facility. Staff B further revealed that Staff E the Director of Nursing (DON) also called Staff C to inform on the situation. Staff B then revealed that Staff C came to the facility on [DATE] to bring Resident #1 chicken for supper and was asked to leave as the investigation was still being completed.</p> <p>Follow up interview 10/1/24 at 12:15 PM with Staff B revealed that the investigation was being completed at this time and would be done within 15 minutes. Staff B further confirmed that this situation was turned into the DON and Administrator on 9/13/24 by email by staff D.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview 10/1/24 at 3:11 PM with Staff B, HR revealed that Staff E, the DON at the time had interviewed the 3 staff that Staff B reinterviewed 10/1/24. Staff B further revealed that Staff E had completed the interviews, but the investigation had gone missing. Staff B then revealed that corporate had told Staff B to reinterview the staff that Staff E had interviewed. Staff B further revealed that this investigation should have been completed sooner.</p> <p>Follow up interview 10/8/24 at 2:36 PM with Staff C, RN revealed that She had never received any letters from the facility stating She could not be in the building, and Staff C had not received a letter to this day. Staff C then revealed She had been taking Resident #1 out since the beginning of the year every other week. Staff C then revealed that Resident #1 was not a personal friend prior to being admitted to the facility, and that Resident #1 was a friend of her brother. Staff C then revealed that she had received a call from a corporate entity who Staff C could not recall the name. Staff C revealed that this person had told her the investigation was all over. Staff C revealed this was prior to coming into the facility with chicken on 9/20/24.</p> <p>Interview 10/8/24 at 3:37 PM with the Administrator revealed that when there is an allegation of an inappropriate relationship between staff and a resident that the staff should be talked to, and to let them know that it is not appropriate. The Administrator further revealed that any relationship out of work should not continue.</p> <p>Review of a facility provided policy titled, Neglect and exploitation; Abuse prevention with a date of October 2023 revealed:</p> <p>a. The facility will take all steps necessary to ensure that further potential abuse will not occur while the investigation is in progress and that resident safety is protected.</p> <p>Review of a facility provided policy titled, Business conduct and code of ethics dated 2021 documented:</p> <p>a. No healthcare professional should ever furnish a service or take any action that would violate a professional code of ethics or practice act.</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on record review, resident interview, staff interview, and policy review the facility failed to appropriately implement interventions to protect residents from potential misappropriation of funds for 1 of 1 residents (Resident #11) reviewed. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>Review of Resident #11's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed diagnosis of heart failure, renal insufficiency, anxiety disorder, and depression.</p> <p>Interview 10/7/24 at 10:18 AM with the Administrator revealed that Resident #11 had received \$1,100 dollars from social security in May of this year. The Administrator revealed that He had locked the money up in a lockbox at this time. The Administrator further revealed that Resident #11 did not trust the trust savings account or having it in a lockbox at the facility. The Administrator then revealed that He gave the money to Resident #11. The Administrator then revealed that Resident #11 then gave the money to Staff H Certified Dietary Manager (CDM).</p> <p>Interview 10/7/24 at 1:34 PM with Staff B Human Resources (HR) revealed that She was unaware how long Staff H was holding Resident #11's money.</p> <p>Interview 10/8/24 at 2:20 PM with Resident #11 revealed that She did have receipts for her money, and that they had been thrown away. Resident #11 further revealed that when Staff H returned the money to the facility it was not counted in front of Her, but was sure that she had \$770 dollars left.</p> <p>Follow up interview 10/8/24 at 3:37 PM with the Administer revealed that Resident #11's original payment from social security came in the form of a check. The Administrator then revealed He took Resident #11 to His personal bank in town and deposited the money into His account. The Administrator further revealed that He withdrew the money from his account and gave the money to Resident #11. The Administrator then revealed that the money is now in a lockbox in His office with a running balance, and currently has \$770 in the lockbox. The Administrator revealed that He was unaware of when Staff H received the money from Resident #11. The Administrator then revealed that when He found out He advised Resident #11 to place the money into the resident trust account Resident #11 had stated She trusted Staff H more than the resident savings account.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview 10/8/24 at 3:38 PM with Staff H CDM revealed that Resident #11 gave Staff H the money in total of \$1,100. Staff H revealed that when Resident #11 would ask for money Staff H would write it on the outside of the envelope with the date and amount taken out. Staff H further revealed that when Resident #11 would ask for Staff H to buy something the amount would be written on the envelope and the store receipt would be given to Resident #11. Staff H revealed she received the money on May 24th of this year, and brought it back to the facility on [DATE]th. Staff H then revealed She brought the money back to the facility because She was turned in for having it. Staff H revealed that Administrator and Staff I acting Director of Nursing (DON) told Her to bring the money back. Staff H then confirmed that She had violated the company policy for Holding Resident Funds. Staff H further revealed that She had not held any other residents funds. Staff H then revealed that She did not have permission from anyone at the facility to hold Resident #11's money at home.</p> <p>Interview 10/9/24 at 8:55 AM with Staff D revealed that Resident #11's money had been brought up several times in morning meetings, and that Staff D reported this sometime in July of this year.</p> <p>Review of a facility provided policy titled, RFMS Petty Cash Policy with a revision date of 4/10/24 revealed:</p> <p>a. No staff can hold funds for residents. All funds are either deposited into RFMS or resident can keep.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical documentation, resident interview, staff interview, and facility policy review the facility failed to report allegations of abuse within two (2) hours to the State Survey Agency for 2 of 2 residents (Resident #1, and Resident #11). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #1's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS further revealed diagnosis of renal insufficiency, diabetes mellitus, and depression.</p> <p>Interview 9/30/24 at 10:00 AM with Staff C, Registered Nurse (RN) revealed that she had been taking Resident #1 out of the facility to go look at sites, have supper, or go to her house to watch television. Staff C then revealed that she was told by the Administrator that this was ok since the beginning of the year. Staff C further revealed that no sexual advances from Resident #1 or Herself ever occurred as Resident #1 is like a brother.</p> <p>Interview 9/30/24 at 11:30 AM with Resident #1 revealed that He had known Staff C and Staff C's family for a very long time. Resident #1 further revealed that he never paid for anything when going out of the facility with Staff C. Resident #1 further revealed that nothing sexual or inappropriate had ever happened when going out of the facility with Staff C.</p> <p>Interview 9/30/24 at 3:30 PM with Staff D, Social Service Director/Activity Director (SSD/AD) revealed that the allegations were turned into Staff B, Human Resource (HR) by email on 9/12/24, and that Staff D felt it was inappropriate for Staff C to be taking Resident #1 to her home to watch television, and for meals. Staff D then revealed that no one in the facility had witnessed any inappropriate behavior, but felt it was wrong due to the fact that Staff C was an employee at the facility.</p> <p>Interview 9/30/24 at 3:30 PM with Staff B revealed that Staff C, RN was suspended and an investigation was taking place at this time. Staff B further revealed no investigation was completed the first week after this situation was reported. Staff B, HR then revealed that a letter was sent to Staff C the day after the allegations on 9/13/24 informing them that an investigation was taking place and that Staff C was not allowed to be in the facility. Staff B further revealed that Staff E the Director of Nursing (DON) also called Staff C to inform on the situation. Staff B then revealed that Staff C came to the facility on [DATE] to bring Resident #1 chicken for supper and was asked to leave as the investigation was still being completed.</p> <p>Follow up interview 10/1/24 at 8:10 AM with Staff B, HR confirmed that this situation was turned into the DON and Administrator on 9/13/24 by email by Staff D, SSD/AD. Staff B then confirmed She did not receive the email until 9/14/24. Staff B revealed that she sent a text message to the Administrator to which he never responded. Staff B then revealed that any possible abuse allegations should be turned into management and then reported to the State Entity within two hours.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview 10/1/24 at 12:15 PM with Staff B,HR revealed that the investigation was being completed at this time and would be done within 15 minutes.</p> <p>Follow up interview 10/1/24 at 3:11 PM with Staff B revealed that Staff E the DON at the time had interviewed the 3 staff that Staff B reinterviewed 10/1/24. Staff B further revealed that Staff E had completed the interviews, but the investigation had gone missing. Staff B then revealed that corporate had told Staff B to reinterview the staff that Staff E had interviewed. Staff B further revealed that this investigation should have been completed sooner.</p> <p>Interview 10/1/24 at 4:25 PM with Staff E former Director of Nursing (DON) revealed that she had completed an investigation on 9/13/24, but the investigation had gone missing from Her office. Staff E further revealed that she had asked the Administer if this incident was reported to the State Entity as she had not reported it. Staff E, former DON then revealed that she received no response from the Administrator. Staff E then revealed that she was called by the Administrator several days later and asked if she had reported it. Staff E stated she responded to the Administrator that she had not reported it as, she thought the Administrator was going to report the allegation.</p> <p>Follow up interview 10/8/24 at 2:36 PM with Staff C, RN revealed that She had never received any letters from the facility stating She could not be in the building, and Staff C had not received a letter to this day. Staff C then revealed she had been taking Resident #1 out since the beginning of the year every other week. Staff C then revealed that Resident #1 was not a personal friend prior to being admitted to the facility, and that Resident #1 was a friend of her brother. Staff C then revealed that she had received a call from a corporate entity who Staff C could not recall the name. Staff C revealed that this person had told her the investigation was all over. Staff C revealed this was prior to coming into the facility with chicken on 9/20/24.</p> <p>Interview 10/8/24 at 3:37 PM with the Administrator revealed that when there is an allegation of an inappropriate relationship between staff and a resident that the staff should be talked to, and to let them know that it is not appropriate. The Administrator further revealed that any relationship out of work should not continue.</p> <p>2. Review of Resident #11's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed diagnosis of heart failure, renal insufficiency, anxiety disorder, and depression.</p> <p>Interview 10/7/24 at 10:18 AM with the Administrator revealed that Resident #11 had received \$1,100 dollars from social security in May of this year. The Administrator revealed that he had locked the money up in a lockbox at this time. The Administrator further revealed that Resident #11 did not trust the trust savings account or having it in a lockbox at the facility. The Administrator then revealed that he gave the money to Resident #11. The Administrator then revealed that Resident #11 then gave the money to Staff H, Certified Dietary Manager (CDM).</p> <p>Interview 10/7/24 at 1:34 PM with Staff B Human Resources (HR) revealed that She was unaware how long Staff H was holding Resident #11's money.</p> <p>Interview 10/8/24 at 2:20 PM with Resident #11 revealed that She did have receipts for her money, and that they had been thrown away. Resident #11 further revealed that when Staff H returned the money to the facility it was not counted in front of Her, but was sure that she had \$770 dollars left.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview 10/8/24 at 3:37 PM with the Administer revealed that Resident #11's original payment from social security came in the form of a check. The Administrator then revealed he took Resident #11 to his personal bank in town and deposited the money into his account. The Administrator further revealed that he withdrew the money from his account and gave the money to Resident #11. The Administrator then revealed that the money is now in a lockbox in his office with a running balance, and currently has \$770 in the lockbox. The Administrator revealed that he was unaware of when Staff H, CDM received the money from Resident #11. The Administrator then revealed that when he found out he advised Resident #11 to place the money into the resident trust account Resident #11 had stated she trusted Staff H more than the resident savings account. The Administrator further revealed that he or the DON should have reported the allegations to the State Entity regarding the first allegation. The Administrator then revealed that he did not report the allegations regarding Resident #11's money related to the fact that he thought it was Resident #11's rights to have anyone watch Resident #11's money. The Administrator then revealed that if Resident #11 had any concerns regarding money he would have gotten it back and then reported to the State Entity.</p> <p>Interview 10/8/24 at 3:38 PM with Staff H CDM revealed that Resident #11 gave Staff H the money in total of \$1,100. Staff H revealed that when Resident #11 would ask for money Staff H would write it on the outside of the envelope with the date and amount taken out. Staff H further revealed that when Resident #11 would ask for Staff H to buy something the amount would be written on the envelope and the store receipt would be given to Resident #11. Staff H revealed she received the money on May 24th of this year, and brought it back to the facility on [DATE]th. Staff H then revealed She brought the money back to the facility because She was turned in for having it. Staff H revealed that Administrator and Staff I acting DON told her to bring the money back. Staff H then confirmed that She had violated the company policy for Holding Resident Funds. Staff H further revealed that She had not held any other residents funds. Staff H then revealed that She did not have permission from anyone at the facility to hold Resident #11's money at home.</p> <p>Interview 10/9/24 at 8:55 AM with Staff D, SSD/AD revealed that Resident #11's money had been brought up several times in morning meetings, and that Staff D reported this sometime in July of this year.</p> <p>Review of a facility provided policy titled, Neglect and exploitation; Abuse prevention dated October 2023 revealed:</p> <p>a. You must make the report within two hours after you first suspect that a crime has occurred if the suspected crime involves serious bodily injury to the individual, or within 24 hours if there is no serious bodily injury involved.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, resident interview, staff interview, and facility policy review, the facility failed to investigate and complete a proper investigation for an allegation of abuse for 2 of 2 residents (Resident #1, Resident #11) reviewed for abuse and neglect. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>Review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed diagnosis of renal insufficiency, diabetes mellitus, and depression.</p> <p>Interview 9/30/24 at 10:00 AM with Staff C, Registered Nurse (RN) revealed that She had been taking Resident #1 out of the facility to go look at sites, have supper, or go to Her house to watch television. Staff C then revealed that She was told by the Administrator that this was ok since the beginning of the year. Staff C further revealed that no sexual advances from Resident #1 or Herself ever occurred as Resident #1 is like a brother.</p> <p>Interview 9/30/24 at 11:30 AM with Resident #1 revealed that He had known Staff C and Staff C's family for a very long time. Resident #1 further revealed that he never paid for anything when going out of the facility with Staff C. Resident #1 further revealed that nothing sexual or inappropriate had ever happened when going out of the facility with Staff C.</p> <p>Interview 9/30/24 at 3:30 PM with Staff D Social Services Director/Activity Director (SSD/AD) revealed that the allegations were turned into Staff B Human Resources (HR) by email on 9/12/24, and that Staff D felt it was inappropriate for Staff C to be taking Resident #1 to Her home to watch television, and for meals. Staff D then revealed that no one in the facility had witnessed any inappropriate behavior, but felt it was wrong due to the fact that Staff C was an employee at the facility.</p> <p>Interview 9/30/24 at 3:30 PM with Staff B, HR revealed that Staff C, RN was suspended and an investigation was taking place at this time. Staff B further revealed no investigation was completed the first week after this situation was reported. Staff B then revealed that a letter was sent to Staff C the day after the allegations on 9/13/24 informing them that an investigation was taking place and that Staff C was not allowed to be in the facility. Staff B further revealed that Staff E the Director of Nursing (DON) also called Staff C to inform on the situation. Staff B then revealed that Staff C came to the facility on [DATE] to bring Resident #1 chicken for supper and was asked to leave as the investigation was still being completed.</p> <p>Follow up interview 10/1/24 at 12:15 PM with Staff B, HR revealed that the investigation was being completed at this time and would be done within 15 minutes. Staff B further confirmed that this situation was turned into the DON and Administrator on 9/13/24 by email by Staff D, SSD/AD.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview 10/1/24 at 3:11 PM with Staff B, HR revealed that Staff E the DON at the time had interviewed the 3 staff that Staff B reinterviewed 10/1/24. Staff B further revealed that Staff E had completed the interviews, but the investigation had gone missing. Staff B then revealed that corporate had told Staff B to reinterview the staff that Staff E had interviewed. Staff B further revealed that this investigation should have been completed sooner.</p> <p>Follow up interview 10/8/24 at 2:36 PM with Staff C, RN revealed that she had never received any letters from the facility stating she could not be in the building, and Staff C had not received a letter to this day. Staff C then revealed she had been taking Resident #1 out since the beginning of the year every other week. Staff C then revealed that Resident #1 was not a personal friend prior to being admitted to the facility, and that Resident #1 was a friend of her brother. Staff C then revealed that She had received a call from a corporate entity who Staff C could not recall the name. Staff C revealed that this person had told her the investigation was all over. Staff C revealed this was prior to coming into the facility with chicken on 9/20/24.</p> <p>Interview 10/8/24 at 3:37 PM with the Administrator revealed that when there is an allegation of an inappropriate relationship between staff and a resident that the staff should be talked to, and to let them know that it is not appropriate. The Administrator further revealed that any relationship out of work should not continue.</p> <p>Review of the facility provided investigation revealed witness statement forms with an incident date of 9/12/24 for 3 staff members. These documents further revealed that the completed date of these witness statement forms were completed 10/1/24. No documentation of interviews with Resident #1 or Staff C were completed.</p> <p>2. Review of Resident #11's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS further revealed diagnosis of heart failure, renal insufficiency, anxiety disorder, and depression.</p> <p>Interview 10/7/24 at 10:18 AM with the Administrator revealed that Resident #11 had received \$1,100 dollars from social security in May of this year. The Administrator revealed that He had locked the money up in a lockbox at this time. The Administrator further revealed that Resident #11 did not trust the trust savings account or having it in a lockbox at the facility. The Administrator then revealed that He gave the money to Resident #11. The Administrator then revealed that Resident #11 then gave the money to Staff H Certified Dietary Manager (CDM).</p> <p>Interview 10/7/24 at 1:34 PM with Staff B Human Resources (HR) revealed that She was unaware how long Staff H was holding Resident #11's money.</p> <p>Interview 10/8/24 at 2:20 PM with Resident #11 revealed that She did have receipts for her money, and that they had been thrown away. Resident #11 further revealed that when Staff H returned the money to the facility it was not counted in front of Her, but was sure that she had \$770 dollars left.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview 10/8/24 at 3:37 PM with the Administer revealed that Resident #11's original payment from social security came in the form of a check. The Administrator then revealed He took Resident #11 to His personal bank in town and deposited the money into His account. The Administrator further revealed that He withdrew the money from his account and gave the money to Resident #11. The Administrator then revealed that the money is now in a lockbox in His office with a running balance, and currently has \$770 in the lockbox. The Administrator revealed that He was unaware of when Staff H received the money from Resident #11. The Administrator then revealed that when He found out He advised Resident #11 to place the money into the resident trust account Resident #11 had stated She trusted Staff H more than the resident savings account.</p> <p>Interview 10/8/24 at 3:38 PM with Staff H CDM revealed that Resident #11 gave Staff H the money in total of \$1,100. Staff H revealed that when Resident #11 would ask for money Staff H would write it on the outside of the envelope with the date and amount taken out. Staff H further revealed that when Resident #11 would ask for Staff H to buy something the amount would be written on the envelope and the store receipt would be given to Resident #11. Staff H revealed she received the money on May 24th of this year, and brought it back to the facility on [DATE]th. Staff H then revealed she brought the money back to the facility because She was turned in for having it. Staff H revealed that Administrator and Staff I acting Director of Nursing (DON) told her to bring the money back. Staff H then confirmed that she had violated the company policy for Holding Resident Funds. Staff H further revealed that she had not held any other residents funds. Staff H then revealed that she did not have permission from anyone at the facility to hold Resident #11's money at home.</p> <p>Interview 10/9/24 at 8:55 AM with Staff D revealed that Resident #11's money had been brought up several times in morning meetings, and that Staff D reported this sometime in July of this year.</p> <p>Review of a facility provided policy titled, Neglect and exploitation; Abuse prevention dated October 2023 revealed:</p> <p>a. Any complaint, allegation, observation or suspicion of resident abuse, mistreatment, or neglect, whether physical, verbal, mental or sexual, involuntary, or voluntary, is to be communicated to the Abuse Coordinator, thoroughly reported, investigated, and documented.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49698</p> <p>Based on record review, interview, and policy review, the facility failed to coordinate and provide specialized services identified from the PASRR (Preadmission Screening and Resident Review) level II determination for 3 of 4 (Residents #2, #3, and #12) residents reviewed. Facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #2's PASRR dated 7/25/24, indicated diagnosis of Schizophrenia, Major Depressive Disorder, Psychosis, Bipolar Disorder, history of Borderline Personality Disorder, and high concerns for Major Neurocognitive Disorder Dementia. The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric medication management by a psychiatrist or psychiatric ARNP (to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services)</p> <p>Review of Resident #2's Minimum Data Set (MDS) dated [DATE], failed to indicate special services including psychiatric management.</p> <p>Review of Resident #2's Care Plan completed on 8/22/24, failed to indicate Level II PASRR and specialized services.</p> <p>Review of facility provided Medication Management Roster (document of current residents receiving psychiatric services) dated 9/26/24, failed to provide Resident #2 as receiving services.</p> <p>2. Review of Resident #3's PASRR dated 1/1/19, indicated diagnosis of schizophrenia, bipolar disorder, generalized anxiety disorder, and cluster B traits (personality disorders characterized by dramatic, emotional, and erratic behaviors.) The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services.</p> <p>2. Individual therapy by a licensed behavioral health professional (may include mobile therapy.)</p> <p>Socialization/leisure/recreation activities.</p> <p>Review of Resident #3's Quarterly MDS dated [DATE], failed to indicate special services including psychiatric services and individual therapy.</p> <p>Review of Resident #3's Care Plan dated 7/22/24, failed to indicate Level II PASRR and specialized services.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided Medication Management Roster (document of current residents receiving psychiatric services) dated 9/26/24, failed to provide Resident #3 as receiving services.</p> <p>3. Review of Resident #12's PASRR dated 11/28/20, indicated diagnosis of Schizoaffective Disorder, Anxiety Disorder, and Dementia. The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric medication management by a psychiatrist or a psychiatric ARNP (to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services.)</p> <p>Review of Resident #12's MDS dated [DATE], failed to indicate special services including psychiatric services.</p> <p>Review of Resident #12's Care Plan dated 10/3/24, failed to indicate Level II PASRR and specialized services.</p> <p>Review of facility provided Medication Management Roster (document of current residents receiving psychiatric services) dated 9/26/24, failed to provide Resident #12 as receiving services.</p> <p>During an interview on 10/8/24 at 3:30 PM, Staff D, Social Services Director, revealed Staff D is responsible for coordinating Level II PASRR services for residents and is aware not all residents are receiving recommended services as listed in their Level II PASRR.</p> <p>During an interview on 10/10/24 at 9:27 AM, Staff I, Acting DON, indicated expectations that Care Plans are accurate and completed in a timely manner and special services be coordinated and initiated.</p> <p>Review of PASRR Policy dated 10/23 revealed, PASRR is a review required under the State Medicaid program that identifies the specialized services for an individual with mental illness and mental retardation (MI/MR) residing in a nursing facility and be offered the most appropriate setting for their needs. PASRR assures that psychological, psychiatric, and functional needs are considered in long term care. The Facility Social Services Director is accountable for this process.</p> <p>1. Social Worker's responsibility to see that all residents within the nursing facility with MI/MR are to have PASRR documentation of pre-admission screens with identified specialized services.</p> <p>2. The outcome of the Level II evaluation confirms the need for placement in a skilled nursing facility and provides a set of service recommendations for providers to use in developing the individualized plan of care.</p> <p>3. Social Services resident care planning should include a review of diagnosis and/or change in status which could include the need for specialized services.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review, staff interview and policy review the facility failed to develop a Care Plan to address risk factors and interventions for 6 out of 19 residents (Residents #8, #2, #3, #12, #17, #18) reviewed for comprehensive Care Plans. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. Resident #8's Quarterly Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMS) score of 03, which indicated severely impaired cognition. Resident #8's MDS included diagnoses of anemia, hypertension (high blood pressure), and cerebrovascular accident (CVA) with left sided hemiplegia. The MDS documented Resident #8 was taking an anticoagulant medication during the 7 day look back period.</p> <p>A Physician order dated 7/30/24 directed staff to administer Apixaban (Eliquis) (anticoagulant) 5 mg (milligrams) by mouth twice a day for cerebral infarction due to embolism of the right middle cerebral artery.</p> <p>Review of Resident #8's care plan with target date 11/5/24 lacked documentation for the anticoagulant medication, potential side effects and what to monitor for while taking the high risk medication.</p> <p>On 10/8/24 at 1:00 PM, the acting Director of Nursing (DON) reported she would expect high risk medications to be addressed on the plan of care.</p> <p>A facility policy titled RAI/Care Planning Management dated October 2023 documented the comprehensive care plan was to be reviewed quarterly. If modification, deletions, additions are necessary, changes should be made at the time of the occurrence. Care plans are to be accessible for the clinical staff in order to facilitate care plan interventions or to update as indicated due to resident condition change.</p> <p>49698</p> <p>2. Review of Resident #2's PASRR dated 7/25/24, indicated diagnosis of Schizophrenia, Major Depressive Disorder, Psychosis, Bipolar Disorder, history of Borderline Personality Disorder, and high concerns for Major Neurocognitive Disorder Dementia. The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric medication management by a psychiatrist or psychiatric ARNP (to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services)</p> <p>Review of Resident #2's Care Plan completed on 8/22/24, failed to indicate Level II PASRR and specialized services.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of Resident #3's PASRR dated 1/1/19, indicated diagnosis of schizophrenia, bipolar disorder, generalized anxiety disorder, and cluster B traits (personality disorders characterized by dramatic, emotional, and erratic behaviors.) The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services.</p> <p>Individual therapy by a licensed behavioral health professional (may include mobile therapy.)</p> <p>Socialization/leisure/recreation activities.</p> <p>Review of Resident #3's Care Plan dated 7/22/24, failed to indicate Level II PASRR and specialized services.</p> <p>4. Review of Resident #12's PASRR dated 12/28/20, indicated diagnosis of schizophrenia disorder. The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services.</p> <p>Review of Resident #12's Care Plan dated 10/3/24, failed to indicate Level II PASRR and specialized services.</p> <p>5. Review of Resident #17's PASRR dated 12/11/17, indicated diagnosis of Depressive Disorder with psychotropic medications. The Level II PASRR indicated the facility will need to provide the following specialized services:</p> <p>1. Ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services.</p> <p>Review of Resident #17's Care Plan dated 10/2/24, failed to indicate Level II PASRR and specialized services.</p> <p>6. Review of Resident #18's annual MDS dated [DATE], identified a BIMS of 13, indicating intact cognition. Resident #18's MDS revealed diagnosis of hypertension, benign prostatic hyperplasia, nontraumatic chronic subdural hemorrhage, and adjustment disorder. The MDS also indicated Resident #18 is always continent of bowel and bladder and independent of all mobility including toileting.</p> <p>Review of Resident #18's Care Plan dated 10/3/24, identified a focus on impaired functional performance with interventions of limited assist/ one person physical assist for continence of bowel and bladder. Resident #18's Care Plan also identified a focus of minimal assistance with ADL 's with interventions stating Resident #18 is able to use the toilet and transfer independently.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/8/24 at 3:30 PM, Staff D, Social Services Director, revealed Staff D is responsible for completing MDS sections A (Identification Information), B (Hearing, Speech, and Vision), C (Cognitive Patterns), D (Mood), E (Behavior), F (Preferences for Customary Routine and Activities), and Q (Participation in Assessment and Goal Setting). She is aware Care Plans are not up to date as there were some not updated prior to her starting at the facility in June 2024. Staff D stated due to low staffing she is often pulled from her office and works as a CNA and not able to fully complete her Social Services Director duties.</p> <p>During an interview on 10/10/24 at 9:27 AM, Staff I, Acting DON, indicated expectations that Care Plans are accurate and completed in a timely manner.</p> <p>A facility policy titled RAI/Care Planning Management dated October 2023 documented It is the practice of this facility to conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. With the objective:</p> <ol style="list-style-type: none"> 1. To identify resident's individual needs and care requirements. 2. To assure that an interdisciplinary team assesses the emotional, psychosocial, mental, and physical needs of each resident. 3. To assure that all residents are reviewed and reassessed based on their individual needs and OBRA guidelines. 4. To ensure a timely completion of the RAI/Care Plan process which includes completion of the MDS, CAAs, and Care Plans. 		

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NAME OF PROVIDER OR SUPPLIER Aspire of Perry		STREET ADDRESS, CITY, STATE, ZIP CODE 2625 Iowa Street Perry, IA 50220	
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to revise a Care Plan for 2 of 19 residents reviewed (Residents #4 and #14). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) assessment for Resident #4 dated 8/17/24 identified a Brief Interview for Mental Status (BIMS) score of 03, which indicated severely impaired cognition. The MDS identified Resident #4 was independent with bed mobility. The MDS documented Resident #4 required supervision/touching assistance with sit to stand and chair/bed to chair transfers. The MDS documented Resident #2 used a wheelchair and a walker. The MDS included diagnoses of hypertension (high blood pressure), end stage renal disease (kidney), neurogenic bladder, Alzheimer's disease, non-Alzheimer ' s disease and repeated falls.</p> <p>Review of Progress notes for September 2024 revealed Resident #4 had two falls that occurred on 9/1 and 9/17/24.</p> <p>The Care Plan with a target date 11/14/2024 documented Resident #4 was at high risk for falls related to gait and balance problems. Review of the care plan revealed the fall care plan was updated on 10/2/24. The care plan documented the following:</p> <p>-9/1/24 Fall- Resident #4 was transferring without his walker and missed the recliner landing on the floor. Ensure his walker is within reach at all times- created-10/2/24</p> <p>-9/17/24 unwitnessed Fall- noted Resident #4 was trying to put himself on the floor earlier in the day- created 10/2/24</p> <p>On 10/3/24 at 10:30 AM, the acting DON verified Resident #4's fall care plan was not reviewed or updated until 10/2/24. The acting DON reported a nurse consultant reviewed Resident #4 ' s medical record and updated the care plan remotely on 10/2/24. She reported her expectation was for the care plan to be updated right away after a fall.</p> <p>A facility policy titled RAI/Care Planning Management dated October 2023 documented care plans are to be updated in an acute situation when identified, such as falls, falls with injury, new skin alterations, worsening skin conditions, behaviors, resident events, weight loss, infections, uncontrolled pain, allegations of abuse and other concerns that involve resident care/condition. These updates are to be prompt upon notification and should be reviewed and implemented in the daily clinical meeting and as they occur.</p> <p>49056</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 documented diagnosis of osteoarthritis, difficulty in walking and anxiety. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition.</p> <p>Review of the Progress Notes for Resident #15 showed documentation of a Resident #15 being lowered to the floor on 8/25/24 and 9/4/24.</p> <p>Review of the Care Plan for Resident #15 with a target date of 11/10/24 failed to place interventions on the care plan.</p> <p>Observation on 10/9/24 at 2:53 PM with Staff J, Certified Nursing Assistant (CNA) and Staff K, CNA transferring Resident #15 with a mechanical lift.</p> <p>Review of Care Plan for Resident #15 with a target date of 11/10/24 revealed Resident #15 requires max assistance of 1 staff member for transfers. The facility failed to update Resident #15's transfer status on the care plan.</p> <p>Interview with Staff K, CNA, revealed Resident #15 started utilizing the mechanical lift a couple weeks ago. Staff K, CNA stated Therapy had initiated the mechanical lift. Staff K, CNA stated that this was placed in the CNA Communication book to update all staff. Staff K, CNA stated the staff are to read the communication book before each shift.</p> <p>Interview on 10/10/24 at 12:58 PM with the Director of Nursing (DON) stated the expectation for care plans are that they get updated immediately upon admission/change/revised as needed and followed.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on observation, clinical record review, resident interview, staff interview, and policy review the facility failed to provide an opportunity for bath or shower to 2 of 3 residents (Residents #2, and #3) reviewed. The facility further failed to provide incontinence care for 1 of 3 residents (Resident #15) reviewed. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #2's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed Resident #2 requires supervision or touching assistance with showering/bathing themselves.</p> <p>Interview 10/1/24 at 9:15 AM Interview with Resident #2 revealed that there isn't enough staff at the facility, and that showers don't get completed as often as Resident #2 would like.</p> <p>Review of Resident #2's Electronic Healthcare Record (EHR) page titled task shower/bath revealed no showers or baths completed 9/1/24 through 10/1/24.</p> <p>2. Review of Resident #3's MDS dated [DATE] revealed a BIMS score of 15 which indicated intact cognition. The MDS further revealed diagnosis of muscle weakness, cervicalgia (neck pain), bipolar disorder.</p> <p>Interview 10/1/24 at 8:30 AM with Resident #3 revealed that there is not enough staff at the facility. Resident #3 further revealed that showers are not getting completed regularly and that it had been almost 2 weeks since his last shower. Resident #3 then revealed that he is supposed to be receiving showers two times a week and would like them three times a week. Resident #3 revealed it upsets him, but nothing is being done.</p> <p>Review of Resident #3's EHR page titled task shower/bath revealed no documentation of showers or baths completed 9/1/24 through 10/1/24.</p> <p>Interview 10/1/24 at 9:25 AM with Staff F Certified Nursing Assistant (CNA) revealed that when showers are completed they are marked on shower sheets and then charted in the EHR.</p> <p>Interview 10/1/24 at 10:25 AM with Staff G CNA revealed sometimes showers are missed due to lack of staffing. Staff G then confirmed that Residents had not had their showers/baths as they were not initialed off or marked that they were refused.</p> <p>Interview 10/1/24 at 10:50 AM with the Administrator revealed concerns with showers/baths not being completed and documented.</p> <p>Interview 10/1/24 interview with Staff E the Director of Nursing (DON) revealed she had concerns with showers/baths not being completed and her expectations were for showers/baths to be completed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided policy titled, Resident hygiene bath and shower standard with a revision date of October 2023 revealed:</p> <p>a. Bathe each resident as needed including a shower at least twice weekly.</p> <p>49056</p> <p>3. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 documented diagnosis of osteoarthritis, difficulty in walking and anxiety. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS revealed Resident #15 is frequently incontinent of urine and bowel.</p> <p>Review of care plan with a target date of 11/10/24 revealed Resident #15 is totally dependent on one staff member for toilet use and toilet hygiene. Resident #15 uses disposable briefs and to change when wet and as needed. The care plan failed documentation on a repositioning schedule.</p> <p>Interview on 10/3/24 at 10:10 AM with Resident #15 reported she doesn't get changed like she should. Resident #15 reported the staff changes me in the morning and then not again until supper time. She stated they have to use the mechanical lift to get me into bed. She stated that the staff give her a diaper to have a bowel movement in. Resident #15 stated that she is not able to walk anymore and this is how it has to be.</p> <p>Observations are as followed on:</p> <p>10/8/24 at 8:35 AM with Resident #15 sitting at the breakfast table in her wheelchair.</p> <p>10/8/24 at 10:08 AM with Resident #15 sitting in her room in her wheelchair working with therapy.</p> <p>10/8/24 at 10:30 AM with Resident #15 sitting in her room in her wheelchair watching television.</p> <p>10/8/24 at 11:04 AM with Resident #15 sitting in her room in her wheelchair watching television.</p> <p>10/8/24 at 11:30 AM with Resident #15 sitting in her room in her wheelchair watching television.</p> <p>10/8/24 at 1:06 PM with Resident #15 in her wheelchair finishing up her lunch.</p> <p>Interview on 10/8/24 at 1:30 PM with Resident #15 stated she had not been repositioned or changed since before breakfast.</p> <p>Observation completed on 10/8/24 at 2:53 PM with Resident #15 revealed Staff J, Certified Nursing Assistant, (CNA) and Staff K, CNA, completed transfers and peri care. Observations revealed Resident #15 was completely wet and needed a new disposable brief and bed pad.</p> <p>Interview on 10/10/24 at 9:27 AM with the Director of Nursing (DON) reported the expectation for the staff is to change residents when wet and as needed.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to provide interventions necessary for the care and services, to maintain the residents' highest practical physical well-being by not completing treatments as ordered by the physician for 3 of 19 residents reviewed (Residents #12, #18 and #20). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Annual Minimum Data Set (MDS) assessment for Resident #12 dated 8/9/24 identified a Brief Interview for Mental Status (BIMS) score of 08, indicating moderately impaired cognition. The MDS identified Resident #12 was independent with bed mobility. The MDS documented Resident #12 required supervision/touching assistance with sit to stand and chair/bed to chair transfers. The MDS included diagnoses of kidney disease, obstructive uropathy, non-Alzheimer's disease, Parkinson's disease, schizophrenia, injury of right kidney, cyst of kidney, obstructive defects of renal pelvis and ureter, and presence of urogenital implants. The MDS identified Resident #12 had an indwelling catheter.</p> <p>The Care Plan with a target date of 1/1/25 revealed Resident #12 had a nephrostomy tube (a thin, flexible tube that drains urine directly from the kidney into a bag outside the body) to the right kidney. The care plan directed staff to drain the bag every shift, document output and keep the bag in place for dignity and prevent tubing from being pulled.</p> <p>A Physician order dated 1/2/24 directed staff to cleanse around the nephrostomy tube two times weekly on shower days and as needed with wound cleanser and apply a dry dressing.</p> <p>A Physician order dated 6/13/24 directed staff to keep the nephrostomy site taped down and covered with a dressing every shift to keep the site protected.</p> <p>A Progress note dated 9/17/24 documented the facility placed call to interventional radiology due to Resident #12 dislodged his nephrostomy tube. The facility was advised to cover the area and someone would call the facility in the morning with further instruction. The note documented Resident #12's Physician was notified of the new order from radiology.</p> <p>A Progress note dated 9/18/24 documented fax received from Resident #12's Physician regarding nephrostomy tube being pulled out with new order received.</p> <p>A Progress noted dated 9/18/24 documented Resident #12 returned from having the nephrostomy tube replaced with no problems noted. The note documented the nephrostomy tube patent and draining clear yellow urine.</p> <p>Review of the September and October 2024 Treatment Administration Records (TAR) for Resident #12 lacked documentation that the dressing changes to the nephrostomy tube site were completed on shower days per the physician order.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the September and October 2024 TAR revealed lack of documentation the nephrostomy site was checked to ensure the site was taped down and covered with a dressing every shift per the Physician order on the following dates and times:</p> <p>9/6- dayshift</p> <p>9/14- dayshift</p> <p>9/16- dayshift</p> <p>9/17- dayshift</p> <p>9/23- dayshift</p> <p>10/8- dayshift</p> <p>Review of the facilities Statement of Deficiencies and Plan of Correction (2567) dated 9/4/24 revealed the facility had submitted a recent plan of correction for F684 with a correction date of 10/3/24.</p> <p>On 10/9/24 at 8:30 AM, Staff A, LPN (Licensed Practical Nurse) reported she had not look at Resident #12's nephrostomy site and ensured a dressing was in place on the morning of 10/8/24. She reported she was too busy and did not get to it. Staff A verified she could not locate the physician order to change the nephrostomy dressing on shower days on the TAR. Staff A reported the physician order was not transcribed correctly into the computer system so the order was not showing up on the TAR.</p> <p>On 10/9/24 at 9:20 AM, the acting DON (Director of Nursing) stated she had just learned there was a plan of correction for the facility from September 2024. The acting DON reported staff education and audits were not completed as documented in the plan of correction. The DON verified the plan of correction was not implemented with a corrective action date of 10/3/24. The acting DON reported she would expect treatments to be completed per Physician orders.</p> <p>A facility policy titled Physician's Orders dated January 2024 documented licensed nurses will follow physician orders for resident care and treatments, including medications, treatments, ancillary services and consultations. It is a standard of the facility that all Physician orders will be appropriately transcribed and noted by a licensed nurse.</p> <p>49698</p> <p>2. The Annual MDS assessment for Resident #18 dated 11/30/23, identified a BIMS of 13, which indicated intact cognition. Resident #18's MDS revealed diagnosis of hypertension, benign prostatic hyperplasia, nontraumatic chronic subdural hemorrhage, and adjustment disorder. The MDS also indicated Resident #18 is always continent of bowel and bladder and independent of all mobility.</p> <p>Review of Resident #18's Care Plan dated 10/3/24, revealed the following:</p> <p>1. The resident requires skin inspection weekly. Observe for redness, open areas, scratches, cuts, bruises and report changes to the Nurse.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The resident had potential impairment to skin integrity related to chronic disease processes, obesity, cognitive impairment and will maintain clean and intact skin by the review date.</p> <p>3. Monitor/document location, size and treatment of skin injury, report to MD.</p> <p>The Medication Administration Record dated 9/1/24 to 9/30/24 documented the following physician order with the start date of 1/16/24; Weekly Skin Assessment:</p> <ol style="list-style-type: none"> 1. Assess 2. Check of MAR (Medication Administration Record)/TAR (Treatment Administration Record) 3. Document under assessment- N Adv-Skin only 4. Evaluation- Full assessment every night shift every Tuesday for weekly skin assessment <p>Review of the September and October 2024 MAR/TAR for Resident #18 lacked documentation that weekly skin assessments were completed as ordered on 10/1/24- Night shift.</p> <p>Review of document weekly skin assessments for Resident #18 lacked documentation of the head to toe skin assessments on 9/3/24 and 9/17/24. Although assessments were indicated being done on the MAR/TAR for 9/3/24 and 9/17/24 these were not documented, further review of MAR/TAR revealed these skin assessments for Resident #18 were noted to be completed by a CMA (Certified Medication Aide).</p> <p>A Physician order dated 6/6/24 stated Apply Antifungal external cream to groin topically two times a day for redness until healed.</p> <p>Review of the September and October 2024 MAR/TAR for Resident #18 lacked documentation that the Antifungal cream was applied as ordered on the following dates:</p> <p>9/1/24- Day shift</p> <p>9/3/24- Day shift</p> <p>9/6/24- Day and Night shift</p> <p>9/8/24- Night shift</p> <p>9/9/24- Night shift</p> <p>9/16/24- Night shift</p> <p>9/17/24- Day shift</p> <p>9/21/24- Night shift</p> <p>9/23/24- Day shift</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9/27/24- Day shift</p> <p>9/30/24- Night shift</p> <p>10/3/24- Day shift</p> <p>10/4/24- Day and Night shift</p> <p>10/8/24- Day shift</p> <p>During an interview on 10/10/24 at 9:27 AM, Staff I, Acting DON, indicated expectations that Physicians orders be followed, including administering medications, completing ordered treatments, and a licensed nurse to complete skin assessments as ordered and document appropriately.</p> <p>Review of Physician's Orders Policy dated January 2024, stated Licensed Nurses will follow physician orders for resident care and treatments, including medications, treatments, ancillary services, and consultations.</p> <p>Review of facility provided Nursing Assessment Quick Reference Guide stated Licensed Nurses will follow the nursing assessment schedule for all required documentation. Variation from baseline of a change of condition warrants notification to physician for additional physician orders.</p> <p>49056</p> <p>3. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #20 documented diagnosis of hypertension (high blood pressure), renal insufficiency, neurogenic bladder, and diabetes mellitus. The MDS showed a Brief Interview for Mental Status (BIMS) score of 3 which indicated severe cognitive impairment.</p> <p>Review of the September 2024 Treatment Administration Record (TAR) for Resident #20 revealed a physician's order of skin prep to the left heel at bedtime for protection. Review of the TAR showed four times where the treatment was not signed off on these dates 9/5/24, 9/12/24, 9/19/24, and 9/26/24. Review of the TAR for October 2025 revealed one time where the treatment was not signed off on 10/5/24.</p> <p>Interview on 10/9/24 at 11:41 AM with Staff P, Licensed Practical Nurse (LPN) verified that she worked 9/30/24. Staff P, LPN, stated she doesn't recall doing a treatment to Resident #20. Staff P, LPN, stated if it wasn't signed off on the TAR, then it wasn't completed. Staff P stated she probably didn't get to it because of medication change over.</p> <p>Interview on 10/9/24 at 12:12 PM with Staff Q, Registered Nurse (RN) verified that she worked 10/3/24. Staff Q, RN, stated she did complete the skin assessment on Resident #20. Staff Q reported Resident #20 did not have any open areas. Staff Q stated she waited until the last round to look at her residents. Staff Q stated it was not signed off the TAR because she didn't go back and sign it off.</p> <p>Interview on 10/9/24 at 3:18 PM with Staff R, RN verified that she worked on 9/8/24, 9/23/24 and 10/5/24. Staff R revealed that she did do the treatment to Resident #20. Staff R stated if they are not signed off I must have been rushing around or got interrupted by another staff member.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>46875</p> <p>Based on clinical record review, staff interviews and facility policy, the facility failed to administer PRN (as needed) enteral feedings (nutrition through a feeding tube) per the physician order for 1 of 1 resident reviewed (Resident #9) with a feeding tube. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #9 dated 9/9/24 identified a Brief Interview for Mental Status (BIMS) score of 03, which indicated severely impaired cognition. The MDS identified Resident #9 eating performance was not applicable. The MDS identified Resident #9 had a feeding tube and also received a mechanically altered diet. The MDS documented Resident #9's proportion of total calories received through the feeding tube was 51% or more. The MDS included diagnoses of cerebrovascular accident (CVA) and dysphagia (difficulty swallowing).</p> <p>The Care Plan with a target date 12/22/24 revealed Resident #9 required tubing feeding twice a day related to weight loss. The care plan documented Resident #9 was dependent on staff with the tube feeding and water flushes. The care plan also documented Resident #9 refused to eat at times and resisted feedings related to dementia.</p> <p>A Physician order dated 9/17/24 directed staff to provide up to two additional tube feedings per day of Jevity formula 1.5 Cal (calorically dense, fiber-fortified therapeutic nutrition) 350 cc (cubic centimeter) if Resident #9 does not eat.</p> <p>Review of Intakes documented in the clinical record from 9/17/24 to 10/8/24 revealed Resident #9 refused to eat meals on the following days: 9/18, 9/19, 9/21, 9/22, 9/30, 10/1, 10/3, 10/5, 10/6, and 10/7.</p> <p>Review of the September and October 2024 Treatment Records revealed Resident #9 only received the PRN enteral feeding one time on 9/20/24 at 10:20 AM.</p> <p>On 10/9/24 at 11:45 AM, Staff A, Licensed Practical Nurse (LPN) reported if Resident #9 refused a meal, the PRN enteral feeding should be offered and documented if given or refused in the medical record.</p> <p>On 10/9/24 at 12:50 PM, the acting Director of Nursing (DON) reported she would expect the physician order for PRN enteral feedings was followed. She stated she expected when Resident #9 refused to eat the supplement feeding was offered and documented.</p> <p>On 10/9/24 at 1:40 PM, the acting DON acknowledged and verified the staff was not following the physician order for the PRN enteral feedings. She stated she would expect the feedings to be given when the resident refused to eat. She stated the facility was going to reevaluated Resident #9's nutritional needs, contact the dietician and hospice.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Physician's Orders dated January 2024 documented licensed nurses will follow physician orders for resident care and treatments, including medications, treatments, ancillary services and consultations.</p> <p>A facility policy titled Tube Feeding Management titled Administration of Enteral Feedings dated January 2024 documented residents would receive tubing feedings per physician orders including specific tube type, frequency of feeding, amount of feeding, administration route and formula prescribed.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on record review, resident interview, staff interview, and policy review the facility failed to provide nursing staff to assure residents safety to provide cares in a timely manner. Residents and staff reported having low staffing caused missed or delayed cares. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #1's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS further revealed diagnosis of renal insufficiency, diabetes mellitus, and depression.</p> <p>On 9/30/24 at 11:30 AM Resident #1 reported that the facility did not have enough staff, and that it can take a long time for call lights to be answered. Resident #1 further revealed that call lights can take a long time, and it does not matter what time of day.</p> <p>2. Review of Resident #2's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS further revealed Resident #2 requires supervision or touching assistance with showering/bathing themselves.</p> <p>On 10/1/24 at 9:15 AM Resident #2 reported that there isn't enough staff at the facility, and that showers don't get completed as often as Resident #2 would like.</p> <p>Review of Resident #2's Electronic Healthcare Record (EHR) page titled task shower/bath revealed no showers or baths completed 9/1/24 through 10/1/24.</p> <p>3. Review of Resident #3's MDS dated [DATE] revealed a BIMS score of 15 which indicated intact cognition. The MDS further revealed diagnosis of muscle weakness, cervicalgia (neck pain), bipolar disorder.</p> <p>Interview 10/1/24 at 8:30 AM with Resident #3 revealed that there is not enough staff at the facility. Resident #3 further revealed that showers are not getting completed regularly and that it had been almost 2 weeks since his last shower. Resident #3 then revealed that he is supposed to be receiving showers two times a week and would like them three times a week. Resident #3 revealed it upsets him, but nothing is being done.</p> <p>Review of Resident #3's EHR page titled task shower/bath revealed no documentation of showers or baths completed 9/1/24 through 10/1/24.</p> <p>On 10/1/24 at 9:05 AM with Staff N Housekeeping revealed that she feels there is not enough staff nursing or CNA help at the facility. Staff N further revealed that She feels there is definitely not enough staff to take care of the residents.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/1/24 at 10:25 AM with Staff G Certified Nursing Aide (CNA) reported some of the problem with staffing is call ins. Staff G further revealed that there was supposed to be 3 CNAs on most shifts, but due to call ins the facility runs with less. Staff G then revealed that sometimes showers are missed. Staff G further revealed that the facility is using staffing agencies, but it is less than before.</p> <p>Interview 10/1/24 at 10:50 AM with the Administrator revealed that staffing is a concern at the facility. The Administrator further revealed that he has concerns with showers and baths not being completed.</p> <p>Interview 10/1/24 at 11:01 AM with Staff L Licensed Practical Nurse (LPN) revealed that there is not enough staff at the facility. Staff L then revealed that she often doesn ' t get all of her work completed during the shift. Staff L further reported that baths and showers are not getting done routinely related to low staffing.</p> <p>Interview 10/1/24 at 4:45 PM with Staff E former Director of Nursing (DON) revealed that she had it approved by the corporate office to have more agency CNAs, but this was canceled by the Administrator as the company the agency CNAs were coming from were too expensive. Staff E further reported that she had emailed her concerns about staffing and showers not being completed to the Administrator.</p> <p>Interview 10/2/24 at 9:15 AM with Staff D, Social Service Director/Activity Director revealed the facility owes a large sum of money to staffing agencies, and nobody will send help. Staff D further revealed that word has gotten out about the facility, and nobody is applying to work there.</p> <p>On 10/3/24 at 9:30 AM with Staff I acting DON reported the facility was working on adding additional CNAs for the overnight shift. Staff I revealed She would like to have two CNAs each night. Staff I then reported at a minimum there should be 3 aides on day shift and evening shift.</p> <p>Interview 10/8/24 at 10:35 AM with Staff O previous DON revealed she had worked at the facility from July to August of this year. Staff O revealed that there was only one other Registered Nurse working at the facility while working during this time period, and that the facility had issues with call ins.</p> <p>Review of facility provided staffing sheets revealed low staffing numbers for 8/30/24, 9/2/24 through 9/20/24, and 9/24/24 through 9/27/24.</p> <p>Review of the facility assessment provided with an updated date of 10/2/24 documented:</p> <ul style="list-style-type: none"> a. Direct care staff at 1 x ratio Days (total licensed or certified) b. Direct care staff at 1 x ratio Evenings c. Direct care staff at 1 x ratio Nights. 		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on staff interviews, clinic record review, and policy review, the facility failed to administer anticoagulant medication per physician order for 1 out of 19 residents (Resident #8) which resulted in a significant medication error. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>Resident #8's Quarterly Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMS) score of 03, which indicated severely impaired cognition. Resident #8's MDS included diagnoses of anemia, hypertension (high blood pressure), and cerebrovascular accident (CVA) with left sided hemiplegia. The MDS documented Resident #8 had taken an anticoagulant medication during the 7 day look back period.</p> <p>A Physician order dated 7/30/24 at 3:49 PM directed staff to administer Apixaban (Eliquis) (anticoagulant) 5 mg (milligrams) by mouth twice a day for cerebral infarction due to embolism of the right middle cerebral artery.</p> <p>A Progress note dated 8/8/24 at 7:30 AM documented Resident #8 was sent to the hospital with family related to congestion and rhonchi noted throughout lungs. The note indicated Resident #8 was unable to cough up phlegm.</p> <p>A Progress note dated 8/8/24 at 1:30 PM documented Resident #8 returned from the hospital via ambulance on oxygen at 2 liters with a diagnosis of COVID-19. The note documented COVID-19 precautions were implemented.</p> <p>A Physician order dated 8/8/24 directed staff to administer Paxlovid (medication used to lessen COVID-19 symptoms) 300 mg-100 mg (milligrams) for 5 days. The prescription directed staff to decrease the Apixaban (anticoagulant) medication dosage by half while on the Paxlovid.</p> <p>A Progress note dated 8/9/24 at 1:15 PM documented Resident #8 daughter called and expressed frustration that the Paxlovid prescription was not covered by insurance and her mother needed the medication. The note revealed the facility RN (Registered Nurse) called the pharmacy and obtained information about a discount program offered through the Paxlovid website. The RN notified Resident #8's daughter with the information regarding the program and the pharmacy contact information to complete the application.</p> <p>The August 2024 Medication Administration Record (MAR) revealed Paxlovid medication started on 8/10/24 at hour of sleep (HS) and was completed on 8/15/24 AM (morning).</p> <p>The August 2024 MAR revealed the Apixaban 5 mg one tablet on 8/1/24 AM and 8/6 PM (evening) was not signed off/blank indicating the medication was not administered per order.</p> <p>The August 2024 MAR revealed Apixaban 2.5 mg one tablet was administered on 8/8 HS and 8/9 AM while Resident #8 was not receiving the Paxlovid.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The August 2024 MAR documented Apixaban 2.5 mg was put on hold on the following dates and times: 8/9 HS, 8/10 AM and HS, and 8/11 AM.</p> <p>The August 2024 MAR documented Apixaban 5 mg one tablet was given on 8/10 AM and PM while Resident #8 was receiving the Paxlovid.</p> <p>The August 2024 MAR documented Apixaban 2.5 mg one tablet on 8/11 HS was blank/not signed off indicating the dose was not given. On 8/12 Apixaban 2.5 mg one tablet AM dose was signed off as a 7 indicating Resident #8 was sleeping and the dose was not administered.</p> <p>The August 2024 MAR documented Apixaban 2.5 mg one tablet on 8/13 AM, 8/18 AM, 8/24 AM, 8/26 AM, 8/28 AM and 8/31 PM was blank/not signed off indicating the dose was not administered.</p> <p>The August 2024 MAR documented the Apixaban 2.5 mg dose continued through the rest of the month and was not discontinued after the Paxlovid was completed on 8/15/24.</p> <p>The August 2024 MAR documented the Apixaban 5 mg one tablet was restarted on 8/16 through the morning of 8/19 and then was discontinued.</p> <p>The September 2024 MAR revealed Apixaban 2.5 mg was documented as being administered throughout the month of September. On 9/1 PM and 9/8 PM the Apixaban was blank/not signed off indicating the dose was not administered.</p> <p>A Progress note dated 9/26/24 at 8:32 PM documented the facility sent a fax to Resident #8 's Provider requesting clarification of Apixaban with a new order received.</p> <p>A Physician fax form dated 9/26/24 documented Resident #8 had an order for Apixaban 2.5 mg twice per day in the computer system and Pharmacy said Resident #8 should be on 5 mg of Apixaban. The fax requested clarification on which order Resident #8 should be on. The response from the Physician documented Resident #8 should be on 2.5 mg twice a day for a couple of weeks to ensure no bleeding and stay at that dose.</p> <p>On 10/08/24 at 10:48 AM, a Pharmacy employee reported the pharmacy sent the Apixaban dosages on the following dates in July and August 2024:</p> <p>7/30- Apixaban 5 mg one tablet twice a day</p> <p>8/8- Apixaban 2.5 mg one tablet twice a day for 5 days</p> <p>8/13- Eliquis 5 mg one tablet BID for 14 days (28 doses)</p> <p>8/20- Eliquis 5 mg one tablet BID for 14 days (28 doses)</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/08/24 at 9:10 AM, Staff A, LPN (Licensed Practical Nurse) reported she had been back working at the facility for about four weeks. She stated she was working on double noting orders in September that she was trying to catch up on. She stated there were two different orders for the Apixaban and she wanted to make sure Resident #8 was getting the correct dosage. She stated she was not aware of a medication error, she was just clarifying the order. She reported she thought there was 2.5 mg of Apixaban in the medication cart and not the 5 mg.</p> <p>On 10/8/24, 9:15 AM, the acting DON (Director of Nursing) and Administrator reported they could not locate any documentation regarding medication errors. The Administrator reported he could not find any tracking or documentation in QAPI (quality assurance performance improvement).</p> <p>On 10/8/24 at 1:00 PM, the acting DON acknowledged and verified the concerns with the Apixaban administration and documentation. She stated she would start an investigation. She stated the only thing she could go off of, was what was documented on the medication administration records. She stated she would expect the nurses to follow physician orders, follow the medication administration rights and ensure orders are transcribed to the MAR correctly.</p> <p>On 10/8/24 at 1:25 PM, the Pharmacy Representative reported she did not have any records or logs of any Apixaban medication returned for Resident #8. She stated the pharmacy documentation revealed the pharmacy consistently dispensed the Apixaban on an average of 14 days. She verified Apixaban 5 mg BID was sent for 14 days on 7/30, 8/13, 8/20, 8/31, and 9/14.</p> <p>A facility policy titled Medication Administration Guidelines dated October 2023 documented guidelines assume that all services are provided in accordance with regulatory requirements and standard of professional practice. The policy directed staff upon administering medication, the licensed nurse will compare the label on the medication to the MAR to ensure accuracy. All variances are to be reported to the pharmacy immediately. The policy directed staff to compare the MAR with the label of each medication for the following:</p> <ol style="list-style-type: none"> 1. Right Person 2. Right Medication 3. Right Date 4. Right Time 5. Right Route 6. Right Dose 7. Right Expiration Date <p>The policy documented if there was a discrepancy, the medication will not be administered. Instruction will be verified by contacting the physician and pharmacy.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49698</p> <p>Based on observation, resident interviews, staff interviews and policy review the facility failed to offer and provide HS (hour of sleep) snacks for 7 of 7 residents reviewed (Resident #1, #2, #3, #11, #12, #17, and #18). Facility reported a census of 33 residents</p> <p>Findings include:</p> <p>The following Minimum Data Set (MDS) assessments identified the Brief Interview for Mental Status (BIMS) Scores:</p> <p>Resident #1, MDS dated [DATE] had a BIMS score of 15 (intact cognitive ability)</p> <p>Resident #2, MDS dated [DATE] had a BIMS score of 15 (intact cognitive ability)</p> <p>Resident #3, MDS dated [DATE] had a BIMS score of 15 (intact cognitive ability)</p> <p>Resident #11, MDS dated [DATE] had a BIMS score of 15 (intact cognitive ability)</p> <p>Resident #12, MDS dated [DATE] had a BIMS score of 13 (intact cognitive ability)</p> <p>Resident #18, MDS dated [DATE] had a BIMS score of 13 (intact cognitive ability)</p> <p>Review of Resident #1, #2, #3, #11, #12, #17, and #18's Point of Care report for snacks offered for 9/12/24-10/9/24 revealed no documented offer of snacks for the following dates:</p> <p>9/13/24,</p> <p>9/15/24,</p> <p>9/17/24,</p> <p>9/20/24,</p> <p>9/24/24,</p> <p>9/27/24,</p> <p>10/1/24.</p> <p>During an interview on 10/9/24 at 7:57 PM, Resident #12 stated sometimes the snack cart has a ton of snacks and sometimes it dif not. Snacks come about 8:15 PM or so.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observation on 10/9/24 from 7:57 PM - 8:47 PM, no snack cart was present on the floor and no snacks were passed to residents.</p> <p>Interview on 10/9/24 at 4:30 PM, Staff S, CNA, stated there had been times the snack cart was not brought out for the CNAs to pass and times the CNAs have been too busy or too short staffed to offer them to the residents.</p> <p>Interview on 10/10/24 at 11:38 AM, Staff J, CNA, stated the snack cart is brought to the nurses station by dietary staff but sometimes a CNA will get it from the kitchen. There has been times when no cart is brought out and is not available for the residents. There has been times there isn't enough staff or the few staff are too busy to get the snack passed before the residents are in bed or asleep.</p> <p>Observation of posted meal times throughout the facility indicated:</p> <p>Breakfast 7:45 AM- 9:00 AM</p> <p>Lunch 12:00 PM (noon)</p> <p>Dinner 5:45 PM</p> <p>Review of Between Meal Snack/Bedtime Nourishments Policy stated, between meal snacks and bedtime nourishments are to be offered to all residents unless contraindicated by the physician diet order.</p> <p>Dietary should develop a snack nourishment stock level for each of the nursing stations. This would consist of the specified number of juice pitchers, cartons of milk, cookies or crackers. Cookies and crackers may be placed in a covered and labeled storage container and delivered to the nurse stations. Nurses should use clean tongs to pass these items when necessary.</p> <p>According to regulation, nursing is to pass snacks and nourishments from room to room. It is not acceptable to announce that snacks are being served from the nursing station.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>48004</p> <p>Based on record review, staff interviews, facility policy the facility failed to be administered in a manner that enables it to use its resources effectively, and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility provided job description titled, Licensed Nursing Home Administrator dated 1/14/15 documented: <ol style="list-style-type: none"> a. The primary purpose of the Nursing Home Administrator position is to oversee the day-to-day operation of the facility and to review organizational performance. b. Oversee that residents receive care in a manner and in an environment that maintains or enhances their quality of life without abridging the safety and rights of other residents. c. Oversee that human resource management policies and programs are planned, implemented and evaluated in compliance with governmental entities, laws, and regulations. d. Maintain responsibility for an adequate number of appropriately trained professional and auxiliary personnel being on duty at all times to meet the needs of the residents. e. Conduct administrative review of survey outcomes to develop appropriate response ie. preparation of a plan of correction. <p>During the facility ' s survey of facility reported incidents and complaints conducted from 9/30/24-10/10/24 revealed:</p> <ol style="list-style-type: none"> 1. The facility failed to protect residents from abuse by failing to ensure all allegations of abuse are reported and investigated. <p>Interview 9/30/24 at 3:30 PM with Staff D revealed she emailed Staff B about an allegation that Staff C was taking Resident #1 out and to her home and she felt it was inappropriate.</p> <p>Interview 9/30/24 at 3:45 PM with Staff B revealed that an allegation of abuse was submitted to HR and she reported it to the Administrator and Staff E, previous DON via email on 9/12/24. Staff B said nothing was completed the first week after being turned in.</p> <p>Interview 10/1/24 at 4:45 PM with Staff E previous DON revealed She had not reported as She thought the Administrator had. Staff E then revealed that the Administrator called Her several days later and asked if She had reported this situation.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview 10/8/24 at 3:37 PM with the Administrator confirmed that he received an email written on 9/12/24 about an allegation of abuse from HR. The Administrator then revealed that it was turned into the State Entity on 10/3/24.</p> <p>2. The facility failed to implement interventions to protect residents from potential misappropriation of funds.</p> <p>Interview 10/9/24 at 8:55 AM with Staff D revealed that sometime in July of this year she had brought up concerns about a staff member having a resident ' s funds at their home.</p> <p>Interview on 10/8/24 at 3:38PM Staff H confirmed she that Resdient #11 gave Staff H \$1,100.00 to hold onto for her. Staff H revealed she brought the money back because She was turned in for having it and that the Administrator and Staff I acting Director of Nursing (DON) told Her to bring the money back. Staff H confirmed She had violated the company policy for holding resident funds.</p> <p>Review of a facility provided policy titled, RFMS Petty cash Policy with a revision date of 4/10/24 revealed: a. No staff can hold funds for residents.</p> <p>3. The facility failed to implement a plan of correction developed by the facility administrator in response to deficiencies cited during a complaint investigation completed on 9/4/24.</p> <p>Interview 10/9/24 at 9:20 AM with Staff I the acting DON revealed that She had just learned there was a plan of correction in September for the facility. Staff I provided the plan of correction information with a correction date of 10/3/24. Staff I further revealed that She could not locate education or audits completed as documented in the plan of correction.</p>		

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<p>F 0881</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056</p> <p>Based on review of facility policy, staff interview and record review the facility failed to follow an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use for 1 resident (Resident #14). The facility failed to report to the physician an antibiotic that was resistant to a urine culture. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Annual Minimum Data Set (MDS) assessment dated [DATE] for Resident #14 documented diagnosis of cerebral palsy, seizure disorder, anxiety and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS indicated that Resident #14 was coded independently for toileting hygiene and always continent.</p> <p>Review of the Care Plan with a targeted date of 12/7/24 revealed Resident #14 was independent with hygiene, transfers, toileting and mobility. Resident #14 was assisted by one staff member as needed. The facility failed to document Resident #14's complaints of urinary frequency, incontinence, urinary tract infections and antibiotic usage.</p> <p>Review of facility progress notes dated 8/30/24 showed Resident #14 complained of frequency with urination.</p> <p>Health Status Note dated 8/31/24 at 1:31 AM documented new order for urinalysis as resident complained of frequency of urination.</p> <p>Health Status Note dated 9/2/24 5:40 AM documented that the urinalysis lab indicated a urinary tract infection and waiting for culture and sensitivity report.</p> <p>A Progress Note dated 9/3/24 at 5:26 PM documented the physician ordered an antibiotic Cipro 500 milligrams (mg) twice daily for five days.</p> <p>Review of culture and sensitivity lab report dated for 9/3/24 showed the antibiotic Cipro was resistant to the microorganism that grew out (Proteus mirabilis). The Progress Notes lacked documentation that the facility notified the physician the antibiotic was resistant.</p> <p>The facility Progress Note dated 10/2/24 at 8:19 PM showed that Resident #14 complained of urinary frequency again.</p> <p>The Progress Note on 10/7/24 12:20 PM Resident #14 again was ordered Cipro 250 mg twice daily for five days until culture and sensitivity came back.</p> <p>Review of culture and sensitivity lab report dated 10/10/24 at 10:03 AM revealed antibiotic Cipro was resistant to the microorganism that grew out (Proteus mirabilis). The second urinalysis had increased bacteria that grew out.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Observation when entering the facility on 10/2/24 observed Resident #14 had a strong urine odor coming from his room and from his wheelchair.</p> <p>Review of medical records named facility Point of Care Response Hlstory for bladder elimination showed Resident #14 has been incontinent for the last 30 days from 9/9/24 to 10/7/24.</p> <p>On 10/9/24 at 2:53 PM with Staff K, Certified Nursing Assistant (CNA) and Staff J, CNA, reported Resident #14 had recently become incontinent with urine and does wear briefs, Staff K believes this is from his first urinary tract infection that started in September. Staff K revealed Resident #14 has been incontinent a few times and does provide his own cares. Staff K revealed he has to remind Resident #14 at times to wear a brief and will at times let staff assist him with incontinence cares.</p> <p>Review of a facility fax on 10/9/24 at 4:31 PM from the physician revealed if aware of culture results from 9/3/24, the medication would have been changed.</p> <p>Interview on 10/10/24 at 4:30 PM with the Physician reported Resident #14 had a urinalysis on 8/31/24. Physician revealed he looked at the results and started him on the antibiotic until the culture results came back. Physician revealed he would have expected the facility to notify him that the antibiotic was resistant so the antibiotic would get changed to the correct one.</p> <p>Interview on 10/10/24 at 9:27 AM with the Director of Nursing, DON, verified the expectation of the nursing staff would be to notify the physician that the antibiotic was resistant so they could get the proper antibiotic.</p> <p>The facility policy with a revision date of August 2023 named Antibiotic Stewardship Program revealed the facility is committed to the reduction of antibiotic utilization for our residents, and are focused on monitoring the prescription and utilization of antibiotics for treatment options as well as the adverse actions that are associated with the use of antibiotics. The facility will be tracking of antibiotic starts, monitoring adherence to McGeer criteria, management of treated infections and reviewing antibiotic resistance patterns. The laboratory will alert the facility when certain antibiotic-resistant organisms are identified and will provide education to the nursing staff regarding further diagnostics needed and will provide a monthly antibiogram which is a summary of antibiotic susceptibility patterns from organisms.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056</p> <p>Based on observations, staff interviews and policy review the facility failed to provide a clean homelike environment for all the residents living in the facility. The facility reported a census of 33.</p> <p>Findings include:</p> <p>Interview on 10/2/24 at 10:29 AM, with Resident #3, reported he doesn't have any mice in his room and hasn't seen them in a while. Resident #3 knows the mice are still in the building and stated his neighbor usually gets them.</p> <p>Interview on 10/2/24 at 10:50 AM, with Resident #1, revealed once in a while mice are in his room. Resident #1 revealed that he has a sticky trap underneath his heater that the facility put in his room. Resident #1 revealed he moved it to the top of the heater because the mice run down the top of the heater. Resident #1 revealed he did see a mouse the other day in his room. The mouse peaked its head out underneath the heater.</p> <p>Interview on 10/2/24 at 3:07 PM, with Resident #13, reported he had seen mice in the bathroom. Resident #13 revealed there are holes in the bathroom close to the floor boards, there is one hole on the left side and one hole on the right side. Resident #13 revealed he had mouse droppings in the top drawer where he stored food. Resident #13 revealed they ate my roommates Reese's peanut butter cups. Resident #13 revealed the last time he saw a mouse was within a week ago. Resident #13 revealed he told the housekeeper about the mice and the facility had set a trap in the corner of his room. He stated his next door neighbors had mice in their pants when they picked them up off the floor. Resident #13 revealed this whole side of the hallway is infested with mice.</p> <p>Observed on 10/2/24 in the bathroom of Resident #13, the two holes, one on the right corner and one on the left corner of the bathroom.</p> <p>Observed on 10/2/24 mice droppings on the heater of the Social Services office.</p> <p>Interview on 10/3/24 at 9:45 AM, with Resident #15, revealed she had seen mice in her room and running across the floor.</p> <p>Interview on 10/3/24 at 12:41 PM with Staff L, Maintenance Supervisor, believes pest control was here last Monday. Staff L thought they usually come once a month.</p> <p>Interview on 10/3/24 at 3:15 PM with pest control tech #1, revealed the last time he had heard anything about mice was about two months ago. He stated there was an issue in the storage room and an office in one of the back hallways, the same hallway as the food storage pantry. He stated that there are exterior stations (metal boxes) to the outside of the building approximately 14. He stated they spray a solution that lingers for about one month or so and it works pretty well.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 10/3/24 at 4:30 PM with the pest control tech #2, stated that he had been at the facility twice. Pest control tech #2 stated he did inside and outside treatment. He stated he did check some base stations (metal boxes outside) and checked outside around the building. He stated he did see some mice droppings. He stated the facility does have some openings where the mice could enter. He stated they need to seal these areas up.</p> <p>Interview on 10/7/24 at 9:55 AM with Staff L, Maintenance Supervisor reported the resident's do inform him about the mice. Staff L has placed sticky traps, but has never caught any mice on them. Staff L revealed he has seen a mouse in his office, but never in any other room. Staff L stated he has seen mice droppings in a resident's room when he had to clean a room out. Staff L revealed he did clean a mouse up from one of the pest control boxes in the attic. Staff L stated he had to put steel wool in a hole in room [ROOM NUMBER] to help prevent the mice from coming in.</p> <p>Observed on 10/7/24 at 10:45 AM, where the steel wool was placed inside of the hole in room [ROOM NUMBER] to prevent the mice from coming in next to the vanity.</p> <p>Interview on 10/7/24 at 9:45 AM with Resident #12 stated they had a mouse in their room and the mouse comes from the bathroom. The facility had set sticky traps in the room.</p> <p>Interview on 10/7/24 at 10:40 AM with Staff F, CNA, stated she hasn't seen any mice in the building for at least a couple of months.</p> <p>Interview on 10/7/24 10:55 AM with Staff M, Cook/Housekeeping, revealed he was the previous maintenance person and had switched positions in July 2024. Staff M revealed the mice have been an ongoing issue. Staff M revealed this is an old building and we have a lot of holes and it is also next to a field. Staff M feels it has gotten better since the Pest Control Company has come in and sprayed a solution inside and around the building. Staff M revealed he would set sticky traps and put steel wool in the holes in the walls because this is supposed to deter the mice from coming in. Staff M stated he hasn't seen a mouse in over a month or mice droppings.</p> <p>Interview on 10/7/24 at 2:20 PM with Staff J, CNA, stated she has not physically seen any mice and have not recently seen any signs of them. Staff J stated she knows they will put steel wool into the holes that the mice are coming into.</p> <p>Review of the facility provided policy titled Pest Control dated 3/2016 revealed the facility strives to protect the residents, staff and visitors from insects and other pests by controlling infestation through contracts with outside pest control agencies. It is the responsibility of all staff members to detect and report immediately the presence of pests to their supervisor. In the event that insects and or pests are noted in a resident's room or on the resident, immediate steps will be taken to prevent or decrease the risk of actual or potential harm.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 10/7/24 at 2:45 PM, with the Administrator revealed The Pest Control Company comes monthly. Administrator revealed they had set traps in the ceiling, and sprayed a solution around the building. The Administrator revealed they have not gone over recommendations with The Pest Control Company. The Administrator stated they took it upon themselves to have conversations with the residents to keep food in zip lock baggies. The Administrator revealed they are trying to keep the rooms cleaned, by pulling rooms and cleaning underneath the heaters on the walls. Administrator revealed we have bought our own traps, the sticky traps and put them around the building. I have been trying to get a hold of The Pest Control Company and will call again.</p>		