

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  02/14/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure one sampled resident (Resident #1) was free from physical abuse. On 2/5/25 Resident #2 struck Resident #1 on the left side of his/her face, resulting in a black eye out of four sampled residents. The facility was census was 87 residents.</p> <p>The Administrator was notified on 2/14/25 of the past noncompliance which began on 2/5/25. The facility inserviced all staff on the resident to resident abuse policy and interventions. The deficiency was corrected 2/5/25.</p> <p>Review of the facility's undated Abuse Prevention Program policy showed:</p> <ul style="list-style-type: none"> <li>-Abuse was the willful infliction of injury, unreasonable confinement, intimidation or punishment resulting in physical harm, pain or mental anguish.</li> <li>-It included verbal abuse, sexual abuse, physical abuse and mental abuse including the abuse facilitated or enabled through the use of technology.</li> <li>-Willful meant the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</li> </ul> <p>1. Review of Resident #1's admission Record face sheet, showed he/she was admitted to the facility on [DATE] with the following history:</p> <ul style="list-style-type: none"> <li>-Parkinson's Disease (a chronic, progressive neurological disorder that primarily affects movement).</li> <li>-Dementia (a decline in cognitive function severe enough to interfere with daily life).</li> <li>-Anxiety (excessive worry, nervousness or fear).</li> </ul> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 1/25/25, showed he/she had severe cognitive impairment.</p> <p>Review of Resident #1's Care Plan dated 1/25/25 showed:</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
---	-------	-----------

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  02/14/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She had a communication problem related to symptoms from Parkinson's Disease and dementia. Interventions included: ensuring a safe environment with call light in reach and low light glare. He/She was able to communicate face-to-face.</p> <p>-He/She was on anticoagulant (blood thinner) therapy. He/She was to have weekly skin inspections.</p> <p>Review of Resident #2's admission Record face sheet showed he/she was admitted to the facility on [DATE] with the following history:</p> <p>-Cerebral Infarction, (event when a blockage prevents blood flow to the brain).</p> <p>-Dementia with behavioral disturbance.</p> <p>-Parkinson's Disease.</p> <p>-Anxiety.</p> <p>-Alzheimer's Disease, (a progressive degenerative disorder of the brain).</p> <p>Review of Resident #2's MDS assessment, dated 11/9/24, showed he/she was cognitively intact.</p> <p>Review of Resident #2's Care Plan dated 11/14/24 showed:</p> <p>-He/She was independent for meeting emotional, physical and social needs.</p> <p>-He/She had impaired cognitive function or thought processes. Interventions included cuing, reorienting and supervising as needed.</p> <p>Review of Resident #1's Weekly Skin Observation dated 2/5/25 at 5:30 A.M. showed:</p> <p>-He/She had a left black eye.</p> <p>-He/She had bite marks on his/her tongue.</p> <p>Review of Resident #1's Progress Note dated 2/5/25 showed:</p> <p>-At approximately 5:10 A.M. staff brought Resident #1 up to the nurse stating Resident #2 had hit Resident #1.</p> <p>-He/she had a left black eye, dried blood around his/her mouth and bite marks visible on his/her tongue.</p> <p>Review of Resident #2's progress notes dated 2/5/25 showed:</p> <p>-Resident #2 requested to speak to his/her sister and stated, I slapped his/her face into the wall because he/she wouldn't stop making that noise when I asked him/her to stop.</p> <p>-He/She then became very upset with the phone call and hung up the phone.</p> <p>(continued on next page)</p>		

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  02/14/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Provider Progress Note dated 2/5/25 showed:</p> <ul style="list-style-type: none"> <li>-He/she was struck by another resident during an altercation.</li> <li>-Staff reported at approximately 5:10 A.M. that morning, Resident #1 was struck by Resident #2 and sustained a left black eye, and had dried blood around the mouth.</li> <li>-Resident #1 did not know why he/she was struck.</li> </ul> <p>Review of the facility's investigation summary dated 2/7/25 showed:</p> <ul style="list-style-type: none"> <li>-Resident #2 admitted to the facility on [DATE] with no cognitive impairments.</li> <li>-Resident #1 admitted to the facility on [DATE] with severe cognitive impairment.</li> <li>-On 2/5/25 it was reported Resident #2 had hit Resident #1 causing Resident #1 to have a black eye.</li> <li>-An investigation was started immediately and the two residents were separated for their safety.</li> <li>-Upon observation, Resident #1 appeared to have bruising to his/her left eye consistent with being struck on the face.</li> <li>-Upon completion of the investigation, it was determined that an altercation between Resident #1 and Resident #2 did occur resulting in the injury to Resident #1's face.</li> <li>-According to interviews with the floor staff it was reported during room rounds, Resident #2 was sitting over Resident #1's bed and when questioned stated he/she was trying to get him/her to stop moving around.</li> <li>-Resident #2 was redirected without incident at the time.</li> <li>-Approximately one hour later staff noticed dried blood on Resident #1's face as well as discoloration to his/her left eye.</li> <li>-That was when Resident #1 stated Resident #2 hit him/her.</li> <li>-According to an interview with Resident #2, he/she reported he/she struck Resident #1 because he/she made noise all night and I got sick of it.</li> </ul> <p>During an interview on 2/14/25 at 11:40 A.M. Resident #2 said:</p> <ul style="list-style-type: none"> <li>-Resident #1 kept making noises and hollering at the top of his/her lungs in the middle of the night.</li> <li>-One time it scared him/her half to death.</li> <li>-He/She told Resident #1 several times to stop.</li> </ul> <p>(continued on next page)</p>		

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  02/14/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She did not call the staff for assistance because they had been in and out and he/she figured they knew.</p> <p>-Then he/she told him/her if he/she didn't stop, he/she would come slap his/her face.</p> <p>-Resident #1 kept making the noise, so he/she went over and gently slapped him/her on the cheek.</p> <p>-He/She was not trying to hurt him/her or he/she would have used his/her fist.</p> <p>Observation and interview on 2/14/25 at 11:50 A.M. showed Resident #1 said:</p> <p>-Resident #2 thought he/she talked in his/her sleep.</p> <p>-Resident #2 hit him/her with his/her fist.</p> <p>-He/She did not remember Resident #2 telling him/her to be quiet or threatening him/her.</p> <p>-He/She might be a little afraid of Resident #2.</p> <p>-He/She had slight darkness surrounding his/her left eye.</p> <p>-There was an approximately dime sized dark purple area under the eye surrounded by yellow and green coloration.</p> <p>Review of the written statement by Certified Medication Technician (CMT) A on 2/5/25 showed:</p> <p>-When he/she opened the door about 3:15 A.M. to Resident #1 and Resident #2's room, he/she noticed Resident #2 was sitting by Resident #1's bed.</p> <p>-He/She asked Resident #2 what he/she was doing and he/she stated I was trying to get him/her to stop moving around.</p> <p>-He/She checked on Resident #1 and asked if he/she was okay.</p> <p>-At around 4:30 A.M., he/she and Certified Nurses Aide (CNA) A found Resident #1 up for the day and noticed his/her eye was oddly colored and had become darker as they sat him/her up.</p> <p>-Resident #1 stated, My roommate hit me.</p> <p>During an interview on 2/14/25, at 12:30 P.M. CMT A said:</p> <p>-Resident #1 had a habit of shutting the door to their room because a resident across the hall could be loud, so the door was shut.</p> <p>-When he/she came back from his/her lunch break, he/she peeked in the door and saw Resident #2 sitting in his/her wheelchair by Resident #1's bed about 3 A.M.</p> <p>(continued on next page)</p>		

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  02/14/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She asked Resident #2 what he/she was doing and the resident said, I'm just trying to get him/her from moving around so much.</p> <p>-He/She told Resident #2 that Resident #1 was trying to sleep and could not help whether Resident #1 was moving around or talking in Resident #1's sleep.</p> <p>-Resident #2 made a scoffing noise and backed up.</p> <p>-He/She asked Resident #2 if he/she needed anything or needed any help and his/she said, No, its fine.</p> <p>-He/She checked Resident #1 to make sure he/she was okay.</p> <p>-He/She asked Resident #1 if he/she was okay and he/she said he/she was fine. He/She repositioned him/her and moved his/her pillow under his/her head.</p> <p>-At that time, Resident #1 just looked tired and did not have any bruising.</p> <p>-When he/she went to do rounds again around 4:30-4:45 A.M., Resident #1 asked to get up.</p> <p>-He/She called CNA A to assist him/her in getting the resident up.</p> <p>-They sat Resident #1 up on the side of the bed and noticed his/her eye was bruised.</p> <p>During an interview on 2/14/25 at 1:20 P.M. the Director of Nursing (DON) said:</p> <p>-He/She did not think it could have been prevented but understood Resident #2 slapped Resident #1 on purpose.</p> <p>-Resident #2 was more alert and oriented than many of the other residents, so things like noises bothered him/her.</p> <p>-Resident #1's room was changed and they moved him/her closer to the nurses' station because he/she was a fall risk.</p> <p>-The incident was considered abuse.</p> <p>During an interview on 2/14/25 at 1:30 P.M., the Director of Operations said:</p> <p>-He/She did not think this was predictable.</p> <p>-Resident #2 had been at the facility since 2018 and had never been known to behave this way. -He/She was really surprised and it caught him/her off guard.</p> <p>-The incident was resident to resident abuse.</p> <p>Review of the written statement by CNA A on 2/5/25 showed:</p> <p>(continued on next page)</p>

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  02/14/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she and CMT A started to get residents up at 4:00 A.M. and started in the back rooms.</p> <p>-About 4:30 A.M. Resident #1 was found with blood on his/her face.</p> <p>-Then he/she saw the resident's eye and it was black.</p> <p>During an interview on 2/26/25 at 12:30 P.M. CNA A said:</p> <p>-He/She was working at the time of the incident.</p> <p>-During 2:00 A.M. rounds, both residents were in bed asleep. He/She awakened Resident #1 and changed his/her brief.</p> <p>-At about 4:30 A.M. CMT A asked for help and found blood on Resident #1's right cheek.</p> <p>-Resident #1 sometimes has night terrors in his/her sleep, and sometimes swings his/her arms and hits him/herself.</p> <p>-When they sat the resident up, that was when they noticed he/she had a black eye.</p> <p>-They asked the resident what happened and he/she pointed to Resident #2.</p> <p>MO00249058</p>