

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	

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 - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48003</p> <p>Based on clinical record review, resident and staff interview, the facility failed to have a care conference for 1 of 1 resident reviewed (Resident #7). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #7 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of hypertension, diabetes, hemiplegia (paralysis on 1 side), anxiety and depression.</p> <p>In an interview on 9/16/24 at 2:06 PM, Resident #7 reported she can't remember if she ever had a care conference. She reported she doesn't remember every attending or getting invited to one.</p> <p>Review of the residents Electronic Health Record (EHR) lacked documentation of a care conference since being admitted on [DATE].</p> <p>During an interview on 9/18/24 at 11:06 AM, the Nurse Consultant reported she could not find any documentation of Resident #7 having a care conference.</p> <p>In an interview on 9/18/24 at 2:56 PM, the Director of Nursing (DON) reported residents should have a care conference at least once a quarter or sooner if something comes up.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on record review, staff and resident interviews and facility policy review the facility failed to provide residents with the ability to have access to their funds when requested for 3 out 3 residents reviewed (Resident #4, #6 and #13). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 documented diagnoses of anemia, depression and chronic pain. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment.</p> <p>Interview on 9/16/24 at 8:42 a.m., with Resident #3 revealed she got money this morning from the Administrator but she usually cannot get it on the weekends. If the nurse has enough then she can get it but that doesn't always happen.</p> <p>2. The MDS assessment dated [DATE] for Resident #6 documented diagnoses of hyperlipidemia, anxiety disorder and Bipolar Disorder. The MDS showed the BIMS score of 15, indicating no cognitive impairment.</p> <p>Interview on 9/17/24 at 9:17 a.m., with Resident #6 revealed the facility is her payee right now and she is unable to get money if she asks for it.</p> <p>3. The MDS assessment dated [DATE] for Resident #13 documented diagnoses of cancer, anxiety disorder and for assistance with personal care. The MDS showed the BIMS score of 15, indicating no cognitive impairment.</p> <p>Interview on 9/17/24 at 9:10 a.m., with Resident #13 revealed that he asked for \$20.00 and approximately 3 to 5 days later he gets it. Resident #13 revealed he can only get money from the Administrator and you have to wait for them to go to the bank. Resident #13 further revealed if you ask for money on a Sunday you're screwed because you won't get it for a while.</p> <p>Interview on 9/18/24 at 12:07 p.m., with Staff A, Registered Nurse revealed they have a small amount of money for the residents. The nurses only have \$30.00 to \$35.00 at a given time and do not always have enough money for the residents when they ask for money.</p> <p>Review of facility provided policy titled Resident Trust Fund with a revision date of 11/6/23 revealed residents have access to their funds 24 hours a day, 7 days a week, 365 days a year.</p> <p>Interview on 9/19/24 at 3:32 p.m., with the Administrator revealed the facility keeps a small sum of money with the nurses and replenishes that when needed but will look at the process to ensure residents are able to get funds when they request them.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</b></p> <p>Based on observation, facility policy review, resident and staff interview, the facility failed to provide privacy during cares for 1 of 4 residents observed (Resident #4). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #4 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of chronic pain, diabetes, Bipolar, Psychotic disorder and depression.</p> <p>During an observation on 9/17/24 at 1:40 PM, Resident #4's roommate opened the door to their room to walk in and Resident #4 was sitting on the commode with no privacy curtain. Resident was visible to hallway and her roommate.</p> <p>In an interview on 9/17/24, Staff D and Staff E, Certified Nurses Aides (CNAs) reported the curtain does not fully cover the area for Resident #7 to have privacy that it only covers half of the area. They reported she is either exposed to the roommate or hallway. The report it has been that way as long as they have worked for the company and management is aware of it.</p> <p>During an interview on 9/17/24 at 1:50 PM, Resident #7 reports she never gets privacy when toileting and it has been that way since she has been in that room which has been two years. She stated the staff are aware but don't do anything about it.</p> <p>In an interview on 9/18/24 at 2:55 PM, the Director of Nursing stated the curtain should fully cover around the resident for privacy. She is not aware of any rooms where it is not.</p> <p>Review of the facility policy titled Resident Rights and Dignity with a date of October 2023 directs staff to provide resident privacy during all procedures and allow resident privacy as per resident preferences.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review, facility record review, staff interviews and facility policy the facility failed to protect residents from mental and verbal abuse for 6 residents, (Resident #2, #4, #5, #6, #8, #23). The 6 residents reported concerns with how 2 staff treat them. The staff members did not answer the residents' call lights for over an hour and then yelled at the residents when the residents experienced incontinence episodes. The residents experienced feelings of worthlessness, the staff were mad at the residents for using the call lights, and one resident reported suicidal thoughts when the staff would not answer the call lights for over an hour and then yell at the residents for being incontinent.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) on September 20, 2024 at 2:05 p.m. A removal plan was submitted to the State Agency on September 20, 2024 but was not accepted nor verified and the immediacy remained at the time of exit.</p> <p>The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses included: hypertension, diabetes mellitus, anxiety disorder and depression. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/19/24 at 9:47 a.m. with Resident #2 revealed she has issues with Staff B, Certified Nursing Assistant (CNA) and Staff C, CNA on the afternoon shift. Resident #2 revealed Staff B and Staff C yell at the residents in the building. Staff B and Staff C yell at her when she wants to use the phone and have refused to allow her to use the phone. When Staff B and Staff C allow her to use the phone, she is only allowed a few minutes to use the phone with supervision. Resident #2 further revealed Staff B and Staff C will make her wait a long time when Resident #2 pulls her call light. Staff B and Staff C always answer her call light as a buddy system, where Staff B and Staff C always come to her room together even though she does not need 2 staff members to help her. Resident #2 reported her concerns about Staff B and Staff C to the previous Administrator, as well as the current Administrator, and Staff B and Staff C still continue to treat Resident #2 the same.</p> <p>2. The MDS assessment dated [DATE] for Resident #4 documented diagnoses included: anemia, depression and Bipolar disorder. The MDS showed a BIMS score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/16/24 at 3:45 p.m., Resident #4 revealed Staff B and Staff C, who work the second shift, come into Resident #4's room when Resident #4 activates the call light and then turn off Resident #4's call light. Resident #4 then has to wait an hour before Staff B and Staff C return to take Resident #4 to the toilet. Sometimes Resident #4 can't wait an hour to use the toilet before Staff B and Staff C return, resulting in Resident #4 becoming incontinent because Staff B and Staff C refused to take Resident #4 to the bathroom when they first came into Resident #4's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a continuous observation on 9/17/24 at 9:04 a.m., Resident #4 put her call light on. At 9:17 a.m., Staff D, CNA went into the resident's room, shut the call light off and said she would be back to assist her to the toilet and transfer the resident to her recliner. At 9:31 AM, Resident #4 put her call light back on due to staff not returning. At 9:38 AM Resident #4's call light was answered and she was assisted.</p> <p>3. The MDS assessment dated [DATE] for Resident #5 documented diagnoses included: anxiety disorder and Bipolar disorder. The MDS showed a BIMS score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/17/24 at 4:02 p.m., Resident #5 revealed she had an issue with a staff member who worked the evening shift, Staff B. Staff B would yell at Resident #5 and push Resident #5 out of her room into the dining room. Before leaving for the dining room, Resident #5 wanted to comb her hair, but Staff B refused to listen to Resident #5's requests, which Resident #5 felt it wasn't appropriate. Staff C spoke to Resident #5 in a very loud voice. Due to Staff B and Staff C's behavior towards Resident #5, Resident #5 didn't want to stay at the facility anymore.</p> <p>During a further interview on 9/18/24 at 10:42 a.m., Resident #5 revealed she dreaded the afternoons when Staff B would be working.</p> <p>4. The MDS assessment dated [DATE] for Resident #6 documented diagnoses included: anxiety disorder, hyperlipidemia, Bipolar Disorder and Post Traumatic Stress Disorder (PTSD). The MDS showed a BIMS score of 15 indicating no cognitive impairment.</p> <p>During an Interview on 9/19/24 at 9:35 a.m., Resident #6 revealed that Staff C is mean to her. Staff C gets mad at Resident #6 when Resident #6 activates the call light to request assistance. Staff C will take a very long time to respond to Resident #6's call light. The significant delays in responding to her call light makes Resident #6 feel like the staff don't like her.</p> <p>5. The MDS assessment dated [DATE] for Resident #8 documented diagnoses included: need for assistance with personal care, depression and Bipolar Disorder. The MDS showed a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>During an interview on 9/19/24 at 10:13 a.m., Resident #8 revealed she has issues with Staff B, who works in the afternoon. Staff B will not allow Resident #8 to use the bathroom when Resident #8 asks to use the bathroom. Staff B expects that if Resident #8 uses the call light, Resident #8 should have experienced incontinence. Otherwise, Staff B says that she will not return to check on Resident #8 until 10:00 PM. When Staff B assists Resident #8 to the bathroom, Staff B will say get over her old lady! Resident #8 does not like how Staff B treats her. Resident #8 continued to experience incontinence episodes, including soaking the bed. Resident #8 feels like she wants to commit suicide and feels worthless when the staff don't take her to the bathroom when she asks. Resident #8 hasn't reported Staff B's behavior because it takes forever for a nurse to come down to Resident #8's room.</p> <p>During an interview on 9/20/24 at 9:26 a.m, Resident #8 revealed that Staff B and Staff C worked the night before the interview. Staff B and Staff C would not allow Resident #8 to go to the bathroom before bed. Resident #8 feels worthless because she then becomes incontinent. Staff B and Staff C again told Resident #8 to get over here old lady, and Resident #8 did not like it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>6. The MDS assessment dated [DATE] for Resident #23 documented diagnoses included: Alzheimer's Disease with early onset. The MDS showed a BIMS score of 10 indicating moderate cognitive impairment.</p> <p>The current Care Plan, with a goal target date of 12/2/24, identified the resident used anti-anxiety medications related to adjustment issues.</p> <p>During an interview on 9/16/24 at 12:03 p.m., Resident #23 revealed there was a CNA who worked in the evening that was always yelling at him. If Resident #23 urinated in the bed any amount, the CNA would yell and say he pissed the bed again. The CNA always yelled, which then caused Resident #23 to become upset.</p> <p>During an interview on 9/17/24 at 8:39 AM, Resident #23 indicated that Staff B was the person who yelled at Resident #23 and Staff B worked in the evenings. Staff B was able to cause Resident #23 to become very upset.</p> <p>During an interview on 9/19/24 at 9:29 a.m., Staff D, CNA revealed residents voice concerns about Staff B and Staff C, who work in the evening about everyday that Staff D works. Staff B and Staff C do not have patience and yell at the residents all the time. Staff D told the DON about the residents' concerns with Staff B and Staff C. The DON indicated that she was addressing the situation with Staff B and Staff C, but nothing has changed and the residents keep complaining about Staff B and Staff C.</p> <p>During an interview on 9/19/24 at 10:19 a.m., Staff E, CNA revealed residents in the facility complain all the time about the afternoon shift, Staff B and Staff C. Residents indicated Staff B and Staff C are verbally abusive towards the residents, they are mean, and they do not take care of the residents. Resident #5 does not like to use her recliner on the days Staff B works, as Staff B freaks out when Resident #5 is in her recliner. The residents report that Staff B and Staff C will yell at the residents when the residents turn on their call lights. They will not answer the call lights after residents turn on the lights. There are residents who are afraid to turn on their call lights out of fear about how Staff B and Staff C will treat them.</p> <p>During an interview on 9/19/24 at 10:29 a.m., Staff G, Registered Nurse (RN) revealed the residents have expressed concerns with Staff B, who works on the afternoon shift. Staff B has a very matter of fact attitude. Residents complained that they do not like how Staff B treats them. Staff G does not like how Staff B treats Resident #26. Resident #26 can be challenging to work with, but Staff B needs to stop yelling at Resident #26 and instead redirect Resident #26's behavior.</p> <p>During an Interview on 9/19/24 at 10:41 a.m., Staff Q, [NAME] revealed Staff B and Staff C were working one day. While Staff Q was in the dining room, she could hear staff down the south hallway yelling at a resident. Staff Q could not make out what was said to the resident. That same evening, Staff Q was in the dining room during the evening meal and heard Staff B and Staff C tell Resident #26 to shut up. Staff Q did not report the incident to anyone, but knew that behavior would never have met up to their previous employers' expectations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/19/24 at 10:46 AM Staff I, Housekeeping and Laundry Supervisor, revealed Staff B and Staff C work on the evening shift. Staff B and Staff C are mean to the residents and the residents complained about Staff B and Staff C all the time. Resident #5 and Resident #26 do not like Staff B and Staff C. Resident #5 had informed the previous administrator about how Staff B and Staff C treated Resident #5. If a resident in the facility tells Staff I about care concerns, Staff I tells the resident to report the issue to management or to complete a grievance form. Staff I talked to Staff A RN, who told Staff I that the administration does not address Staff B's and Staff C's behavior.</p> <p>During an interview on 9/20/24 at 9:41 a.m., Staff R, CNA, revealed that Staff B and Staff C have very loud personalities and Staff R has told them to use quieter voices. Resident #4 have reported that Staff B and Staff C yell at her. Staff R informed the nurse about Resident #4's comments. Staff R indicated that they had to use the staff they had, including Staff B and Staff C, since the facility was pretty short staffed.</p> <p>During an interview on 9/19/24 at 12:25 p.m., the Administrator revealed that she has worked at the building since the end of July and was not aware of any residents with concerns about staff members or how the staff treat the residents.</p> <p>During an interview on 9/19/24 at 12:39 p.m., the DON revealed that she was not aware of any residents with concerns about staff members or how the staff treat the residents.</p> <p>During an interview on 9/20/24 at 10:54 a.m., the Administrator revealed that Staff E recently came to her with concerns about Staff B's and Staff C's actions. The Administrator indicated that she performed a verbal coaching with Staff B and Staff C about their actions, but the Administrator did not have any documentation of the verbal coaching since the coaching occurred verbally.</p> <p>During an interview on 9/20/24 at 10:26 AM, the DON revealed again that she was not aware of any issues regarding the staff or that the residents had reported any concerns about their treatment. The staff who work in the afternoon, Staff B and Staff C, are naturally loud. On their afternoons off, the DON usually works with the residents and does not have any concerns about their behavior. The DON knows the staff behave differently when around the DON.</p> <p>During an interview on 9/20/24 at 11:36 AM, the Administrator revealed that she wanted to add that Staff B and Staff C are naturally loud, and maybe the residents took their personalities the wrong way.</p> <p>Review of the facility grievances lacked any information of staff or residents filing grievances with the facility regarding the treatment of residents in the facility.</p> <p>The facility was unable to supply call light records, as the system does not record how long it took the staff to respond to a resident's call light.</p> <p>Review of the facility provided policy titled Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts with a revision date of October 2023 revealed the following information:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>a. The purpose of this written Freedom of Abuse, Neglect, Exploitation; Abuse Prevention Standard is to outline the preventive and action steps taken to reduce the potential for abuse, mistreatment and neglect of residents and the misappropriation of resident property and to review practices and omissions which if allowed to go unchecked, could lead to abuse. This standard demonstrates a Zero Tolerance of Abuse of any type or manner and will be addressed accordingly.</p> <p>b. As the facility management will not tolerate abuse of any type by anyone, including staff members, other residents, volunteers, family members, legal guardians, visitors, or other individuals; suspected individuals not employed by the facility will be denied unsupervised access to residents, while an abuse investigation is being conducted.</p> <p>c. The facility is responsible for the actions of its employees, including intentional acts by employees who are aware they are doing something wrong and conflict with the facility's policies and procedures. Contractors and volunteers are held to the same standard as employees.</p> <p>d. Staff members are expected to be in control of their own behavior and understand how to work with the nursing home population.</p> <p>e. If a staff member is accused of abuse by a resident/family member or another staff person, that staff member is suspended pending investigation. If it is determined the allegation is unsubstantiated through investigation, then the staff member is brought back to work; educated in prevention, identification, reporting of abuse and allowed to continue to work. Staff observation and monitoring for this staff member will occur through the licensed nurse on duty for a time determined by the Administrator to ensure alleged staff follows Freedom of Abuse policies.</p> <p>During an interview on 9/20/24 at 2:06 p.m., the Administrator revealed that if she knew about the allegations involving Staff B and Staff C, she would have dealt with the situation right away.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review, facility record review, staff interviews, and facility policy review, the facility staff failed to ensure that all staff reported instances of abuse to the facility administration and the facility administration failed to report all instances of alleged abuse to the Iowa Department of Inspections, Appeals, &amp; Licensing (DIAL) within 2 hours of the allegation of abuse occurring for 6 of 6 residents reviewed for abuse (Resident #2, #4, #5, #6, #8, and #23).</p> <p>The facility failed to protect residents from abuse by failing to ensure all staff reported all allegations of mental and verbal abuse. On at least 1 occasion, a staff member witnessed 2 CNAs verbally abuse residents and the staff member did not report the alleged abuse.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) on September 20, 2024 at 2:08 p.m. A removal plan was submitted to the State Agency on September 20, 2024 but was not accepted or verified and the immediacy remained at the time of exit.</p> <p>The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of hypertension, diabetes mellitus, anxiety disorder and depression. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/19/24 at 9:47 a.m., Resident #2 revealed she had issues with Staff B, Certified Nursing Assistant (CNA) and Staff C, CNA on the afternoon shift. Staff B and Staff C yell at the residents in the building. Staff B and Staff C yell at her when she wants to use the phone and have refused to allow her to use the phone. When Staff B and Staff C do allow her to use the phone, she is only allowed a few minutes to use the phone with supervision. Resident #2 further revealed Staff B and Staff C will make her wait a long time when she pulls her call light. They always answer her call light as a buddy system where Staff B and Staff C come to her room together even though she is mainly independent. Resident #2 explained she has reported her concerns to the previous Administrator as well as the current Administrator and nothing has changed.</p> <p>2. The MDS assessment, dated 8/17/24, for Resident #4 documented diagnoses of anemia, depression and Bipolar disorder. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/16/24 at 3:45 p.m., Resident #4 explained Staff B and Staff C on the second shift come into her room and turn off her call light and make her wait an hour to use the toilet and at times she will be incontinent due to the staff refusing to take her to the bathroom.</p> <p>3. According to the MDS assessment dated [DATE] Resident #5 scored 14 on the BIMS indicating no cognitive impairment. The resident had diagnoses including bipolar disorder and anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The current Care Plan, with a goal target date of 10/14/24, identified the resident took antipsychotic, anti-depressant, and anti-anxiety medication for diagnoses of Schizophrenia and Bipolar disorder. The interventions included Social Service would complete the Geriatric Depression scale with MDS assessments and report any concerns to the nurse to notify the physician and family. The Social Worker would assess for any signs and symptoms of psycho-social concerns.</p> <p>On 9/17/24 at 4:02 p.m. Resident #5 stated she had an issue with 1 staff member who worked the evening shift, Staff B CNA. She was always yelling and would push her out of her room and down to the dining room. The resident wanted to comb her hair, and Staff B would not listen to her. The resident said, that's not right. She said Staff C was loud, but the resident got along better with her. Sometimes the resident didn't want to stay at the facility anymore.</p> <p>On 9/18/24 at 10:42 a.m. Resident #5 stated she dreaded the afternoons that Staff B would be working.</p> <p>4. The MDS assessment dated [DATE] for Resident #6 documented diagnoses of anxiety disorder, hyperlipidemia, Bipolar Disorder and Post Traumatic Stress Disorder (PTSD). The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/19/24 at 9:35 a.m., Resident #6 stated Staff C is mean to her. Resident #6 explained her family has talked to the facility but it has not gotten any better. Resident #6 explained Staff C gets mad at Resident #6 when she pulls her call light and it takes a really long time for them to answer it. Resident #6 stated it makes her feel like they don't like her.</p> <p>5. The MDS assessment dated [DATE] for Resident #8 documented diagnoses of need for assistance with personal care, depression and Bipolar Disorder. The MDS showed a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment.</p> <p>During an interview on 9/19/24 at 10:13 a.m., Resident #8 revealed she has issues with Staff B that works in the afternoon. Resident #8 explained Staff B will not allow her to use the bathroom when Resident #8 asks. Resident #8 stated Staff B will tell her that if she uses the call light she better be wet because Staff B is not coming back until 10:00 p.m Resident #8 explained when Staff B assists her to bed, Staff B will tell her to get over here old lady and she doesn't like that. Resident #8 stated she has had incontinence episodes and has soaked the bed. She stated when that happens it makes her feel like she wants to commit suicide and she feels worthless. Resident #8 revealed she has not reported when this happens as her location in the building takes a nurse forever to come down to assist her.</p> <p>During an interview on 9/20/24 at 9:26 a.m., Resident #8 stated Staff B and Staff C worked last night and would not allow her to go to the bathroom before going to bed. Resident #8 stated when the staff does that it makes her feel worthless when she has an accident. Resident #8 stated Staff B and Staff C came to assist her to bed and they said get over here old lady. Resident #8 said she really doesn't like that.</p> <p>6. According to the MDS assessment dated [DATE] Resident #23 scored 10 on the BIMS indicating moderate cognitive impairment. The resident had diagnoses including Alzheimer's disease with early onset.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The current Care Plan with a goal target date of 12/2/24 identified the resident used anti-anxiety medications related to adjustment issues.</p> <p>On 9/16/24 at 12:03 p.m. Resident #23 stated there was a CNA who worked in the evening that was always yelling at him. If he peed in the bed a little bit she would yell and say he pissed the bed again. She always yelled and it got him upset.</p> <p>On 9/17/24 at 8:39 a.m. Resident #23 stated the staff who yelled and upset him was Staff B and she worked evenings. Resident #23 said she could really upset him.</p> <p>Interview on 9/19/24 at 9:29 a.m., with Staff D, CNA revealed residents voice concerns about staff that work in the evening just about everyday she works. Staff D revealed the residents in the facility voice concerns about Staff B and Staff C. Staff D revealed residents report Staff B and Staff C do not have patience and they yell at the residents all the time. Staff D further revealed she has told the Director of Nursing (DON) and has been told she is taking care of it but nothing has changed and the residents keep complaining about them.</p> <p>Interview on 9/19/24 at 10:19 a.m., with Staff E, CNA revealed residents in the facility complain all the time about the afternoon shift Staff B and Staff C. Staff E revealed residents say they are verbally abusive, they are mean and do not take care of the residents. Staff E revealed Resident #5 does not like to get into her recliner in the afternoon when Staff B works because she freaks out when she is. Staff E stated residents have told her Staff B and Staff C will yell at them when they turn the call light on and will not answer the call lights that have been turned on. Staff E further revealed there are residents that are afraid to turn on the call light due to being afraid of how they are going to be treated. Staff E revealed she told the Administrator about how the residents are being treated but nothing has changed.</p> <p>Interview on 9/19/24 at 10:29 a.m., with Staff G, Registered Nurse (RN) revealed residents have expressed concerns with Staff B on the afternoon shift. Staff G revealed Staff B is very matter of fact attitude and that is just her demeanor. Residents in the facility have complained that they do not like how Staff B treats them. Staff G further revealed she does not like how Staff B treats Resident #26. Staff G explained Resident #26 is a lot at times and can be hard to deal with but Staff B needs to just let her be and redirect when needed and not to yell at her. Staff G revealed she didn't want to get anyone into trouble so she didn't say anything.</p> <p>During an interview on 9/19/24 at 10:41 a.m., with Staff Q, [NAME] revealed Staff B and Staff C were working and she was in the dining room and Staff Q could hear staff down the south hallway yelling at a resident. Was unable to make out what was being said down the hallway. That same evening Staff Q was in the dining room during the supper meal and heard Staff B or Staff C tell Resident #26 to shut up. Staff Q did not report the incident to anyone because she is new and didn't want to cause any problems but knows that this type of behavior would never have met up to previous employers expectations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 9/19/24 at 10:46 AM with Staff I, Housekeeping and Laundry Supervisor revealed Staff B and Staff C that work on the evening shift are mean to the residents in the facility and the residents complain about them all the time. Staff I revealed Resident #5 and #26 do not like them. Staff I stated Resident #5 had gone to the previous Administrator and voiced concerns about the care. Staff I explained that if a resident in the facility tells her about care concerns she tells them to report to the management or to fill out a grievance form. Staff I expressed that she had talked to Staff A, RN and Staff A told her they don't let her do anything with Staff B and Staff C either.</p> <p>Interview on 9/19/24 at 12:25 p.m., with the Administrator revealed she has been over this building since the end of July and is not aware of any resident concerns with staff members and how they treat them.</p> <p>Interview on 9/19/24 at 12:39 p.m., with the DON revealed she is not aware of any concerns residents have regarding staff members and how they treat them.</p> <p>Interview on 9/20/24 at 9:41 a.m., with Staff R, CNA revealed Staff B and Staff C have very loud personalities and have had to tell them to bring it down. Staff R revealed Resident #4 has reported Staff B and Staff C yell at her. Staff R revealed she reported this information and that Staff B and Staff C can be a bit much to the nurse but is unable to recall which nurse she told. Staff R further revealed we have to work with what we got for staffing. We are pretty short staffed.</p> <p>Interview on 9/20/24 at 10:26 a.m., with the DON revealed again she was not aware of any issues regarding staff or residents reporting any concerns on how the residents in the facility are being treated. The DON further revealed her afternoon shift Staff B and Staff C are naturally loud staff and when they are not working she is usually working in the afternoon on the floor and when she does work with them she does not have any concerns but knows staff is different when she is around.</p> <p>Interview on 9/20/24 at 10:54 a.m., with the Administrator revealed she did recently have a Staff E come to her about how Staff B and Staff C were treating residents. The Administrator stated she did do a verbal coaching with them but did not have any documentation for this as it was a verbal coaching.</p> <p>Interview on 9/20/24 at 11:36 a.m., with the Administrator revealed she wanted to add Staff B and Staff C are naturally loud and that maybe the residents in the facility took that the wrong way.</p> <p>Interview on 9/21/24 at 11:22 a.m., with Staff T, Regional Nurse Consultant revealed if the staff knew about alleged abuse occurring they should have reported it to the DON or Administrator, as a Corporation we have proper channels to follow after that.</p> <p>Review of the facility grievances lacked any information of staff or residents filing grievances with the facility regarding the treatment of residents in the facility.</p> <p>The facility is unable to supply call light records as the system does not record call light times.</p> <p>The facility did not report the allegations to the State Agency.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of facility provided policy titled Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts with a revision date of October 2023 revealed the following information:</p> <p>a. All employees are required to immediately notify the administrative or nursing supervisory staff that is on duty of any complaint, allegation, observation or suspicion of resident abuse, mistreatment, or neglect so that the resident's needs can be attended to immediately and investigation can be undertaken promptly.</p> <p>b. Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made.</p> <p>Interview on 9/20/24 at 2:06 p.m., with the Administrator revealed if she would have known about the allegations she would have dealt with the situation right away.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review, facility investigation review, staff and resident interviews, and facility policy review the facility failed to protect residents from mental and verbal abuse when the facility staff failed to investigate allegations of abuse and protect the residents from 2 staff members accused of verbally and mentally abusing residents (Resident #2, #4, #5, #6, #8, and #23). Resident #2, Staff D and Staff E stated they reported to administration that Staff B and Staff C yell at residents, are verbally abusive, mean and do not take care of residents' needs. The administration did not conduct an investigation into the allegations and did not place protective measures to protect all residents while the administrative staff investigated the allegations of mental and verbal abuse.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) on September 20, 2024 at 2:11p.m A removal plan was submitted to the State Agency on September 20, 2024 but was not accepted or verified and the immediacy remained at the time of exit.</p> <p>The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of hypertension, diabetes mellitus, anxiety disorder and depression. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/19/24 at 9:47 a.m., Resident #2 revealed she has issues with Staff B, Certified Nursing Assistant (CNA) and Staff C, CNA on the afternoon shift. Resident #2 revealed Staff B and Staff C yell at the residents in the building. Resident #2 stated Staff B and Staff C yell at her when she wants to use the phone and have refused to allow her to use the phone. When Staff B and Staff C do allow her to use the phone she is only allowed a few minutes to use the phone with supervision. Resident #2 stated Staff B and Staff C will make her wait a long time when she pulls her call light. They always answer her call light as a buddy system. Staff B and Staff C always come to her room together even though she is mainly independent. Resident #2 explained she has reported her concerns to the previous Administrator as well as the current Administrator and nothing has changed.</p> <p>2. The MDS assessment dated [DATE] for Resident #4 documented diagnoses of anemia, depression and Bipolar disorder. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/16/24 at 3:45 p.m., Resident #4 explained Staff B and Staff C on the second shift come into her room and turn off her call light and make her wait an hour to use the toilet. Resident #4 stated at times she will be incontinent due to the staff refusing to take her to the bathroom.</p> <p>3. According to the MDS assessment dated [DATE] Resident #5 scored 14 on the BIMS indicating no cognitive impairment. The resident had diagnoses including bipolar disorder and anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The current Care Plan with a goal target date of 10/14/24 identified the resident took antipsychotic, anti-depressant, and anti-anxiety medication for diagnoses of Schizophrenia and Bipolar disorder. The interventions included Social Service would complete the Geriatric Depression scale with MDS assessments and report any concerns to the nurse, to notify the physician and family. The Social Worker would assess for any signs and symptoms of psycho-social concerns.</p> <p>On 9/17/24 at 4:02 p.m. the resident stated she had an issue with 1 staff member who worked the evening shift, Staff B CNA. She was always yelling. Staff B would push her out of her room and down to the dining room. The resident stated she wanted to comb her hair, and Staff B would not listen to her. The resident said, that's not right. She said Staff C was loud, but got along better with her. Sometimes the resident didn't want to stay at the facility anymore.</p> <p>On 9/18/24 at 10:42 a.m. Resident #5 stated she dreaded the afternoons that Staff B would be working.</p> <p>4. The MDS assessment dated [DATE] for Resident #6 documented diagnoses of anxiety disorder, hyperlipidemia, Bipolar Disorder and Post Traumatic Stress Disorder (PTSD). The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/19/24 at 9:35 a.m., Resident #6 stated Staff C is mean to her. Resident #6 explained her family has talked to the facility but it has not gotten any better. Resident #6 explained Staff C gets mad at Resident #6 when she pulls her call light and it takes a really long time for them to answer it. Resident #6 stated it makes her feel like they don't like her.</p> <p>5. The MDS assessment dated [DATE] for Resident #8 documented diagnoses of need for assistance with personal care, depression and Bipolar Disorder. The MDS showed a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment.</p> <p>During an interview on 9/19/24 at 10:13 a.m., with Resident #8 revealed she has issues with Staff B that works in the afternoon. Resident #8 explained Staff B will not allow her to use the bathroom when Resident #8 asks. Resident #8 stated Staff B will tell her that if she uses the call light she better be wet because Staff B is not coming back until 10:00 p.m Resident #8 explained when Staff B assists her to bed, Staff B will tell her, get over here old lady, and she doesn't like that. Resident #8 stated she has had incontinence episodes and has soaked the bed. When that happens it makes her feel like she wants to commit suicide and she feels worthless. Resident #8 revealed she has not reported when this happens because due to her location in the building it takes a nurse forever to come down to assist her.</p> <p>During an interview on 9/20/24 at 9:26 a.m., Resident #8 stated Staff B and Staff C worked last night and made her go to bed without being able to use the bathroom. Resident #8 stated when the staff does that it makes her feel worthless when she has an accident. Resident #8 stated when Staff B and Staff C came to assist her to bed and they said, get over here old lady, and she really doesn't like that.</p> <p>6. According to the MDS assessment dated [DATE] Resident #23 scored 10 on the BIMS indicating moderate cognitive impairment. The resident had diagnoses including Alzheimer's disease with early onset.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The current Care Plan with a goal target date of 12/2/24 identified the resident used anti-anxiety medications related to adjustment issues.</p> <p>On 9/16/24 at 12:03 p.m. the resident stated there was a CNA who worked in the evening that was always yelling at him. If he peed in the bed a little bit she would yell and say he pissed the bed again. She always yelled and it got him upset.</p> <p>On 9/17/24 at 8:39 a.m. the resident stated the staff who yelled and upset him was Staff B and she worked evenings. Resident #23 said she could really upset him.</p> <p>Interview on 9/19/24 at 9:29 a.m., with Staff D, CNA revealed residents voice concerns about staff that work in the evening just about everyday she works. Staff D stated the residents in the facility voice concerns about Staff B and Staff C. Staff D revealed residents report Staff B and Staff C do not have patience and they yell at the residents all the time. Staff D further revealed she has told the Director of Nursing (DON) and has been told she is taking care of it but nothing has changed and the residents keep complaining about them.</p> <p>Interview on 9/19/24 at 10:19 a.m., with Staff E, CNA revealed residents in the facility complain all the time about the afternoon shift Staff B and Staff C. Staff E revealed residents say they are verbally abusive, they are mean and do not take care of the residents. Staff E revealed Resident #5 does not like to get into her recliner in the afternoon when Staff B works because she freaks out when she is. Staff E revealed residents have told her Staff B and Staff C will yell at them when they turn the call light on and will not answer the call lights that have been turned on. Staff E stated there are residents that are afraid to turn on the call light due to being afraid of how they are going to be treated.</p> <p>Interview on 9/19/24 at 10:29 a.m., with Staff G, Registered Nurse (RN) revealed residents have expressed concerns with Staff B on the afternoon shift. Staff G revealed Staff B has a very matter of fact attitude and that is just her demeanor. Residents in the facility have complained that they do not like how Staff B treats them. Staff G stated she does not like how Staff B treats Resident #26. Staff G explained Resident #26 is a lot at times and can be hard to deal with but Staff B needs to just let her be and redirect when needed and not to yell at her.</p> <p>An interview on 9/19/24 at 10:41 a.m., with Staff Q, [NAME] revealed on August 23, 2024 she was working when Staff B and Staff C were working and she was in the dining room and she could hear staff down the south hallway yelling at a resident. Staff Q was unable to make out what was being said down the hallway. That same evening Staff Q was in the dining room during the supper meal and heard Staff B or Staff C tell Resident #26 to shut up. Staff Q did not report the incident to anyone but knows that this type of behavior would never have met up to previous employers expectations.</p> <p>Interview on 9/19/24 at 10:46 AM with Staff I, Housekeeping and Laundry Supervisor revealed Staff B and Staff C that work on the evening shift are mean to the residents in the facility and the residents complain about them all the time. Staff I revealed Resident #5 and #26 do not like them. Staff I stated Resident #5 had gone to the previous Administrator and voiced concerns about the care. Staff I explained that if a resident in the facility tells her about care concerns she tells them to report to the management or to fill out a grievance form. Staff I expressed that she had talked to Staff A, RN and Staff A has told her they don't let her do anything with Staff B and Staff C either.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	

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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 9/19/24 at 12:25 p.m., with the Administrator revealed she has been over this building since the end of July and is not aware of any resident concerns with staff members and how they treat them.</p> <p>Interview on 9/19/24 at 12:39 p.m., with the DON revealed she is not aware of any concerns residents have regarding staff members and how they treat them.</p> <p>Interview on 9/20/24 at 9:41 a.m., with Staff R, CNA revealed Staff B and Staff C have very loud personalities and have had to tell them to bring it down. Staff R revealed Resident #4 has reported Staff B and Staff C yell at her. Staff R revealed she reported this information to the nurse. Staff R further revealed we have to work with what we got for staffing. We are pretty short staffed.</p> <p>Interview on 9/20/24 at 10:26 a.m., with the DON revealed again she was not aware of any issues regarding staff or residents reporting any concerns on how the residents in the facility are being treated. The DON further revealed her afternoon shift Staff B and Staff C are naturally loud staff and when they are not working she is usually working in the afternoon on the floor and when she does work with them she does not have any concerns but knows staff is different when she is around.</p> <p>Interview on 9/20/24 at 10:54 a.m., with the Administrator revealed Staff E had recently come to her about how Staff B and Staff C were acting. The Administrator further revealed she did do a verbal coaching with them but did not have any documentation for this as it was a verbal coaching.</p> <p>Interview on 9/20/24 at 11:36 a.m., with the Administrator revealed she wanted to add Staff B and Staff C naturally loud and that maybe the residents in the facility took that the wrong way.</p> <p>Interview on 9/21/24 at 11:22 a.m., with Staff T, Regional Nurse Consultant revealed if the staff knew about alleged abuse occurring they should have reported it to the DON or Administrator. As a Corporation we have proper channels to follow after that.</p> <p>Review of the facility provided Employee Schedule dated August 2024 revealed the following information from August 24, 2024-August 31, 2024:</p> <ul style="list-style-type: none"> <li>a. Staff B worked on the afternoon shift 5 days.</li> <li>b. Staff C worked on the afternoon shift 2 days.</li> </ul> <p>Review of the facility provided Employee Schedule dated September 2024 revealed the following information for September 1, 2024- September 20, 2024</p> <ul style="list-style-type: none"> <li>a. Staff B worked on the afternoon shift 15 days.</li> <li>b. Staff C worked on the afternoon shift 12 days.</li> </ul> <p>Review of the facility grievances lacked any information of staff or residents filing grievances with the facility regarding the treatment of residents in the facility.</p> <p>The facility is unable to supply call light records as the system does not record call light times.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility did not have any facility investigation into the alleged abuse allegations.</p> <p>Review of facility provided policy titled Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts with a revision date of October 2023 revealed the following information:</p> <p>a. All employees are required to immediately notify the administrative or nursing supervisory staff that is on duty of any complaint, allegation, observation or suspicion of resident abuse, mistreatment, or neglect so that the resident's needs can be attended to immediately and investigation can be undertaken promptly.</p> <p>b. All alleged violations involving mistreatment, sexually inappropriate behaviors, and abuse or neglect will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with state and federal law. Additionally, the facility will thoroughly investigate, under the direction of the Administrator, all injuries of unknown origin to determine if abuse or neglect was involved. Prior to investigation, as soon as an allegation is communicated, residents are to be protected to ensure safety.</p> <p>c. 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>d. The Administrator, Director of Nursing or their designee assumes responsibility for notification of the incident and investigation findings as well as follow-up.</p> <p>e. Any employee suspected (alleged) of abuse will be suspended as the incident is reported, pending the outcome of the investigation.</p> <p>Interview on 9/20/24 at 2:06 p.m., with the Administrator revealed if she would have known about the allegations she would have dealt with the situation right away.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44474</p> <p>48003</p> <p>Based on observations, clinical record review, and staff interview, the facility failed to follow physician's orders for 2 of 7 residents reviewed (Resident #7 and #29). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #7 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of hypertension, diabetes, hemiplegia (paralysis on 1 side), coronary artery disease and renal insufficiency.</p> <p>The Care Plan dated 8/15/24 identified that Resident #7 has Chronic Kidney Disease, Stage 4. It directed staff to give medications as ordered by the physician, to monitor for edema, difficulty breathing and weight gain of over 2 pounds a day.</p> <p>Review of Resident #7 medications documented on 8/30/24 she received an order for Lasix 20 mg to be given every 2 days if weight gain of greater than 2 pounds.</p> <p>Review of the weights lacked documentation of the resident being weighed regularly. It further documented the resident weighed 182.6 pounds on 8/28/24 and on 9/03/24 weighed 189.4 pounds.</p> <p>Resident #7 Progress Notes lacked assessment for the weight gain.</p> <p>The September 2024 Medication Administration record lacked documentation of Lasix being give due to the 6.8 pound weight increase.</p> <p>During an interview on 9/18/24 at 2:35 PM Staff A, Registered Nurse (RN) reported Resident #7 is weighed weekly. She reported was not aware of the Lasix order so didn't know about giving it if she has a weight increase.</p> <p>In an interview on 9/18/24 at 2:52 PM, the Director of Nursing (DON) reported nurses are to be determining weight gain by edema then weights. She reports Resident #7 should be a daily weight.</p> <p>2. The Minimum Data Set (MDS) dated [DATE] for Resident #29 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of hypertension, diabetes, malnutrition, and constipation.</p> <p>The Care Plan dated 9/10/24 identified that Resident #26 required tube feeing related to swallowing problems. It directed staff to flush Gastric tube with 30 milliliters of water before and after feeding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 9/17/24 at 10:28 AM, Staff A, RN did enteral feeding with Resident #29. She gathered her supplies. She then went to the resident's room. She took the new graduate and measured out 30 milliliters of water. She then poured the 30 ml into a cup. She then added the 1 carton of Isosource 1.5 (250ml) in the graduate. After checking placement with her gloved hands attached the syringe to the port again and unclamped the port. She flushed with 15ml and then the Isosource 250ml then flushed post with 15 ml.</p> <p>Review of Resident #29's Medication Administration Record for September 2024 documents he is to get one box at 250ml each box TID. The order was to flush with 30 milliliters of water before and after.</p> <p>During an interview on 9/18/24 at 2:44 PM, the DON reported the nurse should of flushed with 30 milliliters of water before and 30milliliters of was after the Isosource.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</b></p> <p>Based on clinical record review, bath sheet review, policy review, resident and staff interviews, the facility failed to provide baths to residents per the resident's desired frequency 4 of 5 residents reviewed (Residents #4, #5, #9 and #19). The facility reported a census of 28.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #4 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident is a substantial/maximal assistance (helper does more than half the effort) for shower/bathing.</p> <p>During an interview on 9/17/24 at 9:00 AM, Resident #4 reported she does not get her baths on twice a week like she requested due to low staffing frequently.</p> <p>An observation during the interview on 9/17/24 at 9:00 AM, Resident #4's hair was greasy.</p> <p>During an interview on 9/17/24 at 10:41 AM, Staff D and Staff E, Certified Nursing Assistance (CNA) reported they often work short staffed and residents do not always get their baths. They reported there was a time when one resident went a whole week without a shower. They reported the management is aware of being short staff and showers not getting done.</p> <p>During an interview on 9/19/24 at 10:05 AM Staff D, CNA reported the staff highlight the bath sheet if the bath was completed.</p> <p>Review of the Weekly Bathing List documented in the past 30 day look back, Resident #4 did not get 3 of her baths of the 9 that she was to have.</p> <p>Review of Resident #4's Progress Notes lacked documentation of the resident refusing the baths on the days she did not get one.</p> <p>In an interview on 9/19/24 at 10:20 AM, the Nurse Consultant reported the facility is aware that residents are not getting baths when they should. She reported it is due to staffing.</p> <p>Review of the facility policy titled Resident Hygiene with a revised date of August 2021 documents each resident will get a tub bath, whirlpool bath or shower at least twice weekly.</p> <p>2. The MDS dated [DATE] for Resident #19 revealed a Brief Interview of Mental Status (BIMS) score of 8 which indicated moderate cognitive impairment. The MDS documented the resident was independent with bathing.</p> <p>Observation on 9/18/23 at 7:35 AM Resident #19's hair greasy and unkept and dirt noted under fingernails.</p> <p>Review of the Weekly Bathing List documented in the past 30 day look back, Resident #19 did not get 3 of her baths of the 9 that she was to have.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #19's Progress Notes lacked documentation of the resident refusing her baths on the days she did not get them.</p> <p>26527</p> <p>3. According to the MDS assessment dated [DATE] Resident #5 scored 14 on the BIMS indicating no cognitive impairment. The resident required substantial to maximal assist with bathing. The resident had diagnoses including bipolar disorder and anxiety.</p> <p>The current Care Plan with a target date of 10/14/24 identified the resident at risk for decline in assist of daily living (ADL) function related to diagnosis of dementia, COPD. The interventions included the resident required assist with washing back, feet and legs during baths. The resident requested weekly showers on Wednesdays.</p> <p>The Tasks tab section in the electronic health record, re: bathe/shower, documented 3 baths the previous 30 days.</p> <p>4. According to the MDS assessment dated [DATE] Resident #9 scored 3 on the Brief Interview for BIMS indicating severe cognitive impairment. The resident depended on staff for baths. The resident had diagnoses including a history of malignant neoplasm of the bladder and atherosclerotic heart disease (ASHD).</p> <p>The current Care Plan with a goal target date of 11/14/24 identified the resident at risk for decline in ADL function related to diagnosis of ASHD and pain. The interventions included the resident required assist with washing back, feet and legs during baths.</p> <p>The Tasks tab section in the electronic health record, re: bathe/shower, documented 1 bath in the previous 14 days.</p> <p>The facility Bath and Shower Standard revised August 2021 directed a tub bath, whirlpool bath or shower at least twice weekly. Tub and whirlpool baths or showers are scheduled for each resident and are given at various times of the day, and modified according to the resident's condition, preferences and desires, whenever possible.</p> <p>Bathing includes cleaning and trimming fingernails and toenails, shaving facial hair, washing the entire body and shampooing resident's hair.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide activities to meet all resident's needs.</p> <p>44474</p> <p>Based on observations, facility record review, resident and staff interviews and facility policy review the facility failed to provide an ongoing and resident centered activity program designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. The facility reported a census of 28.</p> <p>Findings include:</p> <p>During observations on 9/16/24 at 8:12 a.m., noted the outside of resident doors revealed a monthly calendar with pictures on each day. Observation of the activity calendar had activities written on and taken off and changed for the Month of September. A bulletin board entering the west hallway with upcoming events had pictures of items including the month of July and August including July 4th.</p> <p>Interview on 9/18/24 at 9:41 a.m., with Staff Y, Activities Director revealed she works Monday, Wednesday and Friday all day, Tuesday and Thursdays in the afternoons and then works the weekend but those hours vary. Staff Y explained she is new to the position and the position was empty prior to her taking the position. Staff Y stated that she works on planning activities and having activities for the residents in the facility. Staff denies knowing if there were activities in the facility prior to her coming to her position.</p> <p>Interview on 9/19/24 at 1:17 p.m., with the Administrator revealed she does not have the last 6 months of activity calendars and cannot say the facility was providing any activities in the facility as the facility did not have any documentation of the activities occurring and they should be having activities everyday.</p> <p>Observation on 9/21/24 at 1:17 p.m., revealed no structured activities taking place in the facility. Noted Staff T, Regional Nurse Consultant coloring with a resident at a table in the living room area.</p> <p>Observation on 9/23/24 at 1:13 p.m., of Resident #24 sitting around the nursing station area in her wheelchair. Asked how the resident was today and Resident #24 replied kinda bored. There is not much to do.</p> <p>Review of facility provided policy titled Activity Recreation Standards dated September revealed it is the purpose of this policy to provide creative and comprehensive services and programs to enhance, improve or maintain physical, emotional, mental, social and spiritual abilities of special needs individuals and the facility shall provide for an ongoing program of Activity/Recreation designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>44474</p> <p>Based on observations, record review, and staff interviews, the facility failed to complete accurate assessments and interventions for a resident with a Stage 4 pressure sore which had healed but reopened for 1 of 1 resident reviewed, (Resident #9). Certified Nursing Assistant (CNA) staff identified an open area on a resident's left inner buttock at the beginning of September 2024 and reported it to nursing staff. The record lacked assessments of the area, notification to the physician and treatment orders. On 9/18/24, the record finally reflected the wound and treatment order received for a once per day-shift treatment. Observations on 9/23/24 revealed an open area on the left inner buttock with no dressing in place over the area and slough present in the wound; nursing staff failed to complete the treatment. CNA staff reported as of 9/23/24 at 6:00 p.m., the wound was oozing and remained without a dressing in place.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) on September 24, 2024 at 6:00 p.m. that began as of September 17,2024. A removal plan was submitted to the State Agency on September 24, 2024 but was not accepted or verified and the immediacy remained at the time of exit.</p> <p>The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>The MDS (Minimum Data Set) assessment identifies the definition of pressure ulcers:</p> <p>Stage I is an intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.</p> <p>Stage II is partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough (dead tissue, usually cream or yellow in color). May also present as an intact or open/ruptured blister.</p> <p>Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p>Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). may be present on some parts of the wound bed. Often includes undermining and tunneling or eschar.</p> <p>Unstageable Ulcer: inability to see the wound bed.</p> <p>Other staging considerations include:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, maroon or purple discoloration. Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue. This area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. These changes often precede skin color changes and discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface.</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #9 scored 3 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The diagnoses included need for assistance with personal care, atherosclerotic heart disease (ASHD), reduced mobility and abnormal posture. The MDS included Resident #9 was dependent on staff for toileting hygiene, bathing, lower body dressing, putting on and taking off footwear, and personal hygiene. The Resident was dependent on staff for all transfers and bed mobility. The Resident was at risk of developing pressure ulcers or injuries. Did not currently have a pressure ulcer or injury and had a pressure reducing device for bed.</p> <p>The current Care Plan with a goal target date of 11/14/24 identified the resident at risk for skin breakdown related to impaired mobility and included the following interventions:</p> <ol style="list-style-type: none"> <li>a. Encourage and assist to reposition frequently.</li> <li>b. Maxifloat pressure relieving mattress.</li> <li>c. Monitor meal intake and monthly weight.</li> <li>d. Observe skin and any wounds for changes such as redness, tenderness, foul drainage, heat. Notify the physician.</li> <li>e. Pressure relieving mattress on bed.</li> <li>f. Skin checks per facility protocol.</li> <li>g. Therapy recommending nursing staff to assist the patient with transferring from wheelchair to bed following lunchtime meal for up to 2-3 hour durations in order to promote pressure relief to his buttocks region to prevent worsening of skin breakdown.</li> <li>h. Treatment as ordered.</li> </ol> <p>Review of facility skin assessments revealed the following:</p> <ol style="list-style-type: none"> <li>a. On 1/16/24 documented the resident had a pressure ulcer of the left buttock.</li> <li>b. On 2/20/24 documented the resident had a friction ulcer of the left buttock.</li> <li>c. On 4/30/24 skin assessment documented no skin issues.</li> </ol> <p>Review of the Braden Scale dated 7/22/24 revealed a score of 17, which indicated at risk for pressure sore development.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Observation on 9/17/24 at 11:00 a.m., Staff D, Certified Nursing Assistant (CNA) and Staff E, CNA transferred the resident via the sit to stand (mechanical lift) to the commode. Observation revealed Resident #9 had an open area to his left buttock area. Staff E stated they had reported it and everyone at the facility knew about it.</p> <p>On 9/18/24 at 8:18 a.m. the Director of Nursing (DON) and Staff D got the resident out of bed. When rolled to his left, the area to his left buttock showed 2 open slits, with some drainage on the incontinent brief. The DON stated she worked on Saturday and it was not like that. She put A&amp;D on the area and stated she would measure it when they did cares after breakfast and notify the physician.</p> <p>On 9/18/24 at 10:22 a.m. the DON stated skin issues should be assessed promptly after identified, with notification to the physician for treatment orders. They should not put the assessment off for even 1 day.</p> <p>On 9/18/24 at 2:23 p.m., the DON, Staff A, Registered Nurse (RN), and Staff D, went to the resident's room, where the resident sat on the commode. Staff changed his pants because they were wet. Drainage from the wound on the back of the incontinence brief was unidentifiable. After personal care was completed, Staff A and the DON measured the areas. The wound bases were red with a small amount of red drainage. The DON applied A&amp;D ointment and covered it for protection until the facility could notify the physician.</p> <p>Review of Resident #9's Progress Notes revealed the following information:</p> <p>a. On 9/18/24 at 3:44 p.m. documented the resident noted with open areas to the left buttock. The upper measured 1.5 x 2 x 0.1 cm and the lower one measured 1 x 1.8 x 0.1 cm. The wound beds with granulation, and the peri wound skin clear. Noted to have a dark drainage on the pull up, with no odors. The area was cleaned, and a dressing applied. The DON notified the physician. The resident denied any pain to this area.</p> <p>b. On 9/18/24 7:03 p.m. documented the Braden Scale for Predicting Pressure Ulcer Risk. Sensory Perception: Slightly limited. Moisture: Very moist. Activity: Chairfast. Resident is Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently. Nutrition: Adequate. Friction and shear: Problem. BRADEN Score: 13.0 (moderate risk to develop a pressure ulcer).</p> <p>c. On 9/20/24 at 7:08 p.m. documented a late entry. The resident was seen by the wound nurse consultant with the following recommendations: wound care: cleanse wound to left buttock with wound cleanser -apply 1 gm of collagen particle mixed with 15 ml of zinc based barrier cream and apply bordered gauze daily. Verbal order given.</p> <p>Review of Resident #9's Treatment Administration Record revealed an order for wound care: cleanse wound to left buttock with wound cleanser. Apply 1gm of collagen particle mixed with 15 ml of zinc based barrier cream and apply boarded gauze daily with a start date of 9/21/24 scheduled to be changed on days (day shift).</p> <p>During an interview on 9/19/24 at 9:05 a.m. Staff F, RN stated the resident had scar tissue on his buttock and some was kind of peeling back on Sunday (9/15/24) so she put a protective dressing on it. Staff F stated she should have made a note of it but she hadn't.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Wound Evaluation dated 9/20/24 revealed the wound on left buttock first observed on 9/16/24 documented as acquired pressure Stage 4. Wound measures 4.4 cm in length 3.2 cm in width and 0.1 cm in depth. Noted re-opened stage 4 ulcer. Scar tissue to the peri wound.</p> <p>During an interview on 9/23/24 at 11:57 a.m., Staff E explained she had told Staff F in the morning the resident's dressing was not there and his bottom was open. Staff F told Staff E she would have to look at the dressing change instructions as the wound nurse had been here to see him. Staff E revealed Staff F had not come to put a dressing on the open areas.</p> <p>Observation on 9/23/24 at 11:58 a.m., revealed Resident's bottom had open areas and noted to be red and skin around the areas noted to have a yellow color in appearance. Resident was noted to have a red tinged drainage on his brief. Resident denied having any pain in his bottom area.</p> <p>Interview on 9/23/24 at 12:37 p.m., with Staff F revealed she needed to do the residents treatment yet.</p> <p>Interview on 9/23/24 at 6:06 p.m., with Staff E revealed Staff F had not done anything with the resident's wound yet. She noted the wound to have a yellow color drainage so they put some skin barrier cream on it. Staff E revealed she had told the nurses about it at the beginning of September and that she has just had to continue to watch the area deteriorate. Staff E again revealed she had told Staff F about it being open and no dressing on the area this morning and still nothing has been done.</p> <p>Interview on 9/23/24 at 6:26 p.m. with Staff F revealed she had not done the dressing change as the resident usually calls after lunch and had not done that yet. Staff F revealed she has the treatment ready and she works until 10:00 p.m., this evening and will do it after supper. Staff F confirmed Staff E had told her the area was open after lunch and had not done the dressing to cover the wound.</p> <p>Review of the facility provided document titled The facility Skin Management Standard October 2023 included the Skin/Wound Alert Procedure. During routine care, the staff would note any skin/body areas that appeared to present an actual or potential problem and would provide information to the Supervising Nurse or Wound Care Nurse as soon as identified. The nurse that evaluated the resident, based on the findings of the staff, would document the assessment in the electronic medical record and would notify the Wound Care Nurse, physician, and responsible party of the condition. The Wound Care Nurse/licensed nurse would evaluate the resident upon being notified of the presence of a wound or change in resident's skin condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on observation, record review and staff interview the facility failed to provide restorative exercises as planned for 1 of 2 residents reviewed (Resident #3). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #3 scored 8 on the Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment. The resident had a functional limitation in range of motion (ROM) on one side of the body of an upper and lower extremity. The resident's diagnoses included stroke. The resident received no therapy or restorative nursing in the 7 day look back period.</p> <p>The Care Plan revised 11/10/22 identified the resident at risk for decline in activity of daily living (ADL) function related to a diagnosis of hemiplegia (paralysis on 1 side) and hemiparesis (weakness on 1 side of the body) following cerebral infarction (stroke) affecting the right dominant side. Interventions included arm bike exercise for 10-15 minutes 3 times/week with staff set-up assistance, grip/pinch strengthening using pink/orange theraputty 3 times/week with set-up assistance from staff, stationary bike 2-3 times/week for 10-15 minutes with assist of 1 to transfer from the wheel chair to the bike and back to the wheel chair, and walk to dine with assist of 1 staff 2-3 times a day and with wheelchair to follow.</p> <p>On 9/16/24 at 12:40 p.m. Resident #3 sat in the wheelchair (w/c) with her right arm in a device on the w/c. The resident wheeled herself backwards down the hall.</p> <p>The Tasks tab in Point Click Care (PCC) (the facility electronic health record) lacked an entry to document the restorative plan identified in the resident's care plan.</p> <p>On 9/19/24 at 8:48 a.m. Staff T, the Regional Nurse Consultant stated they had no restorative therapy program at this time.</p> <p>On 9/19/24 at 9:40 a.m. Resident #3 stated she had not used the stationary bike or arm bike for awhile. She said a lady came 1 time/week and went through some exercises with her.</p> <p>An undated Restorative Nursing Services policy documented residents would receive restorative nursing consult/care as needed to help promote optimal safety and independence. Restorative goals and objectives were individualized for the resident, and were outlined in the resident's plan of care.</p> <p>The facility undated Restorative Nursing Standard included restorative nursing could mean a variety of actions but for our purposes, it should refer to nursing rehabilitation as related to chronically ill,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>disabled and the aged resident.</p> <p>The whole process was geared towards assisting the resident in becoming a more independent person returning them to a more independent functional status while in the facility and when returning home.</p> <p>When a resident cannot exercise on their own, then the staff must implement restorative programming in order to keep the muscles strong.</p> <p>Planned exercises would help improve the resident's strength and encourage them to try new things.</p> <p>A strong restorative program would mean better resident outcomes and less work for staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on observation, record review, and staff interview, the facility failed to provide toilet assist in a timely manner resulting in incontinence and risk for urinary tract infection (UTI) for 1 of 2 residents reviewed (Resident #3). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #3 scored 8 on the Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment. The resident demonstrated frequent bladder incontinence, but always continent of bowel. The resident's diagnoses included a stroke.</p> <p>The Care Plan revised 11/11/22 identified the resident at risk for decline in activity of daily living (ADL) function related to diagnosis of hemiplegia (paralysis on 1 side of the body) and hemiparesis (weakness on 1 side of the body) following cerebral infarction affecting the right dominant side. Interventions included the resident required staff assist with toileting and peri-cares, frequently incontinent of bowel and bladder and wore incontinent products.</p> <p>The Progress Notes dated 9/3/24 at 2:15 a.m. documented the resident continued increased incontinent episodes of urine. She had moments of forgetfulness, and agitation and was easily redirected. Oral fluids encouraged. Sent a fax to the provider to collect a UA.</p> <p>The Progress Notes dated 9/4/24 at 6:21 p.m. documented a UA obtained and taken to the lab. Results received with orders for Cephalexin 2 times a day for 7 days and Fluconazole 150 mg every 3 days times 2 doses.</p> <p>The Progress Notes dated 9/6/24 at 5:16 a.m. documented the resident started on oral antibiotic and antifungal for yeast/UTI. No adverse reactions noted. The resident had less confusion this evening. Denied having any pain or discomfort during urination. Continued to have increased incontinent episodes. Oral fluids encouraged.</p> <p>On 9/19/24 at 9:40 a.m. Resident #3's call light was on. Resident #e sat in the wheelchair. The resident said her call light had been on since she returned from breakfast, and that had been awhile. She said she needed to use the bathroom. She said it sometimes took too long and she was incontinent before she could get there. No staff seen in the hall. Stayed with Resident #3 until Staff E Certified Nursing Assistant (CNA) arrived at 10:05 a.m Staff E stated Staff G Registered Nurse (RN) would be taking the resident for a shower. Resident #3 stated she needed to go to the bathroom. Staff E said she would go and get help. At 10:12 a.m. Staff E and Staff G came and took the resident to the bathroom. Staff assisted her with a gait belt. Resident #3 had bowel and bladder incontinence and stated she had to wait too long.</p> <p>On 9/19/24 at 10:12 a.m. Staff E stated they didn't have enough staff to provide care in a timely manner.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Staff G shook her head yes when asked if she agreed.</p> <p>On 9/19/24 10:45 a.m. the Staff T, Regional Nurse Consultant stated residents should not have to wait extended periods to receive assistance.</p> <p>The facility Incontinence Management Standard October 2023 documented it was the goal of the facility to ensure that each resident who was incontinent of bladder was identified and assessed, given the opportunity to achieve continence or to restore as much normal bladder function as was possible. Appropriate treatment and services would be provided to restore as much function as possible.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48003</p> <p>Based on observation, resident and staff interviews the facility failed to respond to call lights in a timely manner for 7 of 8 residents reviewed, (Resident #3, #4, #10, #14, #16, #6, #8). The facility also failed to give medications, provide wound care and serve resident meals timely due to staffing. The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #3 revealed a Brief Interview of Mental Status (BIMS) score of 08 which indicated moderate cognitive impairment. The MDS documented the resident was dependent (helper does all the effort to complete activity) for toileting and substantial/maximal assistance (helper does more than half the effort) for transfers.</p> <p>During a continuous observation on 9/17/24 at 9:31 AM Resident #3 put her call light on to use the toilet. At 9:39 AM observed the Director of Nursing walking down the hallway toward the light and turn into her office the room next to Resident #3's room. At 9:48 AM the call light was answered and the resident was assisted.</p> <p>During an interview on 9/18/24 at 10:40 AM, the Director of Nursing reported staff are expected to answer the call lights within 10 minutes. She reported it is a struggle but she often goes out to assist with the call light.</p> <p>2. The MDS dated [DATE] for Resident #4 revealed a BIMS score of 15 which indicated intact cognition. The MDS documented the resident was dependent (helper does all the effort to complete activity) for toileting and transfers.</p> <p>During an interview on 9/16/24 at 3:45 p.m., Resident #4 revealed there were times staff turn off her call light, leave, and then she had to wait an hour to use the toilet. Sometimes Resident #4 can't wait an hour to use the toilet before staff return, resulting in incontinence episodes.</p> <p>During a continuous observation on 9/17/24 at 9:04 AM, Resident #4 put her call light on. At 9:17 AM Staff D, Certified Nurses Aide (CNA) went into the resident's room and shut the light off and said she would be back to toilet and transfer the resident to her recliner. At 9:31 AM, Resident #4 put her call light back on due to staff not returning. At 9:38 AM Resident #4's call light was answered and she was assisted.</p> <p>During a continuous observation on 9/18/24 at 9:15 AM Resident #4 had her call light on to use the toilet. At 9:42 AM Resident #4's call light got answered and she was assisted.</p> <p>3. The MDS dated [DATE] for Resident #10 revealed a BIMS score of 15 which indicated intact cognition. The MDS documented the resident was dependent (helper does all the effort to complete activity) for toileting and transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a continuous observation on 9/17/24, Resident #10 had his call light on at 8:30 AM wanting to get up to the toilet and ready for the day. Staff D, CNA came in and asked him what he needed, shut the call light off and said she would be back as soon as she could. At 8:44 AM Resident #10 turned his light back on. At 9:27 AM kitchen staff brought in his room tray for breakfast and Resident #10 reported to them he was still waiting for assistance to the toilet. At 9:29 AM staff came in to assist the resident to the toilet and to get up.</p> <p>In an interview on 9/17/24 at 8:44 AM, Resident #10 reports it was the third time today he put his light back on due to staff saying they were coming back to assist him and never did.</p> <p>4. The MDS dated [DATE] for Resident #14 revealed a BIMS score of 10 which indicated moderate cognitive impairment. The MDS documented the resident was dependent for toileting and substantial/maximal assistance for transfers.</p> <p>During a continuous observation on 9/18/24 at 9:23 AM, Resident #14 put her call light on to be toileted. At 9:50 AM staff answered the call light and assisted Resident #14.</p> <p>5. The MDS dated [DATE] for Resident #16 revealed a BIMS score of 09 which indicated moderate cognitive impairment. The MDS documented the resident was dependent for toileting and substantial/maximal assistance for transfers</p> <p>During a continuous observation on 9/18/24 at 9:15 AM, Resident #16 put his call light on to use the toilet. At 10:10 AM Staff D, CNA told the resident they would be back to assist him as soon as the EZ Stand was available. At 10:12 AM Resident #16 put his light back on. At 10:40 AM Resident's light got answered and he was assisted.</p> <p>44474</p> <p>6. The MDS assessment dated [DATE] for Resident #6 documented diagnoses included: anxiety disorder, hyperlipidemia, Bipolar Disorder and Post Traumatic Stress Disorder (PTSD). The MDS showed a BIMS score of 15 indicating no cognitive impairment.</p> <p>During an interview on 9/19/24 at 9:35 a.m., Resident #6 revealed that there were times where Staff C, CNA, took a very long time to respond to Resident #6's call light. The significant delays in responding to her call light makes Resident #6 feel like the staff don't like her.</p> <p>7. The MDS assessment dated [DATE] for Resident #8 documented diagnoses included: need for assistance with personal care, depression and Bipolar Disorder. The MDS showed a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>During an interview on 9/19/24 at 10:13 a.m., Resident #8 revealed she has issues with Staff B, who works in the afternoon. Staff B will not allow Resident #8 to use the bathroom when Resident #8 asks to use the bathroom. Staff B expects that if Resident #8 uses the call light, Resident #8 should have experienced incontinence. Otherwise, Staff B says that she will not return to check on Resident #8 until 10:00 PM. Resident #8 continued to experience incontinence episodes, including soaking the bed. Resident #8 reported it takes forever for a nurse to come down to Resident #8's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8. On 9/23/24 at 3:49 PM, Staff Z, Licensed Practical Nurse (LPN), reported she worked as the only night shift nurse employed by the facility, 6 PM to 6 AM. Staff Z stated there was not enough staff to take care of the residents as the facility usually staffed with 2 Certified Nurse Aides (CNAs) and they could barely meet resident needs on a good day. Staff Z voiced that on a bad night, she would be passing meds until 1 or 2 AM. Staff Z reported the night of 9/22/24 when she arrived at 6 PM supper was not being passed, it took until 11:30 PM to complete med pass, and she struggled to get everything done. Staff Z reported some residents wanted their meds at a certain time and they would complain. Staff Z stated Staff N, Director of Nursing (DON), had to cover a lot of shifts working as a Certified Nurse Aide (CNA), even if the DON had already worked all day, and once in a while they could get an agency staff person to work. Staff Z said the DON also had to work as the night nurse on the nights that Staff Z was not scheduled to work. Staff Z said she had been scheduled 6 days in a row and in the past 2 months, she had to request time off in order to ensure she got time off.</p> <p>33878</p> <p>9. On 9/23/24 at 6:35 PM, Staff F, Registered Nurse (RN), responded that the new resident who was admitted on [DATE] did have wounds. Staff F reported the resident had treatments ordered and scheduled for Monday / Fridays and acknowledged she had not yet completed the treatments scheduled to be done on the day shift. When asked if she normally struggled to complete her treatments, Staff F responded sometimes but that on 9/23/24 she had extra resident needs, doctor rounds that day, and a hospice resident who was declining to take care of and therefore she could not get to the treatments yet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48003</p> <p>Based on record review and staff interview, the facility failed to ensure residents received psychiatric services as recommended for 2 of 3 residents reviewed (Resident #4 and #8). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #4 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of chronic pain, diabetes, Bipolar, Psychotic disorder and depression.</p> <p>On 3/21/24 during psych telehealth visit with a Licensed Psychiatric and Mental Health Nurse Practitioner an order received for Resident #4 to see Dr. for psychotherapy.</p> <p>The EHR lacked documentation of Resident #4 ever getting seen by Dr. for psychotherapy and lacked follow up post order.</p> <p>A Physician's Order on 7/8/24 documented Resident #4 to see (psychiatric provider) for psychological services.</p> <p>Review of (psychiatric provider) Clinical Notes for Resident #4 documented on 8/22/24 they were unable to review patient's chart due the nursing home did not have a facilitator available to help the provider round and see the patient. Clinical Note on 8/28/24 documented facility WIFI is not working several visits attempted with no success. Clinical Note dated 9/5/24 documented staff reported patient was sleeping and that the provider will attempt to see patient on next visit.</p> <p>In an interview on 9/19/24 at 10:25 AM, the Nurse Consultant reported the building has internet issues where it doesn't always work. She reported the facility should always have someone available so residents can get their psych visit completed.</p> <p>2. The MDS dated [DATE] for Resident #8 revealed a BIMS score of 11 which indicated moderate cognitive impairment. The MDS documented the resident had diagnoses of personality disorder, dysphagia, Bipolar, and depression.</p> <p>The Preadmission and Resident Review (PASRR) evaluation for Resident #8 included specialized Services for ongoing psychiatric services by a psychiatrist and therapy by a licensed behavioral health professional.</p> <p>Review of (psychiatric provider) Clinical Notes for Resident #8 documented that on 8/22/24 they were unable to review patient's chart due the nursing home did not have a facilitator available to help the provider round and see the patient. Clinical Note on 8/28/24 documented facility WIFI is not working several visits attempted with no success.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on observations, staff interviews, facility policy review revealed the facility failed to provide all residents with a nourishing well balanced diet that meets daily nutritional needs for 1 of 28 residents reviewed (Resident #27) The facility reported a census of 28.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #28 documented diagnoses of hypertension, Alzheimer's Disease and abnormal weight loss. The MDS showed a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment.</p> <p>Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a puree texture diet.</p> <p>Interview on 9/15/24 at 10:23 a.m., with Staff L, Licensed Nursing Home Administrator (LNHA) who was working as the cook today, revealed the facility had 1 resident with a puree diet. Staff L revealed she had not made a puree diet for Resident #28 for breakfast today.</p> <p>Interview on 9/21/24 at 1:20 p.m., with Staff O, Housekeeping Staff working as a dietary aide revealed all the residents in the facility had eaten. Asked Staff O if the puree lunch meal had been sent out on the meal tray, Staff O revealed she had to go get the cook to make the puree meal.</p> <p>Observation on 9/21/24 at 1:34 p.m., Resident #28's puree meal tray left the kitchen to be served.</p> <p>Review of facility provided policy titled Adequacy of Diet undated revealed the food and nutritional needs of the residents are met in accordance with physician's orders and to the extent of being medically possible.</p> <p>Interview on 9/23/24 at 1:25 p.m. with Staff H, Certified Dietary Manager (CDM) from another facility revealed all residents should be served when serving the meal. If a resident refused the meal then would still expect the staff to offer a tray.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>44474</p> <p>Based on Personnel file review, staff interviews and facility policy review the facility failed to have a Dietary Manager on staff. The facility reported a census of 28.</p> <p>Findings include:</p> <p>Interview on 9/15/24 at 10:23 a.m., Staff L, Licensed Nursing Home Administrator (LNHA) from a sister facility was in the kitchen as the cook for the day. Staff L stated the facilities Administrator had sent a message asking for help in their kitchen this weekend as they don't have staff in the facility for the kitchen and the staff working in the kitchen hasn't had a day off in a long time. Staff L stated she came up to help. Staff L revealed the facility staff was going to train with her today but they called in sick. Staff L revealed she did not know who the evening cook was going to be and she was probably going to have to stay as there was no one else.</p> <p>Interview on 9/15/24 at 12:23 p.m., with Staff I revealed she has not had any formal training in the kitchen. Staff I revealed she got a call one night from the facility that there was no cook and the facility and they asked her to come in and cook. She has been doing it since. Staff I had been working in the kitchen cooking and working the floor in housekeeping and laundry, for approximately 3 weeks or so. Staff I revealed the facility has 2 of their own dietary staff. Staff I revealed Staff P, [NAME] only works on Wednesday evenings due to having another job and Staff Q, cook works as dietary aide but is just learning how to cook. Staff I revealed she is the Housekeeping and Laundry Supervisor. Staff I was asked how do you get your cleaning and laundry done if you are working as a cook as well. Staff I replied that's why I work 13 to 14 hours a day, it has to get done and we are the only ones to do it.</p> <p>Interview on 9/15/24 at 3:45 p.m., with Staff L revealed she was staying to be the evening cook as the Administrator was unable to find anyone else to cook for the facility.</p> <p>Interview on 9/16/24 at 12:00 p.m., with Staff H revealed the facility only has 2 dietary staff of their own and one of those staff work only on Wednesday nights as she has another job. Staff H revealed she has her own kitchen to run and she is leaving her building short when she has to come over here to help all the time.</p> <p>Review of the facility provided Job Description Food Service Director undated revealed the primary purpose of your job position is to oversee the daily Operations of the Food Service Department in accordance with current and applicable: federal, state and local standards, guidelines and regulations.</p> <p>Interview on 9/16/24 at 9:36 a.m., with the Administrator revealed the facility has someone to work as the Dietary Manager when they come back to Iowa but does not currently have a Dietary Manager that works in the building. The facility has Staff H, Certified Dietary Manager (CDM) that comes from another facility to do inventory and help out in the kitchen. The Administrator would have to do some checking to see if the housekeeping staff had any formal training in the kitchen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>44474</p> <p>Based on review of the planned menu, observation, staff interviews and facility policy review the facility staff failed to follow the planned menu for residents. The facility identified a census of 28 residents.</p> <p>Findings include:</p> <p>Review of the menu for Week 2 Day 10 identified the following items as part of the planned menu for the lunch meal on 9/17/24:</p> <p>BBQ pork</p> <p>Baked Beans</p> <p>Glazed Carrots</p> <p>Cornbread</p> <p>Margarine</p> <p>Spiced peaches</p> <p>Observation on 9/17/24 at 12:05 p.m., the lunch meal consisted of:</p> <p>BBQ pork served on a bun</p> <p>Dinner roll and margarine</p> <p>Carrots</p> <p>Peaches</p> <p>Review of facility provided policy titled Menus undated revealed the menu planning is the responsibility of OptimaSolutions and the Dietary Manager. Menus meet the requirements of the Food and Nutrition Board of the Nutritional Research Council of the National Academy of Science. Menus are implemented by the Dietary Manager in conjunction with the Dietitian. Well planned menus aid in meeting the nutritional and psychosocial needs of the residents and are developed.</p> <p>Interview on 9/17/24 at 1:27 p.m., with the Administrator revealed the only approval the facility had for today's menu to change was to substitute the cornbread for a dinner roll. The Administrator revealed she expects her staff to follow the menus that are set for them.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on observations, diet orders, staff interviews and facility policy review the facility failed to serve the appropriate therapeutic diets to meet resident's needs according to their diet orders. Meal observations on 9/17/24 and 9/23/24 determined 6 residents who required mechanical soft diets did not get the food in their ordered texture (Resident #5, #8, #9, #11, #16 and #19) to prevent a choking hazard. Staff interviews revealed the shredded pork and the pineapple served posed a choking hazard for residents who required mechanical soft diets. Five of the six residents are considered either moderately or severely cognitively impaired.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) on September 23, 2024 at 2:32 p.m. that began as of September 17, 2024. A removal plan was submitted to the State Agency on September 23, 2024 but was not accepted or verified and the immediacy remained at time of exit.</p> <p>The facility reported a census of 28 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #5 showed a Brief Interview for Mental Status (BIMS) score of 14 indicating no cognitive impairment. Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a mechanical soft texture diet.</li> <li>2. The MDS assessment dated [DATE] for Resident #8 showed a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment. Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a mechanical soft texture diet.</li> <li>3. The MDS assessment dated [DATE] for Resident #9 showed a Brief Interview for Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a mechanical soft texture diet.</li> <li>4. The MDS assessment dated [DATE] for Resident #11 showed a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment. Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a mechanical soft texture diet.</li> <li>5. The MDS assessment dated [DATE] for Resident #16 showed a Brief Interview for Mental Status (BIMS) score of 9 indicating moderate cognitive impairment. Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a mechanical soft texture diet.</li> <li>6. The MDS assessment dated [DATE] for Resident #19 showed a Brief Interview for Mental Status (BIMS) score of 8 indicating moderate cognitive impairment. Review of the facility provided document titled Order Listing Report dated 9/15/24 revealed a regular diet with chopped meat.</li> </ol> <p>During an ongoing observation on 9/17/24 starting at 12:05 p.m., all residents in the facility were served BBQ shredded pork on a bun.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/17/24 at 12:45 p.m., with Staff I, Housekeeping and Laundry Supervisor working as the cook was asked if she ground any meat for lunch service, Staff I replied that she had not ground any of the BBQ shredded pork as the meat would have been mushy and like puree consistency so she just didn't grind any. Staff I confirmed the facility uses the L3/Advanced diet for the mechanical soft diets in the building.</p> <p>Review of the menu for Week 2 Day 10 provided by the facility revealed under L3/Advanced diet residents on mechanical soft diets were to receive BBQ pork ground.</p> <p>Interview on 9/17/24 at 2:19 p.m., with Staff J, Speech Therapist revealed mechanical soft diets should not be getting shredded BBQ pork as the meat is shredded and not ground. Staff J revealed she had just recently had this same conversation with a staff member at the facility approximately 3-4 weeks ago but is no longer employed at the facility. Staff J revealed it is black and white, shredded meat is not ground. If the menu states it should be ground then the staff should have ground it. The shredded meat can pose a choking hazard if it is not ground.</p> <p>During observation on 9/23/24 at 1:15 p.m. of the dining room, noted all facility residents had pineapple chunks on their plates. Resident #16 was sitting at the table and was eating chunks of pineapple.</p> <p>Review of the menu for Week 3 Day 16 provided by the facility revealed under L3/Advanced diet residents on mechanical soft diets were to receive a half of a cup of frozen strawberries, thawed.</p> <p>Interview on 9/23/24 at 1:25 p.m. with Staff H, Certified Dietary Manager (CDM) from a sister facility revealed the facility follows the L3/Advanced diet for mechanical soft diets. Review of the therapeutic diet menu with Staff H listed thawed frozen strawberries for the fruit to be served for the L3/Advanced diet. Staff H revealed mechanical soft diets cannot have pineapple as it is too hard and stringy for them to chew and can create a choking risk. Staff H asked Staff I what she had served for the fruit today. Staff I confirmed all residents were served pineapple. Staff H explained to Staff I the mechanical soft diets are not to have pineapple and the menu revealed they were to have the thawed frozen strawberries. Staff H verified the mechanical soft diets should not have been served pineapple chunks.</p> <p>Interview on 9/23/24 at 1:30 p.m., with Staff J, Speech Therapist revealed mechanical soft diets are not to have pineapple chunks as the pineapple is too stringy and can create choking hazards.</p> <p>Interview on 9/23/24 at 1:40 p.m., with Staff K, Dietician revealed mechanical soft diets are not to have pineapple chunks and they need to be following the menu that is provided for alternatives.</p> <p>Review of facility provided policy titled Therapeutic Diets undated revealed therapeutic diets must be prepared and served in accordance with the physician's written orders. Also federal and state regulations control the ordering, preparation and serving of therapeutic diets.</p> <p>Review of facility provided policy titled Mechanical Soft Diets undated revealed mechanical diet is modified consistency to reduce the amount of chewing required to consume food. This diet is intended for persons who may have difficulty chewing solid foods.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 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>44474</p> <p>Based on observations, staff interviews, and facility policy reviews the facility failed to provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. The facility identified a census of 28 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During an ongoing observation on 9/15/24 starting at 11:45 p.m., revealed the first lunch plate left the kitchen at 12:50 p.m., and the last meal tray was served at 1:50 p.m</li> <li>2. During an ongoing observation on 9/21/24 starting at 12:22 p.m. revealed the first lunch plate left the kitchen at 12:41 p.m., and the last meal tray was served at 1:34 p.m</li> </ol> <p>Review of facility provided policy titled Meal Hours undated revealed meals are served at regularly scheduled hours.</p> <p>Interview on 9/16/24 at 12:00 p.m. with Staff H, Certified Dietary Manager (CDM) from another building revealed the lunch meal is served at Noon and that is when it should be served.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44474</p> <p>Based on observations, staff interviews, and facility policy reviews the facility failed to ensure food was stored and prepared under sanitary conditions and staff entering the kitchen wear protective hair coverings. The facility identified a census of 28 residents.</p> <p>Findings include:</p> <p>1. During initial kitchen tour conducted on 9/15/24 at 10:23 a.m , noted the white kitchen fridge internal thermometer read 50 degrees. The following items were observed inside the refrigerator ready for service:</p> <p>Two gallons of white milk.</p> <p>Two gallons of chocolate milk.</p> <p>Open container of orange juice with no open date.</p> <p>Open box of thickened apple juice with no open date.</p> <p>Open box of thickened orange juice with no open date.</p> <p>Open container of tomato juice with no open date.</p> <p>The following items were observed in the freezer above the white refrigerator ready for service:</p> <p>Open bag of zucchini, noted to have ice crystals on the vegetables in the bag and lacked an open date.</p> <p>Open bag of frozen carrots no open date.</p> <p>Open bag of italian sausage no open date.</p> <p>Bag with 6 bread type products in with no label or open date.</p> <p>Bag with 4 various type of frozen bread products with no label or open date.</p> <p>Open bag of biscuits with no open date.</p> <p>Open bag of meatballs no label or open date,</p> <p>Open bag of waffles with no label or open date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Upon request Staff L, Licensed Nursing Home Administrator (LNHA) working as the cook checked the temperature of the milk inside the refrigerator. The chocolate milk was poured into a glass and the temperature read 50 degrees. Staff discarded all items stored in the refrigerator.</p> <p>2. On initial kitchen tour conducted on 9/15/24 at 10:23 a.m , revealed the stainless steel fridge noted to have a large dent on the right side of the top. The temperature reading on the outside of the unit read 44 degrees. Check of the internal temperature read 48 degrees. Staff L explained that the unit had just been cleaned. Checked back on this unit after the initial walkthrough of other areas in the kitchen and the outside reading of the unit was reading 48 degrees, the internal thermometer reading was 52 degrees at that time. The following items were observed inside of the refrigerator ready for service:</p> <p>Seven gallons of white milk.</p> <p>Six gallons of chocolate milk.</p> <p>Four cartons of liquid egg.</p> <p>Two tubes of thawed hamburger.</p> <p>The Surveyor asked Staff L if she had verified the temperatures of the unit today while she had been working. Staff L revealed she had not checked temperatures on any of the units in the kitchen nor could verify if it was at appropriate temperature when she arrived. Staff L was asked to check the temperature of the milk inside the refrigerator. Milk was poured into a glass and the temperature read 52 degrees. Staff discarded all items stored in the refrigerator.</p> <p>3. On initial kitchen tour conducted on 9/15/24 at 10:23 a.m , noted the chest freezer in the kitchen had a green light on the bottom. Staff L stated she had been told that unit did not work. Observation of the chest freezer revealed from the top seal approximately 12 inches down and approximately 1 1/2 inches to 2 inches thick of ice build up. The internal thermometer read 8 degrees. Staff L revealed she was going to discard the pie that was being stored in the chest freezer.</p> <p>4. During initial kitchen tour conducted on 9/15/24 at 10:23 a.m , noted the outdoor freezer behind the building labeled ice on the outside had an icicle approximately 2- 2 1/2 inches in diameter from the top of the freezer down to the boxes on the bottom of the freezer approximately 24 inches in length. Noted to have build up of ice in various locations throughout the freezer. The freezer was noted to have boxes and bags in the freezer. Unable to locate an internal or external temperature reading on the freezer. An opened bag of garlic bread with no open date was noted to be thawed as well as unopened packages of waffles. Staff L immediately discarded all thawed food out of the freezer.</p> <p>5. Observation on 9/16/24 at 11:30 a.m., revealed Staff U, Maintenance Director in the kitchen performing work on the air conditioning unit with no hair net on.</p> <p>6. Observation on 9/16/24 at 11:48 a.m., of the food distributor bringing the food order. The delivery driver put boxes of frozen bread products on the ground outside next to the freezer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 9/16/24 at 12:00 p.m. with Staff H, Certified Dietary Manager (CDM) from another building revealed it is the cook's responsibility to put the truck away but that is hard to do when you're serving the meal with no assistance.</p> <p>Observation on 9/16/24 at 12:15 p.m., noted boxes of frozen bread products on the ground outside next to the freezer with the sun shining on them.</p> <p>Observation on 9/16/24 at 12:30 p.m., noted boxes of frozen bread products on the ground outside next to the freezer with the sun shining on them.</p> <p>Observation on 9/16/24 at 12:47 p.m., the boxes of frozen bread products remained on the ground outside next to the freezer with the sun shining on them.</p> <p>7. Observation on 9/17/24 at 11:58 a.m., revealed Staff U walking through the kitchen with no hair net on.</p> <p>Review of facility policy titled Dietary Infection Control undated revealed the Dietary Manager is ultimately responsible for the supervision of all sanitation and housekeeping procedures to maintain an environment that is safe for the storage, preparation, and service of food. Federal and State guidelines are followed.</p> <p>Interview on 9/23/24 at 1:25 p.m. with Staff H revealed anyone coming into the kitchen should be wearing a hairnet. Staff H stated there is so much stuff to do for this building that I cannot take care of all of it here and take care of my own building.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 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>44474</p> <p>Based on observation, facility record review, policy review and staff interview the facility failed to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently to maintain the highest practicable level of well being for the residents in the facility. The facility failed to prevent immediate jeopardy situations, failed to supply adequate staffing to meet resident needs in both dietary and nursing services, and failed to provide nursing staff with communication tools such as dependable internet, fax, and printer capabilities. The facility reported a census of 28.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility provided document titled Licensed Nursing Home Administrator job description dated 1/14/25 revealed the following information: <ol style="list-style-type: none"> <li>a. Develop, implement, and monitor recruitment, development, evaluation, and retention programs to provide quality resident care and services.</li> <li>b. 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.</li> <li>c. Ensure that policies and procedures are developed, implemented, monitored and evaluated in order to maintain compliance with federal, state and local rules and regulations.</li> <li>d. Ensure that a system for maintaining and improving buildings, grounds and equipment is planned, implemented and evaluated, including a comprehensive preventative maintenance program.</li> </ol> </li> </ol> <p>During the facility's recertification survey and investigation of facility reported incidents and complaints, conducted 9/15/24 through 9/24/24, 6 Immediate Jeopardy (IJ) level deficiencies were identified at the following regulations: F600, F609, F610, F686, F802 and F805.</p> <p>The facility failed to protect residents from mental and verbal abuse. Six residents (Resident #2, #4, #5, #6, #8, #23) reported concerns with how two staff treated them. The staff members did not answer the residents' call lights for over an hour and then yelled at the residents when the residents experienced incontinence episodes. The residents experienced feelings of worthlessness. The staff were mad at the residents for using the call lights and one resident reported suicidal thoughts when the staff would not answer the call lights for over an hour and then yell at the resident for being incontinent. This failure resulted in an Immediate Jeopardy (IJ) at F600-K, failure to prevent residents from abuse.</p> <p>The facility failed to protect residents from abuse by failing to ensure all staff reported all allegations of mental and verbal abuse. On at least one occasion, a staff member witnessed two CNAs verbally abuse residents on two occasions and the staff member did not report the alleged abuse. This failure resulted in an IJ at F609-K, failure to report all allegations of abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility failed to protect residents from mental and verbal abuse when the facility staff failed to investigate allegations of abuse and protect the residents from two staff members accused of verbally and mentally abusing residents. Multiple staff members reported informing the administration that two CNAs yelled at residents on multiple occasions and the administration did not conduct an investigation into the allegations and did not place protective measures to protect all residents while the administrative staff investigated the allegations of mental and verbal abuse. This failure resulted in an IJ at F610-K, failure to separate alleged abuser from abuser and investigate allegations of abuse</p> <p>The facility failed to complete accurate assessments and interventions for a resident with a Stage 4 pressure sore which had healed but reopened. The CNA staff identified an open area on a resident's left inner buttock at the beginning of September 2024 and reported it to nursing staff. The record lacked assessments of the area, notification to the physician, or treatment orders. On 9/18/24, the record finally reflected the wound and treatment order received for a once per day-shift treatment. Observations on 9/23/24 revealed an open area on the left inner buttock with no dressing in place over the area and slough present in the wound; nursing staff failed to complete the treatment. CNA staff reported as of 9/23/24 at 6:00 p.m., the wound was oozing and remained without a dressing in place. This failure resulted in an IJ at F686-J, failure to prevent and treat pressure ulcers.</p> <p>The facility failed to have competent dietary staff to serve the appropriate therapeutic diets to meet resident's needs according to their assessments, diet orders and care plans. The facility failed to ensure enough trained, dietary staff scheduled to carry out dietary services and utilized untrained, housekeeping staff to serve as dietary personnel. Observation on 9/23/24 revealed a housekeeper served 6 residents pineapple chunks who per the menu were to receive thawed, frozen strawberries. Staff interviews revealed the pineapple posed a choking hazard for residents who required mechanical soft diets. Five of the six residents who received the wrong textured food are considered either moderately or severely cognitively impaired. This failure resulted in an IJ at F802-K, failure to have qualified dietary staff.</p> <p>The facility failed to serve the appropriate therapeutic diets to meet resident's needs according to their assessments, diet orders and care plans. Meal observations on 9/17/24 and 9/23/24 determined that 6 residents who required mechanical soft diets did not get the food in their ordered texture. Five of the six residents served the wrong textured food are considered either moderately or severely cognitively impaired. This failure resulted in an IJ at F805-K, failure to serve the appropriate texture to residents.</p> <p>2. Review of (psychiatric provider) Clinical Notes for Resident #4 documented on 8/22/24 they were unable to review patient's chart due the nursing home did not have a facilitator available to help the provider round and see the patient. Clinical Note on 8/28/24 documented facility WIFI was not working several visits attempted with no success</p> <p>Review of (psychiatric provider) Clinical Notes for Resident #8 documented that on 8/22/24 they were unable to review patient's chart due the nursing home did not have a facilitator available to help the provider round and see the patient. Clinical Note on 08/28/24 documented facility WIFI was not working several visits attempted with no success.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 9/19/24 at 10:25 AM, the Nurse Consultant reported the building had internet issues where it didn't always work. She reported the facility should always have someone available so residents can get their psych visit completed.</p> <p>On 9/23/24 at 3:49 PM, Staff Z, Licensed Practical Nurse (LPN), reported she worked as the only night shift nurse employed by the facility, 6 PM to 6 AM. Staff Z stated there was not enough staff to take care of the residents as the facility usually staffed with 2 Certified Nurse Aides (CNAs) and they could barely meet resident needs on a good day. Staff Z voiced that on a bad night, she would be passing meds until 1 or 2 AM. Staff Z reported the night of 9/22/24 when she arrived at 6 PM supper was not being passed, it took until 11:30 PM to complete med pass, and she struggled to get everything done. Staff Z reported some residents wanted their meds at a certain time and they would complain. Staff Z stated Staff N, Director of Nursing (DON), had to cover a lot of shifts working as a Certified Nurse Aide (CNA), even if the DON had already worked all day, and once in a while they could get an agency staff person to work. Staff Z said the DON also had to work as the night nurse on the nights that Staff Z was not scheduled to work. Staff Z said she had been scheduled 6 days in a row and in the past 2 months, she had to request time off in order to ensure she got time off.</p> <p>Staff Z also reported the nursing staff did not have access to print from their computers when needed and only the DON had access to a printer. Staff Z reported that the DON had to pre-print resident face sheets, medication order summaries, and other records for the nursing staff to have if needed for transfers or EMS (Emergency Medical Services), but those records were not always current; at times the printed records were up to a month old. Staff Z voiced that the nursing staff had not been able to print for a while.</p> <p>Staff Z commented that the internet in the facility was not good either and the wifi did not work at times and then the electronic medical record system would be down making it really hard to pass medications.</p> <p>Staff Z reported the facility did not have a working fax machine. Staff Z stated the facility had to go to the clinic with the physical orders for a resident to have the doctor see them and wait for signatures. Staff Z said the DON was the only one that communicated with the wound nurse or with psych providers and if there were new orders, the new orders were sent to the DON or Staff M, Administrator, but there was no phone number for the nursing staff to be able to communicate with them if they needed to.</p> <p>Staff Z reported Resident #2 required ostomy supplies and the nursing staff responsible to order the supplies. Staff Z stated when Staff A, Registered Nurse (RN), called the supplier she was told they could not send the supplies as the company no longer supplied the facility. Staff Z commented that Staff A informed the DON who in turn purchased the supplies with her own out of pocket expense so Resident #2 would not run out of supplies. Staff Z voiced that if the DON was not in the facility, the nurses themselves would have to purchase the supplies as Staff Z felt Staff M, Administrator, did not care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Staff Z stated Staff M is the Administrator running two buildings and nothing was ever going to change; therefore Staff Z submitted her resignation with her last day reported to be 9/30/24. Staff Z explained she resigned due to the staffing situation, computer issues, and not being able to print. Staff Z said the leadership told her corporate representatives would be coming to the facility but it was too late. Staff Z voiced Staff U, Maintenance Director, did nothing as nurses had to fix things when they broke, like a toilet. Staff Z explained there was one night when she had to babysit a toilet so it would not flood the bathroom and when the toilets were broken they had to have the residents use commodes. Staff Z said the building was crumbling and nothing she could do as Staff U did not care what happened.</p> <p>Observation on 9/23/24 at 4:44 PM revealed the fax machine did not work. The DON confirmed the fax machine in the facility did not work and in order for the facility to receive faxes, they needed to be sent to a sister facility in Estherville. The DON responded she was not aware why the fax machine did not work but it had not worked for awhile. The DON stated that the lab sent resident lab results to the sister facility or nursing staff must call the lab to find out the results. The DON explained that if there is a critical lab the nurses call the doctor and the physician does have access to the labs in their system.</p> <p>On 9/23/24 at 4:45 PM, Staff M, Administrator, stated the fax machine had not been working for 9-10 days. Staff M reported the company was sending a technician out from IT as the machines were rented and their communications vendor said the line to the machine was fine. Staff M said the facility takes the orders to the clinic, drops them off, or they fax them to the sister facility. Staff M stated the sister facility gives the medical records to either Staff M or Staff N, DON, then Staff M or Staff N would bring the records back to the facility. Staff M stated Staff N had notified all the providers the fax machine was not working. Staff M responded that the DON for the sister facility was aware to send all faxes to Staff M or Staff N but she was unsure if the other nursing staff of the sister facility had been trained to do so. Staff M acknowledged residents and / or resident representatives were not made aware of their medical records going to a sister facility or that the fax machine did not work. Staff M stated the nurses knew that they needed to call the lab for test results if a resident had labs drawn.</p> <p>In regards to whether or not the nursing staff had capability to print, Staff M responded yes, however, when asked if they could print from the nurses ' laptops, she replied no and acknowledged the nurses had not been able to print off the laptops since July 2024. Staff M acknowledged that the nursing staff did not have access to print a current Medication Administration Record (MAR) or current Physician Orders for EMS if needed. Staff M was unable to verify how the facility was capable of getting medication out of the emergency medication kit (E-Kit) if they could not fax the pharmacy when a narcotic medication needed to be pulled for a resident.</p> <p>33878</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 9/23/24 at 12:00 PM, Staff M, Administrator, responded that she had a call out to a temporary staffing agency. Staff M responded she was not sure when that staffing agency last supplied staff for her building and at the time of the interview, that agency hadn't been able to send temporary staff for any shifts. When asked how many temporary staffing agencies had confirmed nursing shifts picked up for the schedule for the coming week, Staff M responded just one. Staff M responded they also had used another temporary staffing agency but they had only 1 nurse who could pick up on overnight shifts and 2 CNAs who could pick up shifts; no shifts yet confirmed. Staff M responded the census was 29 residents on 9/23/24 and they scheduled two 2 to 10 p.m. shift CNAs and if they could get it, one CNA from 4 to 8 pm or 2 to 9 pm. Staff M acknowledged the Certified Dietary Manager (CDM) from the sister facility located in Estherville was onsite to staff the dietary department as the facility did not have their own CDM. Staff M reported the CDM from another sister facility located in Gowrie had worked in Aspire of Lake Park the last 2 weekends.</p> <p>On 9/23/24 at 12:56 PM, Staff M, Administrator, acknowledged she could not provide documentation of the housekeeper's dietary training for food safety or competency check records.</p> <p>On 9/23/24 at 5:30 PM Staff M responded that she became responsible for the facility at the end of July 2024 and split her time 50 / 50 with another sister facility in Estherville where she was also the Administrator of record. Staff M stated she worked routinely Monday through Friday alternating working 8:30 AM to 1:30 PM in one building then going to the other building to work 2:00 PM to 5:30, 6:00, or 7:00 PM. When asked if being an Administrator over 2 facilities was doable, Staff M responded no, citing the reasons as this facility took a lot of time overseeing regulations, attending daily corporate calls, and a lot of time spent trying to find staff to work. Staff M responded that the leadership at corporate was aware of the staffing needs at the facility and the PPD (per patient day which is a calculation used in nursing homes to determine the number of nursing hours allotted per day per resident and is a key performance indicator that helps skilled nursing facilities monitor their financial health) was 3.0 but the goal was to be 2.8. When asked to clarify the difference between 3.0 and 2.8, Staff M responded it equaled about 5 hours of CNA hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>44474</p> <p>Based on observations and staff interviews the facility failed to secure medical records in the facility of current and former residents that lived at the facility. The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>Observation on 9/22/24 at 9:09 a.m., with Staff T, Regional Nurse Consultant revealed a storage room door open in the basement with boxes and envelopes stored in it. The area was confirmed to be the medical records storage area. Staff T confirmed the boxes directly sitting on the floor appeared to have been wet at one time and continued to sit on the floor. Unable to verify if the medical records had been damaged or not. The basement area had direct access to the outside of the building. Staff T confirmed the medical records of the facility were not secured and they should be secure.</p> <p>Interview on 9/22/24 at 9:17 a.m., with Staff T confirmed the facility did not have the medical records secured as the door from the outside did not lock and anyone could get to the medical records if they wanted to.</p> <p>The facility does not have a policy on protecting and maintaining confidential medical records.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on record review and staff interview the facility failed to ensure a residents legal representative sign a binding arbitration agreement when the resident has a cognitive impairment for 1 of 3 residents reviewed for Arbitration Agreements, (Resident #24). The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #24 documented diagnoses of aphasia(language disorder that affects a person's ability to understand and communicate language), disorientation and encephalopathy(term for a brain disorder ). The MDS showed the Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment.</p> <p>Review of document titled Why Arbitration revealed Resident #24 signed the Arbitration Agreement on 8/16/24 at 11:57 a.m</p> <p>In an electronic communication from Staff X, [NAME] President of Business Development and Marketing revealed the facility does not have a policy on Arbitration Agreements other then what is in the Admission Agreement and the facility does not consult with residents or families or help interpret the arbitration.</p> <p>Interview on 9/18/24 at 12:38 p.m., with Staff W, Director of Business Development revealed she starts the arbitration process by going through it with the resident if they have a high enough BIMS score otherwise she goes through it with the Resident's Representative. When asked if a BIMS score of 4 is adequate for understanding an Arbitration Agreement, Staff W confirmed it was not. She stated should have contacted Resident # 24's Representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</b></p> <p>Based on observation, record review, and staff interviews the facility failed to perform proper hand hygiene, have a barrier under supplies and wear the proper personal protective equipment to prevent the spread of potential infection and germs during cares for 4 of 4 residents reviewed (Resident #2, #24, #29 and #9) and the facility failed to have unexpired COVID-19 tests for testing in the facility ready for use. The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #2 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of hypertension, diabetes, multiple sclerosis, and anemia.</p> <p>Resident #2's Care Plan with a review date of [DATE] documented staff are to use enhanced barrier precautions with wound care due to previous diagnosis of Methicillin-Resistant Staphylococcus Aureus (MRSA) which is a germ that is resistant to some antibiotics.</p> <p>During observation on [DATE] at 1:00 PM Staff A, Registered Nurse (RN) did wound treatment to Resident #2's abdomen. Staff A gathered her supplies and put them on a barrier. Staff A washed her hands for five seconds. She did not scrub between her fingers or fingernails and tips of her fingers. Staff A spread the soap quickly over the palms and back side of the hands then rinsed it off. Staff A dried her hands with a paper towel and turned off the faucet with the paper towels. Staff put on a gown, gloves and mask. Staff cleansed the wound with wound cleanser and pat dry with gauze. She disposed of the gauze in the trash. Staff A used a q-tip to apply Triad to the wound bed and covered with a gauze dressing. Staff A then with the same gloves she used to clean the wound gathered her supplies and put in the plastic bag that stored the wound supplies. Staff took off her gown, gloves and mask. Staff A washed her hands for five seconds not scrubbing between her fingers or fingernails and tips. Staff A spread the soap quickly over the palms and back side of the hands then rinsed it off. Staff A dried her hands with a paper towel and turned off the faucet with the paper towels.</p> <p>In an interview on [DATE] at 2:44 PM, the Director of Nursing (DON) stated the nurse should have washed her hands for at least 15 seconds, scrub her hands with soap and turn off the faucet with a paper towel.</p> <p>2. The MDS dated [DATE] for Resident #24 revealed a BIMS score of 04 which indicated severe cognitive impairment. The MDS documented the resident had diagnoses of hypertension, urinary tract infection, and hemiplegia. It further documented the resident has an indwelling catheter.</p> <p>Resident #24's Care Plan with a review date of [DATE] documented a focus area of enhanced barrier precautions in place related to the indwelling catheter. It directed staff to use personal protective equipment when providing high-contact cares such as catheter cares.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on [DATE] at 1:50 PM showed Staff D, Certified Nurse Aide (CNA) empty the Resident #24's catheter. Staff D gathered her supplies and did hand hygiene. Staff D put on gloves and set the graduate on the floor with no barrier underneath it. Staff D cleansed the port with alcohol wipe and unclamped the port and emptied the urine into the graduate. Staff D then clamped the port and cleansed it with alcohol wipe and put it back in the holder. Staff D emptied the graduate in the toilet and rinsed out the graduate with water and placed the graduate under the sink not inside anything nor a barrier underneath. Staff D took off her gloves and did hand hygiene. Staff D reported she was not aware of Resident #24 needing enhanced barrier precautions.</p> <p>An observation on [DATE] at 2:00 PM noted the outside door lacked a sign of enhanced barrier precautions for Resident #24.</p> <p>In an interview on [DATE] at 2:46 PM, the DON stated any resident with open wound, catheter, feeding tube, urostomy staff needs to be wearing gowns and gloves There are signs up on the doors to their rooms and staff get it in report who those residents are. She reported staff should have a barrier under supplies when emptying the catheter.</p> <p>3.The MDS dated [DATE] for Resident #29 revealed a BIMS score of 15 which indicated intact cognition. The MDS documented the resident had diagnoses of hypertension, diabetes, malnutrition, and constipation. The MDS documented the resident has a feeling tube.</p> <p>Resident #29's Care Plan with a review date of [DATE] documented a focus area of enhanced barrier precautions in place related to the feeding tube. It directed staff to use personal protective equipment when providing high-contact cares such as feeding tube cares.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on [DATE] at 10:28 AM showed Staff A, RN complete enteral feeding for Resident #29. Staff A gathered her supplies. Staff A then went to the resident's room. Staff A opened a new syringe and pulled it out and set down on the counter next to the sink in the resident's room not on a barrier. Staff A washed her hands for six seconds. She did not scrub between her fingers or fingernails and tips of the fingers. Staff spread the soap quickly over the palms and back side of the hands then rinsed it off. Staff A dried her hands with paper towels then turned the sink off with her left hand not using a paper towel then applied gloves. Staff A took the new graduate, turned on the faucet using her gloved left hand and measured out 30 milliliters (ml) of water. Staff A poured the 30 ml into a cup. Staff A added the 1 carton of Isosource 1.5 (250ml) in the graduate. Staff A did not apply a gown per enhanced barrier precautions noted on the outside of the Resident's door when walking in. Staff A then grabbed the stethoscope and syringe with the same gloves she touched the faucet with and opened the peg port. Staff A with the dirty gloved hand held the tip of the port and put in the syringe to check for placement. Staff A checked for placement then clamped the port back and set the syringe on the resident's lap. Staff A grabbed the cup with the 30ml of water and Isosource in the graduate with the same gloved hands. Staff A set the graduate and water cup on the tray table next to the resident. Staff A with the same gloved hands attached the syringe to the port again and unclamped the port. Staff A flushed with 15ml and then the Isosource then flushed post with 15 ml. Staff A clamped the port and gathered the graduate and syringe. Staff A turned on the faucet with the gloved hands and rinsed the supplies. Staff A grabbed with the gloved hands a new paper towel and set it on the counter. Staff A still with the dirty gloves put the graduate and syringe on the paper towel. Staff A took off her gloves. Staff A washed her hands for seven seconds. She did not scrub between her fingers or fingernails and tips of the fingers. Staff spread the soap quickly over the palms and back side of the hands then rinsed it off. Staff A dried her hands with a paper towels and with the paper towels turned off the faucet.</p> <p>26527</p> <p>4. According to the MDS assessment dated [DATE] Resident #9 scored 3 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required substantial to maximal assist with transfer and depended on staff for toilet use. The resident had an indwelling urinary catheter and diagnoses included a history of malignant neoplasm of the bladder.</p> <p>The current Care Plan with a goal target date of [DATE] identified Resident #9 had a urostomy related to a history of bladder cancer. The interventions included Enhanced Barrier Precautions (EBP) in place to decrease transmission of CDC-targeted and epidemiologically important multi drug-resistant organisms (MDRO's) when contact precautions do not apply for any resident with an indwelling medical device or wound. EBP related to urostomy, Ensuring signage of the EBP status on the door, maintaining a sufficient supply of Personal Protective Equipment (PPE) at the entrance to the resident's room, maintaining a trash can for disposal of PPE inside of the room prior to exiting the room after care, and using PPE when providing high-contact resident care activities (i.e. use of urinary catheter).</p> <p>On [DATE] at 11 a.m. Staff D Certified Nursing Assistant (CNA) and Staff E CNA transferred the resident via the sit to stand (mechanical lift) to the commode. Staff D emptied the resident's catheter bag into a graduate. Staff wore gloves, but neither staff wore a gown during the procedure.</p> <p>On [DATE] at 8:48 a.m. the Regional Nurse Consultant stated staff should wear the appropriate (PPE) when providing care, including a gown and gloves when emptying a catheter bag.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>44474</p> <p>5. Observation on [DATE] at 4:45 p.m., noted Staff B, CNA walking down the south hallway towards the nurses station wearing a blue PPE gown. Staff B entered into the clean storage area on the north hallway, exited the storage room with blue gown still on, walked down to the north shower room with the gown still on and entered the shower room. Staff B then exited the north shower room with the blue gown still on and walked down the north hallway back to the clean storage room with the gown still on. Staff B then exited and walked past the nurses station down to the south hallway. Staff S, Regional [NAME] President of Operations stopped Staff B and told her she could not be walking down the hallway with the blue gown on. Staff B continued down the hallway and entered a resident room with the same blue gown on.</p> <p>Interview on [DATE] at 9:57 a.m., with the DON revealed there was a misunderstanding with the PPE last evening. The DON explained Staff B had not entered the room with the PPE gown on. Explained to the DON this surveyor watched Staff B walk down the hallway and enter the clean utility room twice and the shower room and then enter the residents room with the same blue gown on. The DON revealed Staff B should not have done that with a PPE gown on even if she had not been in the room.</p> <p>6. Interview on [DATE] at 10:41 a.m., with Staff D, CNA and Staff E, CNA revealed the residents in the facility have been experiencing cold-like symptoms and the facility has been testing them with expired COVID-19 testing kits. Staff D explained she has had symptoms as well and the facility tested her with the same expired COVID-19 test kits.</p> <p>Interview on [DATE] at 9:28 a.m., with the DON and Staff T, Regional Nurse Consultant revealed the facility had COVID-19 testing kits but they were expired and it was just brought to their attention on [DATE] by nursing staff. The facility had ordered more but were looking to get some from another facility until the new ones arrived. The DON confirmed the facility had been testing staff and residents with expired COVID-19 testing kits and would be retesting everyone with any symptoms when the tests arrived. The DON confirmed they should not have been using expired testing kits.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>44474</p> <p>Based on observations, staff interviews and user manual the facility failed to maintain mechanical lifts in good working order for safe resident usage. The facility reported a census of 28.</p> <p>Findings include:</p> <p>Interview on 9/17/24 at 10:41a.m., with Staff C, Certified Nursing Assistant (CNA) and Staff D, CNA revealed the mechanical lift hand control has been missing the up bottom for quite some time. Staff explained you have to stick your finger into the hole on the hand control where the button is supposed to be to make it go up. Staff explained the batteries do not charge well and often find the mechanical lift is not charged when they need it. Staff further revealed they have reported this to the Maintenance Director several times and nothing has been done with it yet.</p> <p>Observation on 9/20/24 at 10:44 a.m., revealed the mechanical lift hand control was noted to be missing the up control button and the bottom button was cracked.</p> <p>Interview on 9/20/24 at 10:53 a.m., with Staff U, Maintenance Director revealed he inspects the mechanical lifts on Mondays and Fridays but does not have any documentation on this. The mechanical lifts in the facility are rental machines. Staff U explained he checks to make sure the battery is charging, the nuts and bolts are tight, makes sure the brakes work and all moving parts are able to move freely. Staff U continued he checks to make sure the emergency stop goes up and down. Staff U revealed he last checked them on Thursday 9/12/24 as he knew he was going to be leaving early on Friday and has not been able to check the machines this week since he has been busy. Staff U revealed there were no concerns with the machines on 9/12/24. Staff U stated he was unaware of the up button missing on the mechanical lift and further revealed he does not know why staff would stay it has been that way for quite some time. Staff U revealed he could fix that and he could just swap it out with something he had in the basement.</p> <p>The facility does not have a policy on facility equipment repair.</p> <p>Review of the mechanical lift user manual with a revision date of 2013 revealed when you believe a component or part is not functioning properly, immediately contact your authorized distributor, as a potentially hazardous condition could exist. Only qualified persons should service and repair your lift. Regular maintenance of your patient lift is necessary to ensure continuing proper and safe operation.</p> <p>Interview on 9/20/24 at 11:05 a.m., with Staff M, the Administrator revealed she was unaware of the mechanical lift batteries not charging or the hand control being broken. The Administrator revealed the lifts are rental lifts and if something is broken or not working the facility just has to call them and they will get it fixed. The Administor confirmed the up button on the hand control was missing and she would contact the company to get it fixed. The Administrator was unsure what the Maintenance Director was speaking to when he revealed he had extra parts and could just fix it and revealed she was contacting the company.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Lake Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 South Market Lake Park, IA 51347	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>44474</p> <p>Based on observations, staff interviews and facility policy review the facility failed to maintain a safe and clean environment for the residents residing in the facility. The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>Observation on 9/22/24 at 9:09 a.m., with Staff T, Regional Nurse Consultant in the basement of the facility revealed crawl space areas underneath the building with the water sitting and coming over edge towards the drain in the boiler room. Noted during the walk through of the storage area many items laying on the floor. A wood pallet noted to be laying directly on the floor with boxes stacked on top of it was noted to have a black mold-like substance growing on it. Noted throughout the area boxes that have the appearance they had been wet and have since dried to the floor. Noted a piece of material that appeared to be sheetrock sitting directly on the floor with approximately 12 inches from the floor up, to have a black and white mold appearance substance growing on it. Noted a piece of undetermined material noted to have been set up with a black and white mold like substance growing on it and in the shape of the material on the floor the same black and white mold like substance growing on the floor. Staff T confirmed the items appeared to have been wet at one time and had not been cleaned up.</p> <p>Review of facility provided policy titled Environmental Plant Operations dated 03/2016 revealed the facility identifies essential operating systems as those required to maintain a safe resident care environment.</p> <p>Interview on 9/22/24 with Staff T revealed the items should have been cleaned up immediately after they had gotten wet and should not be there.</p>		