

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Carthage		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Buena Vista Avenue Carthage, MO 64836	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide care per standards of practice when staff failed to obtain physician orders to monitor, flush, and obtain blood from an implanted vascular access port (small device placed under the skin, usually in the chest, to provide long term access to a vein) and failed to include the implanted vascular access port on the resident care plan for one resident (Resident # 1). The facility census was 111. Review of the facility policy titled admission Orders, undated, showed the following:-The physician must provide written and/or verbal orders for the resident's immediate care and needs;-The orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission. Review of the facility policy titled Accessing and De-accessing an Implanted Vascular Access Port, undated, showed the following:-It is the policy of the facility to ensure that implanted vascular access ports are accessed and de-accessed consistent with current standards of practice;-The nurse will obtain and verify the physician order for the use of an implanted port;-The nurse shall be validated with a competency assessment prior to accessing or de-accessing an implanted port for the first time;-Aseptic technique (method that prevents contamination) will be used when accessing and de accessing the port,-If not routinely used, implanted ports will be flushed and locked every one to two months or as per physician orders. Review of the facility policy titled Comprehensive Care Plan, undated, showed the following:-It is the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and all services identified in the resident's comprehensive assessment and meet professional standards of quality;-The comprehensive care plan will describe, at a minimum, the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, any services that would otherwise be furnished, the resident's goals for admission, desired outcomes, and preferences for future discharge; and qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out interventions. 1. Record review of Resident #1's face sheet (document that gives a resident's information at a quick glance) showed the following:-admission date of 12/24/25;-Diagnoses included chronic kidney disease and hepatorenal syndrome (rapid deterioration in kidney function in individual's with cirrhosis (late-stage liver disease characterized by scarring in the liver tissue)). Review of resident's care plan, dated 12/29/25, showed the following:-Resident had limited physical mobility;-Resident had liver disease related to cirrhosis. (Staff did not care plan related to an implanted port.) Review of the resident's December 2025 Physician Order Sheet (POS) showed staff did not document orders for flushing, monitoring, or drawing blood from the resident's port. Review of the resident's nursing admission note, dated 12/24/25, showed staff did not address the resident's implanted port. Review of the resident's January 2026 POS showed staff did not document orders for flushing, monitoring, or drawing blood from the resident's port. Review of a resident re admission summary, dated [DATE], showed staff did not address the resident's implanted port. Review of the resident's February 2026 POS showed the following:-An order, dated 02/05/26, for (continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Carthage		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Buena Vista Avenue Carthage, MO 64836	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a complete blood count (CBC - blood test to measure the number and size of different cells in the blood), complete metabolic panel (CMP - a blood test to evaluate metabolism (how your body uses food and energy) and the balance of certain chemicals in the body);-An order, dated 02/14/26, for a statim (STAT - immediate) CMP;-An order, dated 02/15/26, for a CMP on 02/16/26;-An order dated 02/20/26, for a CMP.Review the resident's nursing notes, dated 02/05/26 to 02/19/26, showed staff did not document regarding issues with obtaining the lab. Review of the resident's nursing progress note dated 02/20/26, at 6:07 P.M., showed resident lethargic and had poor fluid intake. Physician notified and requested IV fluids via currently accessed port.Review of the resident's February 2026 POS showed the following:-An order, dated 02/20/26, to flush implanted port with 10 milliliters (ml) normal saline every four weeks one time a day every month on the 20th for a diagnosis of hepatorenal syndrome;-An order, dated 02/20/26, to administer sodium chloride 0.9% (solution used to replenish fluids and electrolytes) 400 ml bolus (single, large dose of medication) one time only related to metabolic encephalopathy (condition where the brain has trouble working due to a chemical or metabolic problem);-An order, dated 02/20/26, to administer sodium chloride 0.9% intravenous (IV) 100 ml per hour every shift related to metabolic encephalopathy. Administer via port at 100 ml every hour for 48 hours.(Staff did not document orders regarding monitoring or blood draws from the implanted port.)Review of the resident's nursing progress notes showed staff did not complete additional documentation regarding the resident's implanted port. During an interview on 03/24/26, at 12:18 P.M., Licensed Practical Nurse (LPN) A said the following:-An implanted port was the responsibility of a Registered Nurse (RN);-The resident had an implanted port upon admission to the facility;-A resident with an implanted port should have physician orders to flush and draw blood from it;-The phlebotomist from the lab does the lab draws for residents;-The lab tried multiple times but was unable to obtain sufficient blood to get results for the resident;-An RN accessed the resident's port to obtain blood due to the lab technician was unable to.During an interview on 03/24/26, at 1:40 P.M., LPN B said the following:-The lab come out to obtain a blood sample, but they were unable to;-The lab was not allowed to draw blood from an implanted port;-He/she did not know if the resident1 had a port;-The Director of Nursing (DON) was responsible for the care of implanted ports;-There should be physician orders for the care and to assess of a port;-An implanted port should be included on the care plan.During an interview on 03/24/26, at 11:12 A.M., RN C said the following:-The DON was responsible for flushing of implanted ports;-There should be physician orders for the care of implanted ports;-The admission nursing assessment should include a resident that had an implanted port;-Implanted ports should be included on the care plan;-A port should be monitored for infection or discomfort;-The resident should have orders to access the port for flushing and obtaining blood;-The lab had difficulty obtaining a blood sample, so he/she obtained it from the port;-He/she did not obtain an order to draw blood from the port, but he/she thinks the previous nurse did.During an interview on 03/24/26, at 2:00 P.M., the DON said the following:-An implanted port should be accessed by an RN only;-He/she was responsible for the care of implanted ports;-There should be an order for flushing and drawing blood from a port;-The lab was unable to obtain a good blood specimen from the resident;-A facility RN obtained blood from the resident's port but it was hemolyzed (blood cells become damaged or destroyed);-RN C then drew a blood sample from the port and they obtained results;-The resident came to the facility with a port, but did not initially have orders for the care of it;-A resident admitted with any kind of port should have the information included in the admission assessment;-The DON reported seeing only one order, dated 02/20/26, for the resident's port to be flushed.During an interview on 03/24/26, at 3:30 P.M., the Assistant Director of Nursing (ADON) said the following:-An RN can access an implanted port to obtain a blood sample;-A physician order was required to draw blood or flush a port;-A resident admitted with an implanted port should have that included in the admission assessment;-The orders to care for an implanted port should be obtained upon admission;-It is important to monitor port for patency (open, unobstructed) and to flush monthly;-The lab was unable to obtain an adequate sample, so RN C accessed the port for a blood (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Carthage		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Buena Vista Avenue Carthage, MO 64836	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>sample;-He/she was unsure why the lab was unable to obtain a sample during that time;-A resident should have an implanted port included on the care plan;-The nurses and MDS Coordinator were responsible for updating care plans;-All updates and changes are discussed in the morning meeting so the care plan can be updated.During an interview on 03/26/26, at 9:25 A.M., the Administrator said the following;-He/she expected staff to follow policies and procedures related to implanted ports;-An implanted port should be included in an admission assessment;-The resident should have orders for care, monitoring, and blood draws from an implanted port; -An implanted port should be included on the resident care planComplaint #2749284</p>		