

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

PRINTED: 02/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/04/2025
NAME OF PROVIDER OR SUPPLIER ASPIRE OF PERRY			STREET ADDRESS, CITY, STATE, ZIP CODE 2625 IOWA STREET PERRY, IA 50220		
(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	
F 000	INITIAL COMMENTS	F 000			
✓	Correction date: <u>2/27/25</u>				
ok/CP	The following deficiency resulted from a revisit of the survey ending 12/17/24 and investigation of Complaint # 125598-C and #126118-C conducted on February 3, 2025 to February 4, 2025.				
	Complaint #126118-C was substantiated.				
	See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.				
F 553 SS=E	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3)	F 553			
	§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:				
	(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.				
	(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.				
	(iii) The right to be informed, in advance, of changes to the plan of care.				
	(iv) The right to receive the services and/or items included in the plan of care.				
	(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Amanda Green

 Administrator

02/13/2025

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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F 553	<p>Continued From page 1</p> <p>§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, resident interviews, staff interviews and facility policy review, the facility failed to conduct resident care conferences and offer residents participation in their plan of care for 4 of 4 residents reviewed (Residents #2, #3, #4, #5). The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) of Resident #2 dated 1/15/25 documented an admission date to the facility of 7/2/18. The MDS identified a Brief Interview for Mental Status (BIMS) score of 15 which indicated cognition intact.</p> <p>On 2/4/25 at 1:25 pm, Resident #2 stated he remembered being invited to a care conference once but it got concealed and never got rescheduled. He stated he did not recall ever attending a care conference.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #2 having a care conference during the reviewed period.</p>	F 553			

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F 553	<p>Continued From page 2</p> <p>2. The Annual MDS of Resident #3 dated 11/30/24 documented an admission date to the facility of 11/23/22. The MDS identified a BIMS score of 13 which indicated cognition intact.</p> <p>On 2/4/21 at 1:21 pm, Resident #3 stated he was not aware of what a care plan was. He stated he has never been invited to a care conference and would like to know how he can find out what his care plan says.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #3 having a care conference during the reviewed period.</p> <p>3. The Quarterly MDS of Resident #4 dated 12/1/24 documented an admission date to the facility of 2/28/20. The MDS identified a BIMS score of 15 which indicated cognition intact.</p> <p>On 2/4/25 at 12:45 pm, Resident #4 stated she has no memory of ever attending a care conference and was not aware of what a care conference was.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #4 having a care conference during the reviewed period.</p> <p>4. The Quarterly MDS of Resident #5 dated 1/29/25 documented an admission date to the facility of 11/3/20. The MDS identified a BIMS score of 15 which indicated cognition intact.</p> <p>On 2/4/25 at 12:54 pm stated he was not aware of what a care conference was and did not recall</p>	F 553			

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F 553	<p>Continued From page 3 ever attending one.</p> <p>Review of Progress Notes for the last five months failed to reveal any documentation of Resident #5 having a care conference during the reviewed period.</p> <p>On 2/4/25 at 1:30 pm the Administrator stated the facility conducted an audit of care plans and noted care conferences had been inconsistent. She stated the facility plans to just start them over and the Social Services Director created an invitation template to give to the residents. She said the invitation was approved by her and they would start getting the care conferences scheduled.</p> <p>The facility policy titled Resident/Family Participation - Assessment/Care Plans, approval date 10/2024, documented the following Policy Statement: Each resident and his/her family members are encouraged to participate in the development of the resident's comprehensive assessment and person-centered care plan. The policy further documented the following:</p> <ol style="list-style-type: none"> 1. The resident and/or his/her representative, are invited to attend and participate in the resident's assessment and care planning conference. Notice shall be made by mail, electronic mail and/or telephone in a language that he or she can understand. 2. The resident may request, at any time a care plan meeting and the right to request revisions to the person-centered plan of care. 3. The Social Services Director/Designee or person appointed by the community is 	F 553			

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F 553	<p>Continued From page 4</p> <p>responsible for contacting the family and for maintaining records of such notices.</p> <p>4. Through the comprehensive care planning process keep the resident informed of their total health status in a language that he or she can understand. This includes allowing the resident to view their plan of care at any time and the right to sign off after significant changes to the care plan.</p> <p>5. Through the care planning meeting inform the resident of the type of care giver or professional that will furnish the care identified in the care plan.</p> <p>6. Resident participation in their care planning process should be promoted and includes:</p> <p>a. Review of revisions made to the care plan based upon their current needs and preferences prior to implementation;</p> <p>b. Participating in establishing goals and outcomes of care, the type, amount and frequency and duration of care;</p> <p>c. Review and signing of the care plan if they choose;</p> <p>7. Inform the resident of the risk and benefit of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative option if the resident prefers.</p>	F 553			

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The facility strives to ensure that each resident is able to participate in development and implementation of his/her person centered plan of care.

Corrective action taken for residents found to have been affected by deficient practice

Resident #1 Care Conference Scheduled: 2/19/25 @ 10 am
Resident #2 Care Conference Scheduled: 2/26/25 @ 10am Daughter & Wellpoint Caseworker
Resident #3 Care Conference Scheduled: 2/19/25 @ 9:30am
Resident #4 Care Conference Scheduled: 2/19/25 @ 10:30 am
Resident #5 Care Conference Scheduled: 2/27/25 @ 10 am Friend & Wellpoint Caseworker
Resident #6 Care Conference Completed: 2/7/25 9:37am-10:55am Care Plan Updated.
Resident #7 Care Conference Scheduled: 2/26/25 @ 9:30am Hospice of Midwest

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

Residents residing in 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.

- IDT Team educated by Administrator to the process for Care Conferences and Care Plan updates.
- Social Worker completed audit of residents not having care conference this quarter and distributed invites. Calling all requested parties to be invited and updated chart via progress note.
- Care Conference scheduled for all residents 2/7/25-3/15/25. Quarterly schedule to correspond with MDS going forward.
- The Administrator or designee will audit the Care Conference schedule and verify completion weekly x6 and monthly x3.

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

Identified concerns shall be reviewed by the facilities QAA Committee recommendation for further corrective action will be discussed and implemented to sustain compliance.

Date when corrective action will be completed.

2/27/25