

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Aspire Senior Living Pleasant Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Broadway Pleasant Hill, MO 64080	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to re-admit one resident (Resident #6) out of nine sampled residents, back to the facility after an inpatient psychiatric hospital stay and the resident was assessed and documented by the psychiatric hospital as being stable enough to return to the facility. The facility census was 80 residents. Review of the facility policy for Transfers, Discharges and Therapeutic Leaves, dated 6/26/19 showed:-Emergency Discharges were to have been completed only for medical reasons, or for the immediate safety and welfare of the resident/guest, or other residents/guests.-A physician's order for emergency discharges was to have been obtained, stating the reason the discharge was necessary on an emergency basis. 1. Review of Resident #6's facility Resident Face Sheet showed he/she was admitted to the facility with the following diagnoses:-High Blood Pressure.-Colostomy (a surgical operation in which a piece of the colon is diverted to an artificial opening in the abdominal wall so as to bypass a damaged part of the colon).-Vascular Dementia (a type of cognitive decline caused by damage to the blood vessels in the brain).-Bi-polar Disorder (a mental health condition characterized by extreme mood swings between periods of mania (high energy, euphoria, and impulsivity) and depression (low mood, fatigue, and hopelessness).-Schizophrenia (a chronic mental illness characterized by a combination of symptoms that disrupt a person's thoughts, feelings, and behaviors).-Mood Disorder (a mental health condition characterized by a persistent and significant disturbance in mood). Review of the resident's Notice of Discharge for Emergency Situation-Safety of Individuals Endangered dated 8/19/25 showed:-The letter was directed to the resident, the resident's Guardian/Public Administrator, and the Ombudsman.-The letter was listed as a notice of discharge from the facility.-The letter was as a result of careful evaluation and in consultation with the resident's attending physician.-The facility concluded the safety of individuals in the facility were endangered by the resident's continued residence and therefore the resident was being discharged from the facility for the safety of all residents residing in the facility.-The safety of the other facility residents was of concern due to the resident's behaviors including his/her refusal to take any medications, resulting in aggressive behaviors toward staff, continued noncompliance with taking medications while at the hospital, the need for intramuscular (IM-a medical procedure where a medication or vaccine is injected directly into a muscle. medications for his/her severe anxiety and agitation, physical attacks on hospital staff and continued paranoid behaviors.-It was the responsibility of the facility to provide a safe environment for all residents in which to live.-The effective date of the discharge was 8/19/25.-The resident had the right to appeal with discharge within 30 days of the date of the notice. -Filing an appeal would allow him/her to remain in the facility until a hearing was held unless a hearing officer found otherwise.-However, the resident's discharge had already been effectuated, and it would have been unsafe to the facility to readmit the resident during the pendency of any appeal filed. Review of the Facility Attending Physician's letter written on behalf of the facility's decision to refuse the resident's readmission to the facility dated 8/21/25 showed:-The resident's recent history both prior to and since admission to the facility showed the resident's continued agitation, and bizarre behaviors.-While hospitalized, the resident was treated for a urinary tract infection with intravenous (IV-the administration of substances like fluids, medications, or nutrients directly into a vein through a needle or tube) antibiotics.-Following stabilization of his/her medical conditions, he/she was admitted to the facility where he/she continued with medication noncompliance, physical and verbal aggression towards facility staff and increased agitation.-There were concerns at the facility regarding other residents' safety due to the resident's behaviors.-Due to the resident's continued non-compliance and behaviors, he/she was sent to an inpatient behavioral facility.-The physician concluded that with the resident's psychiatric history coupled by his/her noncompliance with care, he/she was not a good candidate to return to the facility. During an interview on 9/11/25 at 11:30 A.M., the Ombudsman said:-He/She did get the notice of the resident's Emergency Discharge from the facility on 8/19/25.-He/She had been involved with the resident for quite some time now as the facilities had reached out for assistance with the resident's behaviors.-He/She had spoken to the resident on multiple occasions and had been involved in attempting to resolve the resident's past issues.-He/She was shocked with the current facility accepted the resident to their facility in the first place as they did not usually take residents with mental illness, and certainly not residents with the types of behaviors the resident had.-He/She did not believe the facility had accurate information on the resident from the hospital or they would not have accepted him/her.-He/She was aware the facility never obtained the resident's most recent PASRR (Preadmission Screening and Resident Review is a federal</p>		