

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 02/03/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18236</p> <p>Based on record review and interview, facility staff failed to report to the Department of Health and Senior Services (DHSS) within the two-hour required timeframe a resident to resident altercation between two residents (Resident #1, and Resident #2) when Resident #1 slapped Resident #2. The facility census was 56.</p> <p>1. Review of the facility's abuse, neglect, exploitation or mistreatment policy, dated 1/30/24, showed the purpose of the policy is to ensure all alleged violations related to mistreatment, exploitation, neglect, or abuse are thoroughly investigated and reported to the proper authorities within the required time frames. All alleged violations of abuse, neglect, exploitation or mistreatment are reported immediately, but not later than two hours after the allegation is made to the administrator of this facility and to other officials to include State Survey Agency and adult protective services where state law provides for jurisdiction in long term care facilities.</p> <p>2. Review of the facility's investigation form, dated 1/22/25, showed staff documented after the noon meal Resident #1 hit Resident #2. Review showed a typed anonymous note left under the administrator's door on 1/24/25 at 7:30 A.M. Review of the anonymous note left under the administrator's door, undated, showed the following Resident #1 had slapped Resident #2 on 1/22/25 in the afternoon, and wanted to bring it to your attention since we were not sure if it had been reported. Review of the facility investigation did not contain documentation staff reported the altercation to DHSS with in the two hour time frame.</p> <p>3. Review of Resident #1's Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 1/16/25, showed staff assessed the resident as severe cognitive impairment, with a diagnosis of dementia.</p> <p>Review of resident's progress notes, dated 1/22/25 through 1/24/25, did not contain documentation staff reported to DHSS of the resident to resident altercation with the two hour timeframe.</p> <p>4. Review of Resident #2's MDS, dated [DATE], showed staff assessed the resident with a mild cognitive impairment and a diagnosis of dementia.</p> <p>Review of resident's progress notes, dated 1/22/25 through 1/24/25, did not contain documentation staff reported to DHSS of the resident to resident altercation with the two hour timeframe.</p> <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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/30/25 at 10:41 A.M., Certified Nurse Assistant (CNA) A said Resident #1 and Resident #2 were in another resident's room when he/she heard yelling coming from the room. CNA A said he/she went to room and he/she saw Resident #1 slap Resident #2 in the face. He/she said the residents were immediately separated and he/she reported this to Registered Nurse (RN) A.</p> <p>During an interview on 1/30/24 at 1:27 P.M., the administrator said she came in on 1/24/25 at approximately 7:45 A.M., and saw a note left under her door about an altercation between Resident #1 and Resident #2. She immediately started investigating. She said it seemed the charge nurse had dropped the ball, because the charge nurse thought social services had reported it to her.</p> <p>During an interview on 2/3/25 at 9:07 A.M., RN A said he/she was the charge nurse at the time of the incident but didn't see what happened. RN A said he/she heard staff say, They hit each other, He/She said when staff were seen going up the hall to talk to the administrator he/she assumed they were reporting this to her. RN A said he/she did not follow up with staff to see what actually happened between the two residents. RN A said, I take responsibility, I did not report this to the administrator.</p> <p>During an interview on 2/3/25 at 9:42 A.M., the administrator said she expects staff to report any incident of resident altercations. The administrator said she expected staff to report any incident of violence within the required timeframe so it could be reported to the state timely.</p> <p>MO00248498</p>		