

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  02/04/2025
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>46873</p> <p>Based on clinical record review, resident interviews, staff interviews and facility policy review, the facility failed to conduct resident care conferences and offer residents participation in their plan of care for 4 of 4 residents reviewed (Residents #2, #3, #4, #5). The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) of Resident #2 dated 1/15/25 documented an admitted to the facility of 7/2/18. The MDS identified a Brief Interview for Mental Status (BIMS) score of 15 which indicated cognition intact.</p> <p>On 2/4/25 at 1:25 pm, Resident #2 stated he remembered being invited to a care conference once but it got concealed and never got rescheduled. He stated he did not recall ever attending a care conference.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #2 having a care conference during the reviewed period.</p> <p>2. The Annual MDS of Resident #3 dated 11/30/24 documented an admitted to the facility of 11/23/22. The MDS identified a BIMS score of 13 which indicated cognition intact.</p> <p>On 2/4/21 at 1:21 pm, Resident #3 stated he was not aware of what a care plan was. He stated he has never been invited to a care conference and would like to know how he can find out what his care plan says.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #3 having a care conference during the reviewed period.</p> <p>3. The Quarterly MDS of Resident #4 dated 12/1/24 documented an admitted to the facility of 2/28/20. The MDS identified a BIMS score of 15 which indicated cognition intact.</p> <p>On 2/4/25 at 12:45 pm, Resident #4 stated she has no memory of ever attending a care conference and was not aware of what a care conference was.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #4 having a care conference during the reviewed period.</p> <p>4. The Quarterly MDS of Resident #5 dated 1/29/25 documented an admitted to the facility of 11/3/20. The MDS identified a BIMS score of 15 which indicated cognition intact.</p> <p>On 2/4/25 at 12:54 pm stated he was not aware of what a care conference was and did not recall ever attending one.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #5 having a care conference during the reviewed period.</p> <p>On 2/4/25 at 1:30 pm the Administrator stated the facility conducted an audit of care plans and noted care conferences had been inconsistent. She stated the facility plans to just start them over and the Social Services Director created an invitation template to give to the residents. She said the invitation was approved by her and they would start getting the care conferences scheduled.</p> <p>The facility policy titled Resident/Family Participation - Assessment/Care Plans, approval date 10/2024, documented the following Policy Statement: Each resident and his/her family members are encouraged to participate in the development of the resident's comprehensive assessment and person-centered care plan. The policy further documented the following:</p> <ol style="list-style-type: none"> <li>1. The resident and/or his/her representative, are invited to attend and participate in the resident's assessment and care planning conference. Notice shall be made by mail, electronic mail and/or telephone in a language that he or she can understand.</li> <li>2. The resident may request, at any time a care plan meeting and the right to request revisions to the person-centered plan of care.</li> <li>3. The Social Services Director/Designee or person appointed by the community is responsible for contacting the family and for maintaining records of such notices.</li> <li>4. Through the comprehensive care planning process keep the resident informed of their total health status in a language that he or she can understand. This includes allowing the resident to view their plan of care at any time and the right to sign off after significant changes to the care plan.</li> <li>5. Through the care planning meeting inform the resident of the type of care giver or professional that will furnish the care identified in the care plan.</li> <li>6. Resident participation in their care planning process should be promoted and includes:             <ol style="list-style-type: none"> <li>a. Review of revisions made to the care plan based upon their current needs and preferences prior to implementation;</li> <li>b. Participating in establishing goals and outcomes of care, the type, amount and frequency and duration of care;</li> <li>c. Review and signing of the care plan if they choose;</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Inform the resident of the risk and benefit of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative option if the resident prefers.</p>