

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Oak Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify in writing the Durable Power of Attorney (DPOA) of resident room and roommates changes for two sampled residents (Resident #1 and #3). The facility census was 85 residents.</p> <p>Review of the undated facility Resident Rights Policy showed the resident has the right to receive written notice before the resident's room or roommate in the facility is changed, including the reason for the change.</p> <p>Review of the undated facility Notification of Changes Policy showed:</p> <ul style="list-style-type: none"> -Purpose to Ensure resident and/or resident representative notification of specific changes during the resident's stay in the facility. -The facility must promptly notify the resident and the resident representative, if any, when there is: <ul style="list-style-type: none"> --A change in room or roommate assignment or, --A change in resident rights under Federal or State law or regulations. <p>1. Review of Resident #1's Medical Record showed he/she admitted on [DATE] with diagnoses:</p> <ul style="list-style-type: none"> -Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). -Heart disease. -Anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus) -He/she shared a room on admission with Resident #3. <p>Review of the resident's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) 11/25/24 showed the resident was moderately cognitively impaired.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's Medical Record showed he/she admitted on [DATE] with diagnoses:</p> <ul style="list-style-type: none"> -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). -Alzheimer's disease (a slowly progressive disease of the brain that is characterized by impairment of memory and eventually by disturbances in reasoning, planning, language, and perception). -He/she shared a room on admission with Resident #1. <p>Review of the resident's Quarterly MDS 11/15/24 showed the resident to be severely cognitively impaired.</p> <p>Review of Resident #1 and Resident #2's Durable Power of Attorney (DPOA) documentation showed the residents were to be incapacitated and the family DPOA was invoked on 6/15/23.</p> <p>Review of Resident #1's Nursing Note dated 12/8/23 showed he/she was upset and aggressive when staff advised him/her that Resident #3 was being moved to the secured care unit (SCU).</p> <p>During an interview on 1/29/25 at 11:48 A.M. the Social Services Designee (SSD) said:</p> <ul style="list-style-type: none"> -Resident #3 was moved to the SCU due to wandering and almost eloping from the facility. -The DPOA was aware of the move. -Resident #1 was given a new roommate. -He/She notifies families by word of mouth about any room or roommate changes. -He/She did not document any notifications of roommates for Resident #1. <p>During an interview on 1/29/25 at 12:04 P.M. the Administrator said notifications were verbal and no written proof was provided to anyone.</p> <p>During an interview on 1/29/25 at 12:44 P.M. the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -Resident #1 and Resident #3 were living in the same room upon admission. -Resident #3 was moved to SCU by the end of 2023. <p>During an interview on 1/29/25 at 3:48 P.M. the DPOA said:</p> <ul style="list-style-type: none"> -Resident #1 and Resident #3 were admitted to the same room together. -Resident #1 remained in the room when Resident #3 was moved to the SCU. -He/She was not advised of Resident #1 getting a roommate except for one time. <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She has not been given a choice about roommates for Resident #1.</p> <p>MO00248173</p>