

PRINTED: 09/18/2024
FORM APPROVED
OMB NO. 0938-0391

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

TITLE

(X8) DATE .

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/06/2024
NAME OF PROVIDER OR SUPPLIER ASPIRE OF ESTHERVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 FIRST AVENUE NORTH ESTHERVILLE, IA 51334		
(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 689	<p>Continued From page 1</p> <p>diagnoses of anxiety disorder, abnormal weight loss and adult failure to thrive. The Brief Interview for Mental Status (BIMS) score of 15, indicating severe cognitive impairment.</p> <p>Review of facility provided Incident Report dated 9/5/24 at 5:30 p.m. revealed under incident description staff heard someone yelling help help help. Staff ran to the direction of the screaming. Resident was laying down supine on the floor by the ice machine in the hallway. Resident's head was laying on the floor on the right side of the ice machine. Head towards the north wall with her right leg straight out towards the south of the hall. Resident's left leg was rotated out. Resident was screaming in pain that her left hip hurt so bad. Resident description revealed I slipped.</p> <p>Review of resident Progress Notes dated 9/5/24 at 5:40 p.m., revealed fall details. Date and Time of Fall: 9/5/24 at 5:30 p.m.. Fall was not witnessed. Fall occurred in the hallway. Activity at the time of fall: slipped on water in front of the ice machine. Reason for the fall was evident. Reason for fall: slipped on ice in front of the ice machine. Did an injury occur as a result of the fall: yes. Injury details: left hip fracture. Did fall result in an Emergency Room (ER) visit: yes. ER visit/Hospitalization details: Resident transported to Emergency Department (ED). Hospitalized in local hospital for left hip surgery tomorrow morning.</p> <p>Review of Facility Self Report dated 9/5/24 at 7:54 p.m., revealed Resident had just finished her supper and was walking up the northeast hallway to go back to her room. Nursing staff heard someone yelling help help help. Nursing staff ran to the area they heard someone yelling for help to</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>find this resident lying on the floor, in a supine position. Resident complained that she couldn't move her left leg and that she hit her head when she fell. There was a quarter-size amount of water on the floor near the area where the resident fell. Resident did have shoes on at the time of the incident. Resident stated I slipped. Resident is independent with ambulation without the use of an assistive device. Resident sent to the local ER for evaluation of left hip pain.</p> <p>Review of ED Note dated 9/5/24 revealed patient reports here today via Emergency Medical Service (EMS) from a local nursing home after slipping on some ice and landing on her left hip. She reports severe pain with movement of her left leg hip. She denies hitting her head, neck pain or headache. Patient's left leg is externally rotated and shorter than the right. Incident occurred just prior to coming to the emergency room. Patient's x-ray did confirm an intertrochanteric femur fracture.</p> <p>Interview on 9/6/24 at 12:47 p.m., with Staff A, Certified Nursing Assistant (CNA) revealed they were passing trays and heard someone yelling help me I fell. She went running over to where the sound was coming from and found the resident by the ice machine. Staff A asked Resident #3 what had happened. Resident #3 revealed she had slipped on water and fell. Staff A had the other aide get the nurse and the nurses handled it from there.</p> <p>Interview on 9/6/24 at 12:50 p.m., with Staff B, CNA revealed the fall happened when getting supper trays passed. She heard a scream and stopped what she was doing and went running to where the screaming was coming from. She did</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>not have any tread on her shoes. Resident #3 didn't know the water was on the floor and slipped and fell and hit her head. Staff B got the nurse and she came running over right away.</p> <p>Interview on 9/6/24 at 1:55 p.m., with Staff C, Licensed Practical Nurse (LPN) revealed she was at her medication cart working on passing medications when she heard a different type of yell that is hard to explain for help. She took off running and found Resident #3 laying on the floor by the ice machine. Staff C asked Resident #3 what had happened. Resident #3 explained that she had slipped on a little puddle of water. Staff C confirmed she saw a puddle of water no bigger than a quarter on the floor. Resident #3 was holding her left hip and leg area and was stating she was in terrible pain. Resident was transferred to the ER for an evaluation.</p> <p>Interview on 9/6/24 at 2:29 p.m., with the Director of Nursing (DON) revealed she was just getting back with another resident from an appointment and the staff had asked which door the ambulance came to and she told them and asked why. Staff had told the DON Resident #3 had fallen by the ice machine. The DON went directly to the area and seen staff working with Resident #3. Resident #3 told the DON she had slipped on water on the floor. The DON revealed her left leg was visibly noted to be rotated outward and the ambulance was on their way. The DON further revealed the resident had on a pair of shoes that did not have any tread on the bottom of them and they would be getting her a new pair of shoes.</p> <p>Review of facility provided policy titled Fall Management Standard with a revised date of 8/2021 the evidence points to the following</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>conditions as potentially modifiable risk factors in both community dwelling and nursing home residents including environmental hazards including wet floors. The facility strives to reduce the risk for falls and injuries by promoting the implementation of the Risk Reduction: Falls and Injuries Program. Residents are assessed for the fall risk factors. The interdisciplinary team works with the residents and family to identify and implement appropriate interventions to reduce the risk of falls or injuries while maximizing dignity and independence.</p> <p>Interview on 9/6/24 at 3:06 p.m., with the DON revealed staff should clean up any spilled ice by the ice machine right away and make sure the floor is dry.</p>	F 689			

**Aspire of Estherville
2001 First Avenue North
Estherville, Iowa 51334**

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.

F689

The facility strives to ensure that the resident environment remains as free of accident hazards as is possible; and that each resident receives adequate supervision and assistance devices to prevent accidents.

Corrective action taken for residents found to have been affected by deficient practice.
Resident #3's shoes with no tread were removed and replaced with gripper socks, as well as a new pair of shoes ordered.

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.

- An audit of residents' shoes was completed to ensure residents had appropriate footwear.
- A sign was posted on the ice machine directing staff to pick up any ice on the floor.
- Absorbent mat placed on floor in front of ice machine.
- Staff were educated on picking up any dropped ice and to clean up any spills noted on the floor.
- Administrator or designee to randomly complete audits of area around ice machine to ensure dry and no ice noted 3 times per week for 4 weeks.

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.
9/18/2024