

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Aspire of Sutherland		STREET ADDRESS, CITY, STATE, ZIP CODE 506 East Fourth Street Sutherland, IA 51058	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>44474</p> <p>Based on observations, staff interviews and policy review the facility failed to provide a homelike environment for all the residents by not removing serving trays during meal service. The facility reported a census of 21.</p> <p>Findings include:</p> <p>During an ongoing observation on 12/04/24 starting at 11:23 a.m., revealed staff serving residents in the dining room. The Dietary Manager plated the meal and placed drinks and silverware on a plastic tray. Staff took the meal tray and placed the meal tray on the table in front of the resident and left the table. When residents were finished eating, the staff removed the tray with the dishes on and returned to the kitchen.</p> <p>Review of facility provided policy titled Safe, Clean, Comfortable Homelike Environment with effective date 10/2024 revealed the facility staff and management shall minimize, to the extent possible, the characteristics of the facility that reflect a depersonalized, institutional setting.</p> <p>Interview on 12/04/24 at 1:13 p.m., with the Administrator revealed she expected staff to take the plate off of the tray and set the plate on the table for the residents to eat their meals.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, staff interview, and policy review the facility failed to properly obtain a bed hold prior to hospitalization , and failed to fill in the daily rate for 4 of 4 residents (Resident #2, #5, #7, #10) reviewed. The facility reported a census of 19 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #2's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed an admitted from an acute hospital stay.</p> <p>Review of Resident #2's Electronic Health Record (EHR) page titled, Progress Notes revealed documentation that Resident #2 was in the hospital from 3/31/24 through 4/4/24.</p> <p>Review of a facility provided document titled, Bed-holding agreement dated 3/31/24 revealed a verbal order to sign for the Power of Attorney (POA). This document further revealed there was no daily rate for the bed hold on the document.</p> <p>2. Review of Resident #5's MDS dated [DATE] revealed a BIMS score of 15 indicating intact cognition. The MDS further revealed a recent admission back into the facility on [DATE] from an acute hospital stay.</p> <p>Review of Resident #5's EHR page titled, Progress Notes revealed Resident #5 was in the hospital from 10/26/24 through 10/28/24 with a diagnosis of pneumonia.</p> <p>Review of Resident #5's bed hold document revealed that there was no bed hold to review.</p> <p>Interview 12/03/24 at 3:10 PM with the Administrator revealed that Resident #5's family does not want to hold the bed when the resident is sent out. The Administrator further revealed that there was no declination of bed hold signed by the family.</p> <p>3. Review of Resident #7's MDS dated [DATE] revealed a BIMS score of 14 indicating intact cognition. The MDS further revealed that Resident #7 had a recent admission into the facility on [DATE] from an acute hospital stay.</p> <p>Review of Resident #7's EHR page title, Progress Notes revealed Resident #7 was in the hospital from 9/7/24 through 9/9/24 with a diagnosis of pneumonia.</p> <p>Review of Resident #7 s bed hold document revealed that there was no bed hold document to review from this hospitalization .</p> <p>44474</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. The MDS assessment dated [DATE] for Resident #10 documented diagnoses of hypertension, anxiety disorder and Bipolar Disorder. The MDS showed the Brief Interview for Mental Status (BIMS) score of 9, indicating moderate cognitive impairment.</p> <p>Review of Resident #10's Census tab revealed the following information:</p> <ul style="list-style-type: none"> a. On 2/18/24- hospital unpaid leave b. On 2/21/24- active <p>Review of Progress Notes revealed the following:</p> <ul style="list-style-type: none"> a. On 2/18/24 at 5:34 a.m., Resident sent to the local hospital emergency room via ambulance. b. On 2/18/24 at 1:36 p.m., Resident admitted to the local hospital for pneumonia. c. On 2/21/24 at 2:47 p.m., Resident returned to the facility at approximately 12:30 p.m. via ambulance. <p>The facility lacked a bed hold for 2/18/24 hospitalization .</p> <p>Review of facility provided policy titled Bed Hold Notice effective 6/2024 revealed when emergency transfers are necessary, the facility will provide the resident and the resident representative with information concerning our bed-hold policy per state law as applicable.</p> <p>Interview on 12/03/24 at 3:08 p.m., with the Administrator revealed she expects everyone to have a bed hold signed if they go to the hospital and filled out completely.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</p> <p>Based on clinical record review and staff interview the facility failed to revise and update care plans to include and address high risk medications and side effects to watch for, failed to include dementia care, and update care plans with interventions after falls for 2 out of 12 sampled residents reviewed for comprehensive care plans (Resident #9 and #10). The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #9 documented diagnoses of amputation and Bipolar Disorder. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment.</p> <p>Review of Order Summary Report dated 9/19/24 revealed an order for oxycodone-actaminophen (opioid medication) tablet with an order date of 8/2/24.</p> <p>Review of the undated current care plan lacked usage of opioid medication and side effects to watch for with opioid medication usage.</p> <p>2. The MDS assessment dated [DATE] for Resident #10 documented the BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Review of the MDS dated [DATE] revealed an active diagnosis of Non-Alzheimer's Dementia.</p> <p>Review of Resident #10's Incident Reports revealed Resident #10 had a fall on the following dates: 11/2/24 and 11/30/24.</p> <p>Review of the undated current care plan lacked information regarding dementia care and interventions put into place after falls on 11/2/24 and 11/30/24.</p> <p>Review of the facility provided policy titled Comprehensive Care Plans effective 08/24 revealed an individualized comprehensive person centered care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental, cultural and psychological needs is developed for each resident.</p> <p>Interview on 12/3/24 at 2:26 p.m., with the Director of Nursing (DON) revealed side effects for high risk medication usage, dementia care and interventions after falls should all be on the care plans.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observation, clinical record review, resident and staff interviews, the facility failed to appropriately provide prescribed medications as necessary care and services, to maintain the residents' highest practical physical well- being. Clinical record review revealed the nursing staff failed to administer medications as ordered and notify the physician of omitted doses for 4 of 4 residents reviewed (Resident #4, #10, #13 #21). The facility reported a census of 19 residents.</p> <p>Findings included:</p> <p>1. The Minimum Data Set (MDS) assessment for Resident #21 dated 10/30/24 indicated diagnoses of paranoid schizophrenia and dementia. The MDS showed a Brief Interview for Mental Status (BIMS) score of 8 which indicated moderate cognitive impairment.</p> <p>The Clinical Physician's Orders dated 4/22/24 for Resident #21 showed:</p> <p>a. clozapine 50 milligram (mg) tablet 1.5 tabs tablets (75mg) by mouth in the morning for schizophrenia</p> <p>b. clozapine 100mg tablet give 100mg by mouth one time a day for schizophrenia.</p> <p>The Progress Note dated 10/25/24 at 10:57 PM for Resident #21 clozapine 100 mg for schizophrenia not available.</p> <p>The Progress Note dated 10/27/24 at 8:29 AM for Resident #21 clozapine 75 mg for schizophrenia not available.</p> <p>The October 2024 Medication Administration Record (MAR) for Resident #21 showed:</p> <p>a. clozapine 100 mg not administered on 10/25/24,</p> <p>b. clozapine 75 mg not administered on 10/26/24 and 10/27/24.</p> <p>Review of Resident #21's electronic health records failed to indicate physician notification for omitted administrations of clozapine on 10/25/24, 10/26/24 and 10/27/24.</p> <p>In an interview on 12/04/24 at 2:24 PM, the Administrator reported she expected staff to manage medications to avoid missed doses and physician notification should have occurred for the omitted doses of clozapine.</p> <p>48004</p> <p>2. Review of Resident #4's MDS dated [DATE] revealed diagnosis of hyponatremia. The MDS further revealed a BIMS score of 15 indicating intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #4's Physician Order Summary with a signed date of 11/3/24 revealed an order for sodium chloride tablet 1 GM give 1 tablet three times a day related to hypo-osmality and hyponatremia.</p> <p>Review of the Medication Administration Records (MARs) for the months of November, and December 2024 revealed that the sodium chloride has been unavailable from 11/21/24 noon dosage through 12/4/24 noon dosage.</p> <p>Review of Resident #4's Progress Notes further revealed multiple documentation entries that sodium chloride was unavailable related to not being in stock and that the Director of Nursing (DON) is aware. The Progress Notes further showed no documentation that the physician was notified that the sodium chloride was unavailable.</p> <p>Interview 12/04/24 at 3:50 PM with the DON and Administrator revealed that medications should be ordered, and at the facility for them to be given to the residents as the doctor orders.</p> <p>44474</p> <p>3. The MDS assessment dated [DATE] for Resident #10 documented diagnoses of Non-Alzheimer's Dementia, anxiety disorder and Bipolar Disorder. The MDS showed the BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Review of the facility provided document titled Order Summary Report signed by the physician 11/12/24 revealed the following order: Allegra Allergy tablet</p> <p>Review of Resident #10's Progress Notes revealed the following:</p> <p>a. On 11/30/24 at 8:01 a.m., Allegra Allergy tablet give 1 tablet by mouth one time a day for itching-medication not available.</p> <p>b. On 12/1/24 at 7:06 a.m., Allegra Allergy tablet give 1 tablet by mouth one time a day for itching-medication not available, Director of Nursing (DON) aware.</p> <p>c. On 12/2/24 at 9:37 a.m., Allegra Allergy tablet give 1 tablet by mouth one time a day for itching-medication not available, DON aware.</p> <p>d. On 12/3/24 at 8:10 a.m., Allegra Allergy tablet give 1 tablet by mouth one time a day for itching-not in stock.</p> <p>e. On 12/4/24 at 7:11 a.m., Allegra Allergy tablet give 1 tablet by mouth one time a day for itching-medication not in stock.</p> <p>Review of Resident #10's Electronic Health Records (EHR) failed to indicate physician notification for omitted administrations of Allegra Allergy on 11/30/24-12/4/24.</p> <p>4. The MDS assessment dated [DATE] for Resident #13's documented diagnoses of Non-Alzheimer's Dementia, anxiety disorder and Bipolar Disorder. The MDS showed the BIMS score of 9, indicating moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility provided document titled Order Summary Report signed by the physician undated revealed the following orders:</p> <ul style="list-style-type: none"> a. Divalproex Sodium tablet b. Quetiapine fumarate tablet c. Scopolamine transdermal patch d. Sertaline tablet <p>Review of Resident #13's Progress Notes revealed the following:</p> <ul style="list-style-type: none"> a. On 11/1/24 at 6:03 p.m., Divalporex sodium tablet- medication not available. b. On 11/4/24 at 7:11 a.m., Divalporex sodium tablet- medication not available. c. On 11/4/24 at 6:12 p.m., Divalporex sodium tablet- medication not available. d. On 11/7/24 at 5:49 p.m., Divalporex sodium tablet- medication not available. e. On 11/7/24 at 5:51 p.m., Sertraline tablet- not available. f. On 11/11/24 at 12:00 p.m., scopolamine transdermal patch- medication not available. g. On 11/26/24 at 12:31 p.m., scopolamine transdermal patch- not available. h. On 11/29/24 at 11:34 a.m., scopolamine transdermal patch- not in stock. i. On 12/3/24 at 4:38 p.m., quetiapine fumarate tablet- do not have. j. On 12/3/24 at 4:38 p.m., sertraline tablet- do not have. <p>Review of Resident #13's EHR failed to indicate physician notification for omitted medications on 11/1/24, 11/4/24, 11/7/24, 11/11/24, 11/26/24, 11/29/24 and 12/3/24.</p> <p>Review of facility provided policy titled Medication Orders and Receipt Record effective 10/24 revealed the following:</p> <p>The Director of Nursing Services will designate individuals to be responsible for completing medication order/receipt forms.</p> <p>Medications should be ordered in advance, based on the dispensing pharmacy's required lead time.</p> <p>Interview on 12/4/24 with the Administrator and Director of Nursing revealed the medications should be ordered and at the facility for them to be given to the residents as the doctor orders.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on document review, staff interview, and policy review the facility failed to have licensed nursing coverage 24 hours a day. The facility reported a census of 19 residents.</p> <p>Findings include:</p> <p>Review of a document titled, Payroll Based Journal Staffing Data Report with a run date of 11/26/24 revealed that during the fiscal year 3rd quarter (April 1st through June 30th) that there was no licensed nursing coverage April 7th, 18th, 23rd, May 7th, 8th, 9th, 12th, 13th, 14th,17th, June 1st, and 18th of 2024.</p> <p>Interview 12/04/24 at 1:39 PM with the Administrator revealed that she could not locate the schedules for April, May, and June of this year. The Administrator then revealed her expectation would be for nursing staff to be scheduled 24/7.</p> <p>Review of a facility provided document titled, Facility assessment dated [DATE] revealed there should be 1 Director of Nursing (DON) Registered Nurse (RN) full time on day shift and that the facility will have 1 RN or 1 Licensed Practical Nurse (LPN) for each shift. This document further revealed that the facility runs 12 hour shifts so there would be 2 nurses per day not counting the DON.</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</p> <p>Based on clinical record review and staff interview the facility failed to address dementia care for 1 out of 1 residents reviewed (Resident #10). The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #10 documented diagnoses of Non-Alzheimer's Dementia, anxiety disorder and Bipolar Disorder. The MDS showed the Brief Interview for Mental Status (BIMS) score of 9, indicating moderate cognitive impairment.</p> <p>Review of Resident #10's active diagnosis list revealed the following diagnoses of:</p> <ol style="list-style-type: none"> a. Cognitive Communication Deficit with a created date of 5/29/24. b. Vascular Dementia, unspecified severity, with other behavioral disturbance with a created date of 11/2/22. <p>Review of the MDS dated [DATE] revealed an active diagnosis of Non-Alzheimer's Dementia.</p> <p>Review of the current Care Plan undated lacked information regarding dementia care.</p> <p>Interview on 12/04/24 at 3:22 p.m., with the Director of Nursing revealed the facility should have addressed dementia on the care plan.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to implement gradual dose reductions (GDR) instead continued psychotropic medications without review and failed to ensure as needed (PRN) orders for psychotropic medications did not exceed 14 days without physician review to 3 of 5 residents reviewed (Residents #4, #10, and #14). The facility reported a census of 19 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #4's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed diagnoses of anxiety, depression, and schizophrenia.</p> <p>Review of Resident #4's Electronic Health Record (EHR) page titled, Physician's Orders revealed orders for Paxil (Antidepressant) oral tablet 10mg one time daily with a start date of 10/18/23, Oxcarbazepine oral tablet 300mg give one tablet three times daily related to paranoid schizophrenia with a start date of 4/3/23, Olanzapine (antipsychotic) 15mg oral tablet give 1/2 tablet twice daily with a start date of 4/3/23, and Buspirone (Antianxiety) 5mg tablet give 1 tablet twice daily with a start date of 4/3/23.</p> <p>2. Review of Resident #14's MDS dated [DATE] revealed the BIMS should not be completed as the resident is rarely/never understood. The MDS further revealed diagnoses of renal insufficiency, Alzheimer's disease, and non-Alzheimer's dementia.</p> <p>Review of Resident #14's EHR page titled, Physician's Orders revealed an order for Lorazepam (antianxiety) oral concentrate 2mg/ml give 0.25ml by mouth every 4 hours as needed for anxiety/restlessness with a start date of 8/16/24 with no end date noted.</p> <p>Review of Resident #4 Medication Administration Records (MARs) for the months of August, September, October, and November of this year revealed that Resident #4 received Lorazepam as necessary 5 times in the month of September, 4 times in the month of October, and 1 time in the month of November.</p> <p>44474</p> <p>3. The MDS assessment dated [DATE] for Resident #10 documented diagnoses of Non-Alzheimer's Dementia, anxiety disorder and Bipolar Disorder. The MDS showed the BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Review of Order Summary Report dated 9/19/24 revealed an order for Nefazodone (antidepressant medication) tablet twice a day with a start date of 11/28/23.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided document titled Consultation Report dated 8/16/24 revealed Resident #10 received the following psychotropic medication Nefazadone twice a day lacking documentation of acknowledgement of evaluation for the lowest possible dose.</p> <p>Review of facility provided policy titled Tapering Medications and Gradual Drug Dose Reduction effective 10/24 revealed the following information:</p> <p>a. Periodically, the staff, practitioner and/or the Consultant Pharmacist will review the continued relevance of each resident's medications.</p> <p>b. Residents who use antipsychotic drugs shall receive gradual dose reductions, unless clinically contraindicated, per established state and federal guidelines. Pertinent behavioral interventions will also be attempted. (Behavioral interventions refer to non-pharmacological attempts to influence an individual's behavior, including environmental alterations and staff approaches to care.)</p> <p>c. Pertinent state and federal guidelines are as follows: Within the first year after a resident is admitted on an antipsychotic medication or after the resident has been started on an antipsychotic medication, the staff and practitioner shall attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, the facility shall attempt a GDR at least annually, unless clinically contraindicated.</p> <p>Interview on 12/03/24 at 1:16 p.m., with the Director of Nursing (DON) revealed she is aware the GDR's have not been completed and has not been able to address them as there are other issues that needed to be addressed first. The DON continued she is working with the pharmacy and they are working with them to get all resident's GDR's addressed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Aspire of Sutherland		STREET ADDRESS, CITY, STATE, ZIP CODE 506 East Fourth Street Sutherland, IA 51058	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<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, observations, staff interviews and facility policy review the facility staff failed to follow the planned menu for residents. The facility identified a census of 21 residents.</p> <p>Findings include:</p> <p>Review of the menu for Week 1 Day 4 identified the following items as part of the planned menu for the lunch meal on 12/04/24:</p> <p>Lasagna</p> <p>Seasoned Broccoli</p> <p>Wheat Roll</p> <p>Margarine</p> <p>Strawberries and Bananas</p> <p>Observation on 12/04/24 at 11:23 a.m., the lunch meal consisted of:</p> <p>Lasagna</p> <p>Broccoli</p> <p>Applesauce</p> <p>Interview with Dietary Manager after meal service was completed revealed she does not get prior approval from anyone for making substitutions to the menu.</p> <p>Review of facility provided policy titled Menus with effective date of 10/2024 revealed the community menus will meet the nutritional needs of the residents in accordance with established national guidelines, and will be: prepared in advance and be followed. Deviations from menus that have already been posted will be noted (including the reason for the substitution and/or deviation) in the kitchen and/or in the record book used solely for recording such changes.</p> <p>Interview on 12/04/24 at 1:13 p.m., with the Administrator revealed the menus should be followed and the Dietary Manager should be getting approval from the dietitian prior to making changes on the menu.</p>		

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NAME OF PROVIDER OR SUPPLIER Aspire of Sutherland		STREET ADDRESS, CITY, STATE, ZIP CODE 506 East Fourth Street Sutherland, IA 51058	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44474</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, facility record review and resident and staff interviews the facility failed to ensure proper temperatures for foods served to residents. The facility reported a census of 21 residents.</p> <p>Finding Include:</p> <p>During an ongoing observation on 12/04/24 starting at 11:23 a.m., revealed during the puree process the Dietary Manager (DM) pureed a serving of broccoli. The DM added cold milk to the broccoli to puree the broccoli. After the puree process was completed the DM placed the broccoli into a bowl and placed it into the microwave for 15 seconds. The DM stirred the broccoli and placed the bowl of pureed broccoli onto the tray to be served. The dining room staff picked up the tray to serve to the resident when the surveyor asked the DM to check the temperature. The DM checked the temperature of 123.6 degrees Fahrenheit (F). The DM revealed the puree broccoli was not hot enough to serve and reheated to safe temperature and then served to the resident.</p> <p>Review of the facility provided policy titled Food Preparation and Service effective 10/24 revealed mechanically altered hot foods prepared for a modified consistency diet must stay above 135 F during preparation or they must be reheated to 165 F for <1 second (instantaneous).</p> <p>Interview on 12/04/24 at 1:13 p.m., with the Administrator revealed she expected all foods from the kitchen to be served at safe and appropriate temperatures.</p>		

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<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 21 residents.</p> <p>Findings include:</p> <p>During an ongoing observation on 12/04/24 starting at 11:23 a.m., revealed the Dietary Manager (DM) entered the kitchen. The DM did not perform hand hygiene after entering the kitchen or prior to applying a pair of gloves. The DM with gloves on opened the refrigerator door and closed the door, grabbed a water pitcher and exited the kitchen with gloves on and with uncovered water pitcher. The DM returned to the kitchen with soiled gloves on with the water pitcher uncovered full of ice. The DM with soiled gloves on poured the ice into glasses and picked up the ice cubes with the soiled gloves. The DM then exited the kitchen wearing the soiled gloves and water pitcher and returned to the kitchen with the water pitcher uncovered and full of ice. The DM finished filling the cups with ice and using soiled gloved hands to place ice into the glass. The DM then removed gloves and reapplied gloves without performing hand hygiene. The DM continued to meal service and changed gloves and did not perform hand hygiene during meal service. The DM finished meal service and exited the kitchen area.</p> <p>Review of facility provided policy titled Food Preparation and Service effective 10/24 revealed food service staff, including nursing services personnel, will wash their hands before serving food to residents. Employees also will wash their hands after collecting soiled plates and food waste prior to handling food trays. Food service employees shall prepare and serve food in a manner that complies with safe food handling practices.</p> <p>Interview on 12/04/24 at 1:13 p.m., with the Administrator revealed the DM should have washed her hands when she came into the kitchen and should have washed her hands while she was serving and changing gloves.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>44420</p> <p>Based on personnel file reviews, facility policy review and staff interview the facility failed to provide dependent adult abuse training within 6 months of hire for 1 of 5 employees reviewed (Staff A). The facility identified a census of 19 residents.</p> <p>Findings include:</p> <p>The personnel file for Staff A, Certified Nursing Assistant (CNA) documented a hire date of 3/25/24. Review of Staff A's personnel file lacked dependent adult abuse training within 6 months of hire date.</p> <p>The Freedom of Abuse, Neglect and Exploration policy dated 9/20/24 failed to define that within six months of hire each employee shall be required to complete an initial 2-hour training course provided by the Iowa Department of Human Services relating to the identification and reporting of dependent adult abuse.</p> <p>In an interview on 12/04/24 at 2:24 PM, the Administrator reported the facility continued to refine policies as changes in the organization recently occurred. The Administrator revealed no documentation found in Staff A's employee file regarding dependent adult abuse training.</p>