

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Aspire of Estherville		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 First Avenue North Estherville, IA 51334	

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 - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</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 2 out of 4 residents reviewed (Resident #2 & #4). The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of anxiety disorder, anemia and arthritis. The MDS showed the Brief Interview for Mental Status (BIMS) score of 13, indicating no cognitive impairment.</p> <p>Interview on 10/15/24 at 2:44 p.m., with Resident #2 revealed she is unable to get money on the weekends if she asked for it. Resident #2 explained the facility always is waiting for a check to come to the facility and then they have to go get the money before they can give it to us. She has had to wait a couple of days to be able to get her money.</p> <p>2. The MDS assessment dated [DATE] for Resident #4 documented diagnoses of anxiety disorder, hypertension and neurogenic bladder. The MDS showed the BIMS score of 11, indicating moderate cognitive impairment.</p> <p>Interview on 10/15/24 at 2:24 p.m., with Resident #4 revealed he had asked the Administration in the facility a couple weeks ago for \$50 and has not received his funds. Resident #4 explained he was told the facility had to check the mail for a check to come and their check was coming. Resident #4 explained he was told there was no money in the building to honor his request. He stated he always has to wait for the facility to get more money when he asks for it.</p> <p>Review of facility provided policy titled Resident Trust Fund with a revision date of 6/12/24 revealed residents have access to their funds 24 hours a day, 7 days a week, 365 days a year.</p> <p>Interview on 10/16/24 at 12:41 p.m., with the Administrator revealed the facility was out of petty cash and did have to wait for the check to come from the corporate office which takes 2 days to process. She explained the check had just come and all resident requests have been fulfilled but they did have to wait for their funds. The Administrator confirmed Resident #4 had asked for funds and did have to wait for the facility check to arrive. The Administrator explained she is going to be working with the corporate office to find a solution for residents.</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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