

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 07/25/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43353</p> <p>Based on observation, interview, and facility policy review, the facility failed to remove expired medications from two of two medication storage rooms observed for medication storage. This failure had the potential to subject residents to unsafe or ineffective treatments. The facility census was 77.</p> <p>Review of the facility's undated policy titled, Storage of Medications revealed, . No discontinued, outdated, or deteriorated medications are to be used . All such medications are destroyed according to a facility policy .</p> <p>During an observation on 07/24/24 at 10:46 AM, Licensed Practical Nurse (LPN) 1 and the surveyor observed the medication room by nurse's station. Three tubes of expired Skintegrity Hydrogel, used in the treatment of some pressure ulcers, were noted on a shelf within a cabinet. Two of the tubes had an expiration date of May 2024. One had an expiration date of October 2023. LPN1 confirmed the hydrogel had expired and removed the tubes from the medication room.</p> <p>During an interview on 07/24/24 at 10:48 AM, LPN1 stated, The supply person goes through the med rooms daily. They check the expiration dates and stock for reordering.</p> <p>During an observation and interview on 07/24/24 at 11:04 AM, Certified Medication Aide (CMT) 1 and the surveyor observed the medication room on the 400 hall. Two bottles of cranberry (sometimes used to help prevent urinary tract infections) 450 milligrams (mg) tabs, 100 count in each, with the expiration date of May 2024 were found on a shelf within a cabinet. Three bottles of Thera-M multi-vitamins, 130 caplets in each, with expiration date of April 2024, were noted in another cabinet in the same medication storage room. CMT1 confirmed these medications were expired and removed them from medication room. CMT1 stated, I believe there is someone that checks expiration dates and destroys them.</p> <p>During an interview on 07/25/24 at 11:13 AM, the Infection Preventionist (ICP) nurse, who was also the wound care nurse, stated, I don't know who checks for expired meds. I know we have someone that destroys meds.</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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/25/24 at 12:16 PM, the Administrator stated, The nurses and CMTs do monthly audits on both med rooms and all the med carts. They also check when they are putting new stock medication away. The Administrator stated the process was for staff to pull older medication stock forward and put any new stock behind the older stock.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>07342</p> <p>Based on observation, interview, and policy review, the facility failed to store food in accordance with professional standards of food service safety for 17 of 17 residents who received nutritional supplements. This had the potential to result in food born illnesses for residents who consumed nutritional supplements. The facility census was 77.</p> <p>Review of the facility's undated policy titled, Aspire Supplements, revealed the policy did not address thaw and use-by dates for any dietary supplement.</p> <p>During the initial tour of the kitchen on 07/22/24 at 8:40 AM, a box containing 59 four-ounce thawed Mighty Shakes (a nutritional supplement) was noted in the walk-in refrigerator in the main kitchen. The box was dated 08/22/24. Each four-ounce carton contained a warning label that recorded, . store frozen, thaw at below 40 degrees. Use thawed product within 14 days . It was recorded that Mighty Shake ingredients included skim milk. The nutritional supplements were not labeled with a thaw or use-by date. At 8:45 AM, seven Mighty Shakes were noted in the reach-in refrigerator in the main kitchen. The Mighty Shakes were not labeled with a thaw or use-by date.</p> <p>During an interview on 07/22/24 at 8:45 AM, the Dietary Manager (DM) revealed she was not aware of the thawing and use-by time frames on the Mighty Shake carton but did have a date on the box containing the Mighty Shakes. The DM verified she did not know who wrote the date on the Mighty Shake box or what the date meant.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43353</p> <p>Based on observation, interview, and record review, the facility failed to ensure that staff appropriately cleaned and disinfected patient equipment after using a wrist cuff and manual blood pressure cuff for one of three residents (Resident (R) 21) observed during the medication pass out of a total census of 77. This failure could promote the spread of multi drug resistant organisms (MDROs) throughout the facility. The facility census was 77.</p> <p>Review of the facility's undated policy titled, Medication Cart Clean/Disinfecting, revealed, . Clean all equipment (BP cuffs, pulse ox, etc.) that comes in contact with resident per packaging between each use .</p> <p>Review of R21's Admission Record, located under the Profile tab of the electronic medical record (EMR) revealed R21 was admitted to the facility on [DATE] with diagnoses that included cerebral ischemia.</p> <p>During an observation on 07/24/24 at 8:55 AM, Certified Medication Aide (CMT) 1 took R21's blood pressure using a wrist cuff. CMT1 then placed the dirty wrist cuff on top of the medication cart and left. She returned five minutes later with a manual blood pressure cuff and rechecked R21's blood pressure. CMT1 placed the manual blood pressure cuff on top of the medication cart and wrapped her stethoscope around her neck. CMT1 wiped the wrist cuff with an alcohol prep pad and placed it back on the medication cart in the same area. She did not clean the top of the medication cart or use a barrier. She then cleaned the manual blood pressure cuff with an alcohol prep pad and placed it back in its' case. CMT1 removed her stethoscope, cleaned it with an alcohol prep pad, and placed it back around her neck.</p> <p>During an interview on 07/25/24 at 9:15 AM, CMT1 stated, We're supposed to wipe them [blood pressure cuffs] clean for each resident and at the end of my shift. She stated, I use alcohol pads to clean patient equipment. We use the [NAME] disposable germicidal surface wipes to clean the top of our med cart. CMT1 stated the medication carts were cleaned at the end of each shift. She stated, I'll have to look up the dry time for alcohol pads and germicidal surface wipes.</p> <p>During an interview on 07/25/24 at 9:35 AM, the Director of Nursing (DON) was asked what her expectation was related to cleaning patient care equipment, including blood pressure cuffs and stethoscopes. She stated, My expectation and the standard are to clean after every use. She stated, I clean mine when I get it out of my bag. I always wipe it down with cleanser or alcohol after each use and before next use. The DON stated she had just ordered new disinfecting wipes and was unsure of the dry time.</p> <p>During an interview on 07/25/24 at 9:41 AM, the Infection Preventionist (ICP) stated, I do infection control training and handwashing during onboarding, and we do it sporadically. She stated, We do training on cleaning patient care equipment several times, at least three to four times, throughout the year. 3-4 times a year. The ICP stated the dry time for the sanitizing wipes used by the facility was four minutes.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/25/24 at 10:07 AM, the Administrator stated, My expectation is to clean [patient care equipment] in between each resident and before and after use, just like they clean their carts. The Administrator stated the facility had sanitizing wipes and alcohol prep pads for cleaning and disinfecting. The Administrator stated, It's ok to use an alcohol swab to clean the pulse oximeters, but I expect a disinfectant wipe to be used on the blood pressure cuffs. It's not acceptable to use an alcohol swab on a blood pressure cuff.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37283</p> <p>Based on interview, record review, and review of Centers for Disease Control and Prevention (CDC) guidance and facility policy, the facility failed to maintain a functional Antibiotic Stewardship Program that ensured criteria was met for the use of antibiotics for one of two residents (Resident (R) 47) reviewed for antibiotics out of a total sample of 22. This had the potential to cause residents to be prescribed antibiotics that were potentially unnecessary. The facility census was 77.</p> <p>Review of an undated, untitled CDC document located at https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html revealed, The Core Elements of Antibiotic Stewardship for Nursing Homes indicated . Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority . Antibiotic stewardship refers to a set of commitments and actions designed to 'optimize the treatment of infections while reducing the adverse events associated with antibiotic use' . CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use . Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Below are examples of antibiotic use and outcome measures . Process measures: Tracking how and why antibiotics are prescribed . Antibiotic use measures . Tracking how often and how many antibiotics are prescribed . Antibiotic outcome measures . Tracking the adverse outcomes .</p> <p>Review of facility's policy titled Antibiotic Stewardship, dated 01/30/24, revealed, . Develop and implement protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic are prescribed the appropriate antibiotic. Reduce the risk of adverse events, including the development of antibiotic resistant organisms, from unnecessary or inappropriate antibiotic use . Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff . The antibiotic stewardship program protocols describe how the program will be implemented and antibiotic use will be monitored, consequently protocols must . Contain a system of reports related to monitoring antibiotic usage and resistance data .</p> <p>Review of R47's Admission Record, located under the Face Sheet tab of the electronic medical record (EMR), revealed R47 was admitted to the facility on [DATE] with diagnoses that included chronic kidney disease stage 3 and urinary tract infection.</p> <p>Review of R47's Progress Notes, located under the Progress Notes tab of the EMR and dated 07/17/24 at 7:59 AM, revealed, .seems more confused and sad . res [resident] denies any urinary symptoms at this time .</p> <p>Review of R47's Physician Orders, located under the Orders tab of the EMR, revealed a physician's order, dated 07/17/24, for a urinalysis with culture due to increased confusion.</p> <p>Review of R47's Progress Notes, dated 07/17/24 through 07/19/24, revealed R47 was noted to have some confusion but was afebrile, had no urinary symptoms, and stated her mood was stable.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R47's Progress Notes, located under the Progress Notes tab of the EMR and dated 07/19/24 at 6:39 PM, revealed the results of the 07/17/24 urinalysis results were positive for gram negative bacilli in excess of 100,000 CFU/ml (colony forming unit per milliliter) and that the culture results were not available yet.</p> <p>Review of R47's Physician Orders, located under the Orders tab of the EMR and dated 07/20/24, revealed a physician's order for one tablet of Bactrim DS 800-160 milligram (mg) twice a day for a urinary tract infection.</p> <p>Review of R47's Progress Notes, dated 07/20/24 through 07/22/24, revealed no documentation R47 was having any signs or symptoms of a urinary tract infection.</p> <p>Review of R47's Progress Notes, located under the Progress Notes tab of the EMR and dated 07/22/24 at 11:21 AM, revealed, . denies any difficulty urinating .</p> <p>Review of R47's Progress Notes, located under the Progress Notes tab of the EMR and dated 07/23/24 at 9:44 AM, revealed R47's urine culture showed greater than 100,000 CFU/ml of Proteus mirabilis ESBL and Gram-Negative Bacilli. It was recorded, . Res [resident] has been on Bactrim DS but C&S [culture and sensitivity] report shows resistance.</p> <p>Review of R47's Revised McGeer Criteria for Infection Surveillance Checklist, dated 07/23/24 and completed three days after the physician first ordered Bactrim DS 800-160mg, revealed the urinary tract infection (UTI) criteria was not met. The Checklist recorded constitutional criteria of fever, leukocytosis, acute mental status change, and acute functional decline. R47 did not meet any of these criteria.</p> <p>Review of R47's Progress Notes, located under the Progress Notes tab of the EMR and dated 07/23/24 at 3:35 PM, revealed the physician had discontinued Bactrim DS and ordered for R47 to receive Gentamicin 60 mg intramuscularly (IM).</p> <p>Review of R47's Progress Notes, located under the Progress Notes tab of the EMR and dated 07/23/24 at 11:15 PM, revealed R47 remained asymptomatic of a UTI. It was recorded R47 denied urinary discomfort, remained afebrile, and had no signs or symptoms of distress.</p> <p>Review of R47's Physician Orders, located under the Orders tab of the EMR and dated 07/24/24, revealed R47 was to receive Gentamicin 60 mg IM every eight hours for three doses for a urinary tract infection.</p> <p>During an interview on 07/25/24 at 9:25 AM, the Infection Preventionist (ICP) stated that the facility used the McGeer Criteria for Infection Surveillance Checklist to determine antibiotic stewardship. She stated that the facility would contact the doctor to let them know what symptoms a resident had, the physician would order a urinalysis, and they might then start an order for antibiotics. The ICP stated that she would then complete a McGeer Checklist after the urinalysis was ordered. She stated that she would consider appropriate symptoms for a possible urinary infection and need for a urinalysis to include suprapubic pain, frequency, and foul urine odor.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an additional interview on 07/25/24 at 12:19 PM, the ICP stated that facility nurses would let her know when there was a new physician's order for a urinalysis or antibiotic. She stated that R47's family had a concern that the resident had increased confusion, so they had requested a urinalysis. The ICP confirmed that the staff was aware R47 did not meet the criteria for a urinalysis and that a physician's order for antibiotics was implemented prior to receiving the results of a sensitivity test. The ICP stated that when the sensitivity came back from the laboratory, it had indicated the resident was resistant to the prescribed antibiotic, the physician order for Bactrim DS was discontinued, and a new antibiotic was ordered.</p> <p>During an interview on 07/25/24 at 1:20 PM, the Director of Nursing (DON) confirmed that the facility should have followed the antibiotic stewardship protocol, including the use of the McGeer Criteria for Infection Surveillance Checklist. The DON stated that if a resident's symptoms did not meet the criteria, a urinalysis should not be completed. He confirmed that there had been a concern with antibiotic stewardship at the facility, and not all physicians were following the facility protocol. The DON stated that continuing education needed to take place to ensure there was better understanding for why the facility followed the McGeer Criteria tool. He confirmed that R47 did not meet the criteria for the use of antibiotics.</p>		