#10285 Facility Name: Aspire of Muscatine Facility Address/City/State/Zip 2002 Cedar Street Muscatine, IA 52761		СР	Survey D March 2		Date: April 9, o March	
Rule or Code Section	Natur	e of Violation	Class Fine Amount Co			Correction date
58.28(3)e	facility shall be respons maintenance of a safe of personnel. (III)  58.28(3) Resident safet e. Each resident shall reprotect against hazards in the environment. (I, I)  DESCRIPTION:  Based on clinical record and staff interviews the needed staff supervision assistance to safely eat burn from spilled food (Resident #2) reviewed of 34 residents.  Findings include:  The Minimum Data Set 8/15/23, listed diagnosing 2 diabetes, cerebrovasce muscle contractures. The required limited physical	ceeive adequate supervision to from self, others, or elements II, III).  I review, facility policy review, a facility failed to provide	CLASS I	\$ 5,000	0.00	UPON RECEIPT  Page 1 of 10
	Findings include:  The Minimum Data Set 8/15/23, listed diagnosi 2 diabetes, cerebrovasc muscle contractures. The required limited physical series in the contractures of the contracture of the co	is for Resident #2 included type cular accident (stroke), and ne MDS assessed Resident #2 al assistance from one staff				

**Facility Administrator** 

Date

Citation Number	er:			Date: April 9,2024			
Facility Name: Aspire of Musc	atine		Survey Dates: March 20, 2024 to March 28,2024				
Facility Addres 2002 Cedar Str	s/City/State/Zip eet	СР					
Muscatine, IA	52761						
Rule or Code Section	Natur	e of Violation				Correction date	
<b>T</b>		atus (DINAC)	<u> </u>	1			
	15, indicating intact cos	atus (BIMS) score as 13 out of					
		5···•·•·					
	The Care Plan revealed	a Focus Area for ADL					
	(Activities of Daily Living) self-care performance deficit						
	related to a history of a stroke created on 3/9/19. plan included an intervention for Eating with the						
	· ·	erself with supervision for staff,					
	with an initiation date of	•					
	note documenting Resi a plate of pasta causing skin and reported pain Nurse Practitioner notif verbally ordered the re						
	Resident #2 sustained a	ote, dated 10/10/23, revealed a scald burn involving less than er left hand. The burn wound					
	•	cial mixed with deep partial-					
		uire surgical intervention.					
	The wound showed into	note, dated 10/17/23, sis of acute pain due to trauma. erval healing, and at the time gical intervention, with a					
	1 ,	,	Ш	Ш		Page <b>2</b> of <b>1</b>	

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: #10285					Date: April 9,2	2024
Facility Name: Aspire of Musca	atine		Survey D March 2	28,2024		
Facility Address 2002 Cedar Stre Muscatine, IA 5		СР				
Rule or Code Section	Natur	e of Violation	Class Fine Amount date			Correction date
Occion				<u>ll</u>		
	recommendation to cor of Silvadene.	ntinue wound care application				
	Cook stated 10/6/23 sh lunch. Staff J stated she placing it slightly out of to eat as the plate need.  Staff J stated Resident # her left hand had a spast causing a burn.  Staff J stated there were she served Resident #2 CNA's (Certified Nursing other residents from the for lunch. Staff J stated	3/21/24 at 12:09 PM, Staff J, e made Shrimp Alfredo for served a plate to Resident #2, reach and telling her to wait led to cool.  #2 grabbed for the plate and sm and got stuck in the plate e no staff at the table when her lunch. She stated the g Assistant) were assisting eir rooms to the dining room a nurse and a medication aide tion when the resident placed				
		ncident, as staff needs to be at nt #2 is served her meal.				
	Licensed Practical Nurse the nurses' station whe	3/26/24 at 10:07 AM, Staff K, e (LPN) stated she had been at n Resident #2 put her hand in she heard the resident yell,				
						Page <b>3</b> of <b>10</b>

Facility Administrator

Date

Citation Numb	er:		Date: April 9,2024				
Facility Name: Aspire of Muse			Survey D March 2	28,2024			
Facility Addres 2002 Cedar Sti Muscatine, IA		СР					
Rule or Code Section	Natur	e of Violation	Class Fine Amount dat				
	out of the food.  Staff K stated when she the food, she immediat resident's hand. Staff K the residents left hand  Staff K stated looked Re Electronic Health REconot been able to deterr resident required to ead did not have eating add stated the resident novassist with eating.  During an interview on CNA stated Resident #2 with her when eating. Shave control of her left could spill hot food on resident required total require a spoon or a for During an interview on LPN stated Resident #2 member present at the	esident #2 Care Plan in the rd (EHR). She stated she had mine what assistance the t. Staff J stated the resident dressed on her care plan. She was care planned to have a staff a 3/26/24 at 11:31 AM, Staff L, 2 required a staff member to sit she stated the resident did not hand and due to spasms, she herself. Staff L stated the assistance to eat foods that rk.  3/26/24 at 10:53 AM, Staff F, has always needed a staff etable prior to her hand. Staff F					
	member present at the	•					

Facility Administrator

Date

Citatian Nimel		1			Detail	1
Citation Number	er:				Date: April 9,	2024
#10285					April 9,	2024
Facility Name:			Survey D	ates:	<u> </u>	
Aspire of Musc	atine		-		to March	28,2024
Facility Address	s/City/State/Zip	СР				
2002 Cedar Str	•	G.				
Muscatine, IA						
Rule or		<u> </u>				Correction
Code	Natur	e of Violation	Class	Fine A	Amount	date
Section						
		nts need, including in the area				
	of eating.					
	A review of the Hall 2 s	heet revealed Resident #2				
	listed as an ADR (Assist					
	During an interview on	ew on 3/28/24 at 2:11 PM, the				
		N) stated if a resident requires				
		t when would expect a staff to				
	be at the table prior to	a plate being served.				
	The facility policy date	d August 2021 titled Nutrition				
		d August 2021, titled Nutrition ent Standard lacked staff				
		imited physical assistance to				
	residents to safely eat r	· ·				
	FACILITY RESPONSE:					
E0 42/0\			CLASS	¢500.0		LIDON
58.43(9)	481—58 43/135C\ Pacid	dent abuse prohibited. Each	CLASS	\$500.0	iU	UPON RECEIPT
	resident shall receive ki	•	"			KECEIFI
		all be free from mental,				
		rbal abuse, exploitation,				
	neglect,	-				
	and physical injury.					
		dependent adult abuse.				
	Allegations of depende	nt adult abuse shall be				_
						Page <b>5</b> of <b>1</b>

0

Facility Administrator Date

Citation Number:					Date: April 9,2	2024
#10285 Facility Name: Aspire of Muscatine			Survey D March 2	Dates: 0, 2024 to	o March	28,2024
Facility Addres	s/City/State/Zip	СР				
Muscatine, IA						
Rule or Code Section	Natur	e of Violation	Class Fine Amount Co			Correction date
	reported and investigat chapter 235E and 481—	ed pursuant to Iowa Code -Chapter 52. (I, II, III)				
	DESCRIPTION:					
	interviews the facility for possible financial exploine of three (Resident#	d on clinical records, facility policy, and staff views the facility failed to report an incident of ole financial exploitation to the State Agency for f three (Resident#7) residents reviewed. The y reported a census of 34 residents.				
	Findings include:					
	tool, dated 2/5/24, liste included paranoid schiz and epilepsy. The MDS	n Data Set (MDS) assessment ed diagnosis for Resident#7 cophrenia, vascular dementia, listed the resident's Brief atus (BIMS) score as 15 out of gnition.				
	A clinical record review Representative Payee s	revealed Resident#7 had ervices.				
	_	ided A Resident Fund uthorization and Agreement #7 Legal Guardian on 5/18/21.				
<u> </u>			U	и		Page <b>6</b> of <b>10</b>
Facilit	ty Administrator	Da <sup>.</sup>	 te		-	

Citation Number:					Date: April 9,2	2024
#10285 Facility Name: Aspire of Muscatine			Survey D March 2	28,2024		
_	ss/City/State/Zip	СР				
2002 Cedar St Muscatine, IA						
,						
Rule or Code Section	Natur	e of Violation				Correction date
	assigned Representative have not provided payer February of 2022.  During an interview on former employee, stated the facility she assisted. Staff I stated in Novem instructed by the former Resident #7 with closin account.  Staff I stated she assisted approximately \$8500 h. After the check arrived former Administrator to Staff I stated the former to put the check in the [former Administrator] the former Administrator] the former Administrator the Staff I stated when she	3/26/24 at 4:05 PM, the e Payee provider stated they ee services to Resident #7 since  3/27/24 at 12:34 PM, Staff I, ed during her employment at residents with their funds.  ber of 2023 she had been er Administrator, to assist g a community-based bank  ed the resident, and a check for ad been sent to the facility.  5, Staff I stated she emailed the or inform her the check arrived.  For Administrator instructed her locked money bin until she could pick it up. Staff I stated or also instructed her to not eck arrived.  arrived to work the following in the locked money bin.				
			<u> </u>			Page <b>7</b> of <b>1</b>
 Facili	ty Administrator	 Dat	e			

Citation Number:					Date: April 9,2	2024
#10285 Facility Name Aspire of Mus			Survey I March 2	28,2024		
Facility Addre 2002 Cedar St	ss/City/State/Zip	СР				
Muscatine, IA						
Rule or Code Section	Natur	e of Violation				Correction date
		nt #7 Resident Statements for er 2023 and December 2023				
		posit for approximately \$8500.				
	_	3/27/24 at 3:37 PM, the cor of a sister facility stated a				
		her information regarding a #7 funds. The Provisional				
		ne reported the concern to the	e			
	President of Human Re interviewed the former Resident #7 funds. The Administrator stated sh	3/28/24 at 10:15 AM, the Vice sources (VP of HR) stated she Administrator regarding VP of HR stated the former ne assisted Resident #7 with \$8523.40 into her personal				
	expenses from the \$85	tor provided a breakdown of 23.40. The expenditures dent #7 Resident Funds.				
	from a personal check i	t included a credit on 12/8/23 in the amount of \$3500. On it revealed a \$1500 debit				
			Ш	Ш		Page <b>8</b> of <b>1</b>
Facil	ity Administrator	Dat	 te			

Citation Num	ber:				Date: April 9,2	2024
Facility Name Aspire of Mus			Survey I March 2		to March	28,2024
Facility Addre 2002 Cedar St	ss/City/State/Zip creet	СР				
Muscatine, IA	52761					
Rule or Code Section	Natur	e of Violation				Correction date
	The Resident Statemen	t included a credit on 2/1/24				
		n the amount of \$3201.71.				
		32.68 of Resident #7 money or after the investigation.				
		otifying local law enforcement cossible financial exploitation.				
	Regional Vice President investigation of potenti regarding Resident #7 f to her employment wit Operations stated she of the control of the co	3/28/24 at 1:04 PM, the (VP) of Operations stated the al financial exploitation unds occurred a month prior h the facility. The VP of does not know that anything ocal law enforcement or the				
	staff to ensure that all a abuse, neglect, exploita injuries of unknown sou resident property are re later than 2 hours after events that cause the a result in serious bodily	d October 2023, titled glect and Exploitation directed alleged violations involving ation or mistreatment including arce and misappropriation of eported immediately, but not the allegation is made, if the llegation involve abuse or injury or not later than 24 cause the allegation do not				
						Page <b>9</b> of <b>1</b>
Facil	ity Administrator		 :e			

Citation Number:				Date: April 9,	2024	
Facility Name: Aspire of Muse			Survey D March 2	Dates: 0, 2024 to March	March 28,2024	
Facility Addres 2002 Cedar Str Muscatine, IA		СР				
iviuscatille, IA	32761					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	involve abuse and do n injury.	ot result in serious bodily				
	FACILITY REPONSE:					
					Page <b>10</b> of <b>10</b>	
Facili	ty Administrator		Date		-	