

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Jonesburg		STREET ADDRESS, CITY, STATE, ZIP CODE 308 Cedar Avenue Jonesburg, MO 63351	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39439</p> <p>Based on interview and record review, facility staff failed to provide an appropriate emergency discharge notice for one resident (Resident #1) and failed to allow Resident #1 to return to the facility when the resident was ready for discharge from the hospital. The facility census was 62.</p> <p>1. Review of the facility's Transfer and Discharge policy, undated, showed staff were directed to:</p> <ul style="list-style-type: none"> -Ensure resident rights are protected when the facility can no longer provide care or services needed; -The facility must notify the resident at least thirty days prior to the anticipated transfer; -A transfer or discharge will not be done except when the safety of individuals in the facility is endangered, due to the clinical or behavioral status of the resident, and as documented/confirmed by a physician; -Preparation and orientation of the resident is essential to ensure safe and orderly transfer or discharge from the facility. Sufficient preparation means that the facility informs the resident where he/she is going and takes steps under its control to ensure safe transportation. The facility will involve the resident and the resident's family/representative in selecting the new residence; -The notice must include: <ul style="list-style-type: none"> -Specific location to which the resident is to be transferred or discharged ; -Explanation of the right to appeal the transfer or discharge to the State; -Information on how to obtain an appeal form; -Information on obtaining assistance in completing and submitting the appeal hearing request and; -Name, address (mail and email) and telephone number of the representative of the Office of the State Long-Term Care Ombudsman. <p>(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
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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #1's Discharge Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 10/18/24, showed an admitted [DATE] and discharge date of [DATE].</p> <p>Review of the resident's progress notes, dated 10/18/24, showed staff documented the resident was issued an immediate discharge and will not be returning to the facility. The Director of Nursing (DON) and administrator provided the resident with the letter of immediate discharge. Staff documented referrals were sent to other facilities, but did not contain documentation the resident was provided with acceptance of admission to an alternative facility.</p> <p>Review of the resident's Immediate Discharge Notice, undated, showed staff documented the reason for the immediate discharge as facility staff unable to provide adequate care to the resident and ensure safety of others in the facility. Review showed the immediate discharge would be effective immediately on 10/18/24. The notice did not include documentation of the appeal process, specific location where the resident will be discharged or transferred to, or the Office of the State Long-Term Care Ombudsman contact information.</p> <p>During an interview on 10/19/24 at 4:30 P.M., the resident's family member said the resident was at the hospital and the facility is refusing to take the resident back. He/She said the facility administrator called and said the resident hit someone. He/She said that why they are not taking the resident back. The family member said the facility did not provide a discharge notice. He/She said the resident is at a local hospital ER and is ready for discharge but there is nowhere for him/her to go. The resident is just sitting in the ER on a gurney and they said it could be four days or so until they find a bed for him/her.</p> <p>During an interview on 10/19/24 at 5:15 P.M., the administrator who said the facility issued an emergency discharge notice to the resident in person and the family by phone. The administrator said they sent the emergency discharge to the hospital and had the hospital as the discharge location.</p> <p>During an interview on 10/19/24 at 5:30 P.M., the administrator said she would not be taking the resident back.</p> <p>MO00243813</p>		