

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER Ascend at Aurora		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide all residents with functioning call lights system when call lights for four resident rooms affecting three residents (Resident #1, #3, and #4) did not sound at the door nurses' station and when the call light for one resident (Resident #1) did not have a call light cover present. The facility census was 74. Review of the facility policy, Resident Call System and Accessibility, dated 10/15/26, showed the following: -To ensure that all residents are provided with a functioning, operation, and accessible communication system to summon staff assistance, maintain autonomy, and ensure safety from bedsides, toilets, and bathing facilities; -The facility shall maintain an adequately equipped resident call system that relays communication signals directly to an assigned caregiver or a centralized staff work area; -All staff members are responsible for responding to activated call systems immediately; -Facility staff must routinely check bedside and bathroom call buttons to confirm functional visual signals, corridor domes, and electronic tracking logs; -The maintenance department must be notified instantly during call light failure; -The resident must immediately be provided with an approved alternative communication aid; -If a widespread system outage occurs, a dedicated monitoring plan will be activated, deploying staff to physical corridor watches and direct, frequent rounding intervals until the system is restored. 1. Review showed the facility did not provide documentation of checks of call lights system. 2. Review of Resident #1's face sheet (brief information sheet about the resident) showed the following: -admission date of 06/24/26; -Diagnoses included chronic obstructive pulmonary disease (COPD - group of lung diseases that block airflow and make it difficult to breathe), spondylosis with radiculopathy lumbar region (age-related wear and tear in the lower back that causes a pinched or inflamed nerve root), and type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar (glucose)). Review of the resident's care plan, dated 06/25/26, showed the following: -Resident had pain and staff should respond immediately to any complaint of pain; -Resident had an activities of daily living (ADL) self care performance deficit; -The resident requires supervision of one staff participation with transfers. Review of the resident's comprehensive Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 07/08/26, showed the following: -Cognitively intact; -Use of walker; -Supervision or touching assistance required for showering. During an interview on 07/27/26, at 12:37 P.M., the resident said the following: -His/Her call light had been on for one-half hour.; -Staff do not come into his/her room. They refuse to answer his/her call light; -This has been an issue since his/her admission approximately one month ago; -His/Her call light was often on for over two hours and staff do not respond. Observations on 07/27/26, showed the following: -At 12:37 P.M., the call light outside of the resident's room had two small round light bulbs with no light cover box. The top white light bulb was illuminated. Inside the resident's room, the light was illuminated at call light (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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on 07/27/26, at 3:10 P.M., the DON said she believed the call light bells were working. Staff should notify the DON and Maintenance if there are any call light issues. During an interview on 07/27/26, at 3:15 P.M., the Administrator said the following:-Call lights should make an audible sound and illuminate until the call light is turned off by staff;-He was unaware that all the call lights were not making audible sound;-Maintenance staff should be auditing the call lights on a routine basis. Complaint #3117265		