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	08/02/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51303 Based on interview and record review, the facility failed to offer one sampled resident (Resident #64) advanced directive election when he/she wanted to formulate advanced directives to identify his/her family member as his/her Durable Power of Attorney (DPOA legal document that gives someone the ability to make important decisions for you) if he/she was unable to voice his/her wants/needs, out of 18 sampled residents. The facility census was 86 residents. Review of the undated facility policy titled Durable Power of Attorney for Health Care (DPOA) showed: -Residents will be given the option of completing a DPOA for HealthCare if they have not already done so. DPOA for Health Care does not go into effect unless the resident is unable to make a health care decision because of being unconscious or having significant dementia. This option will be presented to a resident on admission. DPOA for Health Care will be acknowledged on the resident's medical record. 1. Review of Resident #64's undated Face Sheet showed he/she admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: -Acute and chronic respiratory failure with hypoxia (acute respiratory failure results form acute or chronic impairment of gas exchange between the lungs and the blood) -Obstructive sleep apnea (characterized by episodes of complete of complete apnea (breathing stops) or partial collapse of the upper airway with associated decrease in oxygen saturation). -Morbid (severe) obesity (weight is more than 80 to 100 pounds above ideal body weight) with alveolar hypoventilation (breathing at an abnormally slow rate resulting in not enough oxygen). Review of the resident's Responsible Person Agreement dated [DATE] showed he/she was his/her own responsible person. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265710	A. Building B. Wing	08/02/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's Resident Rights document dated [DATE] showed prior to or upon admission and annually after, the resident and family/responsible party would be informed of facility policies regarding provision of emergency and life-sustaining care, rights to make treatment decisions and State laws related to advanced directives for health care decision-making. If a resident had written advanced directives, a copy would be placed in the resident's medical record and reviewed annually with the resident, Guardian or health-care attorney-in-fact. Review of the resident's care plan dated [DATE] showed: -Problem: --Need for advance directives to be honored. -Intervention: --Advance directives were to be filed in the chart. --The resident wanted Cardiopulmonary Resuscitation (CPR emergency treatment that was done when someone's breathing or heartbeat had stopped) to be done. --The resident's code status was Full Code (in the event that breathing and the heart stops everything possible will be done to sustain life). --The resident's advance directives and code status were to be reviewed quarterly, annually, and with status changes. During an interview on [DATE] at 9:45 A. M the Social Service Director (SSD) said: -If a resident had their own Power of Attorney (POA) Health Care Directive, he/she would obtain copies for the medical record. -He/she would ask if the resident wanted one if the resident was competent. -Code status was discussed upon admission and paperwork would be placed in the medical record. -He/she did not ask the resident if he/she wanted to do an Advanced Directive on admission. -The resident was alert and oriented at admission. -Frequently a resident or family would come to him/her if they wanted to formulate an advance directive. -He/she wasn't aware it was a requirement to offer to formulate and review the DPOA on admission and annually. -He/she handled all advanced directives. During an interview on [DATE] at 12:50 P.M. the Director of Nursing (DON) said: (continued on next page)

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	08/02/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The SSD was responsible for offering to formulate advanced directives. -Health Care Directive to include DPOA was to be offered on admission and during care plan meetings.

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	08/02/2024

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 19016 Based on interview and record review, the facility failed to ensure three out of three sampled residents (Residents #64, #43 and #537) for Skilled Nursing Facility Advanced Beneficiary Notices (SNF ABN - Form CMS 10055) were notified in writing of the per diem rate of services when they were expected to no longer be covered by Medicare Part A services. The per diem rate was not provided to residents as soon as reasonably possible when the Notice of Medicare Non-Coverage (NOMNC -Form CMS 10123) was issued. The facility census was 86 residents. Review of the Centers for Medicare and Medicaid Services Survey and Certification memo (S&C-09-20), dated 1/9/09, showed the following: -If the skilled nursing facility (SNF) believes on admission or during a resident's stay that Medicare will not pay for skilled nursing or specialized rehabilitative services and the provider believes that an otherwise covered item or service may be denied as not reasonable or necessary, the facility must inform the resident or his/her legal representative in writing why these specific services may not be covered and the beneficiary's potential liability for payment for the non-covered services. The SNF's responsibility to provide notice to the resident can be fulfilled by either the use of the SNF ABN (form CMS-10055) or one of the five uniform denial letters. -The SNF ABN provides an estimated cost of items or services in case the beneficiary has to pay for them him/herself or through other insurance they may have. -Issuing the NOMNC (CMS 10123) to a beneficiary only conveys notice to the beneficiary of his/her right to an expedited review of a service termination. 1. Review of Resident #537's SNF Beneficiary Protection Notification Review showed: -A NOMNC-CMS 10123 form was provided to the resident showing Medicare Part A skilled services would end on 5/6/24. The resident signed the form on 5/3/24. -The resident was not provided a SNF ABN/CMS-10055 form until 5/6/24. The form did not show the estimated cost to continue services should the resident choose to do so. 2. Review of Resident #64's SNF Beneficiary Protection Notification Review showed: -A NOMNC-CMS 10123 form was provided to the resident showing Medicare Part A skilled services would end on 5/28/24. The resident signed the form on 5/23/24. -The resident was not provided a SNF ABN/CMS-10055 form until 5/28/24. The form did not show the estimated cost to continue services should the resident choose to do so. 3. Review of Resident #43's SNF Beneficiary Protection Notification Review showed: (continued on next page)

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	08/02/2024

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A NOMNC-CMS 10123 form was provided to the resident showing skilled services would end on 1/31/24. The resident signed the form on 1/28/24. -The SNF ABN/CMS-10055 form, signed by the resident on 1/28/24, did not show the estimated cost to continue services should the resident choose to do so. 4. During an interview on 7/30/24 at 10:59 A.M. the Social Services Director (SSD) said: -All three residents met their skilled therapy goals, remained in the facility, and had Medicare days remaining. -He/She hadn't been putting the residents' estimated costs to continue therapy services on the ABN form, but was responsible for doing so. During an interview on 8/2/24 at 9:53 A.M. the Administrator said: -The cost per day to continue services when Medicare wasn't expected to pay should be included on the ABN form. -The Business Office Manager (BOM) knows the estimated costs to continue services and shares that information in morning clinical meetings. -The SSD should issue the SNF ABN at the same time as the NOMNC. -The SSD was responsible for ensuring the benefit notices contained all required information.

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	08/02/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 09895 Based on interview and record review, the facility failed to ensure medication carts were locked at all times when not in use resulting in one sampled resident (Resident #15) ingesting medications from medications cards he/she obtained from an unlocked medication cart out of 18 sampled residents. The facility census was 86 residents. The Administrator was notified on 8/2/24 of the past noncompliance which began on 7/20/24. The facility completed an investigation related to the incident. The facility in-serviced all staff who have access to medication carts as well as all facility department heads regarding medication carts being kept locked and ongoing monitoring to ensure medication carts were kept locked when not in use. All medication carts were inspected to ensure locking devices were in good repair. The deficiency was corrected on 7/22/24. Review of the Medications, Storage of policy dated March 2015 showed: -All medications for residents must be stored at or near the nurses' station in a locked cabinet, a locked medication room, or one or more locked mobile medication carts. -All mobile medication carts must be under visual control of the staff at all times when not stored safely and securely; carts must be either in a locked room or otherwise made immobile. -An unlocked medication cart must remain locked at all times, in the event the nurse is distracted from the task of passing medications by some unforeseen occurrence, the cart must be locked before leaving it or secured in a locked medication room. 1. Review of Resident #15's quarterly Minimum Data Set (MDS - a federally mandated assessment tool required to be completed by facility staff for care planning) dated 4/20/24 showed: -He/she was admitted to the facility on [DATE]. -He/she was severely cognitively impaired. -He/she had diagnoses of high blood pressure, dementia, and depression. Review of the resident's Physician's Orders Sheet (POS) dated 7/1/24 through 7/31/24 showed physician orders for: -Amlodipine 10 milligrams (mg) once a day; 6:00 A.M. - 10:00 A.M. for high blood pressure. -Carvedilol 25 mg twice daily; 6:00 A.M. - 10:00 A.M., 4:00 P.M. - 8:00 P.M. for high blood pressure. Review of Registered Nurse (RN) A's investigation statement dated 7/20/24 showed: (continued on next page)

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	08/02/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-At 6:00 A.M. on 7/20/24 three medication cards were removed from the resident's wheelchair. -The resident was unable to tell when he/she took the medication cards or how he/she came to have them. -The resident said, I took them, and I ate two. -RN A notified the Director of Nursing (DON) via text message. -RN A called the resident's on-call physician who said to monitor the residents blood pressure and to call him/her if the resident had blood pressures or if he/she had a change in his/her condition. -The resident's blood pressure was monitored every hour. -At 9:00 A.M. the resident's blood pressure was elevated, he/she was diaphoretic (had excessive sweating) and clammy (having skin that is moist, cool, and often pale). -The resident's on-call physician was again contacted and advised to send the resident to hospital. -911 (Emergency Medical Services; also known as EMS) was activated. -The resident left the facility via EMS at 9:05 A.M. Review of the resident's records for his/her hospitalization from [DATE] through 7/24/24 showed: -He/she had a possible accidental overdose from ingesting Coreg (medication for high blood pressure, amlodipine and atorvastatin (medication used to lower cholesterol and fats in the blood). -He/she was reportedly having abdominal pain, nausea and vomiting in addition to uncontrolled high blood pressure. -He/she had no other no side effects from ingestion of medications and was discharged back to the facility on [DATE]. Review of the resident's care plan dated 7/22/24 showed: -He/she was found in the dining room with another resident's medication cards in his/her wheelchair. -He/she was unable to state anything other than, I took them. -He/she was sent to hospital emergency roiagnom on [DATE]. Review of the facility undated investigation summary on 7/30/24 showed: -A text message was sent from charge nurse stating the resident was seen with pills he/she had gotten from a medication cart, and the resident said he/she took two of the medications. (continued on next page)

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	08/02/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The on-call physician said to monitor the resident's blood pressure and call back if his/her baseline changed. -The resident had amlodipine 10 mg, carvedilol 12.5 mg, and donepezil 10 mg cards; the resident currently took amlodipine 10 mg, carvedilol 25 mg and was not currently taking donepezil (a medication that treats memory loss and confusion). -The DON read the text message at approximately 8:30 A.M. and called The Director of Operations who said to report the incident to the state agency. -RN A called EMS and the resident was transported to hospital at approximately 9:00 A.M.; the resident's family was notified. -The DON obtained statements from all staff on the day and night shift staff on the front hall (the hall where the resident resided). -After the DON spoke with staff, he/she believed the resident went by the medication cart, was able to open and take the medication cards from the medication cart, took the cards to the dining room and took an undetermined amount of medication from the medication cards. and take medication cards from the medication cart. -The DON completed the report to the state agency, completed education for all staff present in the building and sent out mass texts to all Certified Medication Technicians (CMT). During an interview on 8/2/24 at 9:59 A.M. RN A said: -On 7/20/24 at 6:00 A.M. the resident was in the dining room, had three medication cards belonging to a different resident, and said he/she had taken two pills. -Two of the medication cards were medications already prescribed for him/her, one of those medications was a lower dose than what was prescribed for the resident, another medication was not already prescribed for the resident. -He/she assessed the resident, including his/her vital signs, notified the DON and the on-call physician. -The on-call physician said to monitor the resident's blood pressure and to call again if the resident had high blood pressure or had any change in condition. -The on-call physician did not give a frequency for monitoring the resident's blood pressure, but RN A had monitored the resident's vital signs (body temperature, heart rate, and rate of breathing) and blood pressure hourly and after a few hours the resident's blood pressure was higher, and he/she was diaphoretic and clammy. -He/she called the resident's on-call physician and reported the changes in the resident and the on-call physician said to send the resident to hospital. -He/she then activated 911 and notified the resident's family and the DON. (continued on next page)

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	08/02/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The cart the resident had obtained the medication from had been usually kept in front of the nurse's station near the main dining room and always locked when not in use. -He/she was not aware of any medication cart not being kept locked when not use or of any medication cart lock not operating properly. -Immediately after what happened the DON directed that the medication cart be kept in a medication storage room when not in use and this directive was followed by staff. During an interview on 8/2/24 at 10:14 A.M. the DON said: -He/she was notified regarding the resident on 7/20/24 by about 6:10 A.M. -The determination of the investigation was that somehow the medication cart had to have been unlocked - that was the only thing that could have happened. -All staff were expected to lock any medication not locked when not in use by staff immediately near the medication cart. MO00239234

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	08/02/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51303 Based on observation, interview and record review, the facility failed to ensure necessary respiratory care for one sampled resident, (Resident #64), the facility failed to have an order for the Bilevel positive airway pressure (BiPAP a respiratory therapy intervention that delivers an inhale pressure and an exhale pressure to provide a patent airway), settings, cleaning and storage of the BiPap out of 18 sampled residents. The facility census was 86 residents. Review of undated facility policy titled Noninvasive Ventilation showed: -The facility would obtain an order for the use of BiPAP device and settings from the practitioner. -The facility will follow the manufacturer's instruction for use of the machine. -Document use of the machine, resident's tolerance, any skin, respiratory or other changes and response(s). -Follow manufacturer instructions for the frequency of cleaning, replacing filters and servicing the machine. Only the supplier may service the machine. -Replace equipment routinely in accordance with the manufacturer recommendation. General guidelines: --Face mask and tubing to be changed once every three months. --Headgear, non-disposable filters, and humidifier chamber to be changed once every six months. --Disposable filters to be changed twice monthly. Review of undated facility policy titled Oxygen Administration showed: -Staff shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy. -Cleaning and care of equipment shall be in accordance with the facilities policies for such equipment. -The equipment needed for oxygen administration will depend on the type of delivery system ordered. 1. Review of Resident #64's undated Face Sheet showed he/she was last admitted to the facility on [DATE] with the following diagnoses: -Acute and chronic respiratory failure with hypoxia. (acute respiratory failure results form acute or chronic impairment of gas exchange between the lungs and the blood) (continued on next page)

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	08/02/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Obstructive sleep apnea (characterized by episodes of complete of complete apnea (breathing stops) or partial collapse of the upper airway with associated decrease in oxygen saturation). -Morbid (severe) obesity (weight is more than 80 to 100 pounds above ideal body weight) with alveolar hypoventilation (breathing at an abnormally slow rate resulting in not enough oxygen). Review of the resident's current Physician Order Sheet (POS) showed no orders for BiPAP administration, settings, cleaning, or storage. Observation on 7/29/24 at 7:02 A.M. and 1:29 P. M. showed: -The BiPAP was on the stand next to the resident's bed and was not in a bag. -No bag available in the room for BiPAP. Observation on 7/30/24 at 8:56 A.M. showed: -The BiPAP was on the stand next to the resident's bed and was not in a bag. -No bag available in the room for BiPAP. During an interview on 8/2/24 at 9:12 A.M. Registered Nurse (RN) A said: -The BiPAP was used at night while the resident was sleeping. -A technician was sent out to set the resident's specific settings. -There were no orders for BiPAP. -Cleaning of the BiPAP mask, orders should have noted when and how to clean. -Oxygen order was for 4 to 8 liters as the resident chronically got pneumonia, when that happened, he/she needed more oxygen. -The resident had a special oxygen concentrator that had the capacity to go to 8 liters. -The resident saw a Pulmonologist (A doctor who had special training in diagnosing and treating diseases of the lungs). -The resident's Primary Care Physician (PCP) would attempt to titrate the oxygen down. -The resident felt best at 6 liters. -The Staffing Coordinator was responsible to change oxygen tubing and bag. -The Certified Medication Technicians (CMTs) helped with the changing of the tubing and water bottles. (continued on next page)

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	08/02/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Tubing was changed every 30 days. -The water canister should be dated. -The Staffing Coordinator was responsible for cleaning the filters for the concentrator. -The Certified Nursing Assistants (CNAs) were responsible to place the tubing in the bag. During an interview on 8/2/24 at 12:50 P.M. the Director of Nursing (DON) said: -If someone had BiPAP the orders should contain settings, and when to change the mask, and tubing. -The BiPAP mask should be stored in a bag. -The resident should have an order in place. -The charge nurse should input the order and the he/she should audit. -The Staffing Coordinator should store the mask when not in use. -The Staffing Coordinator was responsible for monitoring the oxygen and BiPAP.

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	08/02/2024

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 09895 Based on observation, interview and record review, the facility failed to ensure dental care for teeth in poor repair for one sampled resident (Resident #13) out of 18 sampled residents. The facility census was 86 residents. Record review of the facility Dental Services policy dated 1/20/24 showed: -The facility must provide or obtain from an outside resource routine and emergency dental services to meet the needs of each resident 1. Review of Resident #13's Admission Minimum Data Set (MDS - a federally mandated assessment tool required to be completed by facility staff for care planning) dated 11/23/23 showed: -He/she was admitted to the facility on [DATE]. -He/she was cognitively intact. -His/her oral/dental status included obvious or likely cavity or broken natural teeth. Review of the resident's Physician's Orders Sheet (POS) showed an order with a start date of 5/13/24 that the resident may see the dentist as needed. Review of the resident's MDS dated [DATE] showed. -He/she was cognitively intact. -His/her oral/dental status included obvious or likely cavity or broken natural teeth. Observation and interview on 7/30/24 at 10:12 A.M. showed: -The resident's front teeth were broken and jagged. -The resident said he/she had not seen a dentist since being admitted to the facility. -He/she would like to see a dentist. -He/she had not had any tooth pain. Review of the resident's Electronic Medical Record (EMR), on 7/30/24, showed no dental visits had been completed for the resident and dental care was not addressed on the resident's care plan. During an interview on 8/2/24 at 8:55 A.M. the MDS Coordinator said: -He/she was the charge nurse for the resident's living unit for the current shift. (continued on next page)

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	08/02/2024

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she thought the resident had recently been seen by the dentist and that the dentist had said the resident did not need extractions but did not see that information in the resident's EMR. -He/she had assessed that the resident had something with his/her teeth and included that on the resident's MDS but was not aware the resident had not been seen by a dentist and had not included dental care on the resident's care plan. During an interview on 8/2/24 at 9:27 A.M. the Social Services Director (SSD) said: -He/she was not aware the resident needed to see a dentist. -He/she became aware of residents needing to see the dentist when licensed nurses told him/her or if a resident's doctor ordered for a resident to be seen by a dentist. -Residents did not routinely see dentists but would see the dentist came to the facility; that dentist would evaluate resident's he/she was asked to see to evaluate if he/she could complete any needed dental work or if there would be a need to see a dentist outside the facility. -Residents were not routinely seen by dentists. -Residents only saw dentists if there was a dental concern. -There was no system/schedule to ensure residents routinely saw a dentist. During an interview on 8/2/24 at 12:50 P.M. the Director of Nursing (DON) said: -The facility SSD was responsible for ensuring residents had routine dental care. -Should there be a dental concern for a resident licensed nurses should tell the SSD. -He/she had not been aware the resident had a dental need. -Any dental need other than routine examinations should be communicated to him/her by licensed nurses and discussed in clinical meetings and he/she would follow up to ensure resident's received needed dental care.

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	08/02/2024

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19016 Based upon interview and record review, the facility failed to use a binding arbitration agreement that was optional, and stated residents and/or their representatives were not compelled to sign the Arbitration Agreement as a condition of admission and could rescind the arbitration agreement within 30 calendar days of signing. This affected two residents (Resident #64 and #45) out of three sampled residents. This had the potential to affect all residents who had previously signed mandatory arbitration agreements. The facility assessment was 86 residents. 1. Review of the facility's Arbitration Agreement, undated, showed: -An Alternative Dispute Resolution Addendum showing: --The addendum was attached and made a part of the Admission Agreement between the facility and resident. --All claims, disputes and controversies arising out of or in any manner relating, directly or indirectly to the resident's care or stay shall be subject to certain alternative dispute resolution procedures that must be exhausted prior to pursuing any other remedy that may be available. The required alternative dispute resolution procedures are (a) mandatory non-binding mediation and (b) mandatory non-binding appealable arbitration. --Each party agrees that compliance with the requirements of this addendum shall be a condition precedent to its right to assert any claims with respect to a dispute in any other forum. Review of Resident #64's Face Sheet showed: -The resident was admitted to the facility on [DATE]. -The resident was his/her own responsible party for finances. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 7/2/24 showed the resident was cognitively intact. Review of the resident's arbitration agreement showed it was signed by the resident on 8/22/23 and witnessed by the Receptionist. During an interview on 7/30/24 at 1:15 P.M. the resident said: -He/She was admitted in the evening almost a year ago and was just getting out of the hospital so he/she couldn't remember if he/she signed an arbitration agreement or not. -He/She realized an arbitration agreement meant he/she would agree to an arbitrator and not go to court if there was a dispute. (continued on next page)

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	08/02/2024

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She couldn't recall being told he/she had 30 days to get out of the arbitration agreement because if he/she was told that he/she would probably have asked to have the agreement explained to him/her. -He/She couldn't remember if he/she was told he/she could contact a resident advocate related to a dispute. Review of Resident #45's Face Sheet showed the resident was admitted to the facility on [DATE] and had a responsible party for medical care and finances. Review of the resident's quarterly MDS, dated [DATE], showed the resident was severely cognitively impaired. Review of the resident's arbitration agreement showed it was signed by the resident's representative on 4/8/24 and witnessed by the Receptionist. During an interview on 7/30/24 at 1:15 P.M. the resident's representative said: -He/She signed some papers when provided the admission agreement and thought one of them might have been an arbitration agreement. -He/She wasn't sure if the Social Services Director (SSD) mentioned having a certain number of days to rescind the agreement or if he/she was told he/she didn't need to sign it. -The SSD said if an issue arose, they would like to fix it before it went to litigation. During an interview on 8/2/24 at 8:44 A.M. the Receptionist said: -He/She worked the front desk and went into the SSD office when residents signed the arbitration agreement. -He/She didn't know what was explained to residents related to the arbitration agreement. During an interview on 8/2/24 at 9:30 A.M. the SSD said: -The arbitration agreement was one of the items in the admission packet. He/She was responsible for making sure the residents or their representatives understood the contents of the admission packet. -He/She didn't go over the arbitration agreement word for word but had the residents or their representatives read it and asked them if they had any questions about it. If they didn't have questions, he/she assumed they understood the arbitration agreement. -He/She didn't know whether they realized they were giving up their right to litigation unless they asked about it. -He/She couldn't recall if the arbitration agreement said there was a certain number of days where they could rescind the agreement. (continued on next page)

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	08/02/2024

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The facility had a new admission packet which did not contain an arbitration agreement. Residents admitted on or after 6/26/24 did not have arbitration agreements. -As far as he/she knew everyone who was admitted prior to 6/26/24 had a signed arbitration agreement that was still in effect. During an interview on 8/2/24 at 9:50 A.M. with the Administrator and Director of Operations: -The Administrator said: --The arbitration agreement should have given residents the opportunity to rescind the agreement 30 days after signing it and the agreement should not have been mandatory. --An arbitration agreement was not part of the current admission packet. -The Director of Operations said: --There was a change of ownership May 1, 2022 and he/she didn't know why the arbitration agreement wasn't either updated or removed at the time. --The Management Team (corporate team) was using the prior company's admission packet and realized they needed their own packet. -The current admission packet was recently updated and doesn't contain an arbitration agreement, but arbitration agreements were on file for residents who already signed them. -If the facility notices something isn't current, they should work with the Management Team and make updates.