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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265307 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/13/2025 |
| NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Webb City | | STREET ADDRESS, CITY, STATE, ZIP CODE 2077 Stadium Drive Webb City, MO 64870 | |

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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| (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Based on observation, interview, and record review, the facility failed to promote and facilitate each resident's right of self-determination through support of resident choice when staff failed to honor resident preferences for showers for three residents (Resident #1, #2, and #3). The facility census was 103. Review of the facility policy titled, Hygiene and Grooming, dated 10/01/10, showed the following:-Good hygiene and grooming help prevent the spread of infection and promote the resident's feeling of self-worth and dignity;-Guidelines for provision of hygiene and grooming services are shower, tub, or complete bed bath, as needed; and hair and scalp shampoo, as needed;-Services may be provided on a varying schedule, when a physician's order or recommendation exists, or when the resident needs services more frequently;-Resident preferences for time of day, type of bath, and frequency of bath should be honored, to the extent possible.1. Review of Resident #1's face sheet showed the following:-admission date of 02/09/24;-Diagnoses included congestive heart failure (CHF - a condition in which the heart doesn't pump blood as efficiently as it should), dependent on oxygen, muscle weakness, unsteadiness on feet, major depression, and general anxiety disorder. Review of the resident's care plan, revised 08/08/25, showed the following:-Required staff assistance with all activities of daily living (ADLs);-Transfers, two-person assist;-Assist to gather items for bathing and assist to bath area as needed;-Two person to assist with bathing;-Assist with hair, brushing teeth/oral care, shaving, and nail care;-Assist with bathing per schedule;-Encourage to wash, rinse, and dry body parts that are within their physical ability to do. Observation and interview on 08/12/25 at 1:20 P.M., with the resident showed the following:-The resident lay on his/her bed wearing a night gown with circular stains on the front of the gown;-The resident's hair appeared slightly greasy and uncombed;-The resident said he/she had an issue with the facility not assisting him/her with an adequate number of showers;-The resident said he/she would like to have at least two showers per week, but typically staff assisted the resident with one shower every couple of weeks;-He/she spoke to nursing staff about the issue and spoke to the Social Service Designee (SSD) about the issue as well. The SSD told the resident the facility was working on the shower issue. The SSD told the resident staff documented he/she refused his/her showers in the past, but the resident said that was not accurate. The resident said he/she did not refuse showers. He/she required a considerable amount of assistance to transfer in and out of the shower chair and needed assistance during the shower. During an interview on 08/13/25, at 9:56 A.M., the Shower Aide said the following:-The resident was scheduled to have a shower on the day shift, but he/she required the assistance of two staff and a mechanical lift to transfer in and out of the shower chair;-At times, he/she did not have time or assistance to complete the resident's shower as assigned;-The shower aide reviewed the records and said staff had not assisted the resident with a shower since 08/01/25 per the documentation (12 days prior). Review of the resident's electronic medication record history, dated 07/01/25 to 08/12/25, showed the following:-Showers scheduled once a day on Tuesdays and Fridays;-Staff documented completion of showers by marking as done (completed) on 07/01/25, 07/15/25, and 08/01/15. During an interview on 8/13/25, at 1:40 P.M., the resident said the following:-He/she preferred two showers per week;-If staff do not assist him/her with a shower, he/she starts feeling itchy all over and he/she would get dandruff/dry flaky skin on his/her scalp.2. Review of Resident #2's face sheet showed:-An admission date of 07/20/23;-Diagnoses included schizoaffective disorder(a combination of schizophrenia and mood disorder, such as depression or bipolar disorder. Symptoms may include delusions, hallucinations depressed episodes and manic periods of high energy), post-traumatic stress disorder (PTSD), anxiety, depression, and paranoid personality disorder. Review of the resident's care plan, revised 07/14/25, showed the following:-Required assistance to complete daily activities of care safely;-Allow resident to make choices, when possible;-Bath per schedule. Observation and interview on 08/12/25, at 1:22 P.M., with the resident showed the following:-The resident lay on his/her bed fully dressed and his/her hair appeared greasy;-The resident said he/she had not been assisted with a shower in approximately two weeks;-The resident said he/she was supposed to be assisted by staff with two showers per week;-The resident said he/she thought the reason for not getting a shower was due to the facility pulling the shower aide to work the floor. During an interview on 08/13/25, at 9:56 A.M., the Shower Aide said the following:-He/she thought the evening shift was responsible for assisting the resident with showers;-The SSD and the shower aide just implemented the new shower list during the past week, but prior to that, the evening staff were not competing the assigned showers;-The resident was on the shower aides list of residents that needed a shower;-The shower aide reviewed documentation and said he/she thought</p> | | |