

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Platte City		STREET ADDRESS, CITY, STATE, ZIP CODE 220 O'Rourke Drive Platte City, MO 64079	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44993</p> <p>Refer to Event ID U31013 for additional information.</p> <p>Based on observation, interview, and record review, the facility failed to ensure two residents (Resident #3 and #2) were treated with dignity and respect when staff members were unnecessarily rough while providing care. This deficient practice affected two of 6 sampled residents. The facility census was 73.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>44993</p> <p>Refer to Event ID U31013 for additional information.</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiencies dated 03/03/2025.</p> <p>Based on interview and record review, the facility failed to report an injury of unknown origin to the Department of Health and Senior Services (DHSS) when Resident #1 sustained an open fracture (a bone break with an opening to the skin) to his/her right femur (upper leg bone). The Director of Nursing (DON) assessed the resident and did not report the injury of unknown origin to DHSS and did not immediately report to the Administrator. This deficient practice affected one of one sampled residents. The facility census was 73.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>44993</p> <p>Refer to Event ID U31013 for further information.</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiencies dated 03/03/2025.</p> <p>Based on interview and record review, the facility failed to initiate an investigation into an injury of unknown origin when Resident #1 sustained an open fracture (a bone break with a skin opening) to his/her right femur (upper leg bone). The Director of Nursing (DON) assessed the resident and did not initiate an investigation to determine the cause of the injury. This deficient practice affected one of one sampled residents. The facility census was 73.</p>