STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265309	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspire Senior Living Joplin	2218 W 32nd Street Joplin, MO 64804

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have a process in place that established receipt and disposition of all controlled drugs when staff failed to document medications reconciliation upon discharge for one resident (Resident #1) resulting in a card of 30 Percocet (oxycodone-acetaminophen - a brand-name prescription pain medication containing a combination of two drugs: the opioid oxycodone and the non-opioid pain reliever acetaminophen) 5-325 milligrams (mg) for one previously discharged resident (Resident #2) being sent home with the resident (Resident #1). Three residents were sampled in a facility with a census of 112.On 10/14/25, the Administrator became aware of the noncompliance that occurred on 10/10/25 related to medication being sent home with the wrong resident. The Director of Nursing (DON), who was aware of the error and did not report it timely, was terminated. The Administrator completed an investigation, implemented new audits and policies to prevent future errors, and in-serviced all staff involved with medications on the new policies. The non-compliance was corrected on 10/21/25. Review of the facility's policy titled Medications-Leave of Absence, Discharge, dated 01/30/25, showed the following:-Establish uniform guidelines concerning the release of medications to residents upon their discharge or absence from the facility;-Release of medications on discharge: Drugs which have been dispensed for individual resident use and are labeled in accordance with State and Federal law may be furnished to a resident upon his or her discharge provided that the attending physician orders such medications be sent with the resident, the resident is discharged by his or her attending physician, and the resident is discharged to a health care facility or own home;-Any medications that have been discontinued will not be forwarded to the receiving facility or provided to the resident;-The charge nurse is responsible for documenting medications provided upon discharge in the resident's medical record;-Controlled substances: All drugs classified as controlled substances must be returned to the dispensing pharmacy or destroyed in accordance with the facility's procedures governing the destruction of medications. Controlled substances may be provided for the resident upon discharge/transfer with physician orders. Medications and special information for their administration are outlined in the resident's discharge plan when the resident is discharged to home.Review of the facility's policy titled Medication Reconciliation, dated 01/30/25, showed the following:-Verify the resident's current medication regimen upon admission and/or readmission to the facility and provide an updated medication list to the next service provider at the time of discharge/transfer from the facility;-Medication reconciliation will be conducted prior to the transfer of the resident to another facility, e.g., hospital or other nursing facility. The charge nurse will contact a nurse at the receiving facility to provide this information. The time of the last dose of each medication prior to the resident's transfer will be provided as well. The name of the nurse conducting the reconciliation will be documented on the Medication Reconciliation Form and also recorded on the transfer record;-A list of medications will be provided to the resident and/or caregiver upon discharge to a private residence. The charge nurse will review this list with the resident and caregiver. Contact information for the facility discharging the resident's care will be provided so questions can be answered once the resident returns home.1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following:-admission date of 09/18/25;-discharged to home on [DATE];-The resident was his/her own responsible party;-Diagnoses included cancer, heart disease, and chronic kidney disease.Review of the resident's Physician's Order Sheet (POS), dated 09/18/25 to 10/10/25, showed the resident did not have an order for Percocet 5-325 mg. Review of the resident's nurses' progress notes showed the following:-On 10/10/25, at 8:46 A.M., staff noted the resident planned to discharge on [DATE] between 1:00 P.M. and 3:00 P.M. per the resident's report;-On 10/10/25, at 11:30 A.M., staff noted resident discharged via facility van at 11:15 A.M. on this day. All medications sent with resident including narcotics. Medications sent with resident. Resident had no concerns with discharge instructions. Home with hospice services.Review showed the facility did not provide a discharge medication reconciliation list for the resident.2. Review of Resident #2's face sheet showed the following:-The resident admitted on [DATE] and discharged home on [DATE];-The resident was his/her own responsible party;-Diagnoses included surgical aftercare following surgery of circulatory system, weakness, and diabetes.Review of the resident's October 2025 POS showed the following:-An order, dated 10/01/25 with an end date of 10/02/25, for Percocet Schedule II tablet, 5-325 mg., 1 tablet by mouth every four hours as needed;-An order, dated 10/02/25 with an end date of 10/03/25, for Percocet Schedule II tablet, 5-325 mg