

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/02/2026
NAME OF PROVIDER OR SUPPLIER  Aspire Senior Living Poplar Bluff		STREET ADDRESS, CITY, STATE, ZIP CODE  3001 May Street Poplar Bluff, MO 63901	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and interview the facility failed to provide prescription medications as ordered and notify the physician of the medications not available for administration, in accordance with standards of practice, for one resident (Resident #1) of three sampled residents. The facility census was 50. Review of the facilities undated policy regarding unavailable medications directs staff to:-Maintain a contract with a pharmacy provider to supply the facility with routine, as needed (prn) and emergency medications;- Determine reason for unavailability, length of time medication is unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication;- Notify physician of inability to obtain medication, upon notification or awareness that the medication is not available. Obtain alternative treatment order and or/ or specific orders for monitoring resident while medication is on hold;- If a resident misses a scheduled dose of medication, staff shall follow procedures for medication errors, including physician/family notifications, completion of medication error reports, and monitoring the resident for adverse reactions to omission of the medication. 1. Review of Resident #1's Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, not completed at the time of review. Review of the Physician Order Sheet (POS) dated February 2026, showed:- Diagnoses of atrial fibrillation (a common, often chronic arrhythmia characterized by a rapid, chaotic, and quivering heartbeat in the heart's upper chambers), atherosclerotic heart disease (caused by plaque buildup in arterial walls), Hypertension (high blood pressure), venous thrombosis and embolism (a serious, often fatal condition comprising deep vein blood clots, usually legs and that travel to the lungs), Pulmonary embolism, (a sudden blockage in a lung artery), pulmonary hypertension (a serious, progressive condition characterized by high blood pressure in the lung arteries, forcing the right side of the heart to work harder, which can lead to heart failure), Osteoarthritis (a chronic degenerative disease where protective joint cartilage wears down over time, causing pain, stiffness, and reduced motion in hands, knees, hips, and spine) , anemia (a common, treatable blood disorder characterized by a lack of healthy red blood cells or hemoglobin, leading to reduced oxygen transport to body tissues) orthostatic hypotension (a rapid drop in blood pressure upon standing), Myocardia; infarction (heart attack)benign prostatic hyperplasia (a common, noncancerous enlargement of the prostate gland in men over 50), gastro-esophageal reflux disease (GERD) (a chronic condition where stomach acid frequently flows back into the esophagus, causing symptoms like heartburn, chest pain, and regurgitation), Sciatica ( pain, weakness, or numbness along the sciatic nerve, running from the lower back down the leg, usually on one side), neuropathy ( damage to nerves outside the brain/spinal cord, causing tingling, numbness, stabbing pain, and muscle weakness, often starting in hands or feet), congestive heart failure (a chronic condition where the heart cannot pump blood efficiently, causing blood to back up and fluid to accumulate in the lungs, legs, and body), posterial orthostatic tachycardia syndrome (a chronic autonomic nervous system disorder causing a rapid heart rate increase within 10 minutes of standing). Chronic respiratory failure (a long-term, progressive condition where the lungs cannot adequately oxygenate the blood or remove carbon dioxide), cellulitis of left lower leg a common, serious bacterial infection of the skin and underlying tissues, typically causing rapid-onset redness, intense pain, swelling, and warmth), unstable angina (a high-risk medical (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>emergency characterized by sudden, unpredictable chest pain that often occurs at rest or worsens in intensity, frequency, or duration, signaling severely reduced blood flow to the heart);- An order dated 02/18/2026 for Eliquis Oral Tablet 5 milligram (MG) (used for heart disease). Give 1 tablet by mouth (p.o.) two times a day;- An order dated 02/18/2026, Midodrine HCl Oral Tablet 5 MG (used to treat orthostatic hypotension) Give three tablets by mouth before meals;- An order dated 02/18/2026 for Protein Oral Powder 80 % (Protein) Give 2 scoop bymouth two times a day for SUPPLEMENT;- An order dated 02/18/2026 for Methocarbamol 500 MG (Methocarbamol)Give 2 tablet p.o. three times a day for muscle spasm;- An order dated 02/18/2026 for Finasteride Oral Tablet 5 MG (Finasteride) Give 1tablet by mouth at bedtime for benign prostatic hyperplasia with lower urinary tract infection;- An order dated 02/18/2026 for Lasix Oral Tablet 40 MG give 1 tabletp.o. two times a day for congestive heart failure;- An order dated 02/18/2026 for Hydrocodone-Acetaminophen 5-325MG give 1 tablet P.O. every 6 hours as needed for pain;- An order dated 02/18/2026 for Protonix Oral Tablet Delayed Release 40 MG(Pantoprazole Sodium) Give 1 tablet p.o. two times a day for GERD;- An order dated 02/18/2026 for Gabapentin Oral Tablet 100 MG (Gabapentin) Give 2tablet by mouth two times a day for neuropathy. Review of the Medication Administration Record (MAR) dated February 2026, showed:- Eliquis Oral Tablet 5 MG was not administered one of 10 opportunities;- Gabapentin Oral Tablet 100 MG was not administer one of 10 opportunities;- Hydrocodone-Acetaminophen Tablet 5-325 MG was not administered one of 4 opportunities;- Lasix Oral Tablet 40 MG was not administered one of 10 opportunities;- Protein Oral Powder 80 %, was not administered four of 10 opportunities;- Protonix Oral Tablet Delayed Release4 0 MG was not administered one of 10 opportunities;- Methocarbamol 500 MG, Midodrine HCl 5 MG was not administered eight of 15 opportunities;- Midodrine HCl Oral Tablet 5 MG was not administered three of 15 opportunities; Review of Resident #1 progress noted, showed:- On 02/18/2026, Resident #1 arrived to the facility at 3:54 P.M.;- On 02/18/2026 3:30 P.M., Midodrine 5 MG on order;- On 02/18/2026 at 3:25 P.M. Eliquis 5 MG on order;- On 02/18/2026 at 3:26 P.M., Methocarbamol 500 MG, Finasteride 5 MG, for Protein Oral Powder 80 %, Hydrocodone-Acetaminophen Oral Tablet 5-325 MG, Lasix Oral Tablet 40 MG, Gabapentin 100 MG, Protonix 40 MG, on order;- On 02/19/2026 at 8:34 P.M., Protein Oral Powder 80 %, on order;- On 02/19/2026 at 8:44 P.M., Methocarbamol 500 mg on order;- On 02/20/2026 at 8:47 A.M., Methocarbamol 500 mg on order;- On 02/20/2026 at 12:17 P.M., Methocarbamol 500 mg on order;- On 02/20/2026 at 7:59 P.M., Methocarbamol 500 mg on order; - On 02/20/2026 at 8:01 P.M., Protein Oral Powder 80 %, on order;- On 02/21/2026 at 10:35 A.M., Methocarbamol 500 mg on order. During an interview on 03/02/2026 at 1:00 P.M., the Director of Nursing (DON) said she would have expected the nursing staff to notify the pharmacy of medications not available and attempt to retrieve the medications from the local pharmacy. The nurse should have notified the physician immediately for further direction regarding the medications not available. During an interview on 03/02/2026 at 1:15 P.M. the Administrator said he would expect the nursing staff to know what the facility policy is regarding medications not being available and follow the guidelines and/or notify the DON or himself. During an interview on 03/02/2026 at 2:20 P.M., the Family Nurse Practioner (FNP) said she would have expected the nursing staff to notify her if any resident's medications were not available for further directions. MO2784796</p>		