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Number:	204.0			Report	
#5	616			Febru	ıary 24, 2022
Facility Name:			Survey	Dates: Janua	ary 20, 2022 to
Aspire of	Donnellson		Februa	ry 10, 2022	
Facility Address:		JS			
	te Street				
City					
City: Donr	nellson				
Rule or Code		Nature of Violation	Class	Fine	Correction
Section				Amount	Date
58.19(2)j		Required nursing services for	I	\$8,000	Upon Receipt
		lent shall receive and the facility shall		(Held In	
		riate, the following required nursing		Suspension)	
		24-hour direction of qualified nurses			
	with ancillary cover	age as set forth in these rules:			
	50 10/2\ Madiantia	a and tractice out			
	58.19(2) <i>Medication</i>	n ana treatment.			
	i Provision of accur	rate assessment and timely			
	-	residents who have an onset of			
		which represent a change in mental,			
		cal condition. (I, II, III)			
	, , ,	<i>、,,</i>			
	DESCRIPTION:				
	D	the second staff and Barrers will be be			
		view, and staff and Responsible Party			
	` '	facility failed to ensure that an			
		t received appropriate assessment,			
		ntion, and services for urinary tract residents reviewed for incontinence			
		The facility failed to inform the			
		nt #5's culture and sensitivity report			
		firmed a bacterial urinary tract			
		/22, Resident #5 transferred to the			
		nsive, had agonal respirations, and			
	•	with assisted respirations. Resident			
	•	sepsis related to untreated urinary			
	•	acute respiratory failure. Resident			
		nous antibiotics. The failure resulted			
	in Immediate Jeopa	rdy to the health, safety, and			

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Number: #5	616				eport Date: February 24, 2022
Facility Name: Aspire of	Donnellson			Dates: Cary 10, 202	January 20, 2022 to 22
Facility Address: 901 Sta	nte Street	JS			
City: Donr	nellson				
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	security of the residents.	dents. The facility reported a census			
	Findings include:				
	revealed Resident # with diagnoses that compression of the kidney (kidney ston aftercare following scored 13 out of 15 Interview for Menta assessment with sy required extensive transfer to and fron dressing, toileting, I A Urinalysis Report 8:06 a.m., documer 1/6/22 at 3:30 p.m. culture in the samp A Urinalysis with Cu the facility 1/9/22 a report, verified 1/9, 60,000 colony form Escherichia coli (E-C the bowel and not in	Set (MDS) Assessment dated 1/8/22 at admitted to the facility 1/3/22 included diabetes, wedge first lumbar vertebra, calculus of the es), and encounter for surgical surgery on the genitourinary system, points possible on the Brief al Status (BIMS) cognitive mptoms of delirium present, and assistance of at least 1 staff to in bed and chair, ambulation in room, bathing and personal hygiene. faxed to the facility on 1/7/22 at inted a urine specimen collected on had pending results, possible mixed le, and further report to follow. Alture and Sensitivity Report faxed to at 1:44 p.m., documented the final /22 at 6:57 a.m., identified 50,000 ing units (cfu) per milliliter of the coli) bacteria (bacteria normally in the urine), and listed several fate for treatment of the infection.			

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Number: #5	616				eport Date: February 24, 2022
Facility Name: Aspire of	Donnellson			Survey Dates: January 20, 2022 t February 10, 2022	
Facility Address 901 Sta	te Street	JS			
City: Doni	nellson				
Rule or Code Section	!	Nature of Violation	Class	Fine Amount	Correction Date
	Review of the Clinic of documentation of #5's condition or acon 1/10/22 in the reaction of 1/10/22. A Hospital History and documented Resider Room that date, was respirations and recrespirations, diagnount eated urinary to acute respiratory factors.	d-written note that stated "noted ff C, Registered Nurse, on 1/10/22". Fall Record on 1/20/22 revealed a lack of the laboratory report, Resident stivities related to a hospitalization esident's record. Fe entry dated 1/28/22 at 5:24 a.m., ff C, Registered Nurse, documented ted with lethargy, pallor, all eye contact and nonverbal. services activated and arrived, d by ambulance to the hospital. The resed with staff, transferred with 1 to the day, complained of discomfort, as administered and effective, resident complaints prior to discharge to the lacked the date of this event, which and Physical dated 1/10/22 ent #5 presented to the Emergency as non-responsive with agonal quired intubation with assisted used with sepsis related to an react infection with E-coli bacteria, fillure, and required treatment with 2 administered intravenously.			

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Number: #5	5616				eport Date: February 24, 2022	
Facility Name: Aspire of	Donnellson		Survey Dates: January 20, 2022 February 10, 2022			_
Facility Address 901 Sta	: ate Street	JS				
City: Doni	nellson					
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date	
	Nursing (DON) state not documented the resident's trans planned to notify the facility to documen. An interview on 2/2 she expected nursing phone, the resident abnormal lab result the positive urine collater that day. The practice to fax abnormal physician, those has an interview on 2/3 Nurse, stated when had reviewed it, fax placed the docume She stated on the middin't want to get us for 2 more days, the noticed anything uring morning, then around Assistant got her from the sident needed her wheel chair, she was open but she wasn't ADON helped her to	2/22 at 10:59 a.m., the DON stated ng staff to notify the physician by t's family and herself, if there were as, and Staff C had not notified her of alture, but she became aware of it DON stated it was not an acceptable ormal laboratory reports to the				

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Number: #5	5616				oort Date: ebruary 24, 2022
Facility Name: Aspire of	Donnellson		Survey Dates: January 20, 2022 February 10, 2022		
Facility Address 901 Sta	te Street	JS			
City: Doni	nellson				
Rule or Code Section	ı	Nature of Violation	Class	Fine Amount	Correction Date
	Director/Resident # received the resident 1/10/21, and staff scall, at any time, to or conditions of corthere was always a expected and he we the administrator a The physician state the on-call provider findings and obtain. An interview on 2/3 Nursing Assistant, sresident on 1/10/22 before that day, she was supposed to be toilet, but the previstand lift to transfer want to get up that they should use the no, they would get DON, to transfer the chair. The resident anything that morn that she had pain all During an interview	8/22 at 3:44 p.m., Staff E, Certified tated she was assigned to the 2, had not really worked with her e was instructed in report that she e a 2 to 1 assist for transfer to the ous shift had to use the mechanical r the resident. The resident didn't day, when she asked the DON if e lift to get the resident up, she said her up, and it took 4 staff, 1 was the e resident from her bed to a wheel hadn't really complained of ing, but around lunch time she said			

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Facility Name: Aspire of	Donnellson		Survey Dates: January 20, 2022 February 10, 2022		
Facility Address 901 Sta	: ate Street	JS			
City: Doni	nellson				
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date
	resident's history aresident after she washould have been of the RP stated around the resident slumper lobby area, couldn's resident, difficult to had to tell staff to to the hospital. The State Agency on Jeopardy on 2/3/22. The Immediate Jeo. The facility remove by the following action. Initiated staff edit they must notify the immediately when condition, abnormal must be called to the received, and family from that notification. Initiated staff edit a urinalysis test is one of the RP state after the resident and the resident in the resident and the resident in the	d the Immediate Jeopardy on 2/3/22 tions: ucation to all nurses on 2/3/22 that e physician, family, and DON there was a change in resident al culture and laboratory reports ne physician regardless of the time y and DON notified of new orders on. ucation to all nurses on 2/3/22 that if redered or a suspected urinary tract nediate urinary assessments in the			

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Number: #5616 Facility Name: Aspire of Donnellson			Report Date: February 24, 2022 Survey Dates: January 20, 2022 to February 10, 2022		
Facility Address: 901 State Street		JS			
City: Donr	nellson				
Rule or Code Section	I	Nature of Violation	Class	Fine Amount	Correction Date
	book that was to be The scope lowered	from "J" to "D" at the time of the ng the facility implemented staff			

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Number: #5616					Rep Fe	ort Date: bruary 24, 2022
Facility Name: Aspire of Donnellson				Survey Dates: January 20, 2022 (February 10, 2022		nuary 20, 2022 to
Facility Address: 901 State Street		J	S			
City: Donnells	Ison					
Rule or Code Section	١	Nature of Violation		Class	Fine Amount	Correction Date

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