Citation Number: 10748 Facility Name: Aspire of Washington Facility Address/City/State/Zip		KG	Survey I	Dates:		ry 20, 2025 ary 30, 2025
601 East Polk S Washington, IA	Street					
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
58.19(1)n(1)	for residents. The refacility shall provide, a required nursing servidirection of qualified roverage as set forth 58.19(1) Activities of n. Nutrition and meal 1) Regular, therapeut snacks; (I, II, III) DESCRIPTION Based on observation facility policy review, I staff interviews the factor severe weight loss of Resident #12) resident Per the Registered Di Resident #183 a cognexperienced a severe days. The facility fails weights as ordered, facinterventions after init supplement failed to record to severe to severe to severe to severe to severe to severe days. The facility fails weights as ordered, facinterventions after init supplement failed to record to severe to se	in these rules: daily living. service. ic, modified diets, and a, clinical record review, Registered Dietitian and cility failed to address the 2 of 3 (Resident #183 and ats reviewed for weight loss. detician note dated 10/23/24, antively impaired resident weight loss of 12.6% in 180 and to complete weekly ailed to increase	•	\$5750.d Held in Susper	1	Upon Receipt

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Facility Administrator Date

Citation Numbe	r:				Date: February	y 20, 2025
Facility Name: Aspire of Washin	ngton		Survey I		to Janua	ry 30, 2025
Facility Address 601 East Polk St Washington, IA	reet	KG	Canaary			, 00, 2020
Rule or Code Section	Nature	e of Violation	Class	Fine Ar	nount	Correction date
	severe weight loss, far had a physician order nutritional supplemen interventions to address. The facility reportesidents. Findings include: 1. The Minimum Data dated 10/25/24, reveas short-term memory ar problem, as well as fluinattention, disorganiz level of consciousnes as able to feed self with assessment. The MDS weight loss of 5% or rolss of 10% or more in indicated Resident #1 prescribed weight loss diagnoses included: diagnoses incl	Set (MDS) assessment, aled Resident #183 had both and long-term memory uctuating symptoms of zed thinking, and altered s. Resident #183 assessed ith supervision at the time of S assessment identified a more in the last month or in the last 6 months and 83 not on a physician is regimen. The MDS list of diabetes mellitus, non-				Page 2 of 11

r ago **=** or

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

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG		,		.,,,
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	and indicated Resider prescribed weight loss included bulimia nerved disorder of self-induce perceived concern for Per the Care Plan, rewise Resident #183 ordered CCD (cregular texture, thin concern for The Care Plan, revise Resident #183 had not diabetes and abnormal maintain weight and experience The Care Plan lacked #183's severe loss of body weight in 6 monta. Allow Resident #18 hungry, initiated on 8/b. Provide health shall initiated on 7/24/24. c. Monitor labs as ord as needed, initiated of d. Offer resident an alif they become hungry initiated on 8/21/18.	ed vomiting related to a cone's own weight. vised on 6/10/21 Resident arbohydrate-controlled diet), consistency. ed on 10/22/24, revealed atritional risk related to all labs with the goals to eat 50% of 3 meals daily. Identification of Resident weight (greater than 10% of ths). Interventions included: 33 to express that she is not 21/18. kes three times a day, ered and refer to physician				Page 3 of 11

Facility Administrator Date

Aspire of Washington Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353 Rule or Code Section f. Weigh as ordered and record. Monitor for significant weight change and refer to physician as needed, initiated on 3/29/20. The Medication and Treatment Administration Record (MAR/TAR), for December 2024, revealed an order for weekly weight to be checked every Friday, start date 5/24/24. The		
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353 Rule or Code Section F. Weigh as ordered and record. Monitor for significant weight change and refer to physician as needed, initiated on 3/29/20. The Medication and Treatment Administration Record (MAR/TAR), for December 2024, revealed an order for weekly weight to be checked every Friday, start date 5/24/24. The	ry 12, 2025 to Ja	nuary 30, 2025
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MAR/TAR documented: a. On 12/6/24 a check mark indicated the completion of weekly weight b. On 12/13/24 a code of 6 used to indicate hospitalization c. On 12/20/24 no results indicated or codes used to explain the lack of a weight. d. On 12/27/24 a check mark indicated the completion of the weekly weight. The December 2024 MAR/TAR did not document the results of completed weekly weights. The December MAR/TAR revealed an order for a House Supplement TID three times daily for recommendation from RD (Registered Dietician). A review of the electronic health record (EHR) Weight Summary indicated on 5/31/24 Resident #183 weighed 130.0 pounds. On 11/11/24, the Weight Summary recorded the resident weighed 113.4 pounds. The change in weight from 130.0 pounds to 113.4 pounds represented a weight		

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Facility Administrator Date

Code Section Nature of Violation Class loss of 12.77% in 112 days. A weight loss is considered severe if greater than 7.5% in 3 months, and greater than 10% in 6 months. A Nutrition/Dietary Note, dated 10/23/24, listed Resident #183 had past medical history of schizoaffective disorder, bulimia nervosa, type 2 diabetes mellitus, mental disorder, and anxietyCBW (current body weight): 118#	Date: Februar	y 20, 2025
Rule or Code Section Class Fin		arv 30. 2025
Code Section Nature of Violation Class loss of 12.77% in 112 days. A weight loss is considered severe if greater than 7.5% in 3 months, and greater than 10% in 6 months. A Nutrition/Dietary Note, dated 10/23/24, listed Resident #183 had past medical history of schizoaffective disorder, bulimia nervosa, type 2 diabetes mellitus, mental disorder, and anxietyCBW (current body weight): 118#		,,
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(pounds)Weight down 12.6% or 17.2 # x 180 days. Weight stable x 30/90 days. House supplement BID (two times daily), increased to TID on 8/2/2024Weight appears to be stabilizing continue POC (Plan of Care). A Mini Nutrition Assessment (MNA), dated 10/23/24, completed by Registered Dietitian documentedResident has no decrease in food intake is last 3 months. Weight loss greater than 3kg (kilograms) (6.6 lbs. [abbreviation for pounds] in the last 3 months. Goes out. Has not suffered psychological stress or acute disease in the past 3 months. Resident has no psychological problemsMini Nutrition Score: The Score is 9. Per the scale 8-11 points: At risk of malnutrition. A Nutrition/Dietary Note, dated 11/06/24. documented RD WEIGHT NOTE: CBW: 113.4#Weight stable 30/90 days. Weight down 12.8% or 16.6# x 180 days. House supplement		Page 5 of 115

Facility Administrator Date

Facility Name: Aspire of Washington Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353 BID, Increased to TID on 8/2/2024Weight appears to be stabilizing continue POC. A review of Nursing Progress notes from 10/23/24 to 12/30/24 revealed no documentation of physician notification related Resident #183 weight loss. During an interview on 1/20/24 at 10:30 AM, the facility RD stated Resident #183 had orders for weekly weight was approximately 140 pounds in June 2024 and then in August 2024, there had been around a 10-pound weight loss and started Resident #183 on House Supplement three times a day and reported that with intervention Resident #183 on House Supplement three times aday and reported that with intervention Resident #183 would stabilize then continue to lose weight. RD stated Resident #183 had orders for weekly weights to be completed, then facility may have switched to monthly. RD reported recommendations for residents would be given to Director of Nursing to notify Provider. During an interview on 1/21/24 at 11:30 AM, Director of Nursing (DON), stated that Resident #183 was supposed to be on weekly weights, but said the staff are not good about getting the weekly weights. DoN claimed a list of weekly weights had been checked about twice per month. DON stated that	Citation Number: 10748			Date : Febru	uary 20, 2025
Rule or Code Section BID, Increased to TID on 8/2/2024Weight appears to be stabilizing continue POC. A review of Nursing Progress notes from 10/23/24 to 12/30/24 revealed no documentation of physician notification related Resident #183 weight loss. During an interview on 1/20/24 at 10:30 AM, the facility RD stated Resident #183 had lost weight gradually at first, weight was approximately 140 pounds in June 2024 and then in August 2024, there had been around a 10-pound weight loss and started Resident #183 non House Supplement three times a day and reported that with intervention Resident #183 would stabilize then continue to lose weight. RD stated Resident #183 had orders for weekly weights to be completed, then facility may have switched to monthly. RD reported recommendations for residents would be given to Director of Nursing to notify Provider. During an interview on 1/21/24 at 11:30 AM, Director of Nursing (DON), stated that Resident #183 was supposed to be on weekly weights, but said the staff are not good about getting the weekly weights. DON claimed a list of weekly weights for staff reference often went missing and stated Resident #183's weights had been	Aspire of Washington				nuary 30, 2025
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checked about twice per month, DON stated that	A review of Nursing P to 12/30/24 revealed in physician notification weight loss. During an interview or facility RD stated Resignatually at first, weigh pounds in June 2024 there had been aroun and started Resident three times a day and intervention Resident continue to lose weigh had orders for weekly then facility may have reported recommendative given to Director of Nursing (D #183 was supposed to said the staff are not gweekly weights. DON weights for staff referentiation in the staff reference	rogress notes from 10/23/24 no documentation of related Resident #183 n 1/20/24 at 10:30 AM, the ident #183 had lost weight the was approximately 140 and then in August 2024, d a 10-pound weight loss #183 on House Supplement reported that with #183 would stabilize then ht. RD stated Resident #183 weights to be completed, a switched to monthly. RD ations for residents would be tursing to notify Provider. n 1/21/24 at 11:30 AM, pON), stated that Resident to be on weekly weights, but good about getting the claimed a list of weekly ence often went missing and is weights had been			

Facility Administrator Date

Citation Number: 10748			Date: February	y 20, 2025
Facility Name: Aspire of Washington		Survey Dat	es: 2025 to Janua	ry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	,		, ,
Rule or Code Nature Section	e of Violation	Class	ine Amount	Correction date
been to give House S day and confirmed thi place in August 2024. #183's physician wou DON of an identified of recall if Provider had be unable to recall if ther of Provider notification 2. Review of the MDS #12 dated 11/1/24 revout of 15 on a BIMS of impaired cognition. Peresident was independant was independant was independant was independant was inches and weight was Review of Resident # revealed, [Resident # revealed, [Resident # rutritional problem r/t Interventions per the of revealed the following a. Monitor/document/ins/sx (signs/symptoms Choking, Coughing, Emouth, Several attem to eat, Appears conceib. Monitor/record/report	the resident's height was 63 s 194 pounds. 12's Care Plan dated 9/6/24 12] has a potential (related to) Dementia. Care Plan, all dated 9/6/24, g: report PRN (as needed) any s) of dysphagia: Pocketing, Drooling, Holding food in pts at swallowing, Refusing			Page 7 of 11

Facility Administrator Date

Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ıry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG		,		,
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	week, >5% in 1 month in 6 months. 9/6/202 c. Provide and serve d. RD (Registered Diemake diet change red Review of Resident #8/1/24 at 12:27 PM re Regular texture, Thin fluid restriction. A review of the EHR \(\) following weight resul a. 8/13/24 at 3:25 PM b. 9/3/24 at 2:29 PM: c. 10/7/24 at 9:34 AM d. 11/5/24 at 9:37 AM e. 11/20/24 at 1:42 Pf f. 12/16/24 at 10:18 Pg. 1/6/25 at 2:42 PM: Review of the Nutritio 8/14/24 at 10:29 AM f Dietician) Admission I resident had no chew noted, weight was 20/36.5, and resident's hinches. The Goal sections	diet as ordered. etician) to evaluate and commendations PRN. 12's Physician Order dated evealed, Regular diet, consistency for 2 L (Liter) Weight Summary listed the ts for Resident #12: : 206.0 Lbs 201.8 Lbs : 194.4 Lbs : 190.8 Lbs M: 179.0 Lbs M: 179.0 Lbs 168.0 Lbs				Page 8 of 11

Facility Administrator

Date

Citation Numb	er:				Date: February 20, 2025			
Facility Name: Aspire of Wash			Survey I		ito lanua	ary 30 2025		
Facility Addres 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 2		ary 50, 2025			
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date		
	Plan section revealed weight per orders. For per orders. RD to mo (as needed). The N-Adv Mini Nutrit 11/20/24 revealed the pounds, revealed no weight loss, had seven the next Nutrition/Discresident's electronic or 3:57 PM revealed, RI 179#Weight down 6 Weight down 15.4# or down 13.1% or 27# x Intakes sporadic and recent diarrhea. Gato times per nursing docresident was admitted to) dehydration, resid (intravenous). Reside behaviorsContinue Gatorade or othereled experiences diarrhea and make rec prn.	through review date. The difference of the following: Monitor of the following: Monitor of the follow diet and supplements of the follow up) proportional Assessment dated the resident weighed 190.8 decrease in food intake, no be dementia or depression, the following of the foll				Page 9 of 11		

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Facility Administrator

Date

Citation Number: 10748			Date: Februar	ry 20, 2025
Facility Name: Aspire of Washington	-	Survey Dates January 12, 20		ary 30 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	January 12, 20	25 to Janua	ary 30, 2023
Rule or Code Natu Section	re of Violation	Class	e Amount	Correction date
Weight down 11.9% down 18.4% or 38# x Intakes sporadic and recent diarrhea. Gate times per nursing do resident was admitted dehydration, resident Resident noted for continue to the provide resident was electrolyte drink whe diarrhea. On 1/6/24 in continues to have diarrhea. On 1/6/24 in continues to have diarrhea to have diarrhea. On 1/6/24 in continues to have diarrhea to have	t noted to pull out two IVs. confused behaviorsContinue with Gatorade or other n resident experiences nursing notes resident arrhea. Resident receives nree times per day) r/t eight loss. RD to continue to			Page 10 of 11

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

Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	January 12, 2025 to January 30, 2			, 66, 2626
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	receipt. Review of the 1/21/25 at 10:51 AM I Shake three times a continuous distribution of Dietary Manager (DM Resident #12. The DM years, and said when would come up to ever and never ate a whole resident liked dessert lately it was so much resident there, or if to resident to sit still. Per the DM, the interestable and even if the meal, the DM explaining good with those, and bring the shake out to down, and say don't when the health shake they would have to see ago. Per the DM, the shakes, they were carright now the facility is supplement] which gaprotein. Per the DM, see the shake of the shakes of the protein. Per the DM, see the shakes of the sha	n 1/14/25 at 8:57 AM, the l) interviewed about M explained at the facility 9 first got to facility resident ery meal, would sit there, e lot. Per the DM, the s. The DM further explained work for them to get ok tray to resident, to get vention done was a health resident didn't come to the ed the resident did pretty at first the resident would of the nursing station, set want it. The DM queried es started, and responded be, probably about a month kitchen would give the lled house supplements, and				Page 11 of 11

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name: Aspire of Washington			Survey I		to Janua	ıry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	dandary		- to during	, 2020
Rule or Code Section	Natu	re of Violation	Class	Fine A	mount	Correction date
the Di away.		ah, [DM] always started right				
DM extwo we tried to there. consult would acknow sure would acknow sure would reside gone reside then I was gone reside then I was gone reside then I was gone of their reside super During D, Ce	xplained the Die veeks, and went o get intervention. When queried are on nursing owledged could what was going ontly he wished what was going ontly he wished what was going onto take off from a get to the dining the as soon as postent would eat deferment as the poing to be an oun. When queried to run off, and wision.	ty did weight meetings, the etician at the facility every over any concerns had, ons in place, and adjust from if amount of shakes ed, the DM responded that charting, and DM not tell [State Agency] for on there. The DM explained would get the resident to eat a xplained the resident was wherever she was at, she ag room, would feed the cossible or the resident was sible. Per the DM, the essert, couple bites, drink, plained was sure resident ngoing need to keep closer d if the resident could eat in xplained resident always d a little better if little				
Resid	ent#12seatin(g was very sporadic, and				Page 12 of 11

Facility Administrator

Date

Citation Numb	er:			Date: February 20, 2025			
Facility Name: Aspire of Wash	ington		Survey I		nuary 30, 2025		
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG		,	,,		
Rule or Code Section	Natur	e of Violation	Class	Fine Amoun	t Correction date		
	like that. When queried observed and whether it, Staff D responded to CNAs did chart meal about supplement into facility did a fluid intakt for the general time from tell if resident drank the example a different flucture on the consumed, Staff D resident drank the example and interview of C, CNA explained the #12 and eating: Per Stocome down for measure sometimes could be a (resident) is not happy the resident did not will did not come to eat. So a tray to resident and room. When queried wexplained at first talking stomach, and learned own space. Per Staff lot better. When queried weights at the facility,	n 1/14/25 at 1:40 PM, Staff of following about Resident staff C, tried to get resident als every meal, and a fight, like a literal she by kind of fight. Per Staff C, if ant to come to eat resident staff C explained would take resident would eat in her what had been done, Staff C and to resident that want a full to let the resident was doing a ed whether CNAs checked Staff C responded weight for sure at least once a			Page 13 of 11		

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Date

Citation Numb					Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey D		to Janua	ıry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	Canadry		To Julia	
Rule or Code Nature of Violation Section			Class	Fine A	mount	Correction date
	E, Licensed Practical Resident #12's eating if could get the reside resident ate really we resident to come dow When queried as to ir explained for awhile r On 1/15/24 at 9:51 All the RD explained the #12: The resident car weight, came in on a one of the first things the RD the resident has want restriction there, intakes for resident as sufficient amount calc shake started for resident health shake on 1/6/2 times day because re rapidly. The RD explained the plant is plant to make the plant t	M during an interview with following about Resident me in, lost quite a bit of 2L (liter) fluid restriction, and did was remove that. Per ad dehydration, so didn't. The RD described sporadic verage 50%, and not pries for resident, and health dent. Per the RD, started 25, and it was started three esident dropping pretty ained the resident was given				Page 14 of 11 9

Facility Administrator Date

Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	,	,	-	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	and explained may have weights which may be When queried about to RD explained she was policy, and a lot of time recommend reweights weight was off. When queried if there shake if resident on not responded yes. When in, the RD responded RD, she had her own RD's last report she porders in [electronic horders in [electronic horders in [electronic horders in [electronic horders in EHR, and explained thought it was not in EHR, and explained another email to the RD explained us supplement was proverentage drank us while others did not. To following about supple ask the Dietary Aides well informed of how the remaining the remaini	e should be an order for a utritional shake, the RD in queried who would put that usually the DON. Per the individual report, and on the but in a note hadn't updated lealth record (EHR)]. The had a spreadsheet of led. On interview, the RD was correct that order was ained she would have to make sure got that in there.				Page 15 of 11

Facility Administrator

Date

Citation Numb	oer:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey		to Janua	ry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	dandary	12, 2020		
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	people remembered l drank.	now much the resident				
	responded the reside 8/1/24. When queried loss was attributed to and sporadic intakes struggling to hold on RD explained the reshospital on IV fluids a which was why starte health shake. The dia could keep weight on on toilet constantly had when queried about health shake, the RD drink] soon as diarrhed help with dehydration resident's diarrhea, R	interventions prior to the responded [electrolyte ea, and hospital on 12/7 to When queried about the ED explained facility had				
	have diagnosis why described they were probably go resident reviewed and had been going on to Observation on 1/27/2 Resident #12 in their	t out also, resident did not liarrhea. The RD explained oing to have to get the d sent to the hospital, as it o long. 25 at 12:18 PM revealed room in bed sleeping, with cartons of [Brand Name]				

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Facility Name: Aspire of Washington		Survey I		o Janua	ry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	,			
Rule or Code Natur Section	e of Violation	Class	Fine Am	ount	Correction date
one carton laying on observed to be full, at resident at time of observed about Feeven from the beginn facility had a problem DON, the resident wo and always headed be explained the resident a lot of behaviors, put came up to the nursing minutes, would send room, resident asked given a drink, and carestriction. Then the resident off fluid restriction. Then the resident off fluid restriction. Per the DON, the resilittle better, still hit and #12). The DON explain drink the health shake the girls never got the queried when they stand hadn't been that	n 1/21/25 at 11:30 AM, the Resident #12, and explained ing when resident came to with resident eating. Per the on't say in the dining room, ack to her room. The DON at went through a phase, had a self on he floor constantly, ag station every two to three the resident back to her to cover her up, resident an't have more than fluid resident caught COVID, took iction, gave resident what eent had [electrolyte drink] at ident was starting to eat a d miss with her (Resident ined the resident would es, and explained she saw				Page 17 of 11

Citation Numb	er:			Date Febr	: uary 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		nuary 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	Journally	, 2020 to 04	
Rule or Code Section	Natur	e of Violation	Class	Fine Amour	t Correction date
	realized they hadn't be explain to DM that he DM didn't do it, and we queried if would be choot doing so, the DON like supposed to be, we drink of the shake. The get the resident to conit to her room and resegot to eat something, while resident came to didn't have the reside was served right away served right away served right away, resident had. Per the came in, the resident the DON, the resident the DON, the resident the resident was allerguidance to not give the queried when resident stopped, and the DON complaints and didn't used for diarrhea). William to the political complaints and didn't used for diarrhea).	DON, when the resident first had no known allergies. Per t's [family member] then said gic to eggs, the DON gave he resident eggs. The DON t not given eggs if diarrhea N responded saw no use loperamide (medication			Page 18 of 11

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	like resident had beer					
	#12's weights: it was weighting resident mowere not doing them When queried as to we responded she could queried how staff kne responded if weekly we supposed have in [Elect explained whoever or needed weight on this	would pop up dates, and HR]/MAR. The DON the med cart would say sperson today. The DON a weekly weight sheet, and				
	printed on 1/13/25 revordered monthly weight Physician Order for wone time a day every	r12's Physician Orders vealed the resident had been ghts as 12/17/24. A veekly weight as indicated Tue (Tuesday) was entered IR on 1/21/25 by the DON.				
	Q, Registered Nurse at the facility maybe of two weekends. Per S (Staff Q) worked (late	n 1/30/25 at 12:08 PM, Staff (RN) explained she worked every other weekend, every taff Q, the last time she er clarified as 12/14) the nuch weight, and Staff Q				Page 19 of 11

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Facility Administrator Date

Citation Numb	Citation Number: 10748				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey I			00.0005
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	January	12, 2025	to Janua	ary 30, 2025
Rule or Code Natu Section		e of Violation	Class	Fine A	Amount	Correction date
	taking resident to the Staff Q, the resident or resident needed to be Staff Q explained the resident had lost so none had motivation to The facility policy title Intervention F 692, da 10/2022, revealed the interdisciplinary team monitor, and interven or gain for our resider significant unplanned change will be based [where percentage of weight-actual weight) month-5% weight chart han 5% is severe. 3 is significant; greater months -10% weight than 10% is severe. The Interventions secrevealed, in part, Intervention of the fochoices and preference.	ed Weight Assessment and lated 9/2012 and last revised le following: The will strive to prevent, le for undesirable weight loss ints5. The threshold for land undesirable weight on the following criteria libody weight loss = (usual l/(usual weight) x100]: a. 1 lange is significant; greater months-7.5% weight change than 7.5% is severe. 6 change is significant; greater later				Page 20 of 11

Facility Administrator Date

Citation Numb	er:		Date: February 20, 2025				
Facility Name: Aspire of Wash				Survey Dates:			
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 2025			ary 50, 2025	
_				II			
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
58.19(2)a	d. Environmental fact or desire to participat swallowing abnormal modifications; f. Modi with appetite, chewing. The use of suppler tubes; and h. End of I directives. 481—58.19(135C) Refor residents. The refacility shall provide, a required nursing serv direction of qualified reverage as set forth 58.19(2) Medication at a. Administration of a the physician including injectable (to be injection be injected by the provided of the physician including injectable (to be injection of a the physician including injectable (to be injection of a physician including	in these rules: and treatment. Il medications as ordered by ag oral, instillations, topical, ted by a registered nurse or se only); (I, II) an, clinical record review, and staff interviews, the	I	\$6000 Held i Suspe		Upon Receipt	

Facility Administrator Date

Citation Number: 10748					Date: ebruary	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		o Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG				.,,
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
	reported a census of Findings include: 1. The Minimum Data dated 1/07/25, reveal on 12/31/24. A Brief I (BIMS) score of 15 or cognition. No behavior MDS. The MDS listed traumatic stress disor disability, and insomn #184 took medication classes: antianxiety at The Care Plan, initiate Resident #184 utilized	a Set (MDS) assessment, ed Resident #184 admitted interview for Mental Status at of 15, indicated intact oral symptoms recorded on a diagnoses included: posteder, moderate intellectual in the MDS listed Resident in the following drug and antidepressant.				
	monitoring and documedication A review of Resident Medication Administrative revealed an order for Capsule Extended Resident	oal to be free from reactions related to by. Interventions included nenting effectiveness of #184 January 2025				Page 22 of 11

Facility Administrator Date

Citation Numb	er:		Date: February 20, 2025			
Facility Name: Aspire of Wash			Survey I		5 to Janua	ary 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	January		To Janua	ary 50, 2025
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	(discontinue) Date 1/8 documented a "9" on 1/04/25, 1/05/25, and Codes on the MAR a Nurse Notes. A review of e-Mar- Mark Notes revealed: a. On 1/1/25 lack of a a 9 charted for the Arvenlafaxine. b. On 1/2/25 at 7:35 Arvenlafaxine HCI ER (Release Not on Hands on 1/3/25 lack of a a 9 charted for the Arvenlafaxine HCI ER (Release Not on Hands on 1/4/25 at 8:26 Arvenlafaxine HCI ER (Release Not on Hands on 1/5/25 lack of a 9 charted for the Arvenlafaxine HCI ER (Release Not on Hands on 1/6/25 lack of a 9 charted for the Arvenlafaxine HCI ER (Release Not on Hands on 1/6/25 lack of a 9 charted for the Arvenlafaxine HCI ER (Release Not on Hands on 1/6/25 lack of a 9 charted for the Arvenlafaxing should be a subject to the Arvenlaf	1/01/25, 1/02/25, 1/03/25, 1/06/25. Per the Chart 9 is used for Other/See edication Administration note to indicate the reason (morning) dose of AM, a note documented Oral Capsule Extended I. note to indicate the reason of dose of venlafaxine. AM, a note documented Oral Capsule Extended I. note to indicate the reason of the company of				Page 23 of 11

Facility Administrator Date

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name Aspire of Wash			Survey I		5 to Janua	ary 30 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	January 12, 2025 to January		ii y 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Assessment complete clear [doctor name one-time order for Lo increased anxiety, cryshe can't breathe, phyorder given for Loraze medication). The January 2025 revenlafaxine HCI ER CRelease 24 Hour. Given a day related to Anxies Start Date 1/7/25. Docrevealed the medication 1/7/25 and continued 1/12/25. During an interview of Pharmacy Technician pharmacy stated the received a script for volume 1/12/25. Pharmacy delivered 3 on 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25. Pharmacy did not received a script for volume 1/12/25.	Oral Capsule Extended by 75 mg by mouth one time ety Disorder, unspecified. Occumentation on the MAR ion started on the AM of as ordered through AM on 1/30/25 at 10:00 AM, an from the consulting stated the pharmacy renlafaxine on 1/06/25 at capsules the same day. The 30 capsules of venlafaxine cy Technician stated the eive communication from				Page 24 of 11

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Facility Administrator Date

Citation Number: 10748					Date: February	y 20, 2025
Facility Name: Aspire of Washi			Survey I		to Janua	ry 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	knew Resident #184 v symptoms when seen would notify the nurse had been observed.					
	X, Certified Medicatio that when a 9 was do would indicate the me available or could not	n 1/29/25 at 1:06 PM, Staff n Assistant (CMA) stated cumented in MAR, this edication had not been find the medication and the need to be notified that the een given.				
	Director of Nursing (D on the MAR would inf Note and would be se not available. DON cla been unable to get ve issues and was unaw medication lacked dos #184 would rock prett	would happen pretty often				
		•				Page 25 of 11

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Facility Administrator

Date

Citation Numb	oer:				Date: Februar	y 20, 2025
Facility Name Aspire of Wash		•	Survey I		n lanua	iny 30 2025
Facility Addre 601 East Polk Washington, IA		KG	—— January 12, 2025 to Janua		ny 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	#4] has a seizure discinjury. The Intervention Give seizure medicat Monitor/document side. The Physician Order 5/22/23 revealed, Nat MG/0.1ML (Midazolat (milligram) Alternating needed for seizures in SEIZURES (G40.89) (0.1ml/5mg) into 1 nat dose is giver seizure occurs. Do No 24 hours. Do not give day. The eMar-Medication 11/26/24 at 09:11 AM approximately 0852 (back to the nurse's stand witnessed this rewas sitting in the lour Resident's arms and sides (arms), and in fill BILATERAL upper arrigid and jerking reperiors.	administer 1 bottle are (nostril), administer 2nd apposite nare 10 minutes a if still seizing or if another OT give more than 10mg in a more than 10mg q (every) 3 Administration Note dated A revealed, in part, At 8:52 AM), this nurse walked action from the dining room sident having a seizure. He age area, in his wheelchair. legs were positioned at his				Page 26 of 11

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Facility Administrator Date

Citation Numb	er:			Date: Februa	ry 20, 2025
Facility Name: Aspire of Wash	ington		Survey D	Dates: 12, 2025 to Janu	ary 30, 2025
Facility Address 601 East Polk S Washington, IA		KG		, ==== 33 33 10	
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	box, and administered passage. Resident's of approximately 5 second the sprayOnce the of was very lethargic. Remoom and put in his be Redacted], LPN (Lice shift with me today. The Health Status No PM revealed, At 1430 observed having seize Assessed for safety a resident was assisted low position. After a serident was on the flift on resident on floor and on right side of head. Services) notified. When was delusional and so was unable to obtain (due to) this. The Incident Report of revealed, in part, Resident's second to the	convulsions halted ands after administration of convulsions ended, resident esident was taken to his ed by this nurse, and [Name nsed Practical Nurse) on te dated 11/26/24 at 3:24 (2:30 PM) resident ure in common area. In after convulsions ceased back to bed and bed left in hort while was notified that coor in his room. Entered to and bleeding from laceration EMS (Emergency Medical and awaiting arrival resident cooting self around room, VS (vital signs) or assess d/t ated 11/26/24 at 3:45 PM ident has had seizure ssed, lasting approximately			Page 27 of 11

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

Citation Number: 10748					Date: February	y 20, 2025
Facility Name: Aspire of Washington			Survey D		to Janua	ry 30, 2025
Facility Address/City 601 East Polk Street Washington, IA 5235		KG				.,,
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
reve 11/2 Med reve at 9: Revi for N rece adm of 11 How Med reve the f adm On 1 1/28 their On 1 the f med the r	raled two episodes 16/24, review of the ication Administration aled one dose of 09 AM. The iew of a Controlle layzilam for the resided by the facility inistration of the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 2 doses of Nacility on 7/25/24 inistered to the resided 3/25 at 11:40 AM, wheelchair in the initiation cart. The Imedication as install 1/30/25 at 1:16 PN	medication on the morning ne medication count to zero. In additional Controlled Record for Resident #4 layzilam were received by with none signed off as esident. Imately 4:08 PM and on Resident #4 observed in edining room. Observation conducted with layzilam box observed in the DON described the effect of				Page 28 of 11

Facility Administrator Date

Citation Number: 10748	:				Date: Februar	y 20, 2025
Facility Name: Aspire of Washing	yton		Survey I		ito lanua	ıry 30, 2025
Facility Address/ 601 East Polk Stre Washington, IA 52	eet	KG	oundary	12, 2020	To Janua	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
a 3 R W T d d dir a T 1 d a e A X th E X ir ta o ti E A	and explained the pact of the MDS assessmont and explained the pact of the MDS list of diagnorm of the resident of the Care Plan reveals and the Care Plan reveals of the Care Plan reveals of the Care Plan reveals of the Service of the Care Plan reveals of	ent dated 12/13/24 revealed a 12 out of 15 on the BIMS, crately impaired cognition. oses included: seizure intermittent explosive ive disorder. The MDS took antipsychotics, anticonvulsants. ed a focus area dated disorder. The interventions led give seizure medication and monitor/document side ess. Orders on 12/6/24 revealed ing- give 1 tablet by mouth in incSYMPTOMATIC in its properties in the proper				Page 29 of 11

Facility Administrator Date

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey		to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	- January	12, 2020	, to danda	
Rule or Code	Natur	e of Violation	Class	Fine A	Amount	Correction date
Section						
	times a day- marked with a "9" on 12/21/24 morning and evening dose.					
	A review of the January 2025 MAR revealed the following information: a. Xcopri 200 mg give 1 tablet by mouth in the evening- marked with a "9" on 1/7/25, 1/8/25, 1/9/25, 1/10/25, 1/11/25, 1/12/25, 1/13/25. b. Xcopri 50 mg give 1 tablet by mouth in the evening- marked with a "9" on 1/7/25, 1/8/25, 1/9/25, 1/10/25, 1/11/25, 1/12/25, 1/13/25. c. Xcopri 100 mg give 1 tablet by mouth in the evening- marked with a "9" on 1/7/25, 1/8/25, 1/9/25, 1/10/25, 1/11/25, 1/12/25, 1/13/25. Per the MAR Chart Codes, a "9" used to indicate Other/See Nurse's Notes.					
	1/8/25 at 6:37 PM, re 100 MG- Give 1 table related to localization symptomatic epilepsy	administration Note dated vealed Xcopri Oral Tablet of by mouth in the evening related (focal) (partial) and epileptic syndromes seizures, intractable, without eating to receive from				
	A, Licensed Practical	n 1/14/25 at 3:30 PM, Staff Nurse (LPN) she stated n issue getting medications				Page 30 of 119

Facility Administrator Date

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey I		i to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG			,,	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	called the pharmacy. her know if they don't stated yes, Resident is believe it had come in knew why the medical pharmacy yet and show spoke to them with the contact them. During an interview of DD, Registered Nurse Resident #13 being of and she stated not the reported to her. She is some of his seizure medication and she stated they harmacy sending Resident #13 being of DON queried if they harmacy sending Resident with the pharmacy sending Resident #13 being of DON informacy sending Resident with the pharmacy sending Resident with the medication and she has been administered sing the medication was hard look for the pills and medical the medical that and medical that a sout Resident #31 necessions.	ut of any of his medications at she noted or been stated the pharmacy sent nedications but some didn't n 1/15/25 at 2:35 PM, the				Page 31 of 119

Facility Administrator Date

Citation Number: 10748					Date: February	y 20, 2025
Facility Name: Aspire of Washington			Survey I		to Janua	ry 30, 2025
Facility Address/City/St 601 East Polk Street Washington, IA 52353	tate/Zip _	KG	Jamaaiy	, 2020		.,, 00, 2020
Rule or Code Section	Nature	e of Violation	Class	Fine An	nount	Correction date
seizure have a not good medical she woo immedical she woo immedical poor she stated in days lated given of out, but day and DON stated get refill discont doesn't the number of the pharmal 12/6/24 Resident tonight. During L, RN of medical medical she woo immedical she would be with the she woo immedical she would be worth the woo immedical she would be worth the woo immedical she would be worth the worth the woo immedical she would be worth the w	medication and seizure. The Dod at telling her tion and she to uld contact the ately. an interview on the cooke of the rufir the DON in the state of the state of the didn't know the cooke of the state of the state of the cooke of the state of the stat	dent not receiving his d she stated yes, he could ON stated the staff were when they don't have ald them to let her know and pharmacy and get it fixed in 1/15/25 at 3:37 PM, the namide not given and she in 1/3 and they received it 2 informed the rufinamide not it she stated maybe they ranged but it was given the next low what happened. The is refilled on 1/1/25 but didn't be pharmacy stated it was electronic health record tinued. The DON stated in [pharmacy] several times stell me and she would call stated the order put in on langed. The DON confirmed eceive his medication in 1/28/25 at 12:48 PM, Staff ident #31 seizure stated she told day shift to ause when called pharmacy				Page 32 of 11

Facility Administrator Date

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey I		Sto Janua	ary 30 2025
Facility Addre 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 2025		ii y 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	didn't refill medication emergent situation. So the medication was do a copy of the order. So had been out of his methey told the DON. During an interview of Pharmacy Technician controlled medication [pharmacy] didn't have didn't fill it. The Techn script on 12/6 and seresident taking 7 table in 30 days. The Techn [pharmacy] received at they filled it. Staff AA script from 1/6/25 to complete the couldn't answer to for ways to request. So remembered talking the attempted to refill it be discontinued at that the requests until they fill	staff L stated they were told iscontinued and we needed staff L stated Resident #31 nedication for a while and in 1/28/25 at 3:15 PM, the in stated the xcopri was a stated the xcopri was a stated they had a not 210 tablets with the lets a day, they would be out inician stated they would be out inician stated they a new script on 1/14 and stated they didn't have a 1/14/25 for the medication. In 1/28/25 at 3:26 PM, the is she could see if the facility in the xcopri and she stated that because there were lots the stated she vaguely				Page 33 of 11

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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

Citation Numb	er:			Date: Februa	ry 20, 2025
Facility Name: Aspire of Wash	ington		Survey D	Dates: 12, 2025 to Janu	arv 30. 2025
Facility Addre 601 East Polk S Washington, IA		KG	Jamaary	, 2020 10 04110	, 66, 2626
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	communicated discontrolled or not controlled when they come back medication and we we them. She stated whe script for the xcopri the During an interview or DON asked what sho concerning Resident is the staff should have he didn't have medication was controlled to the card so they did medications when the of the card so they did medication. A review of the facility Pharmacy Services Of Statement which declar accurately and safely services, including pro-	buld need a new script for en they received the new ey sent it out the next day. In 1/29/25 at 11:07 AM, the uld have happened #31 xcopri and she stated notified me on the first day ations. She stated the olled and they still had a was discontinued. The were supposed to order the ey went into the blue section dn't run out of the verview revealed a Policy ared the facility shall provide or obtain pharmacy ovision of routine and ns and biological's, and the			Page 34 of 11

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

Citation Numb	er:	er:		Date: February 20, 2025				
Facility Name: Aspire of Wash	ington		Survey I					
Facility Address 601 East Polk S Washington, IA		KG	January	12, 2025 to January 30, 2025				
Bula on				II per		0		
Rule or Code Section	Natur	e of Violation	Class	Fine F	Amount	Correction date		
58.19(2)b,j	Administering Medical statement which declar administered in a safe prescribed. Guideline Nursing Services shan nursing personnel whand/or have related fursing shall treble than 12-month period, if a same class I or class II violated than 12-month period, if a same class I or class that period and a peniod and a peniod and a peniod and a peniod in the same class I or class that period and a peniod and a peniod in the same class I or class that period and a peniod in the same class I or class that period and a peniod in the same class I or class that period and a peniod in the same class I or class that period and a peniod in the same class I or class that period and a peniod in the same class I or cl	for repeated violations. Epartment of inspections and the penalties specified in rule any second or subsequent ation occurring within any citation was issued for the II violation occurring within alty was assessed therefor. Equired nursing services esident shall receive and the as appropriate, the following ices under the 24-hour nurses with ancillary in these rules: and treatment. propriate care and treatment pressure sores, to promote ction, and prevent new sores	I	\$28,50 Treble (\$9500 Held i Suspe	ed 0 x3)	Upon Receipt		

Citation Numb	er:			Dat Feb		<i>,</i> 20, 2025
Facility Name: Aspire of Wash	ington		Survey D	Dates: 12, 2025 to J	lanuar	rv 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	Canaary	.2, 2020 to 0		, 500, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	unt	Correction date
	intervention for all res adverse symptoms wi mental, emotional, or DESCRIPTION: Based on observation and staff interview, th timely, consistent, accocurred for non-pres redness to a resident' resident's abdomen, a condition change for a falls and pain for 4 of assessment/intervent #11, Resident #12, Repractice resulted in a worsening of a fractur census of 35 resident Findings include: 1. Review of the Minimassessment for Resident Brief Interview for Me	sure skin wounds including s hand and a wound to a and recognition of a resident who experienced 4 residents reviewed for ion (Resident #5, Resident esident #183). This deficient hospitalization, and the re. The facility reported a s.				Page 36 of 11

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

Citation Numb	ber:			 	Date: Februar	y 20, 2025
Facility Name Aspire of Wash	nington		Survey Dates: January 12, 2025 to January 30, 202			ıry 30, 2025
Facility Addre 601 East Polk Washington, IA		KG		·		
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	revised on 6/4/19, revised on 6/4/19, revised on 6/4/19, revised poor hygiene and fragor of Interventions per the part, the following interventions per the part, the following interventions are parts from excessive short. Created Date 8 b. Monitor/document of skin injury. Report heal, s/sx (signs/symmaceration etc. to MD Date 8/25/17. c. Weekly full body skin Date 12/7/22. The Progress Note darevealed, Skin: Skin within normal limits) Issues: Skin Issue: #CL Location: Right Lower Laterality / Orientation information: Chronic I at wound Issue type: acquired in-house. It wound has been president information: 0.5 Width Undermining: No. Suited the proposed president in the progression of the president in the progression of the	and keep hands and body moisture. Keep fingernails 6/25/17. location, size and treatment abnormalities, failure to ptoms) of infection, O (Medical Doctor). Created at assessment. Created at a 1/8/25 at 9:26 PM warm & dry, skin color WNL and turgor is normalSkin 201: New skin Issue. The Quadrant Midline. The Middle. Additional location esion where resident picks Open lesion. Wound is unknown how long the				Page 37 of 11

Facility Administrator Date

Aspire of Washington	Fine Amounts	
Rule or Code Section Rule or Code Nature of Violation Class C	Fine Amount	Correction
Code Section Rature of Violation Class education: Treatment of skin issue. Additional skin issue education documentation: Instructed resident to not pick at wound. The Bath/Skin Sheet dated 1/15/25 indicated the resident's abdominal folds were reddened. The Bath/Skin Sheet dated 1/19/25 revealed under the Reddened Areas section of the form the resident's abdominal folds were reddened. The word stomach had been written on the		
skin issue education documentation: Instructed resident to not pick at wound. The Bath/Skin Sheet dated 1/15/25 indicated the resident's abdominal folds were reddened. The Bath/Skin Sheet dated 1/19/25 revealed under the Reddened Areas section of the form the resident's abdominal folds were reddened. The word stomach had been written on the		
had been written on the Bath/Skin Sheet: Green and red spot on stomach side rolls very red. On 1/22/25, review of the resident's N-Adv Skin Check history revealed the most recent assessment completed on 1/8/25. During an observation on 1/29/25 at 10:38 AM, Resident #5 in their room, and the resident's abdomen observed with Staff C, Certified Nursing Assistant (CNA). The resident had a wound open approximately smaller than a dime size to the resident's left lower abdomen, with surrounding redness present. Staff C queried if had known the wound present, and responded she did not, was not sure if the other ladies had noticed it, and		

Facility Administrator

Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey Dates: January 12, 2025 to January		to Janua	rv 30. 2025
Facility Address 601 East Polk S Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	dated 1/29/25 at 3:53 quadrant midline chropicks at wound, descropen lesion which me by 0.5cm by 0 cm. During an interiew on 5:00 PM, the Director about whether familia and responded right habdomen. When querpicked left or right, the DON acknowledged is skin tab supposed to problem with wounds to look at it. When querpicked left or right, the DON acknowledged is skin tab supposed to problem with wounds to look at it. When querpicked left or right, the DON acknowledged is skin tab supposed to problem with wounds to look at it. When querpicked left or right, the DON acknowledged is skin tab supposed to problem with wounds to look at it. When querpicked as skin check in the table of the state of the	cin Check for Resident #5 PM revealed right lower onic lesion where resident ribed as in house acquired easured 0.5 centimeter (cm) 1/30/25 at approximately of Nursing (DON) queried r with Resident #5 picking, here, and indicated the ried if resident normally a DON indicated left. The in the assessment tab was be done every week, and if needed to call the DON in eried if everyone should the [electronic health record explained they are behind. In 1/30/25 at 6:48 PM, the queried regarding skin ed last survey had issues, instantly been asking [DON] esponse given was yes. It assessment for Resident wealed the resident scored 9 which indicated moderately				Page 39 of 1
					_	Page 39 of 1 1

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

Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Washi	ngton		Survey Dates: January 12, 2025 to January 30, 202		rv 30, 2025	
Facility Addres 601 East Polk S Washington, IA		KG	- Canada y	, 2020		, 00, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	resident was always or Review of Resident # revealed, [Resident # bladder incontinence Review of the interve Monitor/document for (urinary tract infection tinged urine, cloudine urine color, increased Urinary frequency, for chills, altered mental change in eating patter. The Behavior Note darevealed, The resider the floor as a behavior room into the hallway and proceeded to lay Resident is also putting room and rolling around behaviors have been puts herself on the floor the next Progress No. #12's EHR was dated.	212's Care Plan dated 9/6/24 at 2] has FUNCTIONAL r/t (related to) Dementia. Intion dated 9/6/24 revealed, a s/sx (signs/symptoms) UTI n): pain, burning, blood ass, no output, deepening of a pulse, increased temp, all smelling urine, fever, status, change in behavior, atted 11/24/24 at 7:47 AM and started to put herself on a started to put herself on and sat down on the floor down in the hallway. The started to the floor in her and on the ground. The symptom of the ground all these witness from staff as she for. The documented in Resident at 11/24/24 at 6:25 PM.				
	Fivi documented by S	Staff L, Registered Nurse				 Page 40 of 11 9

Facility Administrator Date

Citation Number 10748	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Washi			Survey I		to Janua	ry 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG	Canadiy		To during	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	(6:03 PM) and hit her butt and went to her r 118/77, O2 (oxygen) 133, R (respirations) assisted to sitting pos no injuries noted. Resfound on floor at 1810 and clammy at this tin 170. Staff reports 15-resident sitting her se Redacted] and order (Emergency Room) for During an interview of L explained they had fallen or put self on the day, and Staff L though L explained resident sidd believe, and though Staff L explained when Staff L was ther gosh, something else (resident). When queried on that incident resident did, and furth (resident) hit her head Staff L queried if anyther staf	or eval. In 1/28/25 at 12:02 PM, Staff gotten report resident had be floor multiple times that ght they said 15 times. Staff sent to the ER that night she ght did send her (resident). In the resident did so again re, Staff L thought oh my is going on with her ried if Resident #12 hit her Staff L acknowledged her explained she was told did multiple times that day, hing had been going on with and responded off the top of				Page 41 of 11

Facility Administrator

Date

Citation Numb 10748	er:			Da t Feb		<i>i</i> 20, 2025
Facility Name: Aspire of Wash	ington		Survey Dates: January 12, 2025 to January 30, 20		rv 30. 2025	
Facility Address 601 East Polk S Washington, IA		KG	Canadiy	12, 2020 10 0	Janaa	y 60, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	Correction date	
	and any correspondin #12 for the last six mo from the facility's Adm 4:40 PM, the facility A email the resident had last six months, noted for 11/24/24. Review of the ED (En Provider Notes dated revealed, Chief Compfall. The History of Provider Notes dated revealed, [Resident # (year old) female president presents with abdom today. She presents with Medical Services) which patient has Alzhei unable to give history was endorsing abdom not had any vomiting, reported to them the ptoday, potentially up to also reported that the "throwing herself on cousually cooperative and the six months."	plaint Patient presents with esent Illness (HPI) section 12] is a [age redacted] yo senting from [Facility Name minal pain and multiple falls with EMS (Emergency o give history. EMS reports mer's/dementia and she is . EMS reports that patient ninal pain en route but has They report that his prior patient had multiple falls o 10 different falls. They patient seemed to be on the floor." Patient is				Page 42 of 11

Facility Administrator

Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey Dates: January 12, 2025 to January 30, 20		ırv 30. 2025	
Facility Addres 601 East Polk S Washington, IA		KG				.,
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
		al Exam section revealed the al tenderness and back				
	7:05 PM revealed, in sent from nursing hon abrupt "sit downs" wh onto her buttock. I spo from the nursing hom witnessed 2 of these and hit her head after conciousness. She is	ndoff Note dated 11/24/24 at part, [Resident #12] was ne after having multiple ere she sat down very hard oke with [Name Redacted] e and provider who events stating she fell back sitting abruptly. No loss of not redirectable, restless all day although "it has not				
	Name Redacted] date culturing [Resident #1 apparent urinary tract (gram) of ceftriazone department. Per the A	sit Summary from [Hospital ed 11/24/24 revealed, we are 2's] urine. She has a very infection and was given 2 g here in the emergency after Visit Summary, the wing reasons for visit listed: complicated UTI, and				
	_	lotes for Resident #12 dated mentation of any urinary 11/24/24.				
						Page 43 of 11

Facility Administrator Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash			Survey Dates: January 12, 2025 to January 30, 202		ry 30, 2025	
Facility Address 601 East Polk S Washington, IA		KG	January	12, 2020	To Janua	19 30, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	hospital records with 8:27 PM revealed the had trace ketones and 2+ nitrites, 500 leukod 100 white blood cell, 6 bacteria, and 1+ hyali The Infection Note da revealed, Call report f Redacted] ER resider for UTIResident has return on oral ABT (at The Progress Note da for Date of Service 11 had multiple falls this for back pain. Patient weekend. Was evalually yesterday and diagnor prescribed cephalexindays. Patient is still expainful urination. During an interview of C queried if had ever resident fell, and resper Staff C, the reside floor sometimes, and	ted 11/24/24 at 9:42 PM from [Hospital Name at update given. Rocephin 2 as "bad UTI" Resident will attibiotics) per ER nurse. ated 11/24/24 at 11:00 PM /25/24 revealed, Patient weekend. Was evaluated had multiple falls this ated at the hospital sed with UTI. Was a 500mg 4 times a day for 7 experiencing significant on 1/29/24 at 10:02 AM, Staff been at facility when onded no, not accidentally, ent would put self on the				Page 44 of 11

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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

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name: Aspire of Washing			Survey Dates: January 12, 2025 to January 30, 202		rv 30. 2025	
Facility Address/6 601 East Polk Stre Washington, IA 52	eet	KG	January		, to camaa	., 500, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
hi qis S DQ bi m W w re m w ki DD w flictori e re frience re	it their head, Staff C ueried if it was a prestaff C responded year of the control of the contro	n 1/30/24 at 12:08 PM, Staff (RN) explained she had e resident would say help uld throw self to ground. cident report would be				Page 45 of 1 1

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

Date

Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey Dates: January 12, 2025 to January 30, 20		ry 30 2025	
Facility Addres 601 East Polk S Washington, IA		KG	Junuary	12, 2020	, to dama	19 00, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	number one of what the significant enough DO let DON know. When called, the DON responses of the time called the dated 10/25/24, reveashort term memory are problem, as well as fluinattention, disorganizelevel of consciousnes diabetes mellitus, nor anxiety disorder, depressident #183 had 2 2 or more falls with in 0 falls with major injurperiod. The MDS, dated 12/3 #183 dependent on sittle ambulate. The MDS assessment period Refalls without injury, has (except for major), an injury. Major injury de	Set (MDS) assessment, aled Resident #183 had both				Page 46 of 11
						Faye 40 01 11

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).

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Facility Addres 601 East Polk S Washington, IA		KG				, 00, 2020
Rule or Code Section	Nature	e of Violation	Class	Fine Amou	ınt	Correction date
	injuries with altered le subdural hematoma.	evel of consciousness, or				
	health record revealed a. On 12/06/24 at 9:12 unwitnessed fall in room or indicators of pain. b. On 12/07/24 at 7:36 right elbow described warm/tender to touch when straightening ar c. On 12/08/24 at 8:57 abrasion to the right emotion (ROM) to right bruising and mild swedd. On 12/09/24 at 2:34 she had pain in the right swelling had gone dow #183 had fall in room pain to right elbow. No medication offered or e. On 12/11/24 at 7:32 limited ROM of the right extremities. Resident with passive ROM, unwith touch to right elbow.	2 PM, Resident #183 had an om without apparent injury 6 AM, Resident #183's as swollen and Resident experienced pain rm. 1 AM, Resident #183 had an eyebrow and limited range of a upper extremity with elling to the lateral elbow. 4 PM, Resident #183 stated ght elbow, nurse noted wn. At 5:25 PM Resident with verbal complaints of a documentation of pain administered post fall. 2 AM, Resident #183 had ght upper and lower #183moans and groans hable to walk, and had pain ow. Physician was called at ers received to obtain X-Ray				Page 47 of 1 1

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 Iowa Code section 135C.43A (2013).

Date

Citation Number: 10748			Date: Februar	y 20, 2025
Facility Name: Aspire of Washington		Survey Dates: January 12, 2025 to January 30, 2025		
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG		,	.,
Rule or Code Nature Section	e of Violation	Class	Fine Amount	Correction date
revealed an acute mo fracture of the right ell of results and ordered consultation. g. On 12/13/24 at 8:33 sent to the Hospital vi Consultation at this tir from the Hospital recemildly displaced fractu (hip) found at the Hospital recemildly displaced fracture. h. On 12/14/24 at 5:02 sustained fall after standining room, no injurie fall. i. On 12/16/24 at 2:44 occasionally cried out pain medication given without assist and placomfortable. j. On 12/17/24 at 4:41 #183increased pain transfers for cares. Stassist of 3 to stand, pimedication given. k. On 12/20/24 at 10:7 moans and groans with states of the right	5 AM, Resident #183 was a ambulance for Orthopedic me, and at 6:15 PM, call eived to notify facility of ure of the right trochanter spital in addition to right 2 PM, Resident #183 anding from wheelchair in es were observed at time of AM, Resident #183 in pain when awake, PRN amable to stand and walk ced back into recliner where AM, Resident			Page 48 of 11

Facility Administrator

Date

Citation Numb	er:		Date: February 20, 2025		y 20, 2025	
Facility Name: Aspire of Wash					to lanua	ny 30 2025
Facility Address 601 East Polk S Washington, IA		KG	January	12, 2023	to Janua	1y 30, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	facial grimacing with plong intervals with eye morning meal. m. On 12/25/24 at 8:1 diagnosis of fracture in hip, had pain with morning meal mip, had pain with morning for pain. A review of hospital results and the properties of the emergency rooselbow and right hip with the reduction of the emergency rooselbow and right hip with the reduction of the emergency rooselbow and right hip with the reduction of the emergency rooselbow and right hip with the reduction of the reduction of the emergency rooselbow and right hip with the reduction of the r	ecords from Resident #183's included a History and H&P revealed[Name ground-level fall at her care of 12/12/24. She presented in where x-rays of the right ere obtained as well as CT my scan, a non-invasive te, dated 12/30/24 indicated in Orthopedic Clinic for follow reeks after injury and noted at to struggle with fairly ght hip and right elbow. The to bear weight of right in the control of the total struggle with fairly ght hip and right elbow.	ht ad a second and		Page 49 of 11	

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).

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Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 2			
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	Hospital Note revealed resident had been obtonearby objects during otherwise Resident # hip or elbow since seright elbow splint not Hospital Note indicate facility raised concern were secondary to depossibly unwitnessed #183 admitted to Hospin anticipation for surgelbow and right hip. During an interview of Certified Medication Areported that Resident pain after fractures for reported Resident #18 pain and received PR pain. During an interview of Certified Nursing Assisted resident used to walk	183 had no falls or trauma to en couple weeks ago, and removed until today. Ed that information from a that these complications ementia related agitation and falls at the facility. Resident pital from Orthopedic Clinic, gical intervention for the right on 1/14/25 at 1:00 PM, Assistant (CMA), Staff J, at #183 would cry and report und in December. Staff J 83 would tell you she was in the N Tramadol and Tylenol for an 1/14/25 at 1:23 PM,				Page 50 of 11

Facility Administrator Date

Citation Numb	oer:		Date: February 20, 2025			y 20, 2025
Facility Name: Aspire of Wash			Survey I		to lanua	prv 30 2025
Facility Addre 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 2025			ary 30, 2023
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date
	pain and when her pay wearing off. Staff D si showed signs of restl she was in pain. Staff notify the nurse when observed. During an interview of C, CNA, stated she wand accompanying R Orthopedic Clinic follot 12/30/24. Staff C state Clinic that Resident # the Hospital and requinformed that she not via phone and returned During an interview of DD, Registered Nurse follow up assessment #183 had limited ROI moan and groan. Researound right elbow ar ice to area. Staff DD the oncoming nurse. returned 1 or 2 days I report of an additional hand had been more	tated Resident #183 also essness and anxiety when f D informed that she would a signs of pain had been In 1/14/25 at 1:40 PM, Staff was tasked with transporting esident #183 to the ow up appointment on eed she was informed by £183 would be admitted to aired surgery, Staff C iffied the Director of Nursing ed to the facility. In 1/15/25 at 9:08 AM, Staff e (RN), recalled during a fall t, it was noted Resident M of right arm and would esident #183 had bruise and Staff DD attempted to use stated she reported this to				Page 51 of 11

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Date

Citation Number: 10748	Date: February 20			y 20, 2025	
Facility Name: Aspire of Washington		Survey I		n lanua	iry 30 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	— January 12, 2025 to January 30, 2		19 30, 2023	
Rule or Code Nat Section	ure of Violation	Class	Fine Am	ount	Correction date
Sunday with order in elbow.	eceived for X-Ray of right				
Director of Nursing discharge orders of had been received Department (ED) or noted to right elbow that the hospital did staff put resident in resident on the good #183 was having part Tramadol, DON continitiated prior to curt asked about Reside regimen, DON infort pain controlled, and around the clock formedication had been around the expect physician if resident (severe). During an interview Physician's Assistat Orthopedic Clinic, severe	on 1/22/25 at 2:00 PM, (DON) stated that no follow up care instructions from the Hospital Emergency in 12/13/24 following fractures and right hip. DON stated in the say anything, so she had wheelchair and pivot transfer dot. DON stated Resident ain and receiving PRN infirmed this order had been rent injury on 6/27/24. When and #183 pain management med that staff were to keep provide PRN medication resident. DON stated pain in effective because Resident in ep and not cry, noted that if the strying she was hurting. DON action of nurses to call it pain was rated at 10/10 in 1/27/25 at 12:18 PM, a not (PA-C) from Hospital tated discharge instructions are included non-weight				Page 52 of 11

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Facility Name: Aspire of Washington		Survey D		Janua	rv 30. 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	— January 12, 2025 to January 30, 202			
Rule or Code Natur Section	e of Violation	Class	Fine Amo	ount	Correction date
splint and sling which follow up appointmen for right hip to weight abduction (away from PA-C revealed expect Orthopedic Provider in have a fall or addition worsening of injuries #183 experienced new pain. During an interview of again confirmed that in paperwork had been 12/13/24 following ideallow and right hip fractility should call hos paperwork and that in faxed or emailed to the having called hospital care orders of right eld DON stated if Reside fractures identified, shassessments and to or resident would need to confirmed documental.					Page 53 of 11

Date

Facility Administrator

Citation Numb	oer:				Date: Februar	y 20, 2025
Facility Name Aspire of Wash			Survey I		to lanua	ary 20 2025
Facility Addre 601 East Polk Washington, IA		KG	January 12, 2025 to January 30, 2029			ii y 30, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	revealed a Brief Inter (BIMS) score of 13 or cognition. Resident # mobility, able to transindependently. Diagn hypertension, viral her Chronic Obstructive F osteoarthritis of knee MDS revealed Reside without injury during a The Care Plan, revise Resident #11 at mode deconditioning and C Resident #11 is indeptoileting, dressing, an instructed staff to moneeded any changes improvement, reason expected course, and Review of facility provened Resident #1 1/01/25-1/23/25, with and no injuries related incident reports. Date included: 1/03/25 at 7	ed on 1/27/25, identified erate risk for falls related to OPD. Care Plan revealed pendent with transfers, and personal hygiene and nitor/document/report as , any potential for s for self-care deficit,				Page 54 of 11

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Facility Administrator Date

Citation Numb	er:			II .	Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to January		.,,	
Rule or Code Section	Nature	e of Violation	Class	Fine An	nount	Correction date
	II	t 9:00 AM, 1/13/25 at 12:25 PM, and 1/22/25 at 9:07 AM.				
	assessments had bee dates/times: 1/04/25 a	rided document, titled eet revealed neurological en initiated on the following at 11:00 AM, 1/06/25 at 6:30 PM, and 1/22/25 at				
	Resident #11 sat in a nightgown and supple 2-3 liters, via nasal ca oriented when approa	n on 1/11/25 at 11:45 AM, recliner in her room wearing emental oxygen set between annula, resident alert and ached and reported that her. Resident #11 denied				
	Resident #11 sat in a	n on 1/12/25 at 12:00 PM, recliner with meal tray on a ating. Oxygen in place at 2 a.				
	new order received to On 1/05/25, Resident	documentation: #11 had 3 falls on this day,				
			П	II.		Page 55 of 11

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Date

Citation Numb	er:			Date Feb	e: ruary 20, 2025
Facility Name: Aspire of Wash			Survey I		anuary 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG	— January 12, 2025 to January 30, 2		
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	nt Correction date
	oxygen at 2 liters via On 1/08/25 at 9:38 Pf neurological assessme restarted at this time (DON). On 1/14/25, Resident reported dizziness who pressure noted to be On 1/15/25, Resident reported hitting her has be 138/100 and pulse On 1/23/25, Progress had been reported by approximately 4 falls, additional information occurring on 1/22/25. On 1/23/25 at 12:50 Funwitnessed fall with 94/71 and at 4:00 PM recommendations for with assistance of one belt at all times. On 1/23/25, Primary (note, identified that R have falls, no new ord On 1/24/25 at 9:39 Pf Resident #11 is non-thelp which leads to metals.	ments do not need to be per Director of Nursing #11 had witnessed fall, men bending forward, blood 93/52. #11 had unwitnessed fall, ead, blood pressure noted to a 110 beats per minute. Note revealed multiple falls previous shift, indicated review of notes lacked any related to multiple falls. PM, Resident #11 had an blood pressure noted to be facility received therapy Resident #11 to transfer a staff using walker and gait. Care Provider (PCP) visit esident #11 continued to ders. M, Note informed that compliant with calling for			Page 56 of 11

Facility Administrator Date

Citation Number: 10748				ate: ebruary	y 20, 2025
Facility Name: Aspire of Washington		Survey D	ates:		
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	January 12, 2025 to January 30, 20		ry 30, 2025	
Rule or Code Natur Section	e of Violation	Class	Fine Amo	ount	Correction date
to non-compliance. No DON to not start neuron 1/26/25 at 2:52 Al have brown urine with smell, history of multi Physician notified and check urinalysis, ther received to start antition 1/27/25, urinalysis and showed urine po had greater than 100 (WBC) Colony-Formi of urine, Resident #1 On 1/27/25 at 9:08 Al witnessed fall out of vinear nurses station a sent to Emergency Dibe evaluated for blood not being able to hold requiring assist of 2 vinear nurses with the common area by no wheelchair and reach concentrator, heard at #11 she was going to	M, Resident #11 noted to a red slimy discharge, strong ple falls in past few days. It is done or received to a at 9:05 AM, new order poiotic (Bactrim) for UTI. It is preliminary results received sitive for blood, protein, and an additional common and a common area of the common				Page 57 of 11

Facility Administrator Date

Citation Numb	er:			Date: Februa	ry 20, 2025
Facility Name: Aspire of Wash	ington		Survey D	Dates: 12, 2025 to Janu	ary 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2020 to January 0		
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	(CNA) approached, be sensory ball. At 12:23 on the ground between floor, staff member picker, and at 12:24 PM Resident #11 reaching the oxygen tubing and taught in her hand. At observed leaning forward up from floor again. Hospital Note, dated #11 presented to Emeroia ambulance after a hypotension, and geninformed that resident antibiotic Bactrim for laurine culture 3 weeks bacteria that was resinote revealed Reside Injury (AKI) with creat kidney function) 2 time of likely cystitis (bladd admitted to hospital of antibiotics for acute of Resident #11 given in Ceftriaxone and IV flu				Page 58 of 11

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

Citation Number: 10748		Date: February		
Facility Name: Aspire of Washington		Survey Dat January 12.		rv 30. 2025
Facility Address/City/State/Z 601 East Polk Street Washington, IA 52353	KG		— January 12, 2025 to January 30,	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
#11 had res and Enterob switched fro admission, a blood strear diagnoses/p On 1/28/25 Nurse (RN), gotten a lot knees would recently staf person assis been indepered in the control of unwith in to work the verbally passistated shere of Nursing (leassessment due to having that on 1/26 appearance was falling a increased falling a increased falling a peared the	te, dated 1/28/25, revealed Result for positive blood culture of lacterales bacteria. Resident #7 m observation to inpatient hosp and bacteremia (bacteria presen) added to hospital roblems list. at 12:04 PM, Staff L, Registere reported Resident #11 recently weaker, unable to stand as well drop down. Staff L recalled that had to transfer resident as a 2st with gait belt, when previously endent to transfer/walk. Staff L states and been falling a lot lately, wessed fall and said when she cere's no notes on her falls that sed along in shift report. Staff L seceived instruction from the Dir DON) to not restart neurological, instead continue where you will ge multiple falls in a day. Staff L (25 she requested CNA staff to of Resident #11's urine because and had UTI in the past when alling occurred. Staff L confirme ick and brown with strong odor only sician with order for to check	tal tal tal tal t in had and t had tated ith a mes are ector ere stated report e she l urine and		Page 59 of 11

Facility Administrator Date

Citation Number 10748	er:		Date: February 20, 20		y 20, 2025	
Facility Name: Aspire of Washi			Survey Dates: January 12, 2025 to January 30, 202		ry 30 2025	
Facility Addres 601 East Polk S Washington, IA		KG	- Varidary 12, 2020 to varidary			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Assistant (CNA), state falling frequently, almaday for at least the president #11 had monow required a 2 personal reported Resident #12 couldn't which had be resident to need staff was independent. State two before being hosp Resident #11 had a coshe was normally very grabbing for things the air, Staff D stated reponurse. On 1/29/25 at 9:52 AN Resident #11 required week, including use or recalled Resident #11 brief time before curred previously had been a sambulate independent Staff C recalled fall included checking on more recently bringing	hange in cognition, when y with it, was observed at were not present in the orting this information to the M, Staff C, CNA, reported d assist of 2 for the past f full body lift. Staff C had been assist of 1 for ent transfer status and				Page 60 of 11
					_	i ago oo oi II

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Facility Name: Aspire of Wash			Survey Dates: January 12, 2025 to Janu			ırv 30. 2025
Facility Address 601 East Polk S Washington, IA		KG			.,,,	
Rule or Code Section	Natur	re of Violation	Class	Fine A	mount	Correction date
	more during the past independent. On 1/29/25 at 1:41 P	week as she had been less M. Staff R. Licensed				
	Practical Nurse (LPN should be initiated for because the falls are stated fall notification DON know about a fall LPN that physician no Staff R stated that Refalls in a day would be physician would need wanted to get a urina working on 1/22/25 w multiple (approximate), stated neurologic checks reach of Resident #11's falls not witnessed. Staff R had only included letting the fall, because DON informed otification was done by DON. esident #11 having multiple e change in condition and to be called to see if he lysis. Staff R confirmed when Resident #11 had ely 4 falls during shift) and ian to notify of falls on this				
	confirmed that Reside and explained that shincreased falls when she was unaware of lassistance of 2 staff to 12:30 PM, just before hospital. DON reveals to notify the physiciar DON, if a resident fall	M, Director of Nursing (DON) ent #11 had history of UTI's ne typically presented with she had a UTI. DON stated Resident #11 requiring to transfer until 1/27/25 at e resident was sent out to the ed the expectation of nurses n, responsible party, and Is multiple times in a day and tocol for unwitnessed falls				Page 61 of 11 9

Facility Administrator Date

Citation Number: 10748		Date: February 20, 20			ry 20, 2025	
Facility Name: Aspire of Washington			Survey I		5 to Janu	arv 30. 2025
Facility Address/Cit 601 East Polk Street Washington, IA 5235		KG		January 12, 2025 to Januar		, 50, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
hea havi falls nurs DOI rest that resineve report hea and \$58.20(2) \$481 sup hea \$58.2 service choices \$\$ Bas revie provies that the service provies the service provi	ing called the physic noted on that dayse on duty had not N confirmed that start neurological ast occur between not dent doesn't hit had orted that staff world in an unwitness I resident position. —58.20(135C) Duervisor. Every nutte service supervisor. Every nutte service supervices, treatments, vices in order that sices, where practices, where practices and staff intervide effective pain	uties of health service ursing facility shall have a isor who shall: direct the nursing care, procedures, and other each resident's needs and cable, are met; (II, III) ord review, facility policy views the facility failed to management for a resident 12/06/24, which resulted in	II	\$500.0 Held i Suspe		Upon Receipt

Facility Administrator Date

Citation Number: 10748					Date: February	y 20, 2025
Facility Name: Aspire of Washingto	on		Survey D		to Janua	ıry 30, 2025
Facility Address/C 601 East Polk Stree Washington, IA 523	et	KG	Carracity		To during	
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
(R to se str with fair de manner face sy reverse from the part of the part of the face face face face face face face fac	RUE) on 12/07/24. Do 12/11/24, revealed evere pain when tour raightening the right ith ROM, and acting illed to conduct followetermine whether or anagement achieve eeded (PRN) Tylenocility failed to notify mptoms prior to 12/0 vealed an acute more acture of the right elight trochanter (hip frospital on 12/13/24. The eatment orders upor esident #183 returned in a 10/10 (severe) acreased pain during at alternative pharm parmacological interpocumentation of effecting achieved from cility reported a central management include: The Minimum Data Server in the process include:	d by the administration of as of and/or Tramadol. The the physician of the pain (11/24. An x-ray on 12/12/24 oderately displaced avulsion bow and a fracture of the facture) found by the The facility failed to obtain a return from the hospital. The facility and rated a crying out in pain, with transfers with no indication				Page 63 of 11

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

Citation Number: 10748			Date: Februa	ary 20, 2025
Facility Name: Aspire of Washington		Survey I	Dates: 12, 2025 to Janu	uary 30, 2025
Facility Address/City/State/ 601 East Polk Street Washington, IA 52353	Zip KG	dandary	,	
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
as well as f disorganize consciousn mellitus, no disorder, de (schizoaffer Resident #* transfers ar pain medication pain. Pain a #183 not co or never un The MDS, of #183 deper to ambulate were given scheduled being used completed pain indicat verbal com which were look back p	dated 12/30/24, revealed Resident indent on staff for transfers and unals. The MDS indicated pain mediation an as needed (PRN) basis, no or non-medication interventions we for pain. A pain assessment interventions of ors, including non-verbal sounds, plaints of pain, and facial expression observed for 3-4 days of the 5 days	t elly ble ons re iew		Page 64 of 11

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

Citation Number: 10748			Date: Februar	y 20, 2025
Facility Name: Aspire of Washington		Survey Dates January 12, 2		iry 30 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	- January 12, 2	.020 to Janua	ily 50, 2025
Rule or Code Natur Section	e of Violation	Class Fine Amount Correction date		
insomnia, incontinent frequent falls. The list from 2/21/24 to 12/14 no injury; 12/9/24 fall, 12/14/24 Fall, no injury. The Care Plan, initiate on 10/22/24, included am at increased risk of falls. Interventions in a. Evaluate the effect Review for compliant dosing schedules and results, impact on funcognition. Initiated on 6/10/21. b. Monitor/document episode. Remove and possible. Initiated on c. Monitor/record/reports (sign/symptom) of no breathingVocalization out, silence); Mood/becrying, worried, scare	der, restlessness, dx , behavior disorders, anxiety, status; I have hx (history) of of falls (total of 20 falls 224) included: 12/6/24 Fall, Skin split forehead; and ry. ed on 11/16/18 and revised a Focus area to address I of pain r/t arthritis, frequent cluded: ive of pain interventions. e, alleviating of symptoms, d resident satisfaction with actional ability and impact on 11/27/28, revised on probable cause of each pain d limit causes where 11/27/18.			Page 65 of 11

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

Citation Number 10748	ər:				Pate: ebruary	y 20, 2025
Facility Name: Aspire of Washi			Survey I) Janua	ry 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG			., ,,	
Rule or Code Section	Natur	e of Violation				Correction date
	Initiated on 11/27/18. e. Notify physician if in unsuccessful or if curresignificant change from of pain. Initiated on 17 f. Observe and report sleep patterns, decreaded ROM (rangresistance to care. Ining. Observe for pain evon 11/26/22. h. Offer pain medication hurts. Initiated on 6/17 i. Report to Nurse any attendance patterns or related to s/sx of c/o (discomfort. Initiated on 11/7/24, included a Pain/Chronic Pain. In part: a. Establish a pain mainitiated on 11/07/24. b. Medicate with PRN	nterventions are rent complaint is a m resident's past experience 1/27/18. It change in usual routine, ase in functional abilities, ge of motion), withdrawal, or tiated on 11/27/18. It change in usual routine, ase in functional abilities, ge of motion), withdrawal, or tiated on 11/27/18. Initiated on when she says she 17/24. If change in usual activity or refusal to attend activities complaint of) pain or n 11/27/18. In the dear of the complaint of the complain				Page 66 of 1 1

Facility Administrator

Date

Citation Number 10748	er:	Date: February 20, 202		y 20, 2025		
Facility Name: Aspire of Washi	ngton		Survey D		to Janua	ıry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	January	12, 2020	o to Janua	ny 30, 2023
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	relief. Initiated 9/23/24 A review of the Medic (MAR) for December medications Resident relief: a. Acetaminophen (Ty Give 2 tablets by mout for general discomfort b. Tramadol HCL Ora HCL). Give 1 tablet expain. Start date 6/27/2 A review of the Treatr (TAR) for December 2 orders: a. Are you free of pair pain level 1-10 with lit as 10 (If new or change evaluation]) every shift b. BEHAVIOR(S) - Mc (AGITATION), Remove places, exit seeking, A CARE. Document: 'N' the above were obser 'Other/ See Nurses No.	I Tablet 50 mg (Tramadol very 8 hours as needed for 24. ment Administration Record 2024, revealed the following m? If no, indicate response of the to no pain as 1 and worst ge in pain, complete [pain]				Dags 27 of 111
						Page 67 of 11 !

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

Citation Numb	er:		Date: February 20, 2025		y 20, 2025	
Facility Name: Aspire of Wash			Survey [to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	Junuary	12, 2020	, to danda	19 50, 2025
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Between the dates of free of pain?' asked of (zero) documented 13 with 1 (one) NA documented 12/3/24. The TAR Chan explanation of NA. Review of Resident # record Progress Note from 12/7/24 to 12/13 1. On 12/07/24: a. The December 202 Tramadol 50 mg administration pain of 5/10, with an Ender Code indicated Medication Administration indicated follow up pain of the National Status Note Resident's right elbow Can straighten out right hurtsRight arm place her arm. Ice pack attelleave it on.	12/1/24 to 12/7/24 "Are you fresident twice daily. A 0 3 out of 14 of opportunities mented for the day on nart Codes did not include 183's electronic health s and the December MAR /24 revealed the following: 24 MAR documented inistered at 7:36 AM for a E documented. The MAR an E = Effective. A eMaration Note at 8:38 PM in 0/10. It at 8:09 PM revealed we swollen and warm to touch. It arm but does state it ed on small pillow to elevate empted but resident will not 14 MAR Acetaminophen 325				
	,		,	ı	Į.	Page 68 of 11

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

Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ıry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	Are you free of Pain? level of 0 (zero), and e. The December TAI NA, and NO for Beha NA, and NO for Beha TAR Chart Code did in 2. On 12/8/24: a. The December 202 Tramadol 50 mg adm pain of 8/10, with an E Administration Note at up pain 4/10. And at with an E documented Note at 9:30 PM indicting further doses of Tramb. The December 202 Acetaminophen 325 r for pain of 4/10, with a Administration Note at up pain 0/10. No furth documented. c. A Health Status No noted abrasion to right above right eyebrow. periorbital area healin limited ROM (range of extremity as result of	inistered at 8:08 AM for a E documented. An eMar- at 10:51 AM indicated follow 8:06 PM for a pain of 4/10 d. A eMar-Administration cated follow up pain 0/10. No ladol documented. 24 MAR documented mg administered at 6:41 PM an E documented. An eMar- at 9:31 PM indicated follow her doses of Acetaminophen of the at 8:51 PM revealed at supraobrital area and				Page 69 of 11

-_-___

Facility Administrator Date

Citation Numb	er:		Date: February 2		y 20, 2025	
Facility Name: Aspire of Wash			Survey I		ito Janua	ry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353		KG	Canadiy			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Are you free of Pain? level of 5 (five), and note. The December TAINA, and NO for Behan NA, and NO for States pair gone down. Vitals with (blood pressure) bein d. A N Adv Vitals and S:45 PM revealedBlassessment interview Resident is rarely/new pain: Facial expression complaints of pain. Palacation: Right elbow sound or facial expression of Pain NA NAV-Post Fall I revealed Date/Time of Fall was witnessed. Vitals and NAV-Post Fall I revealed Date/Time of Fall was witnessed.	24 MAR indicated and not administered on te at 2:34 PM in right elbow. Swelling had thin normal limits with BP g a little high at 153/96. Pain Only note entered at P 165/85Pain: Pain should not be conducted, wer understood. Indicators of the Indicators of pain: Vocal the insue: #001: New. 2. Pain score: ? (Non-verbal sesions of pain). Completed				Page 70 of 11

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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

Citation Numb	er:		Date: February 20, 2025		y 20, 2025	
Facility Name: Aspire of Wash			Survey I		i to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to Januar			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	ER (emergency room Indicators of pain: Vol Indicators of pain: Vol Indicators of pain: Fact #001: New. Location: (Non-verbal sound or f. The December TAFA Are you free of Pain? level of 0 (zero), and g. The December TAFA (number), and YES for a pain of 7, with an administered at 1:07 an E documented. Are you free of Pain?	gns/symptoms) of pain. 4 MAR documented inistered at 7:06 AM for a E documented. 4 MAR documented at 7:07 AM and administered at 7:07 AM				

Page **71** of **119**

Facility Administrator Date

Citation Number: 10748				Date: February	y 20, 2025
Facility Name: Aspire of Washington		Survey I		to Janua	ıry 30, 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG				
Rule or Code Natur Section	e of Violation	Class	Fine A	mount	Correction date
	R documented number of				
	vior Observed for day, and 1 ented and YES for Behavior				
5. On 12/11/24:	DAMAD indicated Transactal				
50 mg not administer					
	ng administered at 7:21 AM				
	h an E documented. An Note at 9:22 AM indicated				
follow-up pain scale v Acetaminophen docu	vas: 0 (zero). mented as given at and at				
7:19 PM for pain leve					
I	low-up pain scale was: 0				
c. The December TA	R documented responses to				
level of 0 (zero), and	documented for day pain night pain level of 0 (zero).				
and NO for Behavior	R documented number of no Observed for day, and 0				
(zero) number docum Observed for night.	ented and NO for Behavior				
I	ote entered at 7:43 PM 83 reported to have lastly				
been known wet at 4	AM this morning. She has				
. •	st part of the day, drinking ion/discomfort noted on				Page 72 of 11 9

Facility Administrator

Date

Citation Numb	er:				Date: ebruary	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey Dates: January 12, 2025 to January 30, 20			ry 30, 2025
Facility Addre		KG	,	, ===		
Rule or Code Section	Natur	e of Violation	Class	Fine Am	ount	Correction date
	extremities with noted swollen are to right up groans and moans wi walk, will just pivot to what is wrong, she stawhere she touches he of the back of the elbow the main bone by the Spoke with Mo (medi	ng administered at 9:13 AM h an E documented. An Note at 11:43 AM indicated s: 2. 24 MAR documented inistered at 10:24 AM for n E documented. An eMar- it 11:42 AM indicated follow- ite entered at 6:45 PM ill from [provider name				Page 73 of 11

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

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ry 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date
	Are you free of Pain? level of 0 (zero), and e. The December TAI no and NO for Behave number documented Observed for night. 7. On 12/13/24 a. A Health Status No revealed Call placed to report fracture in rissend to [hospital namb. The December 202 Acetaminophen 325 r for pain level of 5, with MAR Chart Code indic. The December 202 Tramodol 50 mg adm level of 5, with an U d. The December TAI Are you free of Pain? level of 0 (zero), and e. The December TAI NA and NO for Behanumber documented Observed for night. f. A Health Status Not revealed Received care	ing administered at 7:33 AM in an U documented. The cated an U = unknown. It MAR documented inistered at 7:34 AM for pain locumented. It documented responses to documented for day pain night pain level of 0 (zero). It documented number of vior Observed for day, and of NA and NO for Behavior				Page 74 of 11

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

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash			Survey Dates: January 12, 2025 to January 30, 2025			rv 30. 2025
Facility Address 601 East Polk S Washington, IA		KG				,,
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	right greater trocanter located at the top of the outer side of the hip). or note. DON aware. g. A Health Status Not revealed Resident rethospital redacted] via Resident placed in low beside her bed. Snac Right arm in splint and A review of Resident MAR/TAR from 12/13 following: a. Resident continued every 8 hours as need every 4 hours as need documentation of pair b. A pain level of 10 conductor between the pair level of 9 do 2024 TAR on 12/27/2 d. A pain level of 8 do 2024 TAR on: 12/14/2 x2, 12/27/24 x2. e. The December TA	the femur (thigh bone) on the Awaiting decision if surgical of the entered on 9:45 PM turned from [name of 2 attendants via stretcher. We position bed with fall mat k given as she was hungry. It is a stretcher of the stretcher				Page 75 of 11

Facility Administrator Date

Citation Numb	per:			 	Date: Februar	y 20, 2025	
Facility Name Aspire of Wash		•	Survey Dates: January 12, 2025 to January 30, 2025			ry 30 2025	
Facility Addre 601 East Polk Washington, IA		KG	odinadiy				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	nount	Correction date	
	12/22/24 for night; a paday; a pain level of 7 level of 8 on 12/15/24 on 12/25/24 day. Paidocumented on for da 12/17/24, 12/18/24, 1 and 12/26/24. A review of Progress 12/30/24 revealed: a. An Incident Note e AM, Late Entry: Reside at tempting to put her to remove self from b standing and walking paced backed into recomfortable and falls b. A Health Status Note 4:41AM revealed Resided or in recliner chapain and yells out dur Gait belt x3 staff for sigiven this shift. c. A Progress Note election 12/25/24 day. Pain and yells out designed and self-self-self-self-self-self-self-self-	ay and night on 12/16/24, 2/20/2412/23/24, 12/24/24, Notes from 12/13/24 to ntered on 12/16/24 at 2:44 dent #183 asleep in recliner esident awakens and in pain. PRN medications tresident in her bed ent yelling out while staff in bed. Resident attempting ed. Resident is unstable with without assist. Resident cliner where she again is				Page 76 of 11	

Facility Administrator Date

Citation Numb	er:				ate: ebruary	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I	Dates: 12, 2025 to	Janua	rv 30. 2025
Facility Address 601 East Polk S Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	every 4 hours as need Tramadol HCL 50 mg every 8 hours as need not address recent frac. A Health Status No 10:49 PM revealed Caupper extremity) in play syndrome. Resident sposition changes and weight to BLE (bilater d. A Health Status No 9:15 AM, noted res (roc (with) position changlong intervals c ou (ey (morning) meal e. An Incident Note en PM revealed fall f/u (for pain meds this shift, sout, difficulty c position et (and) resting in bed The review of the elector progress notes reveal of physician notification.	ng. Give 2 tablets by mouth ded for general discomfort. Give 1 tablet by mouth ded for pain. The note did actures of increase in pain. It entered on 12/20/24 at last and sling to RUE (right ace. No s/s of compartment still moans and groans with transfer, unwilling to bear al lower extremities). It entered on 12/21/24 at lesident) has facial grimacing ges, has been resting at leves) closed, did not eat am entered on 12/22/24 at 12:05 collow up) res has utilized printed has been tearful, crying in changes, res up for meals did could closed after meals.				Page 77 of 11

Facility Administrator Date

Citation Numb	er:				ate: ebruary	<i>i</i> 20, 2025
Facility Name: Aspire of Wash	ington		Survey Dates: January 12, 2025 to Januar			ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG		., =====		
Rule or Code Section	Nature	e of Violation	Class	Fine Amo	ount	Correction date
	follow up appointment noted that resident confairly severe pain in be Resident #183 unable lower extremity due to standing with assistant note documented Resident with complication injuries, including a winder (elbow) which probed progression of greater to an intertrochanteric #183 admitted to Hosin anticipation for surgelbow and right hip. During an interivew of Certified Medication Areported that Resident pain after fractures for reported Resident #18 pain and received PR pain. During an interview of Certified Nursing Assireported that after the	83 in Orthopedic Clinic for t 2.5 weeks after injury and ontinued to struggle with oth right hip and right elbow. To be to bear weight of right to severity of pain and is nee of 2 staff members. The sident #183 presented to ans stemming from original ound over olecranon deep to bone and artrochanteric (hip) fracture to femur fracture. Resident pital from Orthopedic Clinic gical intervention for the right and 1/14/25 at 1:00 PM, assistant (CMA), Staff J, at #183 would cry and report and in December. Staff J as would tell you she was in N Tramadol and Tylenol for an 1/14/25 at 1:23 PM,				Page 78 of 11

Facility Administrator Date

Aspire of Washington Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353 Rule or	Survey Dates: January 12, 2029 Class	5 to Janua	ry 30, 2025 Correction date
Rule or Code Section KG KG KG KG KG KG KG KG KG K	Fine A		Correction
Code Nature of Violation C		Amount	
to transfer and stated this being a big change for			
resident used to walk down the hallway to not being able to stand. Staff D recalled that Resident #183 would cry and stated you could tell she had pain and when her pain medications were wearing off. Staff D stated Resident #183 also showed signs of restlessness and anxiety when she was in pain. Staff D informed that she would notify the nurse when signs of pain had been observed. During an interview on 1/14/25 at 1:40 PM, Staff C, CNA, stated she was tasked with transporting and accompanying Resident #183 to the orthopedic clinic for a follow up appointment on 12/30/24. She stated she was informed by the clinic that Resident #183 would be admitted to the hospital, for possible surgery, Staff C informed that she notified the Director of Nursing via phone and returned to the facility when Resident #183 was admitted. During an interview on 1/14/25 at 2:45 PM, Staff E, Licensed Practical Nurse (LPN) stated when returning to work following a couple of weeks off, noted Resident #183 had severely bruised elbow and had been unable to walk and screamed in pain. Staff E stated she notified the physician of this on a Sunday and received order to obtain X-			Page 79 of 11

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

Citation Number 10748	er:		Date: February 20, 2025				
Facility Name: Aspire of Washir	ngton		Survey Dates: January 12, 2025 to January 30, 2025			ary 30 2025	
Facility Address 601 East Polk St Washington, IA	treet	KG	dandary 12, 2020 to bandary 60, 20			ny 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	Ray of right elbow and been completed the form	d right knee, which had ollowing day.					
	DD, Registered Nurse follow up assessment #183 had limited ROM moan and groan. Resaround right elbow an ice to area. Staff DD soncoming nurse about days had learned in ronoted hand had been ROM and stated the pon a Sunday with orderight elbow. Staff DD approximately 3-4 day come back from the have hip fracture which bear received from the police of Nursing (Discharge orders of form the had been received from the hospital didn't say put resident in wheeld	n 1/15/25 at 9:08 AM, Staff e (RN), recalled during a fall t, it was noted Resident M of right arm and would sident #183 had bruise and Staff DD attempted to use stated she reported this to ut and when returned 1 or 2 eport of an additional fall, more swollen with limited physician had been notified er received for X-Ray of stated when she returned ys later Resident #183 had nospital and was noted to ch was decided no surgery. In 1/22/25 at 2:00 PM, DON) stated that no ollow up care instructions om the Hospital Emergency 12/13/24 following fractures and right hip, informed that anything, so she had staff chair and pivot transfer foot. DON stated Resident					
	#183 was having pair					Page 80 of 11	

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 Address/City/State/Zip 601 East Polk Street Washington, IA 52353	Date: Februar	Date: February 20, 2025		
Rule or Code Section Tramadol, DON confirmed this order had been initiated prior to current injury on 6/27/24. When asked about Resident #183 pain management regimen, DON informed that staff were to keep pain controlled, and provide PRN medication around the clock for resident. DON stated pain medication had been effective because Resident #183 would fall asleep and not cry, noted that if resident had been crying she was hurting. DON revealed the expectation of nurses to call physician if resident pain was rated at 10/10 (severe). The facility policy, titled Pain Assessment and Management, dated effective 10/2024, Purpose statement declared the purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs, and that addresses underlying causes of pain. General Guidelines included, in part: 3. Pain management is a multidisciplinary care process that included the following:	Survey Dates: January 12, 2025 to January 30			
Code Section Tramadol, DON confirmed this order had been initiated prior to current injury on 6/27/24. When asked about Resident #183 pain management regimen, DON informed that staff were to keep pain controlled, and provide PRN medication around the clock for resident. DON stated pain medication had been effective because Resident #183 would fall asleep and not cry, noted that if resident had been crying she was hurting. DON revealed the expectation of nurses to call physician if resident pain was rated at 10/10 (severe). The facility policy, titled Pain Assessment and Management, dated effective 10/2024, Purpose statement declared the purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs, and that addresses underlying causes of pain. General Guidelines included, in part: 3. Pain management is a multidisciplinary care process that included the following:				
initiated prior to current injury on 6/27/24. When asked about Resident #183 pain management regimen, DON informed that staff were to keep pain controlled, and provide PRN medication around the clock for resident. DON stated pain medication had been effective because Resident #183 would fall asleep and not cry, noted that if resident had been crying she was hurting. DON revealed the expectation of nurses to call physician if resident pain was rated at 10/10 (severe). The facility policy, titled Pain Assessment and Management, dated effective 10/2024, Purpose statement declared the purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs, and that addresses underlying causes of pain. General Guidelines included, in part: 3. Pain management is a multidisciplinary care process that included the following:	e Amount	Correction date		
b. Effectively recognizing the presence of pain; c. Identifying the characteristics of pain; d. Addressing the underlying causes of pain; e. Developing and implementing approaches to pain management;		Page 81 of 1 °		

Facility Administrator Date

hirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) wit

Citation Numb	er:			II	ate: ebruary	/ 20, 2025
Facility Name: Aspire of Wash			Survey Dates: January 12, 2025 to January 30, 2025		rv 30 2025	
Facility Address 601 East Polk S Washington, IA		KG	- January	12, 2020 10	Janua	19 30, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	different levels and so g. Monitoring for the einterventions; and; h. Modifying approach Steps in the Procedur Recognizing Pain: 1. Observe the reside movement) for physic verbal) signs of pain Possible nonspecific Pain included, in partia. Verbal expressions frowning, clenching or j. Difficulty eating or ld. Evidence of depress hopelessness. 3. Review the medicate of determine how often and receives pain medications are giver call the practitioner are the clock) pain medications more often than not seed to determine how often and receives pain.	effectiveness of these as necessary. The section included: Int (during rest and blogic and behavioral (non-signs and Symptoms of such as groaning, crying, such as grimacing, fithe jaw; loss of appetite; sion, anxiety, fear or ation administration record the individual requests dication, and to what extent dications relieve the				Page 82 of 11

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Facility Administrator Date

Citation Numb	oer:				Date: Februar	ry 20, 2025
Facility Name Aspire of Wash			Survey Dates: January 12, 2025 to January 30, 2025			
Facility Addre 601 East Polk Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
58.28(3)e	The Monitoring and Mosection of the policy of not been adequately multidisciplinary team physician/practitioner approaches and make 56.6(1) Treble fines The director of the deappeals shall treble the 481—56.3(135C) for class I or class II violated 12-month period, if a same class I or class that period and a peneage shall treble the same class I or class that period and a peneage shall be provision and mainter for residents and person 58.28(3) Resident same class I or class that period and a peneage shall be provision and mainter for residents and person 58.28(3) Resident same class I or class that period and a peneage shall be provision and mainter for residents and person 58.28(3) Resident same class I or class that period and a peneage shall be provision and mainter for residents and person 58.28(3) Resident same class I or class that period and a peneage shall be provision and mainter for residents and person 58.28(3) Resident same class I or class II violated that the period and a peneage shall be provision and person for the period of the perio	Modifying Approaches directed staff #4. If pain has controlled, the in, including the in, shall reconsider endiustments as indicated. For repeated violations. Expartment of inspections and the penalties specified in rule any second or subsequent eation occurring within any citation was issued for the II violation occurring within eating was assessed therefor. Fafety. The licensee of a peresponsible for the mance of a safe environment sonnel. (III)	I	\$24,000 (\$8000; Trebled Held in Suspen	x3) d	Upon Receipt

Facility Administrator Date

Citation Number 10748	er:				ate: ebruary	/ 20, 2025
Facility Name: Aspire of Washi	ngton		Survey Dates: January 12, 2025 to January 30, 202		rv 30. 2025	
Facility Addres 601 East Polk S Washington, IA		KG				.,,
Rule or Code Section	Nature	e of Violation	Class	Fine Amo	ount	Correction date
	resident and staff inter thoroughly investigated root cause analysis, faimplemented to preve ensure gait belt utilized care plan and reassessafely smoke, and fail interventions for a resexited the facility unacted for Resident #11, Resided Resident #184). Resident #184). Resident #184). Resident graphead, laceration to rigustures, and small he The facility reported at Findings include: 1. The Minimum Data Resident #4 dated 6/1 scored 9 out of 15 on Status (BIMS) exam, impaired cognition. Per resident had falls since prior assessment, two	ident who had previously ccompanied for 5 of 8 r accidents (Resident #4,				Page 84 of 1 1

Facility Administrator Date

Citation Number: 10748			Date: Februar	y 20, 2025
Facility Name: Aspire of Washington			Survey Dates: January 12, 2025 to January 30, 2025	
Facility Address/City/State/Z 601 East Polk Street Washington, IA 52353	ip KG	Canaday		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
transfer, and Review of Mincluded Parother behavicommunication unspecified I of traumatic Review of the for Resident out of 15 on the resident Per this assemble more falls with except major Review of Remost recently following: Risk for falls a. Fall 1/9/24 b. Fall 2/22/2 c. 3/31/24 Fad. Fall 5/9/24 e. Fall 5/10/2	all, no injury I, no injury 24, laceration	urine. #4 a with et, nistory a. sment ed 11 icated ition. or ry		
f. 6/7 Fall, No g. 6/29/24 Fa h. 7/11/24 Fa				Page 85 of 11 9

Date

Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey [to longs	ary 20 2025
Facility Address 601 East Polk S Washington, IA		KG	January	12, 2025	to Janua	ary 30, 2025
Washington, iA	32333					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	m. 1/2/25 Fall, small I Review of intervention Care Plan from June following: a. (Created Date 6/6/ stool riser placed. b. (Created Date 6/6/ intervention 5/9/24 - I Therapy/Occupational (evaluation) & Tx (tre toilet seat. c. (Created Date 6/11 Intervention- Observe using wheelchair for a d. (Created Date 7/1/ Intervention- Dycem i e. (Created Date 7/12 ER (emergency room laceration. Intervention going to room if he need. f. (Created Date 7/29	ration to top of head njury ration to right eyebrow hematoma back of head ans added to Resident #4's 2024 to present included the 24): Fall 5/9/24 intervention, 24, revised 6/11/24): Fall PT/OT (Physical at Therapy) to eval at). Stool raiser placed over 1/24): Fall 5/10/24 e resident to be sure he is mobility. 24): Fall 6/29/24 in chair. 2/24): Fall 7/11/24 Sent to a) for staples to back of head on- Staff to observe when eeds assist. 1/24, revised 8/21/24): Fall Staff to check on him when				

Facility Administrator Date

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).

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Citation Number 10748	er:		Date: February 20, 2025		y 20, 2025	
Facility Name: Aspire of Washi	ngton		Survey I		to Janua	ry 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG	June	12, 2020	To during	
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	laceration to top of hereminded to ask for ash. (Created Date 11/2 Intervention- Staff to be i. (Created Date 12/10 Intervention- Staff to rounds with resident of j. (Created Date 1/3/2 Staff and resident eduhelp. The N-Adv Fall Risk Element of the past 3 months, Score was 21.0. Per the fall. Another Fall Risk 1:00 PM revealed the past 3 months, and the was 11.0. Although the resident resident fell on 6/7, Relacked documentation Report dated 6/7/24 are Resident was found significant for the past 3 months.	2/24): 11/10/24 Fall- be sure bed brakes are on. 0/24): 11/26/24 Fall - make check and change due to more incontinent. 5): 1/2/25 Fall Intervention- ucated on him to ask for Evaluation dated 6/7/24 at resident had 3 or more falls and the resident's Fall Risk he evaluation, a score of 10 resident is at high risk of Evaluation dated 6/7/24 at resident had 1-2 falls in the resident's Fall Risk Score The Care Plan revealed the resident #4's Progress Notes of a fall. The Incident				
			II.	И		Page 87 of 11

Facility Administrator

Date

Citation Numb	per:				Date: Februar	y 20, 2025
Facility Name Aspire of Wash			Survey D		ito lanua	ary 30 2025
Facility Addre 601 East Polk Washington, IA		KG	— January 12, 2025 to January 30, 20		ii y 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	revealed, Resident w bedroom. Resident st WC (wheelchair). Pre incontinent, weaknes memory had been se Note at 6/29/24 at 4:1 independent with tran on floor and there wa next. to him. Residen gotten up himself. Re injuries. Fall was not station of a factor of the Incident Report of 7/11/24 at 10:10 PM to the nurse's station head and hands. he w station where his head were taken and WNL bleeding wound noted head from what apperoccurrence. No other stopped and EMS was notified. resident assessed for pain, and	dated 6/29/24 at 4:10 PM as found on the floor of his tated he just slipped out of esdisposing factors revealed s/fainting, and impaired lected. The Health Status 14 PM revealed, Resident is asfers. Resident was found as a puddle of water or urine to stated that he would have esident does not have any witnessed. 4's Progress Notes lacked all on 7/11/24, although a fall in the resident's Care Plantor an unwitnessed fall dated revealed, resident rolled up with blood coming from his was pulled into the nurse's at was cleaned, and vitals (within normal limits). small do in the middle of resident's ars to be from a previous injuries noted. bleeding was as called along with admin, name redacted], and provider as' room was cleaned, and any fall riskresident said to the bathroom when he fell				Page 88 of 11

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Date

Citation Numb 10748	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey I		to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 202			
Rule or Code Section	Code Nature of Violation			Fine A	mount	Correction date
	head. resident says head. resident says head to monitor. The Immedocumented, in part, to room if he needs a The ED (Emergency dated 7/11/24 revealed year-old-male present after fallWe thorouge emergency department 4 staples. Review of the Health at 2:42 PM revealed, r/t (related to) fall, does of cranial laceration. In normal limits), VSS (upoor at noon. The He 7/13/24 at 5:17PM repain from fall. Staples The Incident Report of revealed, Resident's staff that resident was bathroom. Found resident questioning regal any. Assisted to wheeleds	Department) Provider Note ed, Pleasant [age redacted]-ting with scalp laceration phly cleaned this here in the nt and this was closed with Status Note dated 7/12/24 Resident denies complaints es admit to minor pain at site Neuro checks WNL (within vital signs stable), appetite alth Status Note dated vealed, No complaints of a intact on back of head.				Page 89 of 119

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Facility Administrator Date

Citation Numb	er:				ate: ebruary	y 20, 2025
Facility Name: Aspire of Wash			Survey I		Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	— January 12, 2025 to January 30, 20		.,, 00, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	documented the follow check on him when he is safe. Predisposi revealed drowsy, incomerce selected. It was noted that the ray 7/11/24, and 7/24/24 bathroom, incontinent floor, although an intervealed, Called to the until 12/24. The Incident Report or revealed, Called to row witnessed falling out of and right shoulder on Resident has a lacera an abrasion to left show was trying to get out of Immediate Action Take following interventions for assistance. The Incident Note data revealed, in part, Resident floor was wet. Reside urinal onto the floor.	e Action Taken section wing intervention: Staff to e goes to room to be sure ng physiological factors ontinent, and gait imbalance resident's falls on 6/29/24, mentioned need for the ce, or water/urine on the ervention to address toileting resident's falls care plan lated 10/15/24 at 6:11 AM om by CNA. Resident was of bed and hitting his head the air conditioner in room. In a stion to top of had <sic> and coulder. Resident stated he ce bed to get dressed. The steen section documented the experience as Resident reminded to ask and not spilled urine from his Room was cleaned and to complaints of pain. No</sic>				Page 90 of 11

Citation Numb	oer:			Date: Februa	ry 20, 2025
Facility Name Aspire of Wash			Survey Da		arv 30 2025
Facility Addre 601 East Polk (Washington, IA		KG	January 12, 2025 to January 30		ary 30, 2023
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	cleanser, applied TAC with Band-Aid. Progress Notes for Redocumentation of a fawas noted in Resident Incident Report dated revealed, this nurse work can who stated res who between his wall et be (with) knees bent et a head resting on his fordemonstrated a rom (injuries observed at the work of came out to correct a snack. The Immediate revealed, assisted to for close monitoring. If the Incident Report reoriented to person and the following narrative supper, but he went to also stated that he did. Review of an Incident	esident #4 lacked all on 11/10/24, although it #4's Care Plan. The 11/10/24 at 7:05 PM was alerted to res's room by			Page 91 of 11

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

Citation Number 10748	:				Date: February	y 20, 2025
Facility Name: Aspire of Washing			Survey I		to Janua	ary 30, 2025
Facility Address. 601 East Polk Str Washington, IA 5	eet	KG	,			
Rule or Code Section	Nature	e of Violation	Class	Fine Ar	mount	Correction date
v k r r r r s s s s s s s s s s s s s s s	wheelchair and his be baseline, ROM (range normal limits). no injurt negative as of this timeself transferring from leand forget to lock in. It has chair moved and his chair moved and head and denies any had his glasses and sin low position with cawell lit and free of clus wheelchair. resident selfoundated per protocol, all updated monitor control of the eMar-Medication 11/26/24 at 09:11 AM approximately 0852 (Stand witnessed this reswas sitting in the loun Resident's arms and I sides (arms), and in from BILATERAL upper an rigid and jerking repeat the med cart and retricted.	Administration Note dated revealed, in part, At 3:52 AM), this nurse walked ation from the dining room sident having a seizure. He ge area, in his wheelchair. egs were positioned at his ront of him (legs); d lower extremities were atedly. This nurse went to eved one of the resident's use sprays from the narc				Page 92 of 1 1

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

Citation Numbe 10748	r:			Date: Februa	ary 20, 2025
Facility Name: Aspire of Washin			Survey D	Dates:	uary 30, 2025
Facility Address 601 East Polk St Washington, IA	reet	KG			
Rule or Code Section	Nature	e of Violation	Class	Fine Amount	Correction date
	the sprayOnce the cowas very lethargic. Removed and put in his become and put in his	ands after administration of convulsions ended, resident esident was taken to his ed by this nurse, and [Name nsed Practical Nurse) on te dated 11/26/24 at 3:24 At 1430 (2:30 PM) resident ure in common area. In after convulsions ceased back to bed and bed left in hort while was notified that foor in his room. Enteredto and bleeding from laceration EMS (Emergency Medical hile awaiting arrival resident cooting self around room, VS (vital signs) or assess d/t leated 11/26/24 at 3:45 PM ealed, Called to resident's ed Medication Aide) due to red lying on the floor, with area on his forehead. The tion documented the Staff to make check and			Page 93 of 11

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

Citation Number: 10748				Date: Februar	y 20, 2025
Facility Name: Aspire of Washington		Survey I		4a lee	
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	January 12, 2025 to January 30, 2025		ary 30, 2025	
Rule or Code Section	Nature of Violation	Class	Fine Ar	mount	Correction date
included the folion impaired memoral and other. Review revealed, Reside 2 witnessed, last x1, and 2 minutes x1, and 2 mi	lisposing Physiological Factors owing: confused, gait imbalance, y, recent change in cognition, w of the Other Info section and has had seizure activity today, ing approximately 1.5 minutes s x1. Inder for Resident #4 dated (and the Nayzilam Nasal Solution 5 acolam (Anticonvulsant)) 5 mg arting nostrils as needed for as a res related to OTHER (a.89) administer 1 bottle (a.89) administer 1 bottle (a.89) administer 2nd dose oposite nare 10 minutes after 1st at a seizing or if another seizure give more than 10mg in 24 are more than 10mg q (every) 3 and fresident #Progress Notes owing two episodes of seizure (24, review of the resident's Medication Administration evealed one dose of Nayzilam 4 at 9:09 AM. Review of a ances Proof of Use sheet for resident revealed two doses acility on 3/11/24, and				Page 94 of 11

Facility Administrator Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash			Survey I		to Janua	ry 30, 2025
Facility Address 601 East Polk S Washington, IA		KG	January 12, 202		, to dama	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	of 11/26/24 brought the However, review of a Medication Utilization revealed 2 doses of Nother facility on 7/25/24 administered to the reserview of History and dated 11/26/24 at 11: following: Chief Comparesent Illness: The payear old malewho payear old male	d Physical documentation 39 PM revealed the plaint: Seizure, fall. History of patient is a [age redacted] presented to the emergency me Redacted] on ng a seizure and falling ne report of nursing staff at sted] where he resides, the res on 11/27/2024. Shortly ure, he was noted to have striking his head resulting in thart review it is noted that isits to the emergency room is and falls resulting in head the emergency room, the				Page 95 of 119

Facility Administrator Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	ıry 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	frontal scalp and period CT of head and neck process. The N-Adv Post Fall Education 11:19 AM revealed, For occurred in the Residutime of fall: Resident I bed Reason for the fall: seizure activity Display (right) eye Did fall restricted in the fall: Yes. Injury (right) eye Did fall:	desSkin: Skin Issue: #001: en evaluated. Location: Orientation: Right. Issue and acquired in-house. On approximated: Yes. ares. Painful: No. Length 2. Ilated 1/2/25 at 2:24 PM and a fall at 1400 (2:00 PM). ined of) hitting head. ematoma to middle of a get up and go to the ediate Action Taken section esident educated on him to osing physiological factors				Page 96 of 11

Facility Administrator

Date

Citation Number 10748	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Washir			Survey I		to Janua	ary 30, 2025
Facility Addres 601 East Polk St Washington, IA	treet	KG	— January 12, 2025 to January 3		,, .	
Rule or Code Section	Natur	e of Violation				Correction date
	revealed, Resident has his room attempting to bathroom. Resident chead. Resident has a middle of his head wit touch. Able to move us VS (vital signs) are stated to the floor. Upon arrothe floor behind the received that have not the floor behind the received that have not the floor behind the received that have not to discomfort. Resident to the wants to go to his wheelchair and not to continue to monitor. On 1/23/25 at approxision 1/28/25 at 11:40 AM, their wheelchair in the floor 1/29/25 at 9:25 AM Assistant (CNA) queritansferred, and respective to the same attempting to the same attempti	/o (complained of) hitting small hematoma to the small hematoma to				Page 97 of 11

Facility Administrator Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey I		to Janua	rv 30. 2025
Facility Addres 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 20			, ,
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	the facility when the responded one time want, with wheelchair lover by the beauty showere surprised no one. On 1/29/25 at 10:04 A how the resident transtand pivot. When quanthat way, Staff C responded the independent, had a fathe resident everyday the same since. When C responded a lot mo fast. When queried if when the resident fell responded they were. On 1/29/25 at 1:19 Pt.	not. M, Staff R, Licensed) queried if had been at				
	responded no. When report she authored for Staff R explained resident, and chair went ended up with a bruis queried if resident tra	queried about the incident or the resident dated 1/2/24, ident trying to get out of from underneath him, and se to middle of head. When				Page 98 of 11

Facility Administrator

Date

Citation Numb	er:				Date: February	y 20, 2025	
Facility Name: Aspire of Wash			Survey Dates:				
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	now, further explained wet themselves, was they took him. On 1/30/25 at 4:43 Pl Nursing (DON) explair more confused, and his the dining room area, walk from wheelchair explained how reside and when the resident toilet he basically thur couple of the stools the commode put over to that had worked. The DON further explication to have the falls, and resident was having from the pool of the stools that possibility. Per the generally had grand mafter had one he sleps staff should do if the regiven Nazilym, the Doresident away so every staff should and the sleps that the possibility is the pool of the regiven Nazilym, the pool of the regiven Nazilym, the pool of the resident away so every staff should and the sleps that the pool of the regiven Nazilym, the pool of the regiven Nazilym, the pool of the resident away so every staff should and the pool of the regiven Nazilym, the pool of the regiven Nazilym, the pool of the regiven that the pool of the regiven Nazilym, the pool of th	ent was a check and change of she thought the resident not aware fully wet, and M, the facility's Director of ned Resident #4 was getting and caught him standing in and caught him trying to to another area. The DON not's feet positioned not safe, it went to sit down on the mped down, and he broke a nat way. Per the DON, a profit to see if it worked, and ained the resident continued per DON did not know if the all because had a seizure or need after a seizure the set very sleepy. The DON think he was, but there was a profit to see if it worked, and the resident seizured as to what resident seized and was not DN responded to get the ryone not seeing him, not eizing, watch him, wait till the				Page 99 of 11	

Facility Administrator

Date

Citation Numb	oer:				Date: Februar	y 20, 2025
Facility Name Aspire of Wash			Survey I		to lanus	ary 30 2025
Facility Addre 601 East Polk Washington, IA		KG	January 12, 2025 to January 30, 20		ary 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	floor, and to bed to re resident was generall seizures. Per the DO you could do the nass seconds the resident. The DON explained to process: DON would exact reason what hat to figure out what to DON would enter into would go into the care explained would do at a lot of times it was undersident #4's happer resident had been months, and were find briefs. The DON explication do him once a day, not not change, and when queried if root DON responded no. When queried if the rehimself, the DON responded to deducating the resident.	he following about the falls ask what happened, know appened, and DON needed do for an intervention. The othe incident report, and it e plan too. The DON study of the root cause, and nknown. Per the DON, need all over the place, the ore incontinent the last six ally getting resident to wear ained she told staff can't just eed to see if go down to his have another person try. cause was documented, the esident could unlock his bed ponded she did not think he hat. When queried about it, as noted in his N explained you could not				Page 100 of 11

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Date

Citation Number: 10748					Date: Februar	y 20, 2025
Facility Name: Aspire of Washingto	on		Survey I		Sto Janua	ry 30, 2025
Facility Address/Ci 601 East Polk Stree Washington, IA 523	et	KG	January 12, 2025 to		, to danda	ny 50, 2525
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
dui no, exp thii bal res wa wh up cou the On exp Th- roo the 2. #19 5 c ind Re rev (ac Th-	ring the last six more, and clarified the replain to him. The Donk it was so much the lance getting worse sident used to zip unalker, and after falls neelchair. Per the Donand down the hall uld go, and was not be DON, the resident of 1/30/25 at 6:57 PM plained the following facility talked through the down the MDS of	ON, the resident would go in their wheelchair as fast as t doing that anymore. Per t was slowing down. M, the Administrator g about root cause analysis: bugh it, and didn't do formal the Administrator believed incident report. S assessment for Resident evealed the resident scored assessment, which				Page 101 of 11

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).

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Citation Number: 10748				Date: February	y 20, 2025
Facility Name: Aspire of Washington		Survey I		to Janua	ırv 30. 2025
Facility Address/City/State/Zip 601 East Polk Street Washington, IA 52353	KG	January 12, 2025 to Janua			
Rule or Code Nature Section	e of Violation	Class	Fine An	nount	Correction date
necessary. Sit to stan unable to transfer 2 as	d t <sic> be used when ssist.</sic>				
following: Resident #1 area by nurses station wheelchair. Staff I, CN attempted to get resident and the resident was back down. At 12:29 F and Staff I and Staff I resident. Next, Staff I resident back up using assisted up to their wastanding straight up, at the other staff, and he from a position behind On 1/29/25 at 9:25 AN about transfers for Restand pivot on him, as Per Staff D, in the mowell. When queried if moving from wheelcharesponded could do service at the station of the station of the staff of the	NA and Staff C, CNA lent up without the use of a lest legs were not straight, asked if he wanted to sit PM, Staff C got a gait belt, c applied the gait belt to the and Staff C assisted the g the gait belt, and Resident alker. Resident #19 still not and Staff J, CMA assisted eld the resident's gait belt d Resident #19. M, Staff D, CNA queried esident #19, explained did s well as night shift stand lift. rnings the resident stood gait belt put on if resident air to walker, Staff D				
, ,	resident to stand with a arm" him, and would do a				Page 102 of 11

		_				
Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Washington			Survey [- 4	
Facility Address 601 East Polk S Washington, IA		KG	January 12, 2025 to January 30, 2025			
washington, iA	32333					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	day they were not sur further explained was clue what to do. Whe normally had a gait be sometimes, and furthe not that difficult that he Staff C, the gait belt relift. When queried if the pretty good, Staff C reconstruction of 1/29/25 at 4:00 Plabout transfers for Reconstruction to walker, responded when queried if would responded, definitely. K responded the resident and it could be difficus sitting situation. Staff generally prefer to has them any time taking explained he (Reside and depending on more construction). The stand lift. Per the even two trying to do	E. Staff C explained the other re what that was about, and a never that hard, and no in queried if the resident elt on, Staff C responded er explained it was usually and to have the gait belt. Per not as helpful as the stand he resident normally stood esponded, yeah. M. Staff K, CNA queried esident #19 from wheelchair should be 2 (assist), and duse a gait belt, Staff K. When queried why so, Staff dent was a pretty big guy, lt to get resident up from a K explained they would ve another CNA be with care of him (Resident #19), nt #19) was a pretty big guy, bod could have behaviors. M. the DON explained if staff om wheelchair, should use DON, if trying to transfer, gait belt was not safe. When person transfer if a gait belt				

Facility Administrator	Date

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Facility Name: Aspire of Wash	ington		Survey I		i to lanus	ory 30, 2025
Facility Addres 601 East Polk S Washington, IA		KG	 January 12, 2025 to January 30, 2025 		ary 30, 2023	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	should be used for hi	m, the DON responded				
	3. The MDS dated 11/08/24, revealed a BIMS score of 13 out of 15, indicating intact cognition. Resident #11 utilized a walker for mobility, able to transfer and ambulate in facility independently. Diagnoses included: anemia, hypertension, viral hepatitis, schizophrenia, chronic obstructive pulmonary disease (COPD), osteoarthritis of knee, and history of falling. The MDS revealed Resident #11 had 2 or more falls without injury during assessment period.					
	Resident #11 at mode deconditioning and C corresponding interversion follows for the month a. 1/03/25: Resident ask for help at all time b. 1/03/25: Resident for help whenever she requiring her to bend c. 1/03/25: Re-education socks.	education to use call light to es. re-educated to always call				

Facility Administrator	Date

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Facility Address 601 East Polk S Washington, IA		KG	oundary 12, 2020 to danuary		.,, -,, -,-	
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	the bed and socks swoxygen put on. f. 1/08/25: New gripper correctly. g. 1/10/25: Remind R assistance. h. 1/12/25: Facility revuse. i. 1/13/25: Went over again. j. 1/14/25: Sign places for assistance k. 1/15/25: Staff to chalf hour l. 1/22/25: Sign places Review of facility provervealed Resident #1 1/01/25-1/23/25, 9 of unwitnessed, no injurt documented on incide unwitnessed falls incl. 1/03/25 at 8:00 PM, 1 at 8:15 AM, 1/10/25 at AM, 1/13/25 at 12:25 and 1/22/25 at 9:07 AReview of facility proventies.	1 had 12 falls between the falls had been les related to falls ent reports. Dates of uded: 1/03/25 at 7:25 AM, /06/25 at 8:38 PM, 1/08/25 t 6:10 PM, 1/12/25 at 9:00 AM, 1/15/25 at 6:00 PM, M.				Page 105 of 115

Facility Administrator Date

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Facility Name: Aspire of Washington		Survey D				
Facility Address/City/State/Z 601 East Polk Street Washington, IA 52353	KG	January .	January 12, 2025 to January			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date		
dates/times: a. 1/04/25 a b. 1/06/25 a c. 1/12/25 a d. 1/22/25 a Review of R revealed the a. On 1/08/2 neurological restarted at (DON). b. On 1/23/2 reported res approximate continue fro revealed Re for assistant she wants to educated m c. On 1/23/2 received fro #11 to be as belt at all tim Recomment meals with w d. On 1/24/2 Resident #1	t 11:00 AM t 12:20 PM t 6:30 PM	e shift, ents sking en ent ed gait co all		Page 106 of 11		

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash	ington		Survey Dates: January 12, 2025 to January 3		rv 30. 2025	
Facility Address 601 East Polk S Washington, IA		KG				,,
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	checks and resident f to non-compliance. N DON to not start neur 6. On 1/27/25 at 2:08 have Urinary Tract Infinitiated and now requipant belt related to we On 1/28/25 at 12:04 F Resident #11 recently unable to stand as we down. Staff L recalled transfer resident as a belt, had previously be transfer/walk. Staff L been falling a lot lately fall and said when she no notes on her falls to along in shift report. Sinstruction from the D not restart neurological continue where you we falls in a day. On 1/29/25 at 9:24 AN Resident #11 had been everyday, multiple timpast 2 weeks. Staff D	AM, Resident #11 noted to fection with antibiotics uired assist of 2 staff using akness and balance issues. PM, Staff L, RN, reported had gotten a lot weaker, all and knees would drop that recently staff had to 2 person assist with gait				Page 107 of 11

Facility Administrator Date

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Facility Name: Aspire of Washing			Survey Dates: January 12, 2025 to January 3		rv 30. 2025	
Facility Address 601 East Polk Str Washington, IA 5	eet	KG	Jamasiy			
Rule or Code Section	Nature	e of Violation	Class	Fine An	nount	Correction date
	walker and in her roome Resident #11 would not reminded. On 1/29/25 at 9:52 AN Resident #11 required week, including use of recalled Resident #11 prief time before currespreyiously had been a sambulate independent Staff C recalled fall interpretated that Resident more during the past of the companion of the physician. See the companion of the	dent #11 included sign on m. Staff D stated that ot call for help, even if M, Staff C, CNA, reported d assist of 2 for the past full body lift. Staff C had been assist of 1 for ent transfer status and able to transfer and tly in facility with walker. terventions for Resident #11 her more frequently and g out to nurses station. Staff t #11 may use call light week as she had been less M, Staff R, LPN, stated hould be initiated for each of ecause the falls are not sted fall notification had only ON know about a fall, ed her that DON would staff R stated that Resident				Page 108 of 1 1

Facility Administrator Date

Citation Numb	er:				Date: Februar	y 20, 2025
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	included talking to resuse call light, put a sign continued to still be withat staff are to look in her room to catch resuse reported Resident #1 but does not often us been effective for prefalls. DON revealed the notify the physician, rif a resident falls multinformed that the profincluded treating the head, by starting neuronfirmed that staff herestart neurological at that occur between neresident doesn't hit he never finish doing vita reported that staff wo head in an unwitness and resident position. 4. The MDS assessman BIMS score of 15 ocognition. No behavior	prevent Resident #11's falls sident, asking her to please gn on wall, but resident ery impulsive. DON reported nevery time they walk by sident before fall. DON 1 knows how to use call light e it. DON stated nothing has vention of Resident #11's he expectation of nurses to responsible party, and DON iple times in a day and tocol for unwitnessed falls fall like resident hit their rological exam. DON ave been informed not to ssessment checks for falls read because they would als on Resident #11. DON uld know if Resident #11 hit ed fall due to location of fall				Page 109 of 11 9

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Citation Number 10748	:				Date: February	y 20, 2025
Facility Name: Aspire of Washing			Survey I		to Janua	ry 30, 2025
Facility Address 601 East Polk Str Washington, IA 5	eet	KG	Journally	.2, 2020	., 00, 2020	
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	Diagnoses included: to post traumatic stress of deficit hyperactivity distributed intellectual disability, at #184 received antianx hypoglycemic medical. The Care Plan, initiate Resident #184 able to perform self-cares indidentified focus area folloss of independence. Care Plan lacked identelle pement. An Elopement Assess 1/03/25, revealed that admitted within the paraccepting of the situate expressed desire to go to go home, or stayed Review of Progress Nor Resident #184 attention front door. On 1/29/25 at 09:53 Amonths in the post of the situation of the si	ed 1/02/25, revealed transfer, ambulate, and lependently. The Care Plan or Resident #184 grieving //change in lifestyle. The hiffication for risk of sment completed on Resident #184 had been lest 30 days, had not been tion, and had either verbally o home, packed belongings				Page 110 of 11

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Rule or Code Natu Section	re of Violation	Class	Fine Amount	Correction date	
door, and entering a herself, the Director Facility Administrato asked Resident #18 sign herself out, then On 1/29/25 at 2:30 Fbeing unaware of who changed, just knew work on 1/27/25, it wo ther residents as converted when asked if Resid Staff M stated she downwas a risk but identify younger age and incompared and incompared to the staff K listed another elopement, when as be at risk, Staff K staff and this. On 1/30/24 at 2:30 Fweet and incompared to the staff of the	or, exiting through the front family vehicle. Staff C, stated of Nursing (DON), and rement out to the car and to come back into facility, may go out with family. OM, Staff M, CNA, reported by front door code had been that when she returned to ras different. Staff M listed 2 current risk for elopement, ent #184 would be at risk, do not know if this resident fied that she could be due to ependent ambulation. OM, Staff K, CNA, reporting or code had been changed on the been told what the new the, or why it had changed. The resident as current risk for ked if Resident #184 would atted they had not seen or of the poon of the p			Page 111 of 11	

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Rule or Code Section	Nature of Violation	Class	Amount	Correction date	
When asked code to the firsomehow, y #184 obtained won't tell us. on 1/23/25 are explained that Resident #18 sign herself of Administrator stated codes incident and code and not DON claimed #184 elopem about it, but updated to in On 1/30/25 are explained that as an elopem and independent and independent facility. 5. The MDS revealed Residue MDS income the mode of	ever tried to leave DON stated Resident #184 had ever enter at door and exited, DON stated T. DON unaware of how Resideront door code and stated, show recalled that incident occur was witnessed by Staff C. Do she had to go out and catch told resident to come back in before leaving, and then Factorian had been at the same day as aff were educated not to share a give code to family visiting fat the taff would be aware of Resident trisk because they have talked sure if Care Plan had been and elopement risk. 30 PM, the Administrator Resident #184 should be idented a trisk due to new admission so that ambulation throughout the sessment dated 11/22/24 ent #25 scored a 15 out of 15, which indicated cognition into the dated resident dependent with the hair/bed to chair transfer; and	ed d, lent e rred DN and lity ON cility. nt ed on act. roll		Page 112 of 11	

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Facility Name: Aspire of Wash			Survey D		to lanua	ary 20 2025
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Washington, IA	32300					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	impaired in both upper MDS list of diagnoses cord dysfunction; part (nerve damage in multiple). The Care Plan did not address smoking. A review of the N Ad Assessment dated 8/the following: a. following product reb. does the resident of 1. poor vision or bl. 2. limited or no RO or hands	S indicated the resident or and lower extremities. The sincluded: traumatic spinal aplegia; and polyneuropathy altiple locations), unspecified. In the include a Focus area to a v-Smoking and Safety 21/24 at 12:47 PM revealed a resident used: tobacco display any of the following? Indiness and (Range of Motion) in arms ty's policy on location and				
	dated 10/12/24 at 3:5 a. following product ro b. does the resident of 1. balance problem 2. limited or no ROI 3. drops ashes on s 4. Smoking Safety					

Facility Administrator Date

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	midodrine. having spa fall out of w/c. May no	asms that put him at risk to ot smoke at this time				
	no smoking 2. bedres hours from back to left (with) HOB (head of bedressed hours from back to left (with) HOB (and to left healing bedressed hours from bedressed hours from bedressed healing constant date 1/21/25: with turns q2 hours from the smoking policy outside. Resident state himself out and go not he smoking policy outside.	and end date 1/16/25- 1. It with turns q (every) 2 It side only 3. meals in bed coped) raised for meals only, times every shift for wound It and end date 1/21/25- 1. It is a day 2. bedrest with ack to left side only 3. b. aised for meals only, HOB every shift for wound I. No smoking 2. bedrest om right side to back to left bed c HOB raised for meals other times healing Interest of the side of the si				

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Facility Administrator Date

		_				
Citation Numb	er:				Date: Februar	y 20, 2025
Facility Name: Aspire of Wash			Survey Dates:		20, 2025	
Facility Address 601 East Polk S Washington, IA		KG	January	12, 2025	o to Janua	ary 30, 2025
washington, iA	32333					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	cold weather injury, reunderstands and dem Resident signed self administrator followed resident for safety. W facility in his power withe shelf/wall 2 times through the door and administrator took ownim out of the tight sp was because he had see. Educated reside power w/c within facil incident her will not e PT (Physical Therapy) During an interview of Resident #25 wheeled wheelchair and told heand they did a wheeled and physical therapy Resident #25 said he himself out to go smoothim and said she would medical advice) paper Resident #25 stated to stated he spoke to the	nands to go anyway. Out and left the facility. This of resident outside to monitor Then resident returned to the I/c (wheelchair) he ran into being unable to maneuver around a corner, this er w/c control and guided bace. Resident states this sunglasses on and could not nt on safety with use of ity and if he has another able to use power w/c until I/) assessed for safety. In 1/22/25 at 2:13 PM, I/d up in his electric I/e couldn't go out and smoke chair assessment on him said he didn't pass. I told them he would sign I/oke and the DON came up to				

Facility Administrator	

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Rule or Code Section	Natur	re of Violation	Class	Fine Ar	mount	Correction date
	The Health Status No PM, revealed doctors' orders for no to smoke anyways. The Health Status No PM, the per Doctor's two cigarettes per da to smoke. He had 2 of that CNAs (Certified him to bed when he whimself back up to the that he is going to go Resident reeducated he says, "That's not a made that sh*t up." R DON (Director of Nurwas an exception, recredacted]. She is not explained to that he is we were getting to his cigarette. Resident refusion.	ote dated 1/22/25 at 4:02 resident went against smoking and went outside ote dated 1/26/25 at 6:30 orders, resident is to have y. Resident went out at 1600 origarettes. Resident is upset Nurse Aide) did not come put vanted to, so he wheeled e nurse's station and insisted outside and smoke. on the doctor's orders, and a doctor's f**king order. I desident told we would call sing) per policy to see if it sident stated, "F**k [name				
	book and said," Now,	dent wanted the sign out that I signed myself out, I ast time I checked, adults				Page 116 of 11

Facility Administrator Date

Citation Numb	er:				Date: February	y 20, 2025
Facility Name: Aspire of Wash			Survey Dates: January 12, 2025 to January 30,		ry 30 2025	
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	told her what is going go out at 7 with the sr hallway with the smok another resident and that rolled over my for anything about it." During an interview or DON queried on Resistated the doctor didn because it affected his tated he wasn't safe cigarettes, but he thresmoke. The DON statements without smoke everything blew up. To smoking assessments done quarterly. The Double assessment complete couldn't smoke, but he been done and she stand yes, one should of would of failed again, had a right to smoke. Sign himself out to smow wants to sign himself the Administrator he of wasn't safe and she to	n 1/29/25 at 11:28 AM, the dent #25 smoking and she I't want him to smoke s wound healing. The DON to smoke, he dropped his ew such fits we let him ted they went several ing and then all of a sudden he DON asked about s and she stated they were				Page 117 of 11

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Citation Number: 10748		Date: February 20, 2		
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Rule or Code Natu Section	re of Violation	Class Fi	ine Amount	Correction date
The DON asked if si and she stated yes, The Facility Safe Sn 9/24/24 revealed the a. Safe smoking int least quarterly on all smoke. An assessm change in condition b. The following step resident's risk while a. An initial Safe Scompleted on admis developed and revis b. All residents the sign a Smoking Practical smith visitor c. Supervising staff a. Interventions in Smoking Assessme monitoring residents	other residents at the designated smoking times. The DON asked if smoking needed care planned and she stated yes, she forgot to do it. The Facility Safe Smoking Standard Policy dated 9/24/24 revealed the following: a. Safe smoking interventions will be reviewed at least quarterly on all residents who desire to smoke. An assessment will be completed if a change in condition warrants. b. The following steps will be used to evaluate a resident's risk while smoking: a. An initial Safe Smoking Evaluation will be completed on admission. The care plan will be developed and revised as indicated. b. All residents that smoke will be required to sign a Smoking Practice Agreement that they will not attempt to obtain or exchange smoking materials with visitors, family, or other residents c. Supervising staff will assure that: a. Interventions identified by use of the Safe Smoking Assessment will be utilized by staff monitoring residents to promote smoking safety. FACILITY RESPONSE:			Page 118 of 11

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Date

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