STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265710	A. Building B. Wing	01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspire Senior Living Oak Grove	2108 SW Mitchell Street Oak Grove, MO 64075

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46890 Based on interview and record review, the facility failed to ensure one sampled resident (Resident #1) was free from abuse when on 1/4/24, Resident #2 grabbed Resident #1 by the right arm and twisted and pushed the resident, then on 1/4/24 Resident #2, with known aggressive behavior, again approached Resident #1 and pushed his/her head into the nurse's station desk out of five sampled residents. The facility census was 85 residents. Review of the facilities policy for Abuse, Neglect and Exploitation revised 9/9/22 showed: -Provide health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. -Abuse includes verbal abuse, sexual abuse, physical abuse, and mental abuse. -Physical abuse includes, but not limited to hitting, slapping, punching, biting, and kicking. -The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. 1. Review review of Resident #2's Facility Face Sheet showed he/she was admitted on [DATE] with the following diagnoses: -Schizoeffective Disorder (a mental health problem where you experience psychosis and mood symptoms) -Dementia with Behavioral Disturbances. -Anxiety Disorder. Record review of the facility Care Plan Discussion Items dated 11/9/23 showed: -He/She refused care, yelled out at staff and other residents, was hard to re-direct. -The facility staff was to redirect him/her when combative with other residents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment tool completed by the facility staff and used for care planning) dated 11/19/23 showed: -He/She had moderate cognitive impairment, made poor decisions and had needed cues and supervision. -He/She was independent with mobility while in wheelchair. -He/She received an anti-anxiety daily during the look back period. -He/She was verbally aggressive four to six days during the look back period. Record review of the resident's care plan dated 11/28/23 showed: -He/She had verbal aggression. -He/She had physical aggression with staff. -He/She was not to threaten, scream at, or curse at other residents, visitors, and/or staff by next review date. -The facility staff was to administer medications as ordered. Monitor and record effectiveness -The facility staff was to assess him/her for placement in a specially designed therapeutic unit. -The facility staff was to assess whether his/her behaviors endangered the resident and/or others and intervene as necessary. -The facility staff was to avoid over-stimulation with him/her (e.g., noise, crowding, other physically aggressive residents) Review of Resident #1's Facility Face Sheet Showed he/she was admitted on [DATE] with the following diagnoses: -Dementia. -Stroke. -Anxiety Disorder. Review of resident's Quarterly MDS dated [DATE] showed: -He/She was severely cognitively impaired. -He/She had wandered daily. -He/She used a wheelchair. Review of the resident's care plan dated 1/10/24 showed: (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She had developed fear related to history of neglect and abandonment. -He/She would able to identify situations, events, and/or images which trigger recollections past traumatic experiences by next review date. -The facility staff was to maintain safety during post-traumatic episodes. Record review of the facility's Incident Investigation Report dated 1/4/24 showed: -Resident #2 was agitated and yelling/cursing at staff at 6:00 A.M. -Staff had re-directed Resident #2 and offered him/her food and drink in the dining room. -Resident #2 was unable to be re-directed by staff. -Resident #2 had approached Resident #1 in the doorway of the dining room and began to yell and cuss at Resident #1. -Certified Medication Technician (CMT) A witnessed Resident #2 grab Resident #1 by his/her arm, twisted and shoved Resident #1 backward. -CMT A had separated Resident's #1 and #2 and notified the Licensed Practical Nurse (LPN) A. -Certified Nurses Assistant (CNA) A had escorted Resident #2 back to his/her room and turned on his/her radio. -LPN A was at the nursing station when Resident #2 came back down the hall in his/her wheelchair shortly after first incident and he/she again started cussing and yelling at Resident #1. -LPN A had attempted to intervene. -Resident #2 was able to reach Resident #1 and grabbed him/her and shoved him/her causing Resident #1 to hit his/her head on the nurse's station. -Resident #2 had continued to have aggressive physical behaviors and was transported to the emergency department for an evaluation. During an interview on 1/29/24 at 11:00 A.M., LPN A said: -Resident #2 was verbally and physically aggressive towards staff and 1/4/24 incident was first time he/she had been verbal and physical towards other residents. -He/She had redirected Resident #2 but did not increase any other oversight of Resident #2 to possibly prevent the incident from happening to Resident#1again. During an interview on 1/29/24 at 12:04 P.M., the Director of Nursing (DON) said: -He/She had been DON since 4/2023. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She would expect increase over-site if resident is physically abusive towards another resident to prevent and protect other residents. -He/She and the Administrator would discuss resident behaviors daily during morning meetings and review interventions. -Resident behaviors are monitored by psychiatrist, behavioral services and medical doctor. MO 00229711

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46890 Based on interview and record review, the facility failed to provide a resident with an appropriate involuntary transfer discharge when they transferred one sampled resident (Resident #2) to the hospital and would not allow him/her to return out of three sampled residents. The facility census was 85 residents. Review of the facility policy Transfer and discharge date d 2021 showed: -The facility will permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or other residents are endangered. -Facility Initiated Discharge is a transfer or discharge which the resident objects to, did not originate through a resident's verbal or written request, and/or in in alignment with the resident's stated goals of care and preferences. -The facility will evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs. -Obtain a physicians' orders for emergency transfer or discharge, stating the reason the transfer or discharge is necessary on an emergency basis. -Notify resident and/or resident representative. -Contact an ambulance service and provider hospital, or facility of resident's choice, when possible, for transportation and admission arrangements. -Complete and send with the resident (or provide as soon as practicable) a transfer form which document. --Resident status, including baseline and current mental, behavioral and functional status. --Recent vital signs. --Current diagnosis, allergies and reasons for transfer/discharge. --Resident representative information including contact information. --Current medications (including when last received), treatments, most recent labs and/or radiological findings and recent immunizations. --Special instructions or precautions for ongoing care. --Special risk for falls, elopement, bleeding, pressure injury and/or aspiration precautions. (continued on next page)

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	--Comprehensive care plan goals. --any other documentation, as applicable, to ensure a safe and effective transition of care. -A copy of any Advance Directives, Durable Power of Attorney (DPOA), Do Not Resusitate (DNR) or Withholding or Withdrawing of Life-Sustaining Treatment forms should be sent with the resident. Review of the Facility-Wide Self assessment dated [DATE] showed: -Dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgment, and impulses) services provided. -Thirty-nine dementia residents in the facility. -Seven residents with behavioral health needs with individualized behavioral healthcare care plans. 1. Review of Resident #2's Facility Face Sheet showed he/she was admitted on [DATE] with the following diagnoses: -Schizoeffective Disorder (a mental health problem where you experience psychosis and mood symptoms). -Dementia with Behavioral Disturbances. -Anxiety Disorder. Review of the facility Care Plan Discussion Items dated 11/9/23 showed: -He/She refused care, yelled out at staff and other residents, was hard to re-direct. -The facility staff was to redirect him/her when combative with other residents. Review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment tool completed by the facility staff and used for care planning) dated 11/19/23 showed: -He/She had moderate cognitive impairment, made poor decisions and had needed cues and supervision. -He/She was independent with mobility while in wheelchair. -He/She received an anti-anxiety daily during the look back period. -He/She was verbally aggressive four to six days during the look back period. Review of the resident's care plan dated 11/28/23 showed: -He/She had verbal aggression. (continued on next page)

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She had physical aggression with staff. -He/She was not to threaten, scream at, or curse at other residents, visitors, and/or staff by next review date. -The facility staff was to administer medications as ordered. Monitor and record effectiveness. -The facility staff was to assess him/her for placement in a specially designed therapeutic unit. -The facility staff was to assess whether his/her behaviors endangered the resident and/or others and intervene as necessary. -The facility staff was to avoid over-stimulation with him/her (e.g., noise, crowding, other physically aggressive residents). -He/She would be staying long term care. -Staff was to assist resident/family with discharge planning, if decision for long term care changes. -Staff was to arrange for discharge planning conference. -Staff was to assist resident and/or support person in locating and coordination of post-discharge services. -Staff was to explore care options with resident and family. -Staff was to make arrangements that resident/family needs assistance with, prior to discharge. Review of the resident's Discharge MDS dated [DATE] showed he/she was discharged with return anticipated. Review of the resident's discharge letter dated 1/4/24 addressed to a local hospital, the resident, and the resident's DPOA, showed: -Formal notification of immediate discharge. -Consult with Medical Director of the facility. -Reason for discharge: the facility was unable to provide adequate care to resident and ensure safety of others in the facility. During an interview on 1/29/24 the Administrator said: -He/She was not going to take back Resident #2 and put other residents in danger. (continued on next page)

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She should have sent more discharge information and written physician orders with why the facility could not care for resident and what has been attempted to try and meet resident needs for care. -He/She did not provide the resident or responsible party a thirty-day notice or appeal process. -He/She had declined to take the resident back to the facility when the acute medical hospital was ready to return the resident. MO00229714

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46890 Based on interview and record review, the facility failed to ensure the PreAdmission Screen and Resident Review (PASARR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care) Level I and if indicated, Level II was obtained for one sampled resident (Resident #2) having a mental condition, out of three sampled residents. The facility census was 85 residents. Review of facility PASARR policy dated 3/17/04 showed: -A resident discharged /transferred from a Medicaid certified bed in one nursing facility to a Medicaid certified bed in another nursing facility does not require a new PASARR to be completed. -The discharging/transferring nursing facility shall include a copy of the existing PASARR. -The discharging/transferring nursing facility shall notify the local Family Support Division office of the residents transfer. -The nursing facility to which the resident is being transferred shall notify the Family Support Division office in their county of the resident's admission to their facility. -The receiving facility is responsible for assuring that the PASARR is included in the transfer packet. -Should the PASARR not be included in the packet, admission should not be completed. -The PASARR should be requested from the prior facility by the receiving facility 1. Review of Resident #2's Facility Face Sheet showed he/she was admitted on [DATE] with the following diagnoses: -Schizoeffective Disorder (a mental health problem where you experience psychosis and mood symptoms) -Dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgment, and impulses) with Behavioral Disturbances. -Anxiety Disorder. -He/She was admitted from another nursing home. Review of the resident's Electronic Medical Record (EMR) on 1/29/24 showed no PASARR Level I and if indicated a Level II. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment tool completed by the facility staff and used for care planning) dated 11/19/23 showed: -He/She had moderate cognitive impairment, made poor decisions and had needed cues and supervision. -He/She was independent with mobility while in wheelchair. -He/She received an anti-anxiety daily during the look back period. -He/She was verbally aggressive four to six days during the look back period. -He/She was admitted from another nursing home. Review of the resident's care plan dated 11/28/23 showed: -He/She had verbal aggression. -He/She had physical aggression with staff. -He/She was not to threaten, scream at, or curse at other residents, visitors, and/or staff by next review date. -The facility staff was to administer medications as ordered. Monitor and record effectiveness -The facility staff was to assess him/her for placement in a specially designed therapeutic unit. -The facility staff was to assess whether his/her behaviors endangered the resident and/or others and intervene as necessary. -The facility staff was to avoid over-stimulation with him/her (e.g., noise, crowding, other physically aggressive residents) During an interview on 1/29/24 at 10:30 A.M. the Social Service Director (SSD) said: -It was his/her responsibility to ensure the residents have a PASARR if needed. -He/She had reached out to prior facility for Resident #2 when admitted on [DATE] and requested PASARR, had not followed up that it had been received. -He/She reviews PASARR's at least quarterly. During an interview on 1/29/24 the Administrator said: -He/She was not aware Resident #2 did not have a PASARR. -He/She and SSD are responsible for auditing to make sure PASARR's are completed. MO 00229711