

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 07/28/2026
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)		
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on interviews and record review, the facility failed to protect the rights of self-determination of all residents when the facility staff did not ensure one resident (Resident #1) received, or was offered, showers on a routine basis per his/her reasonable preference. The facility census was 116. Review of the facility's policy titled Resident Showers, dated 10/01/25, showed the following:-It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice;-Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety;-Partial baths may be given between regular shower schedules as per facility policy;-The certified nurse aide (CNA) will observe the skin for any changes while performing bathing and inform the nurse of any changes;-Assist the resident to the shower room and bring all necessary supplies. 1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following:-admission date of 12/31/23;-Diagnoses included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side (weakness or paralysis or partial paralysis on one side of the body), anxiety disorder, and major depressive disorder(a serious medical mood disorder). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 07/10/26 showed the following:-Cognition intact;-The residents did not reject care during the assessment period;-The resident was dependent on staff for showers/bathing, personal hygiene and shower/bathing transfers. Review of the resident's care plan, reviewed/updated 01/25/26, showed the following:-The resident required staff assistance to complete daily activities of care safely due to left sides hemiplegia post CVA (stroke);-Encourage resident to wash, rinse, and dry body parts that are within their physical ability to do;-The resident had confusion/forgetfulness and needed cueing/reminders;-The resident required two staff for transfers and a mechanical lift;-Bathe per schedule. The resident refused bathing/showers, hygiene cares. The resident may take bed baths;-Make the bathing process pleasant by ensuring non-hurried atmosphere give assistance as needed;-Observe resident changes in ability to perform care. During an interview on 07/28/26, at 10:53 A.M., the resident said the following:-He went over two weeks without a shower earlier in July 2026;-He/she would like to have more showers;-The staff says he/she refused showers but they just don't want to give them. Review of the resident's comprehensive CNA shower review showed the following:-The resident refused a shower on 07/02/26;-The resident received a shower on 07/18/26, 07/20/26, and 07/28/26. Review of the resident's bathing task, dated July 2026, showed the following:-The resident received a bath/shower on 07/20/26 and 07/22/26;-The resident refused on 07/25/26. Review of the resident's nurses' notes, dated 07/02/26 to 07/18/26, showed staff did not document regarding showers given or refused by the resident. Review of the resident's record showed (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 - Few	staff did not document a shower provided or offered from 07/02/26 to 07/18/26 (15 days). During an interview on 07/27/26, at 4:45 P.M., CNA B said the following:-The residents were generally scheduled to get showers two times a week;-He/she thought residents got showers;-The CNA's were supposed to document on the CNA shower sheets when they give or attempt to give a shower and give it to the nurse after they complete it. During an interview on 07/28/26, at 4:54 P.M., CNA C said the following:-The residents get showers two times a week;-The CNAs document on a shower sheet when they give or attempt to give a shower. They should let the nurse know if the resident refused. During an interview on 07/28/26, at 9:44 A.M., CNA D said the following:-The residents were supposed to be offered a shower two times a week. If they refused the CNAs try to offer another time;-The resident refused showers sometimes, but staff still offer them;-The CNA documented on a shower sheet and on the computer if a resident refused and if a shower was given. During an interview on 07/27/26, at 1:31 P.M., Licensed Practical Nurse (LPN) A said the following:-He/she thought residents were getting showers;-The CNAs were responsible for giving residents showers;-The CNAs fill out a shower sheet after giving a shower. They should document if a resident refused. During an interview on 07/28/26, at 11:02 A.M., the Assistant Director of Nursing (ADON) said the following:-Residents should be offered at least two showers a week;-Staff should offer another shower the next shift if a resident refuses;-When a resident is given a shower, the CNA documented on a shower review sheet and in the medical record under tasks. They should also document if a resident refuses a shower;-The CNA gives the shower sheet to the nurse. Complaints #3097712, #3117921		