| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265566 | A. Building<br>B. Wing | 06/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aspire Senior Living Warsaw | 1609 Sunchase Drive<br>Warsaw, MO 65355 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>Based on interviews and record review, facility staff failed to ensure one resident (Resident #1) remained free from physical and sexual abuse when Certified Nursing Assistant (CNA) B pinched the resident's chest. The facility's census was 86.<br><br>The administrator was notified on 06/20/25 of past Non-Compliance, which occurred on 06/12/25 when staff reported the allegation. Staff immediately suspended CNA B pending the results of the investigation, assessed the resident for physical and psychological harm, conducted an investigation, in-serviced staff on abuse and neglect, and terminated the employee on 06/18/25.<br><br>1. Review of the facility's policy titled, Abuse, Neglect, Misappropriate of Resident/Guest Property, Suspicious Injuries of Unknown Source, Exploitation, revised 10/24/22, showed:<br><br>-The facility strictly prohibits the abuse of residents;<br><br>-This policy protects against abuse, neglect, exploitation and misappropriation of resident to include abuse by facility staff;<br><br>-Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Willful means the individual must have acted deliberately (not inadvertently or accidentally), not that the individual must have intended to inflict injury or harm;<br><br>-Physical abuse includes hitting, slapping, pinching, and kicking;<br><br>-Sexual abuse is a non-consensual sexual contact of any type with a resident/guest and includes, but is not limited to sexual harassment, sexual coercion, or sexual assault;<br><br>-Any sexual contact between staff and resident/guest unless staff and resident/guest had a prior sexual relationship before admission or married to each other (even in a consensual relationship), will be considered an abuse of power;<br><br>-Sexual contact can include touching of breasts, genitalia, groin, inner thighs, or buttocks with intent to cause sexual satisfaction or excitement to either person.<br><br>(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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Review of the facility's investigation, dated 06/12/25, showed Nursing Assistant (NA) C and NA D reported to the administrator they both witnessed CNA B pinch and twist the resident's chest on 06/11/25. Staff assessed the resident and did not have injury and all necessary parties were notified. The administrator immediately suspended CNA B pending the investigation, documented based on the corroborating statements of two eyewitnesses, the facility verified Resident #1 was physically and sexually abused by CNA B since it involved an intimate area of the resident's body. The administrator terminated CNA B on 06/18/25.<br><br>3. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/20/25, showed staff assessed the resident as follows:<br><br>-Severe cognitive impairment;<br><br>-Behavioral symptoms not directed towards others such as hitting/scratching self, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes;<br><br>-Impairment to one side upper extremity (shoulder, elbow, wrist, hand) and lower extremity (hip, knee, ankle, foot);<br><br>-Diagnoses to include Traumatic Brain Injury.<br><br>Review of the resident's care plan, revised 05/02/25, showed staff assessed the resident with behaviors of biting, hitting, kicking, grabbing, exposing chest, inappropriate comments and sexual inappropriateness. Staff are directed to redirect the resident's attention to other things, allow opportunity to make choices and participate in care, talk in calm voice when behavior is disruptive, when resident becomes combative, leave and try to approach later.<br><br>During an interview on 06/20/25 at 10:51 A.M., NA C said he/she had called for staff assistance to lay they resident in bed and got help from NA D. He/She said CNA B entered the room, asked what help was needed, told the resident to be nice to the NAs, then stood next to the bed and pinched the resident's chest. He/She said he/she did not think it was sexual in nature but saw it as a form of physical abuse.<br><br>During an interview on 06/20/25 at 11:25 A.M., CNA B said he/she is aware of the allegations. CNA B said he/she stood next to the resident's bed and the resident grabbed his/her buttock. He/She said he/she playfully tickled the resident's face and told him/her to stop, but did not touch the resident on his/her chest or any other body part. He/She denied any physical or sexual abuse, or inappropriate touching towards the resident.<br><br>During an interview on 06/20/25 at 12:55 P.M., NA D said when CNA B entered the resident's room the resident was already in bed and CNA B did not assist with providing care to the resident. He/She said CNA B stood next to the bed, the resident grabbed at CNA B and CNA B pinched and twisted the resident's chest in a playful manner, but it was inappropriate, and he/she considered it a form of sexual abuse.<br><br>(continued on next page) |

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| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 06/20/25 at 1:45 P.M., the administrator said when NA C reported the allegation and NA D confirmed he/she witnessed CNA B pinched the resident's chest, he/she immediately suspended CNA B pending the investigation and terminated him/her after the investigation was completed to ensure all residents remained safe.<br><br>MO00255721 |