

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 08/23/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>40424</p> <p>Based on observations, interviews and record review, facility staff failed to close the computer screens from view which showed resident information when left unattended for two (Resident #44 and #46) out of five sampled residents and on two medication carts. The facility census was 60.</p> <p>1. Review of the facility's Protecting, Promoting and Ensuring Resident Rights policy, dated 1/30/24, showed the resident has the right to personal privacy and secure confidential personal and medical records.</p> <p>2. Observation on 08/21/24 at 2:33 P.M., showed Registered Nurse (RN) J entered Resident #44's room and did not minimize or lock the computer screen on the treatment cart. Observation showed the residents medical information displayed.</p> <p>Observation on 08/21/24 at 2:51 P.M., showed RN J entered Resident #46's room. and did not minimize or lock the computer screen on the treatment cart. Observation showed the residents medical information displayed.</p> <p>During an interview on 08/21/24 at 3:12 P.M., RN J said staff should close the screen or lock it when stepping from the cart to maintain privacy of the resident. He/She was nervous and didn't think of it.</p> <p>3. Observation on 08/21/24 at 8:15 A.M., showed a medication cart on 200 hall unattended with a computer screen open with resident medication information visible to the public. Observation showed residents passed by the computer screen.</p> <p>Observation on 08/22/24 at 1:00 P.M., showed a medication cart on 400 hall unattended with a computer screen open with resident medication information visible to the public. Observation showed residents passed by the computer screen.</p> <p>During an interview on 08/22/24 at 1:03 P.M., Licensed Practical Nurse (LPN) G said he/she should not have left the computer screen open but forgot to close it. He/She said it is a violation of the privacy of a resident.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. During an interview on 08/23/24 at 9:26 A.M., the Director of Nursing (DON) said computer screens on top of the medication carts should be locked to protect the resident's privacy. He/She said they occasionally monitor for this and staff should not be leaving the screens open and visible to the public.</p> <p>During an interview on 08/23/24 at 9:53 A.M., the administrator said computer screens should be closed or set on a lock screen when unattended. He/She said they were not aware of staff leaving the screens open. He/She said the DON and the administrator are responsible for protecting the residents privacy.</p> <p>43327</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40424</p> <p>Based on observation, interview and record review, facility staff failed to provide a comfortable and homelike environment for residents, when staff failed to maintain walls, floors, lighting, and sink countertops in good repair. The facility census was 60.</p> <p>1. Review of the facility's Physical Environment policy, undated, showed:</p> <ul style="list-style-type: none"> -The facility will provide a safe, functional, sanitary and comfortable environment for residents, staff and the public; -The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public; -Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents; -Maintain all mechanical, electrical, and patient care equipment in safe operating condition; -The policy did not contain direction or guidance to report facility repairs or routine inspection of the facility. <p>2. Observation on 08/20/24 at 10:55 A.M., showed occupied resident room [ROOM NUMBER] on the secured unit with a gap in the flooring between the room and hallway.</p> <p>Observation on 08/20/24 at 11:06 A.M., showed occupied resident room [ROOM NUMBER] bathroom on the secured unit with a large piece of tile missing from the floor in front of the toilet.</p> <p>Observation on 08/20/24 at 11:11 A.M. showed occupied resident room [ROOM NUMBER] with multiple brown stains to the floor next to the toilet.</p> <p>Observation on 08/20/24 at 11:17 A.M., showed occupied resident room [ROOM NUMBER] bathroom with dark brown stains to the toilet bowl.</p> <p>Observation on 08/20/24 at 11:39 A.M., showed occupied resident room [ROOM NUMBER] with a section of baseboard peeled back from the wall next to the bathroom and a fall mat frayed and cracked. Observation showed gap is in the threshold between the room and the hallway.</p> <p>Observation on 08/21/24 at 08:26 A.M., showed occupied resident room [ROOM NUMBER] on the secured unit with a gap in the floor between the room and hallway.</p> <p>Observation on 08/21/24 at 08:27 A.M., showed occupied resident room [ROOM NUMBER] bathroom on the secured unit with a large piece of tile missing from the floor in front of the toilet.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/21/24 at 08:28 A.M. showed occupied resident room [ROOM NUMBER] with multiple brown stains to the floor next to the toilet.</p> <p>Observation on 08/21/24 at 08:30 A.M., showed occupied resident room [ROOM NUMBER] bathroom with dark brown stains to the toilet bowl.</p> <p>Observation on 08/22/24 at 10:43 A.M., showed occupied resident room [ROOM NUMBER]'s sink vanity top had a large strip ripped off the front under the sink. The edges were rough to the touch and had stained particle board exposed.</p> <p>Observation on 08/22/24 at 11:00 A.M., showed the light in the bathroom between room [ROOM NUMBER] and 402 did not turn on.</p> <p>3. During an interview on 08/22/24 at 1:06 P.M., Nurse Aid (NA) I said he/she writes repair requests in the maintenance log book located at the nurses desk.</p> <p>During an interview on 08/22/24 at 1:17 P.M., Licensed Practical Nurse (LPN) H said staff are directed to write down repair requests in the maintenance log book at the nurses desk.</p> <p>During an interview on 08/23/24 at 8:19 A.M., the Housekeeping Supervisor said he/she reports broken or malfunctioning items to maintenance by writing it down in a log book, Maintenance normally gets the repairs done quickly.</p> <p>During an interview on 08/23/24 at 8:23 A.M., the Maintenance Supervisor said staff put repair requests in the a log book located at both nurses desk. He/She said he/she is responsible for the repairs but intimately the administrator is responsible. He/She said he/she was not aware of the repairs needed in the resident's rooms. He/She does rounds of the building everyday.</p> <p>During an interview on 08/23/24 at 9:56 A.M., the administrator said maintenance has a binder with work requests to go by when doing repairs. Staff meet every morning to make sure the repairs are being finished. Maintenance is responsible for the repairs but he/she is ultimately responsible to make sure they repairs are finished.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>43327</p> <p>Based on interview and record review, facility staff failed to provide written information to the resident and/or the resident's representative of the bed hold policy for three residents (Resident #27, #50, and #163) of three sampled residents who discharged to the hospital. The facility census was 60.</p> <p>1. Review of the facility's Bed Hold policy, undated, showed the following:</p> <ul style="list-style-type: none"> -The facility will notify all residents, and/or their representative of the bed hold policy guidelines upon admission to the facility, at the time of transfer to the hospital or leave and at the time of non-covered therapeutic leave; -If the resident or representative wants to hold the bed, a signed authorization of the bed hold selection notice must be obtained with each physician approved hospitalization ; -Signed authorization must be received within 48 hours of the transfer or leave, if it occurs during the week and by the first business day following the transfer if it occurs on a weekend or holiday. <p>2. Review of Resident #27's medical record showed the resident discharged to the hospital on 05/22/24. Review showed the record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</p> <p>3. Review of Resident #50's medical record showed the resident discharged to the hospital on 07/26/24. Review showed the record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</p> <p>4. Review of Resident #163's medical record showed the resident discharged to the hospital on 06/02/24, 06/24/24 and 07/18/24. Review showed the record did not contain documentation staff notified the resident or the resident's responsible party of the facility's bed-hold policy.</p> <p>5. During an interview on 08/22/24 at 11:37 A.M., the administrator said bed hold paperwork is printed off and sent with the resident on discharge to the hospital and do not make copies for the medical record.</p> <p>During an interview on 08/23/24 at 8:38 A.M., Registered Nurse (RN) K said nurses are responsible to complete bed holds when a resident goes to the hospital. He/She is not sure they are being done.</p> <p>During an interview on 08/23/24 at 9:26 A.M., the Director of Nursing (DON) said there is a bed hold book at the nurse station for the charge nurses to pull a sheet from when a resident is discharged to the hospital but a signed copy is not kept for the record. He/She said he/she is not sure if the nurses are sending them with the resident but the hospital does call and ask if the facility is holding the bed.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/23/24 at 9:54 A.M., the administrator said the nurse is supposed to send the bed hold with the resident to the hospital on discharge and thought they had a binder at the nurse station. He/She said the nurse is supposed to make copies and keep a log when one is completed or sent out with the resident. He/She said he/she is responsible to ensure the bed holds are completed and was not aware the bed holds were not signed or copied for the medical record.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43327</p> <p>Based on observation, interview and record review, facility staff failed to develop a comprehensive person-centered care plan to meet the resident's medical, nursing, mental and psychosocial needs for three residents (Resident #41, #44, and #164) out of ten sampled residents. The facility census was 60.</p> <p>1. Review of the facility's Care Plan Comprehensive policy, dated March 2015, showed:</p> <ul style="list-style-type: none"> -The comprehensive care plan will be based on a thorough assessment that includes, but is not limited to, the Minimum Data Set (MDS), a federally mandated assessment tool; -Assessment of each resident is ongoing process and the care plan will be revised as changes occur in the resident's condition; -The interdisciplinary team is responsible for the periodic review and updating of care plans when a significant change has occurred, at least quarterly, and when changes occur that impact the resident's care; -A well developed care plan will be oriented to assessing and planning for care to meet the resident's medical, nursing, mental and psychosocial needs. <p>2. Review of Resident #41's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Constant inattention with disorganized thinking; -Delusional; -Physical behaviors and other behaviors directed at others 1-3 days in the 7 day lookback period; -Rejected care one to three days in the seven day lookback period; -Hospice; -Diagnosis of dementia. <p>Review of the resident's Medication Administration Record (MAR), dated 08/01/24 through 08/22/24, showed the following:</p> <ul style="list-style-type: none"> -On 08/01/24, the resident received Lorazepam (for anxiety) for yelling and hitting the table and chair; -On 08/12/24, the resident had disruptive and yelling behaviors; <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 08/14/24, the resident had disruptive behaviors with the following unsuccessful interventions: toileted, provided a snack, and assessed for pain.</p> <p>Review of the resident's care plan, dated 08/20/24, showed the care plan did not contain direction or guidance for the residents clapping and loud tones, physical behavior history, rejection of care, or hospice services.</p> <p>Observation on 08/20/24 at 10:45 A.M., showed the resident in his/her wheelchair in the dining room with other residents. The resident clapped his/her hands and scooted around in the dining room in his/her wheelchair.</p> <p>Observation on 08/20/24 at 12:10 P.M., showed the resident in his/her wheelchair in the dining room during the noon meal. He/She clapped his/her hands loudly and in a loud tone repeated bahbahbah. The resident scooted around in the chair and grimaced.</p> <p>Observation on 08/20/24 at 3:47 P.M., showed the resident in bed, restless and talking to self. He/She was alone in his/her room but could be heard from the hallway.</p> <p>Observation on 08/23/24 at 8:11 A.M., showed the resident clapping loudly during the morning meal. The room was full of his/her peers. Staff passed trays and did not intervene. One resident said, that's enough, directed toward the resident.</p> <p>During an interview on 08/23/24 at 8:38 A.M., the MDS Coordinator said the resident might have declined since his/her last review. He/She did not know of any behavior changes because the staff didn't tell him/her of any. If he/she knew, the care plan would have been updated. The MDS Coordinator said he/she thought hospice was added to the care plan since the resident has been on hospice since late last year and didn't know it wasn't. He/She said the care plan is what directed the staff to provide care.</p> <p>3. Review of Resident #44's Annual MDS, dated [DATE] showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognition impairment; -At risk for pressure ulcers; -Open lesion other than ulcer or cuts; -Non surgical dressing to areas other than to feet; -Diagnosis of dementia. <p>Review of the resident's Physician Order Sheets (POS), showed an order dated 07/30/24, to clean the right shin wound with wound cleanser, apply a barrier prep to the wound edges, apply a topical medication to the wound bed, and cover with a dry dressing and change it daily for a non-pressure wound.</p> <p>Review of the resident's history and physical, dated 06/14/24, showed a diagnosis of bilateral lower extremity swelling.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan, dated 08/20/24, showed the care plan did not contain direction for the resident's swelling or lower extremity wound.</p> <p>Observation on 08/20/24 at 10:45 A.M., showed the resident in a wheelchair with both his/her legs swollen and a bandage on the right shin.</p> <p>Observation on 08/21/24 at 10:13 A.M., showed the resident in his/her wheelchair in his/her room. Registered Nurse (RN) J provided wound care to the resident's right shin. Both lower extremities swollen.</p> <p>During an interview on 08/21/24 at 10:13 A.M., RN J said the resident often refuses to lay down during the day. He/She said the resident's wound is circulatory and would benefit from elevating his/her legs to enhance healing.</p> <p>4. Review of Resident #164's Entry MDS, dated [DATE] showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's baseline care plan, dated 08/20/24, showed the care plan did not contain direction for elopement, wandering risk or psychosocial concerns.</p> <p>Review of the resident's nurse notes, dated 08/22/24 at 1:43 P.M., staff documented the resident exit sought and raised his/her fist as the staff.</p> <p>5. During an interview on 08/23/24 at 8:38 A.M., the MDS Coordinator said care plans are updated quarterly or if there is something that is special that comes up between then such as if the resident has had issues with falls, a physician appointment, newly admitted to hospice, or anything out of the resident's normal. He/She said if the staff do not report changes to him/her then it is unknown the resident has had a change. The MDS Coordinator said families will tell him/her what preferences the resident has during care plan meetings and the care plan will also be updated with that knowledge. New behaviors or changes in behaviors are reported to him/her by the staff and then the care plan will be updated. If he/she is not informed by staff or morning meeting, he/she is not aware of any changes to the resident. He/She said it is his/her responsibility to ensure the care plans are up to date.</p> <p>During an interview on 08/23/24 at 9:26 A.M., the Director of Nursing (DON) said the care plan should define the care of the residents such as what likes and dislikes they have and paint a picture of the resident, so staff know how to provide care. The care plans should be updated at least quarterly and with any changes in condition. He/She said the MDS nurse is responsible to check daily notes on each hall and update care plans at that time of any new issues or concerns and update the care plan on verbal updates from the charge nurses. He/She said he/she was not aware the care plans were not updated. He/She said he/she is ultimately responsible to ensure the work is done.</p> <p>During an interview on 08/23/24 at 9:54 A.M., the administrator said care plans are updated by the MDS Coordinator quarterly and as needed for significant changes, falls, weight loss, diet changes, and initiation to hospice. The care plan should paint a picture of the resident's care so the staff know what to do. The care plan should address behavior interventions, fall risks, toileting needs and any changes in those. He/She said the DON oversee's the care plans and corporate oversees the process.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>43327</p> <p>Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN) for at least eight (8) consecutive hours per day, seven days a week. The facility census was 60.</p> <p>1. Review of the Facility Assessment, reviewed July 2024, showed the facility to have an RN at least 8 hours per day, seven days a week.</p> <p>Review of the facility's Nurse Staffing, dated 08/01/24 through 08/22/24, showed staff did not provide an RN eight hours a day on 8/3/24, 8/4/24, and 8/17/24.</p> <p>During an interview on 08/23/24 at 8:38 A.M., RN K said there are times when there is not an RN in the building and has been times that the only other RN aside from him/her was the Director of Nursing (DON). He/She said the DON tries to keep RN coverage on duty but one is not always available. RN K said he/she fills in when he/she can on the weekends.</p> <p>During an interview on 08/23/24 at 9:26 A.M., the DON said he/she tries to keep RN coverage of 8 hours everyday to include the weekends, but just doesn't always have one available. He/She said a RN has been hired to work every other weekend. The DON said he/she is available by phone when not in the facility.</p> <p>During an interview on 08/23/24 at 9:54 A.M., the Administrator said the facility tries to have RN coverage at least 8 hours a day, seven days per week but when unable to fulfil that role, a RN is available by phone 24 hours a day, seven days a week. He/She said staff are shifted when necessary and the facility has been advertising for the position. Currently, one staff RN is out on medical leave and have hired a RN who will fill in every other weekend.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>43327</p> <p>Based on observation, interview and record review, facility staff failed to post the required nurse staffing information in a manor easily accessible for residents and visitors, and failed to include the required data in the posting. The facility census was 60.</p> <p>1. Review of the facility's Nurse Staffing Information policy, undated, showed:</p> <ul style="list-style-type: none"> -The facility must post the following information daily: facility name, current date, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurse (RN), Licensed Practical Nurses (LPN) and Certified Nurse Aides (CNA), and the resident census; -The facility must post the nurse staffing data as specified above daily at the beginning of each shift; -Must be posted in a prominent place readily accessible to residents and visitors. <p>2. Review of the facility's Staff Hour Posting, dated July 1, 2024, showed staff did not document the census or document actual hours worked for 28 of 31 days in July 2024.</p> <p>3. Review of the facility's Staff Hour Posting, dated August 22, 2024 showed staff did not document the census for 19 of 22 days or document actual hours worked for 22 of 22 days in August 2024.</p> <p>4. Observation on 08/22/24 at 9:50 A.M., showed the nurse staff posting did not contain the total number of hours.</p> <p>5. During an interview on 08/22/24 at 9:55 A.M., LPN H said the posting should include how many workers there are total. The hours should also be written out for each position as actual hours worked. If there are no total hours it is not completed. He/She said the charge nurse overnight is responsible for filling out the posting.</p> <p>During an interview on 08/23/24 at 09:26 A.M., the Director of Nursing (DON) said the night shift nurse is responsible to complete the staff hour posting and should contain the census, total staff hours and shift hours and is aware the staff does not fill the form out right. He/She said if staff changes during the day, the charge nurse is responsible to update the form but it is not getting done. The DON said ultimately he/she is responsible to ensure the posting is up to date and posted.</p> <p>During an interview on 08/23/24 at 09:54 A.M., the administrator said the charge nurse is responsible to update the staff posting at the beginning of each shift and should include the census, how many staff are working and the total number of hours.</p>

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 08/23/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Jonesburg		STREET ADDRESS, CITY, STATE, ZIP CODE 308 Cedar Avenue Jonesburg, MO 63351	

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47193</p> <p>Based on observation, interview, and record review, facility staff failed to destroy medications in a timely manner for seven residents (Resident #1, #6, #20, #21, #23, #25, #33, and #37). Staff failed to discard expired medications from one out of two sampled medication carts. Failed to ensure medications were stored in a safe and effective manner, by not ensuring medications were properly labeled and contained in their original package until time of administration on two of two sampled medication carts. The facility census was 60.</p> <p>1. Review of the facility's Medication Storage policy, dated March 2015, showed:</p> <ul style="list-style-type: none"> -Medications must be stored in the container in which they were received; -No discontinued, outdated, or deteriorated drugs or biologicals may be retained for use. All such drugs must be returned to the issuing pharmacy or destroyed in accordance with established guidelines. <p>Review of the facility's Medication Destruction policy, revised March 2015, showed:</p> <ul style="list-style-type: none"> -All medications not returned to the issuing pharmacy will be destroyed; -Two licensed nurses or one licensed nurse and facility pharmacist will destroy all medications, except controlled substances which will require DON supervision. <p>2. Observation on 08/20/24 at 10:18 A.M., showed storage room cabinet labeled To be destroyed, contained discontinued medications as follows:</p> <ul style="list-style-type: none"> -One card with thirteen tablets of Haloperidol (Antipsychotic) 0.5 milligrams (mg) with an order date of 09/06/23 for Resident #1; -One card with four tablets of Haloperidol 0.5 mg with an order date of 09/06/23 for Resident #1; -One card with twenty-eight tablets of Hyoscyamine (Antispasmodic) 0.125 mg with an order date of 05/24/23 for Resident #25; -One card with ten tablets of Movantik (Opioid) 25 mg with an order date of 08/15/23 for Resident #20; -One card with three tablets of Movantik 25 mg with an order date of 08/15/23 for Resident #20; -One card with one tablet of Movantik 25 mg with an order date of 08/15/23 for Resident #20; -One card with twenty tablets of Hydroxyzine (Antihistamine) 25 mg with an order date of 08/15/23 for Resident #37; <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-One card with twenty-eight tablets of ondansetron (Antiemetic) 4 mg with an order date of 01/17/23 for Resident #33;</p> <p>-One card with three tablets of ondansetron 4 mg with an order date of 02/14/23 for Resident #23.</p> <p>-One card with twenty-seven tablets of mirtazapine (Antidepressant) 30 mg with an order date of 10/03/23 for Resident #6;</p> <p>-One card with twenty-seven tablets of mirtazapine 30 mg with an order date of 09/06/23 for Resident #6;</p> <p>-One card with twelve tablets of an antidiabetic 30 mg with an order date of 10/15/23 for Resident #23;</p> <p>-A plastic bag with seven medication bottles;</p> <p>-A plastic bag with four medication bottles;</p> <p>-A plastic bag of various pill packs and medication bottles.</p> <p>During an interview on 08/21/24 at 10:32 A.M., Licensed Practical Nurse (LPN) H said narcotics get destroyed with the Director of Nursing (DON). He/She said all other medications get returned to pharmacy by placing them in the red totes in the medication storage room. He/She he/said is not sure about what is in the cabinet or why they are in there. He/She said he/she does not do anything with the cabinet. He/She said all nursing staff on all shifts are responsible for maintaining the medication storage rooms.</p> <p>During an interview on 08/21/24 at 10:34 A.M., the Director of Nursing (DON) said if a resident's medications are discontinued the facility attempts to return them to pharmacy if possible. He/She said that there is a red tote in the medication storage room to put the medications that need to be returned. He/She said if the resident passes away those medications should be destroyed. He/She said it is his/her expectation that medications be destroyed 1-2 weeks. He/She said the medications in the medication storage room cabinet are meds that need to be destroyed. He/She said he/she did not know the medications were in there for that long and he/she is not sure why they would be. He/She said the medications should have been destroyed within two weeks. He/She said any of their nurses can destroy meds. He/She said all nursing staff are responsible for maintaining the medication room.</p> <p>During an interview on 08/21/24 at 11:08 A.M., the administrator said it is the responsibility of the DON and the charge nurse to maintain the medication storage room which includes destroying medications. He/She said some medications are placed in the red tote to be returned to pharmacy but all other medications that need to be destroyed should be done as soon as possible. He/She was unaware there were any medications waiting to be destroyed. He/She said it is her expectation that they are destroyed right away using the drug buster.</p> <p>3. Observation on 08/20/24 at 10:45 A.M., showed the evening shift medication cart contained one bottle of gas relief pills 80 mg with an expiration date of 7/24.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Observation on 08/20/24 at 10:39 A.M., of the day shift medication cart showed the following loose pills:</p> <ul style="list-style-type: none"> -One round white tablet; -One round yellow tablet; -One round yellow tablet. <p>Observation on 08/20/24 at 10:45 A.M., showed the evening shift medication cart contained one small round pink tablet.</p> <p>During an interview on 08/20/24 at 10:49 AM Registered Nurse (RN) J said cleaning the medication carts is a joint effort between all staffs on all shifts. H/She said there are no set days to check carts and that staff should be checking carts as needed. He/She said pharmacy also comes once a month to do cart audits. He/She said there should not be expired medications because staff should be checking medications as they pass them. He/She said the medication that was found is given rarely and it must have gotten overlooked.</p> <p>During an interview on 08/21/24 at 10:34 A.M., the DON said any certified medication technician (CMT) or nurse on the medication cart is responsible for maintaining that cart on their shift. He/She said there should not be any loose pills or expired medications in the medication cart. He/She said staff have been educated on it and it should not happen.</p> <p>During an interview on 08/21/24 at 11:08 A.M., the administrator said the DON and charge nurses' responsibility to maintain medication carts and should be checking them daily. He/She said there should not be any loose pills or expired medications in the medication carts and he/she said he/she was not aware any were found.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>45564</p> <p>Based on interview and record review, the facility staff failed to designate a person to serve as the Director of Food and Nutrition Services with the appropriate qualifications, when the facility did not employ a qualified dietitian or other clinically qualified nutrition professional full-time. This failure has the potential to affect all residents. The facility census was 60.</p> <p>1. Review of the facility's Dietary Supervisor (DS) position description, undated, showed the minimum requirements for the position included Certified Dietary Manager Certification (CDM) or equivalent credential required.</p> <p>During an interview on 08/20/24 at 11:03 A.M., the DS said he/she had been the DS for about three years. The DS said he/she started the CDM course a couple of years ago, but never finished. The DS said he/she had not completed other dietary management training. The DS said he/she was aware of the requirement to complete the CDM or equivalent certification. The DS said the dietician comes to the facility about every other month.</p> <p>During an interview on 08/22/24 at 11:45 A.M., the administrator said the DS quit without notice after day one of this survey so the housekeeping supervisor was helping out in the kitchen. The administrator said the facility's registered dietician works as a consultant on a part-time basis and the facility did not have any certified or clinically qualified nutritional staff employed full-time. The administrator said he/she was not sure if the DS met the requirements for the position before quitting.</p>		