

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living East Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 186 Millar Road East Prairie, MO 63845	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to consistently document residents' code status with Do Not Resuscitate (DNR) or Full Code (Resuscitate refers to cardiopulmonary resuscitation-CPR) for one resident (Resident #3) out of 12 sampled residents. The facility census was 26.</p> <p>Record review of the facility's policy, titled Cardiopulmonary Resuscitation (CPR), undated, showed:</p> <ul style="list-style-type: none"> - Facility staff should verify the presence of advance directives or the resident's wishes regarding CPR, upon admission. If the resident's wishes are different than the admission orders, or if the admission orders do not address the resident's code status and the resident does not want CPR, facility staff should immediately document the resident's wishes in the medical record and contact the physician to obtain the order.- While awaiting the physician's order to withhold CPR, facility staff should immediately document discussions with the resident or resident representative, including, as appropriate, a resident's wish to refuse CPR. <p>1. Review of Resident #3's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - The face sheet showed Do Not Resuscitate (DNR) (does not want cardiopulmonary resuscitation, an emergency procedure consisting of chest compressions if the heart stops beating or the person stops breathing) code status order); - The Physician's Order Sheet (POS), dated [DATE], indicated the resident a full code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive) status; - A Durable Power of Attorney (DPOA) (gives someone else legal authority to act on a persons wishes at the time they are unable to make a decision) showed no CPR to be done, signed and dated by the resident on [DATE]; - The Advance Directive binder located at the nurse's station indicated a DNR status. <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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 9:43 A.M., Certified Nurse Aide (CNA) C said she was not sure where the code status on the residents were kept, however thought the nurses' would have that at the nurses' desk.</p> <p>During an interview on [DATE] at 10:00 A.M., Licensed Practical Nurse (LPN) D said there is a binder that is kept at the nurses' station which should have all the code status' documented in it.</p> <p>During an interview on [DATE] at 10:05 A.M., LPN E said the binder is kept at the nurses' station and it is a quick reference to the code status of each resident.</p> <p>During an interview on [DATE] at 10:15 A.M., the Director of Nursing (DON) said she was unaware of the code status for Resident #3 was inconsistent across all documentation sources. The DON said she and LPN D are responsible for making sure the code status is correct on residents.</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** 45872</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 26.</p> <p>Review of the facility's policy titled, Homelike Environment, revised 01/30/24, showed:</p> <ul style="list-style-type: none"> - The purpose of this policy is to establish guideline and standards for creating a home-like environment within Skilled Nursing Facilities (SNFs) to enhance the quality of life and well-being of residents; - A home-like environment refers to a setting within the aims to replace the atmosphere of a private home as closely as possible while ensuring the safety and care needs of the residents are met. <p>Observations made on 04/07/23 at 9:45 A.M. and 04/09/23 at 9:22 A.M., of room [ROOM NUMBER], showed:</p> <ul style="list-style-type: none"> - Four decorative figurines, two potted plants and a square wooden picture frame placed on top of a wall mounted light fixture over bed 1 near the door; - A decorative bird nest with silk flowers, three potted plants, a rectangular wooden picture frame and a decorative figurine placed on top of a wall mounted light fixture over the loveseat near the window. <p>Observation made on 04/08/24 at 4:15 P.M. of the laundry showed:</p> <ul style="list-style-type: none"> - A vent on the left side of the washer with build up of dust and debris, a sign below the vent stated to clean filter daily. - A wall-mounted vent going to the outside on the left side of the dryer with build up of lint and debris. - A build up of dust behind the dryer; - An air conditioner filter to the right side of the dryer with build of dust and debris. - A fluorescent light fixture on the ceiling above the dryer did not illuminate light. <p>During an interview on 04/09/24 at 11:00 A.M., Laundry Staff F said he/she has only been employed for 3 weeks and cleans the filter on the washer about once a week. He cleans the vent to outside, behind the dryer and the filter on the air conditioner daily.</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>During an interview on 04/09/24 at 11:02 A.M., Laundry Supervisor said he/she would expect the staff to clean the vents, behind the dryer and the air conditioner. The Laundry Supervisor said he/she was unaware of the light not working properly and would add that to the maintenance log at this time.</p> <p>During an interview on 04/09/24 at 1:22 P.M., the Administrator said it is the maintenance staff's responsibility to maintain and oversee the cleaning of vents and bigger items like the air conditioner.</p> <p>During an interview on 04/09/24 at 1:26 P.M., the Maintenance staff said it is his responsibility to oversee the laundry room, but he delegates the duties of cleaning to the laundry department.</p> <p>Observations made on 04/09/24 at 11:30 A.M. of the 100 hall rooms</p> <ul style="list-style-type: none"> - room [ROOM NUMBER], two picture frames on top of the wall mounted light fixture above bed 2; - room [ROOM NUMBER], two stuffed animals and a picture frame on top of the wall mounted light fixture over bed 1; - room [ROOM NUMBER], five books, four hats, a small bag and a 1 inch (in.) x 7 in. wood block on top of the wall mounted light fixture over bed 2; - room [ROOM NUMBER], two stuffed animals, a doll, a picture frame, and large board picture on top of the wall mounted light fixture over bed 1; - room [ROOM NUMBER], two picture frames and one small angel ornament on top of the wall mounted light fixture over bed 2; - room [ROOM NUMBER], a dry erase board on top of the wall mounted light fixture over bed 2; - room [ROOM NUMBER], six picture frames and one small cross on top of the wall mounted light fixture over bed 2; - Cold air return vent near nurses' station on the 100 hall side with build up of dust. <p>During an interview on 04/09/24 at 1:30 P.M., Maintenance staff said the items on top of light fixtures is a safety hazard. He said it was a concern of his as well.</p> <p>During an interview on 04/09/24 at 1:32 P.M. the Administrator said that it is a safety concern and would address the issue right away.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45872</p> <p>Based on observation, interview, and record review, the facility failed to document daily temperature checks required for the standup freezers and dish machine to ensure compliance for storage and distribution of food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These deficient practices had the potential to affect all residents. The facility census was 26.</p> <p>The facility did not provide a policy.</p> <p>Observations and review on 04/07/24 at 9:34 A.M. and 04/07/24 at 11:37 A.M. of the kitchen's standup freezers, showed:</p> <ul style="list-style-type: none"> - No documentation of temperature checks completed for 03/30/24 through 03/31/24; - No documentation of temperature checks completed for 04/01/24 through 04/07/24. <p>Observations and review on 04/07/24 at 9:42 A.M. and 04/08/24 at 11:51 A.M. of the kitchen's dish machine area showed no documentation of temperature checks completed for 04/01/24 through 04/08/24.</p> <p>During an interview on 02/06/24 at 9:41 A.M., Dietary Worker A said all refrigerators and standup freezers should have temperature checks completed daily. The dish machine should have daily temperature checks completed as well.</p> <p>During an interview on 04/08/2024 at 2:51 P.M., the Dietary Manager (DM) said the refrigerators, standup freezers and dish machine should have daily temperature checks completed. The DM said he/she needs to make sure there is someone designated to complete temperature checks on a daily basis other than himself/herself.</p> <p>During an interview on 04/09/2024 at 1:27 P.M., the Administrator said she would expect the kitchen staff to complete daily temperature checks on refrigerators, standup freezers and the dish machine to meet requirement.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>45872</p> <p>Based on observation, interview and record review, the facility failed to ensure the dumpsters were closed at all times and maintained to keep pest out and/or to keep the garbage contained in the dumpster. The facility census was 26.</p> <p>Review of the facility's policy titled, Waste Disposal, dated April 2011, showed:</p> <ul style="list-style-type: none"> - Dumpster lids are to be closed at all times; - Dumpster and dumpster areas to be kept clean and free of debris. <p>Observation on 04/07/24 at 9:13 A.M., outside of the dietary department, showed one dumpster with a lid opened with visible trash bags and other miscellaneous items.</p> <p>Observations on 04/07/24 at 10:33 A.M. and 04/07/24 at 1:11 P.M. outside of the dietary department showed two dumpsters with lids opened with visible trash bags and other miscellaneous items.</p> <p>Observation on 04/08/24 at 1:16 P.M. outside of the dietary department showed two large-filled trash bags laid on the ground in front of a dumpster.</p> <p>During an interview on 04/08/2024 1:24 PM., Dietary Worker A said dumpster lids should be closed after trash is placed inside. There are also straps that are used to hold down the lids.</p> <p>During an interview on 04/08/24 at 1:34 P.M., Certified Nursing Assistant (CNA) B said trash dumpster lids should be closed after staff discards trash and other miscellaneous items are placed in it.</p> <p>During an interview on 04/08/24 at 1:45 P.M., the Maintenance Supervisor (MS) said the dumpster lids should be closed after staff throw away trash and other discarded items. There are bungee (elastic) cords to hold the dumpster lids down. MS said bags of trash should not be left on the ground around the dumpster.</p> <p>During an interview on 04/09/2024 at 1:22 P.M., the Administrator said she would expect the dumpster lids to be closed at all times after staff discards trash and other miscellaneous items for disposal purposes. She would not expect bags of trash to be left on the ground in front of dumpsters.</p>		