STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165453	A. Building B. Wing	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspire of Washington	601 E Polk St Washington, IA 52353

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on observation, resident and staff interview, and facility policy review, the facility failed to maintain a clean, free from possible hazards, and homelike environment. The facility reported a census of 37 residents. Findings include: During an observation on 10/3/24 at 8:45 AM, in room [ROOM NUMBER] revealed dried white substance on the metal bottom bar of the over bedside tray table, multiple round black substance on the floor around the base of the recliner, a brownish, blackish substance in the bathroom around the base of the toilet. During an observation on 10/3/24 at 11:00 AM, in the 600 hallway brown stains noted on middle ceiling tiles; in the shower room reddish, brownish, and black substances noted on the floor and in the corners, tiles missing on the floor underneath the sink,and multiple floor tiles with brown stains on them. In the 300 hallway, brownish stains noted on the ceiling tile above the men's bathroom. And in the 400 hallway, brown vinyl baseboard coming off the walls. During an interview on 10/3/24 at 8:45 a.m., Resident #3, confirmed and verified that his room needed to be cleaned and that staff have not been into do a deep cleaning in his room. Resident #3 stated the bathroom is disgusting. During an interview on 10/2/24 at 4:45 PM, the Maintenance Supervisor stated it is it difficult to keep up with all the cleaning of resident rooms, shower rooms and that the ceiling tile need to be replaced and that the facility needs a deep down cleaning. During an interview on 10/9/24 at 2:30 PM, the Administrator confirmed and verified that the facility is is need of deep cleaning and repair of the ceiling tile, and the 600 hallway shower room needs to be completely remodeled. A review of the facility policy, dated 8/2021, titled The Homelike Environment Policy revealed the Standard statement: Residents are provided a safe, clean, comfortable, and homelike environment and encourage using their personal belongings to the extent possible.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on clinical record review, resident and staff interview the facility failed to provide a minimum of two bath or shower per week for 4 of 7 residents (Resident's #1, #2, #4 and #6) reviewed. The facility census was 37 residents. Findings include: 1. The Minimum Data Set (MDS) assessment, dated 7/26/24, revealed Resident #1 listed diagnoses included: diabetes mellitus, thyroid disorder, non-Alzheimer dementia, anxiety and depression. The MDS assessed the resident required substantial to maximal assistance with shower/bathing activity. The Plan of Care, initiation date 8/12/16, included a Focus area I have an Activity of daily living (ADL) impairment related to impairment of gait and weakness. Intervention included: *BATHING/SHOWERING: staff assist x 1 with 2 times weekly on Monday and Thursday. Review of the monthly calendar for Resident #1 revealed in September 2024 the resident received 1 of 2 scheduled baths the week of 9/23/24, with no bath documented for 9/23/24. In October 2024 baths scheduled to occur on: 10/3/24, 10/7/24, and 10/10/24. The October 2024 calendar lacked documentation the scheduled baths occurred. 2. The MDS assessment dated [DATE], revealed Resident #2 listed diagnoses included: hypertension, diabetes mellitus, non-Alzheimer dementia, depression and bi-polar disorder. The MDS documented the resident scored a 2 out of 15 on the Brief Interview for Mental Status (BIMS), indicating a severe cognitive impairment. The MDS assessed the resident as dependent on staff for showers/bathing activity. The Plan of Care, initiation date of 12/20/15, included a Focus area I have an ADL self-care performance deficit related to personal history of bipolar disorder and dementia. Intervention include: *BATHING/SHOWERING: Requires assist of 1 for showers 2 times per week on Wednesday and Saturday. Will refuse showers reapproach and notify nurse. If refusal continues approach the next day Review of the monthly calendar for Resident #2 revealed in September 2024 the resident received 1 of 2 scheduled baths the week 9/2/24, with no bath documented for 9/7/24; and 1 of 2 baths scheduled the week of 9/9/24, with no bath documented for 9/14/24. In October 2024 baths scheduled to occur on 10/2/24, 10/5/24, and 10/9/24. The October 2024 calendar lacked documentation baths occurred on 10/5/24, and 10/9/24. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. The MDS assessment dated [DATE], revealed Resident #4 listed diagnoses included: anemia, cirrhosis, non-Alzheimer dementia, anxiety and depression. The MDS documented the resident scored a 15 out of 15 on the BIMS, indicating intact cognition. The MDS assessed the resident with set up/clean up assistance for bathing activity. The Plan of Care, initiation date 6/28/19, included a Focus area I have an ADL self-care performance deficit related to dementia. Intervention included: *BATHING/SHOWERING: I can do my own shower with observation twice a week on Monday and Thursday. Review of the monthly calendar for Resident #4 revealed in September 2024 the resident received 1 of 2 scheduled baths the week 9/9/24, with no bath documented for 9/9/24; and 1 of 2 baths scheduled the week of 9/16/24, with no bath documented for 9/19/24. In October 2024 baths scheduled to occur on 10/3/24, 10/7/24, and 10/10/24. The October 2024 calendar lacked documentation baths occurred on 10/7/24, and 10/10/24. During an interview on 10/2/24 at 6:30 p.m., Resident #4 confirmed and verified she only get one shower/bath per week and would like to have two per week. 4. The MDS assessment dated [DATE], revealed Resident #6 listed diagnoses included: anemia, hypertension, diabetes mellitus, non-Alzheimer dementia, depression and Parkinson's. The MDS documented the resident scored 15 out of 15 on the BIMS, indicating intact cognition. The MDS assessed the resident required substantial to maximal assistance with shower/bathing. Review of the monthly calendar for Resident #6 revealed in September 2024 the resident received 1 of 2 scheduled baths the week 9/9/24, with no bath documented for 9/10/24; and 1 of 2 baths scheduled the week of 9/16/24, with no bath documented for 9/17/24; and 1 of 2 baths scheduled the week of 9/23/24, with no bath documented for 9/24/24. In October 2024 baths scheduled to occur on 10/1/24, 10/4/24, and 10/7/24. The October 2024 calendar lacked documentation a bath occurred on 10/4/24. During an interview on 10/7/24 at 1:00 p.m., Resident #6 confirmed and verified that he only get one shower/bath per week and would like to have two. During an interview on 10/2/24 at 6:00 p.m. Staff A, Certified Nurses Aide (CNA) and Staff B, CNA, responded that baths were not being completed. Added that they are not fully staffed, and often are staffed with only 2 staff for the whole facility, where there is just too many 2 person lifts and cares to have a person in the shower room. During an interview on 10/3/24 at 2:00 p.m., Staff D, Licensed Practical Nurse (LPN), confirmed that the baths/showers are not getting completed two times per week and that the residents are lucky to get one bath/shower a week due to shortage of staff to have them completed. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility policy, dated October 2023, titled Resident Hygiene revealed theStandard statement: Bathe each residents as needed, to include a sponge and/or bed bath (or more often, if needed) including a 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 modified according to the residents condition, preferences, and desires, whenever possible. Bathing includes cleaning and trimming fingernails and toenails, shaving facial hair, washing the entire body, and shampooing residents hair.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on observation, resident and staff interview, and facility policy review the facility failed to implement resident centered activities for 4 of 7 residents reviewed (Resident #3, #4, #5, and Resident #6). The facility reported a census of 37 residents. Finding include: 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #3 entered the facility on 10/10/23. The MDS also documented a Brief Interview of Mental Status (BIMS) of 15 out of 15, indicating intact cognition. During an interview on 10/3/24 at 8:45 a.m., Resident #3 stated the facility has no activities other than bingo. Resident #3 stated he spent a lot of time in the bedroom watching TV. Resident #3 stated the facility doesn't really have any activities that interest him. 2. The MDS dated [DATE] documented Resident #4 entered the facility on 6/6/19. The MDS also documented a BIMS of 15 indicating intact cognition. During an interview on 10/2/24 at 6:30 p.m., Resident #4 stated bingo and music therapy is the only activity the facility had to offer. Resident #4 stated she spends a lot of time playing cards and watching television. 3. The MDS dated [DATE] documented Resident #5 entered the facility on 3/15/24. The MDS also documented a BIMS of 15 indicating intact cognition. During an interview 10/2/24 at 7:00 p.m., Resident #5 stated that activity are pretty scarce and that she gets bored a lot and will just sit in her room and watch television. 4. The MDS dated [DATE] documented Resident #6 entered the facility on 6/5/24. The MDS also documented a BIMS of 15 indicating intact cognition. During an interview 10/7/24 at 1:00 p.m., Resident #6 stated that the activity at the facility are awful. The only activity are BINGO and music therapy, and that he gets bored easily. During an observation on 10/3/24 at 8:00 a.m., residents sitting across from the south nurses station and appeared to have their eyes closed as a western show was on the television. During an observation on 10/3/24 at 10:37 a.m., no activity was going on at the north dining room, and 6 residents were sitting in wheelchairs around the south nurses station with a movie on the television and residents appeared to have their eyes closed. No music therapy at either nurses station as per the activity calendar. During an interview on 10/8/24 at 12:15 p.m., Staff F, Licensed Practical Nurse confirmed and verified that the activity at the facility are very limited and that the residents get bored with the same activity every week. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/9/24 at 3:00 p.m., the Administrator confirmed and verified that the activity calendar is lacking with different activity and that it is the goal to expand the activity for the residents. A review of the facility policy, dated September 2023, Activity Recreation Standards revealed a Activity/Recreation Program section with the Standard statement: 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.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on documentation review, staff and resident interview, and facility policy the facility failed to provide nursing staff to assure residents safety by not responding to call lights in a timely manner for 3 of 7 residents reviewed (Resident #3, #5, and Resident #6). The facility reported a census of 37 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] for Resident #3 documented a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. On 10/3/24 at 8:45 a.m., Resident #3 stated it takes over 15 minutes for staff to answer his call light. 2. The MDS dated [DATE] for Resident #5 documented a BIMS of 15 indicating intact cognition. On 10/2/24 at 7:00 p.m., Resident #5 stated it had taken longer than 15 minutes in the last week once or twice for staff to answer her call light. 3. The MDS dated [DATE] for Resident #6 documented a BIMS of 15 indicating intact cognition. On 10/7/24 at 1:00 p.m., Resident #6 stated that they have to wait over 25 minutes to get the call light answered and it upsets them. The Daily Assignments revealed the following on these dates: 9/29/24, 6:00 - 2:00 p.m , shift= 2 CNA scheduled 9/30/24, 6:00 - 2:00 p,m , shift= 1 CNA scheduled, 2:00 p.m.-10:00 p.m.=2 CNA scheduled 10/1/24, 6:00 - 2:00 p.m , shift= 2 CNA scheduled, 2:00 p.m.-10:00 p.m.=1 CNA scheduled 10/3/24, 6:00 - 2:00 p.m , shift= 2 CNA scheduled, 2:00 p.m.-10:00 p.m.=1 CNA scheduled 10/4/24, 6:00 - 2:00 p.m , shift= 2 CNA scheduled, 2:00 p.m.-10:00 p.m.=2 CNA scheduled During an interview on 10/2/24 at 6:00 p.m., Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA, confirmed and verified that it takes over 15 minutes to answer a call light and the expectation of the staff are to answer the call light with in 15 minutes. During an interview on 10/3/24 at 1:30 p.m., Staff C, confirmed and verified that it takes over 15 minutes to answer a call light and the expectation is to answer with in 15 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/3/24 at 2:00 p.m., Staff D, Licensed Practical Nurse (LPN), confirmed and verified that it takes over 15 minutes to answer a resident call light and that the expectation is to answer within 15 minutes. During an interview on 10/10/24 at 12:00 p.m., the Administrator confirmed and verified that the expectation of the staff are to answer the resident call lights within 15 minutes. A review of the policy, dated August 2023, titled Call Light Standard revealed a Purpose statement: The purpose of this standard is to respond to the residents care needs. General Guidelines, in part, included: 7. Answer the residents call light as soon as practicable. Emergency call lights should be answered within one minute.