

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2024
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NAME OF PROVIDER OR SUPPLIER ASPIRE OF DONNELLSON	STREET ADDRESS, CITY, STATE, ZIP CODE 901 STATE STREET DONNELLSON, IA 52625
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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<p>F 000 ✓ ok/CP</p>	<p>INITIAL COMMENTS</p> <p>Correction date: <u>4/5/24</u></p> <p>The following deficiencies resulted from a revisit of the complaint survey ending February 20, 2024, investigation of Complaints #119301-C, #119352-C, and Facility Reported Incident 119318-I conducted on March 25, 2024 to April 1, 2024.</p> <p>See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.</p> <p>F 684 SS=D Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure completion of a nursing admission assessment upon a resident's admission to the facility for one of six residents reviewed for assessment and intervention (Resident #11). The facility reported a census of 22 residents.</p> <p>Findings include:</p> <p>1. Review of the Admission MDS assessment for Resident #11 dated 2/1/24 revealed the resident</p>	<p>F 000</p> <p>F 684</p>		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Russell Jacobs, LNHA</i>	TITLE	(X6) DATE 04/07/2024
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ASPIRE OF DONNELLSON			STREET ADDRESS, CITY, STATE, ZIP CODE 901 STATE STREET DONNELLSON, IA 52625		
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F 684	<p>Continued From page 1</p> <p>scored 01 out of 15 on a BIMS exam, which indicated severely impaired cognition.</p> <p>Per the resident's census information present in the electronic health record, Resident # 11 admitted to the facility 1/26/24.</p> <p>On 3/26/24 review of Resident #11's assessments present in the electronic health record lacked an admission assessment.</p> <p>On 3/26/24 at 1:57 PM when queried about an admission assessment for Resident # 11, the facility's Director of Nursing (DON) acknowledged she did not see one.</p> <p>Review of the Facility Policy titled Documentation Standard, dated 8/2023, did not address the area of concern.</p>	F 684			

**Aspire of Donnellson
901 State Street
Donnellson, Iowa 52625**

This plan of correction represents the center's allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies and is submitted at the request of the Iowa Department of Public Health. Preparations and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

F684

The facility strives to ensure that based on the comprehensive assessment of a resident, that they receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.

Corrective action taken for residents found to have been affected by deficient practice
Resident #11 had an comprehensive nursing admission assessment completed on 3/26/2024.

How the center will identify other residents having the potential to be affected by the same deficient practice.

Residents admitting or readmitting to the facility have the potential to be affected.

What changes will be put into place to ensure that the problem will be corrected and will not recur.

- Charts were audited of any resident who had admitted/readmitted to the facility in the last 30 days to ensure an admission assessment had been completed.
- Licensed nurses were educated on completion of admission assessments with any new admission or readmission to the facility on April 4th, 2024.
- The Director of Nursing or designee will audit new admissions and readmissions for 4 weeks to ensure an admission assessment is completed.

Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

Identified concerns shall be reviewed by the facility's QAA Committee. Recommendations for further corrective action will be discussed and implemented to sustain compliance.

Date when corrective action will be completed.

4/5/2024

