STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265407	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspire Senior Living Moberly	700 East Urbandale Drive Moberly, MO 65270

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	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. (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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe environment for all residents. On 8/22/25, the facility received information from a structural engineer the middle common area framing, in its current condition, was not structurally sound. The structural engineer advised that the area below this needed to be unoccupied until all the framing deficiencies were addressed. The facility continued to utilize the middle common area, which included the resident sitting area toward the front entrance, the central nurses station, and the access to six hallways and the dining room and did not prohibit access until repairs were made. The facility census was 70. The facility was notified of the Immediate Jeopardy (IJ) on 09/04/25 at 5:08 P.M. which began on 08/22/25. The IJ was removed on 09/04/25 as confirmed by the surveyor's onsite verification. Review of the facility's policy, Maintenance, dated 01/30/24, showed the following: -Purpose was to protect the assets of the building; provide a safe environment for residents, families, visitors and staff, and meet life safety code requirements;-All staff were responsible to identify areas of concern regarding the maintenance of the building;=Preventative maintenance will occur throughout the year. Review of the facility's policy, Maintenance Work Request, dated 01/30/24, showed the following: -When a resident, staff member, or family member recognizes the need for maintenance services, a maintenance work request form will be completed by a staff member;-Maintenance personnel will review all maintenance work requests daily (Monday - Friday) and prioritize work to be done. 1. Review of a letter from the structural engineer to the facility's regional project manager, dated 08/22/25, showed the following: -Per facility request, an onsite visit to the building was completed to perform a non-destructive structural investigation of the middle common area due to the ceiling showing signs of deflection;-Investigation began in the common area of the building where the ceiling had multiple areas over the circular desk where the drywall appeared to be sagging and had various cracks;-Investigation continued in the attic of the building over the previously mentioned area where multiple frame deficiencies were noted;-Those deficiencies included: -The sheathing was not continuous where there was over-framing installed over trusses, which had caused the top chord of the trusses to have a significant amount of horizontal deflection; -The top of the girder [NAME] at the north side of the common area had rotated inward to the common area and was no longer [NAME] (flush); -There were jack posts that support the over-framing that currently bear directly on sheathing and not on a solid framing member;-In its current condition, this framing was not structurally sound;-The area below this needed to be unoccupied until all the framing deficiencies were addressed;-This more than likely would require removal of the ceiling and reframing of portions of the roof in this area. During interview on 09/04/25 at 3:48 P.M., the structural engineer said the entire core space, including the nurses station, the walkways around the nurses station, and the common area was not structurally sound in its current condition. The area should be unoccupied, including no one traversing through the area, in the short-term until the shoring (the process of temporary supporting a building) was completed. This was communicated to the facility's regional project manager in his/her letter dated 8/22/25. 2. Review of the facility provided document, Site Visit Report, which the facility identified as an internal report from the project manager, dated 08/27/25, showed the following: -Overview: The drywall ceiling in the common area located over the nursing station was dropping;-All nursing personnel were moved to an area located in the entrance hallway;-The contractor site visit was completed on 08/26/25;-Observation and comments: Both contractors commented that employees should continue to avoid working in this area. 3. Observation on 09/02/25 at 4:45 P.M, of the central nursing station area showed the following: -The ceiling area, located between the back of the nurses station and the dining room wall with windows, had a crack approximately six to eight feet in length;-This area was readily accessible to staff and residents;-Staff were present at the nurses station. 4. During interview on 09/02/25 at 4:45 P.M., 09/02/25 at 5:55 P.M., and 09/18/25 at 11:18 A.M., the Administrator said the following: -The cracked ceiling area was brought to maintenance director's attention (could not recall by who) the ceiling seemed to be cracking; -A local contractor was brought in for an evaluation and suggested a structural engineer evaluate the area;-The structural engineer said the area was structurally unsound;-She had not seen the structural engineer's report (dated 8/22/25) until 09/04/25;-She moved the nursing station to the lobby as a pre-emptive measure and was not directed to do so by anyone; -She did notify corporate about temporarily moving staff due to not knowing what the cause of the ceiling issue was;-She had not been told this area should be avoided by residents or staff. 5. Review of the facility provided document from the engineering consultant company

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on interview and record review, the facility failed to provide a Registered Nurse (RN) eight consecutive hours a day, seven days a week, for 15 of 32 days reviewed. The facility census was 70. Review of the facility policy, Registered Nurse, dated 01/30/24, showed the following: -Purpose: ensure that an RN is available for supervision in the facility;-Procedure: except when waived, the facility must use the services of an RN for at least eight consecutive hours a day, seven days a week. 1. Review of the facility assessment, revised 05/14/25, showed a staffing plan of eight RN hours per a resident day on the day shift. 2. Review of the facility posted staffing sheets, from 08/05/25 through 09/05/25, documenting staff who worked each day, showed the following: -No RN coverage on 08/05/25;-No RN coverage on 08/06/25;-No RN coverage on 08/09/25;-No RN coverage on 08/10/25;-No RN coverage on 08/16/25;-No RN coverage on 08/17/25;-No RN coverage on 08/19/25;-No RN coverage on 08/23/25;-No RN coverage on 08/24/25;-No RN coverage on 08/30/25;-No RN coverage on 08/31/25;-No RN coverage on 09/02/25;-No RN coverage on 09/03/25; -No RN coverage on 09/04/25;-No RN coverage on 09/05/25. During an interview on 09/04/25 at 2:12 P.M., the staffing coordinator said the following: -She had been doing the scheduled since 08/22/25;-There was supposed to be a RN at least eight hours every day;-She was responsible for ensuring there was adequate nursing staff;-She reported the lack of a RN on the schedule for multiple days to the administrator since the prior Director of Nurses (DON) quit and a new one was hired. During an interview on 09/09/25 at 2:25 P.M., the DON said the following:-She was aware there had been an issue with RN coverage;-The staffing coordinator was responsible for ensuring a RN was on the schedule for eight hours each day;-The facility did not have enough RN's to staff as required. During an interview on 09/09/25 at 10:11 A.M., the administrator said the following: -There should be an RN scheduled eight hours every day to meet regulation;-The facility utilized the DON and facility nurses that worked as needed (PRN) to fill shifts; -At present the facility was not meeting the requirement for an RN eight hours of every day;-If the staffing coordinator has concerns related to the schedule, she will report those concerns to the DON or herself;-She was not aware there were so many days of no RN coverage.