

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

PRINTED: 10/22/2024
FORM APPROVED
OMB NO. 0938-0391

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 10/17/2024
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 000	INITIAL COMMENTS Correction date: <u>11/5/2024</u> The following deficiencies resulted from investigation of complaint #123723-C conducted October 14, 2024 to October 17, 2024. Complaint #123723-C was substantiated. See code of Federal Regulations (42 CFR), Part 483, Subpart B-C. F 567 Protection/Management of Personal Funds SS=D CFR(s): 483.10(f)(10)(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(10)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must	F 000			
X DC					
F 567		F 567			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<u>Jenny Ackerman</u>	<u>administrator</u>	<u>11/1/24</u>

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 567	<p>Continued From page 1</p> <p>maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>(B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed \$50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and resident interviews and facility policy review the facility failed to provide residents with the ability to have access to their funds when requested for 2 out 4 residents reviewed (Resident #2 & #4). The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 7/29/24 for Resident #2 documented diagnoses of anxiety disorder, anemia and arthritis. The MDS showed the Brief Interview for Mental Status (BIMS) score of 13, indicating no cognitive impairment.</p> <p>Interview on 10/15/24 at 2:44 p.m., with Resident #2 revealed she is unable to get money on the weekends if she asked for it. Resident #2 explained the facility always is waiting for a check to come to the facility and then they have to go get the money before they can give it to us. She has had to wait a couple of days to be able to get</p>	F 567			

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F 567	<p>Continued From page 2 her money.</p> <p>2. The MDS assessment dated 7/3/24 for Resident #4 documented diagnoses of anxiety disorder, hypertension and neurogenic bladder. The MDS showed the BIMS score of 11, indicating moderate cognitive impairment.</p> <p>Interview on 10/15/24 at 2:24 p.m., with Resident #4 revealed he had asked the Administration in the facility a couple weeks ago for \$50 and has not received his funds. Resident #4 explained he was told the facility had to check the mail for a check to come and their check was coming. Resident #4 explained he was told there was no money in the building to honor his request. He stated he always has to wait for the facility to get more money when he asks for it.</p> <p>Review of facility provided policy titled Resident Trust Fund with a revision date of 6/12/24 revealed residents have access to their funds 24 hours a day, 7 days a week, 365 days a year.</p> <p>Interview on 10/16/24 at 12:41 p.m., with the Administrator revealed the facility was out of petty cash and did have to wait for the check to come from the corporate office which takes 2 days to process. She explained the check had just come and all resident requests have been fulfilled but they did have to wait for their funds. The Administrator confirmed Resident #4 had asked for funds and did have to wait for the facility check to arrive. The Administrator explained she is going to be working with the corporate office to find a solution for residents.</p>	F 567			

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.

F567

The facility strives to ensure that each resident has the right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against residents' personal funds and they have access to their funds at any time. Resident RFMS check was immediately cashed and all residents who requested money were given their funds on 10/15/24.

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

All residents were educated by the Administrator no later than 10/31/24 and signed that they understood they have access to their funds at any time. If the Administrator or designee are not available, the residents were educated and comprehend they can ask a staff member, and the nurse will issue them with their fund request.

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. An audit was conducted on 10/15/24 by the administrator to determine what residents requested their funds

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

- An audit of residents with RFMS accounts that they are receiving their money timely and when asked.
- All staff members will be educated by the Administrator no later than 11/05/24 that resident funds are locked up in the medication room and residents have access to their funds at any time.
- The Administrator or designee will randomly complete audits for residents with trust funds ensuring residents are receiving their funds timely and when asked to ensure residents are receiving their funds 3 times per week for 4 weeks.
- The Administrator or designee will audit the RFMS account and ensure the reconciliation is completed timely to ensure funds are replenished timely 3 times per week for 4 weeks.
- A PIP is in place and brought to the attention of the QAPI Committee.

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

The Administrator will bring any identified concerns to the QAPI Committee for review. Recommendations for further corrective action will be discussed and implemented to sustain compliance.

Date when corrective action will be completed. 11/5/24