

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Excelsior Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 Meadowlark Lane Excelsior Springs, MO 64024	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21920</p> <p>Based on interview and record review, the facility failed to maintain a qualified licensed administrator on duty from [DATE] to [DATE]. The facility census was 78.</p> <p>Review of an undated facility policy regarding the Administrator showed:</p> <p>-The governing board of this facility has appointed an Administrator who is duly licensed in accordance with current federal and state requirements. A licensed administrator is responsible for the day-to-day functions of the facility.</p> <p>Review of the job description for the Administrator position showed:</p> <p>- Minimum Requirements, Abilities and Expectations include Current Administrator license or certification as required by state regulations.</p> <p>Review of the current Missouri Association of Nursing Home Administrators license registry web site showed Administrator A not listed as a current Missouri Licensed Administrator.</p> <p>During an interview on [DATE] at 11:45 A.M., Administrator A said she was not aware her license had expired and she would reach out to the Missouri Board of Nursing Home Administrators (BNHA) about the status of her license.</p> <p>Review of documentation provided by the BNHA shows the following:</p> <p>- [DATE] Administrator A was issued a license renewal reminder email;</p> <p>- [DATE] Administrator A was issued a second license renewal reminder email;</p> <p>- [DATE] Administrator A was issued a late license renewal reminder email.</p> <p>During an interview on [DATE] at 1:30 P.M., Administrator A said she had not received any emails from the BNHA regarding the need to renew her license. She notified the corporate office as soon as she became aware her license was expired. Administrator B was hired to serve as the licensed administrator for the facility until Administrator A can renew her license. Administrator A said it was an oversight on her part not to renew her license and she knows that she needs to maintain a valid license to serve as the administrator of a long-term care facility.</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: 265821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Excelsior Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 Meadowlark Lane Excelsior Springs, MO 64024	
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 3:30 P.M., Administrator B said:</p> <ul style="list-style-type: none"> - She has stepped in to serve as the licensed administrator until the BNHA renews Administrator A's license; - When not serving as an Administrator at the facility, she works in a corporate role and her expectation is for administrators to maintain a valid administrator license; - The facility does not have a policy available regarding checking license status specific to administrators. We will implement one going forward. <p>MO241880</p>		