STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265182	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ascend at Aurora	1700 South Hudson Avenue Aurora, MO 65605

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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. (continued on next page)

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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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to protect each resident's right of self-determination when the facility staff failed to provide routine showers per reasonable preferences of each resident and as care planned for three sampled residents (Residents #1, #2, and #3). The facility census was 54. Review of the facility policy, Your Rights and Protections as a Nursing Home Resident, undated, showed the following:-The resident has the right to be treated with dignity and respect, as well as make to make hi/s/her own schedule and participate in the activities he/she chooses;-The resident has the right to make a complaint to the staff of the nursing home, or any other person, without fear of punishment. The nursing home must address the issue promptly. Review of the facility policy, Resident Rights State and Federal, dated May 2017, showed the following:-The resident had a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility and the facility must protect and promote the rights of each resident;-The resident had a right to voice grievances without discrimination or reprisal including those with respect to treatment which had been furnished as well as that which had not been furnished and prompt efforts by the facility to resolve grievances the resident may have;-The resident had the right to choose activities, schedules, and health care consistent with his/her interests, assessments, and plan of care. 1.Review of Resident #1's face sheet (admission information at a glance) showed the following:-admission date of 11/16/23;-Diagnoses included syringomyelia and syringobulbia (involve the formation of fluid-filled cavities within the spinal cord that include symptoms of pain, weakness, numbness, and changes in sensation that can cause swallowing difficulties, speech problems, and balance issues) and spinal stenosis (narrowing of the spinal cord that causes pain, tingling or weakness in hand, arm, foot or leg and can cause problems with the bowel or bladder). Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 11/25/24, showed the following:-Cognition was intact and resident could make choices;-The resident's daily preferences included it was somewhat important for him/her to choose between a tub bath, shower, bed bath, or sponge bath. Review of the resident's quarterly MDS, dated [DATE], showed the following:-Cognition was intact and resident was able to make choices;-Resident had limited range of motion with impairment on both sides of lower extremities;-Resident dependent on staff for showers shower and bathing self-including washing, rinsing, and drying self .-Occasionally incontinent of urine and bowel. Review of the resident's care plan, revised 11/28/23, showed the following:-Resident had an activities of daily living (ADL) self-care performance deficit;-For bathing, the resident required one staff participation with bathing two times a week. Review of the resident's June 2025 shower documentation sheets showed the following:-Resident received a shower on 06/05/25; -Resident received a shower on 06/11/25 (six days after the prior shower);-Resident received a shower on 06/17/25 (six days after the prior shower);-Resident refused a shower on 06/20/25. Review of the resident's progress note, dated 06/20/25, showed the resident refused his/her shower. Staff did not document a reason. Review of the resident's medical record showed staff did not document offers of a follow up with a shower at another date or time after 06/20/25. Review of the resident's July 2025 shower documentation sheets showed the following:-Resident received a shower on 07/01/25 (11 days after the prior offered shower);-Resident received a shower on 07/09/25 (eight days after the prior shower);-Resident received a shower on 07/16/25 (seven days after the prior shower). During interviews on 07/16/25, at 1:30 P. M., and on 07/18/25, at 11:25 A.M., the resident said the following: -Getting his/her showers was a problem;-He/she only gets one shower per week and sometimes it has been two weeks between showers;-Shower days were scheduled Tuesdays and Fridays, and he/she would get a shower in the morning usually, but sometimes in the afternoon, like 2:00 P.M. to 3:00 P.M. He/she had no preferences except twice a week. He/she didn't care what day it was, just have it twice a week. 2. Review of Resident #2's face sheet showed the following:-admission date of 11/23/24;-Diagnoses included type 2 diabetes mellitus (high blood glucose) with diabetic nephropathy(kidney damage and can't filter waste, fluids, and toxins from the kidneys), acute and chronic respiratory failure with hypoxia (low oxygen), congestive heart failure (CHF), atrial fibrillation (irregular heart rate), and high blood pressure. Review of the resident's admission MDS, dated [DATE], showed the following:-Cognition was intact and the resident could make decisions;-The resident's daily preferences showed it was very important for the resident to choose between a tub bath, shower, bed bath, or sponge bath. Review of the resident's quarterly MDS, dated [DATE]