

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to report injuries of unknown origin and allegations of abuse and neglect immediately to the Resident Advocate (RA) and within two hours to the State Survey Agency (SSA) for three of three residents (Resident (R) 3, R1, and R5) reviewed for abuse and neglect out of a total sample of six. Failure to report injuries of unknown origin and allegations of abuse and neglect places residents at risk for continued potential abuse.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Abuse Policies, dated 12/2023, revealed, . All allegations of abuse and/or neglect will be reported to the Administrator and/or designee, including incidents involving injured resident's where the origin of the injury in [sic] unknown . Facility will report immediately, but not later than two hours after forming the suspicion or allegation, if the events that cause the suspicion or allegation result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury .</p> <p>1. Review of R3's Profile tab of the electronic medical record (EMR) revealed R3 was admitted to the facility on [DATE] with diagnoses that included unspecified dementia without behavioral disturbance.</p> <p>Review of R3's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/11/25 and located under the MDS tab of the EMR, revealed R3 had a Brief Interview for Mental Status (BIMS) score of two out of 15, which indicated the resident was severely cognitively impaired. It was recorded R3 was dependent on staff for toileting hygiene, required substantial to maximum assistance with most activities of daily living (ADLs), and was always incontinent of bladder and bowel.</p> <p>Review of the facility's investigative file, provided by the RA, for an incident of alleged abuse involving R3 revealed that on 05/05/25 at approximately 11:04 PM, Certified Nurse Aide (CNA) 2 was assisting CNA1 in changing R3's brief. CNA2 reported that R3 became combative and CNA1 grabbed R3's wrist and forcefully shoved the incontinent brief under the resident. The investigative file contained:</p> <p>a. An Initial Report, with a submission date and time of 05/06/25 at 5:44 PM. Review of the Initial Report revealed the report was blank and did not contain any information regarding the allegation. This blank form was submitted to the SSA approximately 18.75 hours after the incident was alleged to occur.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. A Follow-up Investigation Report, with a submission date and time of 05/13/25 at 5:48 PM, that revealed, . [CNA2] reports that she was assisting [CNA1] with changing [R3]'s brief when [R3] became combative. [CNA2] states that [CNA1] grabbed [R3] wrist and forcibly placed the chuck pad and brief underneath [R3] .</p> <p>During an interview on 06/04/25 at 11:16 AM, CNA2 stated that on 05/05/25, she was assisting CNA1 with providing incontinent care for R3. CNA2 stated CNA1 had her hand balled in a fist and was forcefully shoving an incontinent brief under the resident. CNA2 reported that the resident often screamed out and yelled during care, but during this care, the resident yelled ouch in a different manner that indicated to her that the action had caused the resident pain. CNA2 reported during the care, R3 had reached out to grab her arm, and CNA1 grabbed R3's wrist and pretty aggressively pushed it back down. CNA2 confirmed the incident occurred around 11:00 PM. CNA2 stated she did not report the incident to the nurse until close to the end of her shift, which ended at 6:00 AM. CNA2 stated the nurse instructed her to notify the nurse educator, which she did at 5:57 AM. CNA2 stated the nurse educator instructed her to notify the Human Resources Director (HR), which she did at 6:17 AM. CNA2 stated allegations of abuse were supposed to be reported as soon as possible, not to exceed two hours. CNA2 first reported the allegation of abuse approximately seven hours after the alleged incident occurred.</p> <p>During an interview on 06/04/25 at 11:36 AM, the HR Director confirmed that she was notified of the alleged incident on 05/06/25 at 6:17 AM. HR confirmed she reported the alleged incident to the Resident Advocate (RA) during the afternoon of 05/06/25. HR confirmed allegations of abuse were to be reported immediately, as soon as possible. HR reported the alleged incident to the RA at least six hours after learning of the incident.</p> <p>During an interview with the RA, Administrator, and Corporate Quality Nurse (CQN) on 06/05/25 at 1:19 PM, the RA, who was the facility's abuse coordinator, confirmed she was responsible for submitting incident reports to the SSA. She confirmed the incident was reported to the state survey agency on 05/06/25 at 5:44 PM. RA stated she did not receive the information from HR until the afternoon of 05/06/25 and then she reported it within the first couple of hours after she received knowledge of the allegation. The Administrator confirmed allegations of abuse should be reported immediately and to the SSA within two hours.</p> <p>2. Review of R1's Profile tab of the EMR revealed R1 was admitted to the facility on [DATE] with diagnoses that included dementia, nondisplaced fracture of the sacrum, hallucinations, and unspecified fracture of the thoracic vertebrae.</p> <p>Review of R1's quarterly MDS, with an ARD of 03/20/25 and located under the MDS tab of the EMR, revealed R1 had a BIMS score of three out of 15, which indicated the resident as severely cognitively impaired. It was recorded that R1 was dependent on staff for toileting hygiene and showers/baths and required substantial to maximum assistance with transfers. It was recorded R1 was always incontinent of bladder and bowel.</p> <p>Review of R1's Progress Note, dated 04/13/25 at 2:48 AM and located under the Progress Notes tab of the EMR, revealed, . This writer was called to resident's room by CNA to see resident's right leg. On the resident's right outer leg there were several areas of bluish-purple bruising observed. When questioned, resident stated she didn't know it was there. Denies pain . Provider and acting DON [Director of Nursing] notified via Tiger connect [facility's text communication system] at 04:42 [AM] .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the investigative file for R1 related to the bruising of unknown origin, provided by the RA, revealed an Initial Report of the bruising was submitted to the SSA on 04/13/25 at 9:36 AM. This was approximately five hours after the bruising was first identified.</p> <p>During an interview on 06/04/25 at 5:18 PM, the CQN confirmed staff should have reported R1's bruising as soon as it was noted. The CQN stated she did not know why staff had not identified and reported R1's bruising prior to 04/13/25, as the colors of the bruises showed they were not new.</p> <p>During an interview on 06/05/25 at 1:00 PM with the RA, Administrator, and CQN, the RA confirmed the initial incident report was not submitted to the SSA until 04/13/25 at 9:36 AM. The Administrator confirmed the initial report should have been sent to the SSA within two hours after the bruises were identified.</p> <p>3. Review of R5's Profile tab of the EMR revealed R5 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction and vascular dementia.</p> <p>Review of R5's quarterly MDS, with an ARD of 04/12/25 and located under the MDS tab of the EMR revealed R5 had a BIMS score of eight out of 15, with indicated the resident was moderately cognitively impaired, was dependent on staff for toileting hygiene, and was frequently incontinent of bladder, and always incontinent of bowel.</p> <p>Review of an Initial Report, provided by the SSA and with a received fax date stamp of 05/29/25 at 5:13 PM, revealed, . Allegation Type Neglect . Information about when the Facility became aware of the incident 5/28/25 8:25 pm [CNA5] notified [Nurse Educator] . Date/Time administrator was notified of the incident and by whom 5/28/25 8:52 pm [Nurse Educator] notified [Administrator] of the allegations . Alleged Victim(s) . [R5] . [CNA5] reported that [R5]'s brief and bedding were saturated with urine when she came on to shift yesterday. [CNA5] believes that the resident's brief wasn't changed for several hours . Name/title of person submitting report [RA] . Date/time (am/pm) report was submitted 5/29/25 3:00 PM . This was 18.5 hours after the allegation of neglect was first made by CNA5.</p> <p>During an interview with the RA, Administrator, and CQN on 06/05/25 at 1:26 PM, the RA reviewed the Initial Report and confirmed the allegation was an allegation of neglect and stated that it was reported to the SSA on 05/29/25 at 3:00 PM. The RA stated she reported it as soon as she received knowledge of the allegation. The RA stated she was notified of the allegation on the morning of 05/29/25. The RA was asked to provide the time she was notified. RA left the room and returned and stated the Nurse Educator had notified her at 2:00 PM on 05/29/25 (it was documented on the Initial Report that the Nurse Educator had notified the Administrator on 05/28/25 at 8:52 PM). The RA was asked why Initial Reports involving allegations of abuse, neglect, and injuries of unknown origin were not reported within two hours to the SSA. The RA did not comment. The Administrator confirmed he was responsible for monitoring to ensure the timely submission of Initial Reports related to abuse, neglect, and injuries of unknown origin. He stated the facility had not identified a problem with submissions before today.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to thoroughly investigate an allegation of abuse and bruising of unknown origin for two of five residents (Resident (R) 3 and R1) reviewed for abuse and neglect out of a total sample of six. Failure to thoroughly investigate allegations of neglect and injuries of unknown origin places residents at risk for potential continued abuse.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Abuse Policies, dated 12/2023, revealed, . All allegations of abuse and/or neglect will be reported to the Administrator and/or designee, including incidents involving injured resident's where the origin of the injury in [sic] unknown . All pertinent information will be reviewed during the investigation . A list of witnesses and other persons knowledgeable about the event will be compiled . Interviews will be conducted with the following individuals: a. The individual(s) making the report. B. The individual(s) alleged to be involved with the incident. C. If they are capable of and/or willing to be interviewed, the resident .</p> <p>1. Review of R3's Profile tab of the electronic medical record (EMR) revealed R3 was admitted to the facility on [DATE] with diagnoses that included unspecified dementia without behavioral disturbance.</p> <p>Review of R3's Care Plan, revised 04/03/25 and located under the Care Plan tab of the EMR, revealed R3 had behavior problems of grabbing, yelling, and rejection of care. It was recorded that the resident had the potential to be physically aggressive towards staff. Interventions included explaining all procedures before starting, to maintain an appropriate distance as possible, and assess and anticipate resident's needs.</p> <p>Review of R3's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/11/25 and located under the MDS tab of the EMR, revealed R3 had a Brief Interview for Mental Status (BIMS) score of two out of 15, which indicated the resident was severely cognitively impaired. It was recorded R3 was dependent on staff for toileting hygiene, required substantial to maximum assistance with most activities of daily living (ADLs), and was always incontinent of bladder and bowel.</p> <p>Review of the facility's Initial Incident Report, dated 05/06/25 and provided by the Resident Advocate (RA), revealed, . [CNA2] reports helping [CNA1] change [E3]'s brief last night. During this brief change [CNA2] reports that the resident became combative. [CNA2] states that [CNA1] was rough with the resident grabbing her wrist and forcefully shoving the brief underneath her .</p> <p>Review of the investigative file of the alleged incident revealed no documented evidence that R3 was assessed for signs of physical abuse. There was no documented evidence that non-interviewable residents cared for by CNA1 were assessed for signs of physical abuse. There was documentation that four residents were interviewed regarding abuse. It was recorded that Licensed Practical Nurse (LPN) 1, the nurse on duty at the time of the alleged incident, CNA1, and CNA2 were interviewed; however, no other staff members were interviewed. The final report indicated the facility had been unable to verify the allegation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/04/25 at 10:36 AM, the Resident Advocate (RA), who was the facility's abuse coordinator, stated CNA1, CNA2, and LPN1 were interviewed regarding the incident but there were no written statements. RA stated CNA1 and CNA2 were called to get their statements. RA confirmed that four residents were interviewed but that the non-interviewable residents were not assessed for signs of physical abuse. RA confirmed CNA1 was suspended pending the investigation and that abuse education was assigned to CNA1.</p> <p>During an interview on 06/04/25 at 11:16 AM, CNA2 stated that on 05/05/25, she assisted CNA1 in providing incontinent care to R3. CNA2 stated that CNA1 had her hand balled in a fist and was forcefully shoving an incontinent brief under the resident. CNA2 reported that the resident often screamed out and yelled during care, but during this care, the resident yelled ouch in a different manner that indicated to her that the action had caused the resident pain. CNA2 reported during the care, R3 had reached out to grab her arm, and CNA1 grabbed R3's wrist and pretty aggressively pushed it back down. CNA2 stated that she did not remember anyone asking her to provide a statement of the alleged incident after she first reported it.</p> <p>During an interview on 06/04/25 at 11:36 AM, the Human Resources Director (HR) confirmed CNA1 was suspended during the investigation and was cleared to return to work on 05/12/25. HR confirmed CNA1 was assigned abuse training on 05/12/25 but stated CNA1 had not completed the training yet. HR stated CNA1 was sent daily electronic reminders to complete the training and that staff checked daily to see if it was done. HR stated CNA1 had 90 days to complete the training before she would be pulled from the schedule.</p> <p>Review of timecards and staff schedules revealed from 05/19/25 through 06/04/25, CNA1 worked nine shifts without having completed the assigned abuse education. CNA1 was on duty on 06/04/25.</p> <p>During an interview on 06/04/25 at 12:04 PM, CNA1 denied the allegation and stated she had completed the assigned abuse training.</p> <p>During an interview on 06/04/25 at 12:25 PM, the HR stated CNA1 did complete the training on this day, but she could not provide a time at which it was completed.</p> <p>During an interview on 06/05/25 at 1:19 PM with the RA, Administrator, and Corporate Quality Nurse (CQN), the RA, who was the facility's abuse coordinator, confirmed that R3 and the other non-interviewable residents on R3's hall had not been assessed for bruising or signs of abuse. The Administrator and CQN confirmed all non-interviewable residents on R3's hall should have been assessed for bruising and signs of abuse and neglect. They confirmed that all interviewable residents should have been interviewed related to abuse.</p> <p>2. Review of R1's Profile tab of the EMR revealed R1 was admitted to the facility on [DATE] with diagnoses that included dementia, nondisplaced fracture of the sacrum, hallucinations, and unspecified fracture of the thoracic vertebrae.</p> <p>Review of R1's Care Plan, revised 03/15/25 and located under the Care Plan tab of the EMR, revealed R1 had a potential behavior problem related to anxiety, hallucinations, and behaviors such as repetitive movements, grabbing, and rejection of care. Interventions included anticipating and meeting the resident's needs.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's quarterly MDS, with an ARD of 03/20/25 and located under the MDS tab of the EMR, revealed R1 had a BIMS score of three out of 15, which indicated the resident was severely cognitively impaired. It was recorded that R1 was dependent on staff for toileting hygiene and showers/baths and required substantial to maximum assistance with transfers. It was recorded R1 was always incontinent of bladder and bowel.</p> <p>Review of R1's Progress Note, dated 04/13/25 at 2:48 AM and located under the Progress Notes tab of the EMR, revealed, . This writer was called to resident's room by CNA to see resident's right leg. On the resident's right outer leg there were several areas of bluish-purple bruising observed. When questioned, resident stated she didn't know it was there. Denies pain . Provider and acting DON [Director of Nursing] notified via Tiger connect [facility's text communication system] at 04:42 [AM] .</p> <p>Review of R1's Skilled Charting, dated 04/13/25 at 7:18 AM and located under the Assessments tab of the EMR, revealed, . 6 [six] bruises to rt [right] lateral thigh, different colors ranging from yellow to darker purple in central areas of the bruise; bruise lateral and proximal distal lt [left] elbow, light purple; 2 smaller bruises distal to previous noted bruise with one small scab in bruising path; lt lower back redness discoloration over bony prominence; yellow bruising medial lt lower leg proximal to ankle; small scab rt shin .</p> <p>Review of the facility's investigative file related to R1's bruising of unknown origin revealed LPN2, CNA4, who was assigned to the resident on the shift the bruising was identified, and CNA4, who was also working on the floor on that shift, were interviewed regarding the resident's bruising. It was also documented Registered Nurse (RN) 1 performed the skin assessment on 04/13/25. There was evidence that three alert and oriented residents on R1's floor were interviewed regarding abuse and neglect. There was no documented evidence that any staff members who had taken care of R1 in the preceding days had been interviewed in an effort to determine their knowledge of the origin of R1's bruising or why the bruising had not been reported earlier. There was no documented evidence that other non-interviewable residents on R1's floor had been assessed for bruising and signs of abuse and neglect.</p> <p>During an interview on 06/05/25 at 1:00 PM with the RA, Administrator, and the CQN, the RA confirmed that no other staff members had been interviewed regarding R1's bruising of unknown origin. The RA confirmed that the other non-interviewable residents located on R1's floor had not been assessed for bruising or signs of abuse and neglect. The Administrator and CQN confirmed their expectation that all staff who had been caring for the resident would have been interviewed. The Administrator and CQN confirmed all non-interviewable residents on R1's hall should have been assessed for bruising and signs of abuse and neglect.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to complete skin assessments for one of six sampled residents (Resident (R) 1) whose records were reviewed. Failure to complete routine skin assessments placed residents at increased risk of alterations in skin integrity.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Resident Assessment, revised 02/2024, revealed, . Head-to-toe assessments will be performed by nursing staff at least weekly on all residents . Physical Exam: . Skin: a. intactness; b. moisture; c. color; d. texture; e. presence of bruises . The following information should be recorded in the resident's medical record . All assessment data obtained during the procedure .</p> <p>Review of R1's Profile tab of the electronic medical record (EMR) revealed R1 was admitted to the facility on [DATE] with diagnoses that included dementia, nondisplaced fracture of the sacrum, hallucinations, and unspecified fracture of the thoracic vertebrae.</p> <p>Review of R1's Care Plan, revised 01/28/25 and located under the Care Plan tab of the EMR, revealed R1 had impaired skin integrity and the potential for pressure ulcer development related to fissure to the heels, episodes of incontinence, and impaired mobility. The goal was the resident would have intact skin, free of redness, blisters, or discoloration through the review date. Interventions included following facility policies/protocols for the prevention/treatment of skin breakdown.</p> <p>Review of R1's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/20/25 and located under the MDS tab of the EMR, revealed R1 had a Brief Interview for Mental Status (BIMS) score of three out of 15, which indicated the resident was severely cognitively impaired. It was recorded that R1 was dependent on staff for toileting hygiene and showers/baths and required substantial to maximum assistance with transfers. It was recorded R1 was always incontinent of bladder and bowel.</p> <p>Review of R1's Assessment tab of the EMR revealed a Skilled Charting document, dated 04/01/25. The Skill Charting revealed no documented evidence that R1 had any bruising on her body. There was no documented evidence of skin assessments from 04/02/25 through 04/13/25.</p> <p>Review of R1's Progress Note, dated 04/13/25 at 2:48 AM and located under the Progress Notes tab of the EMR, revealed, . This writer was called to resident's room by CNA [Certified Nurse Aide] to see resident's right leg. On the resident's right outer leg there were several areas of bluish-purple bruising observed. When questioned, resident stated she didn't know it was there. Denies pain . Provider and acting DON [Director of Nursing] notified via Tiger connect [facility's text communication system] at 04:42 [AM]. Will pass on to day shift nurse .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Skilled Charting, dated 04/13/25 at 7:18 AM and located under the Assessments tab of the EMR, revealed, . 6 [six] bruises to rt [right] lateral thigh, different colors ranging from yellow to darker purple in central areas of the bruise; bruise lateral and proximal distal lt [left] elbow, light purple; 2 smaller bruises distal to previous noted bruise with one small scab in bruising path; lt lower back redness discoloration over bony prominence; yellow bruising medial lt lower leg proximal to ankle; small scab rt shin .</p> <p>During an interview on 06/03/25 at 2:40 PM, CNA6, who was assigned to R1, confirmed any changes in skin integrity, including bruising, were to be reported to the nurse immediately. CNA6 stated R1 did not have any bruising at this time. CNA6 denied knowledge of the bruising that was found on R1 on 04/13/25.</p> <p>During an interview on 06/04/25 at 9:50 AM, Licensed Practical Nurse (LPN) 3 confirmed skin assessments were to be completed weekly and that the information was documented on the Skill Charting form. LPN3 confirmed that any changes should be reported immediately. LPN3 denied any knowledge that R1's skin assessments were not completed as per policy. LPN3 stated all staff should report any changes in skin integrity, including bruising, immediately.</p> <p>During an interview on 06/04/25 at 5:18 PM, the Corporate Quality Nurse (CQN) confirmed there was no documented evidence that R1's skin had been assessed after 04/01/25 until 04/13/25 when the resident was noted with bruising. The CQN confirmed weekly skin assessments should have been completed. The CQN confirmed that if the weekly assessment between 04/01/25 and 04/13/25 had been completed, the bruising might have been noted quicker. The CQN confirmed she expected skin assessments to be completed weekly and for any abnormality to be reported immediately. The CQN stated she did not know why the assessment had not been completed or why the bruising was not reported sooner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to ensure one of three residents (Resident (R) 2) reviewed for the use of mechanical lifts out of a total sample of six was transferred in a safe manner, using two people as per facility policy. Failure to transfer residents in a safe manner placed R2 at risk for injury. Following the incident, the facility identified and implemented a Performance Improvement Plan (PIP) to ensure staff followed the facility's policy requiring two staff members when using a mechanical lift.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Lifting Machine, Using a Mechanical, dated 07/2017, revealed, . At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift .</p> <p>Review of R2's Profile tab of the electronic medical record (EMR) revealed the resident was admitted to the facility on [DATE] with diagnoses that included hypertensive heart and chronic kidney disease with heart failure.</p> <p>Review of R2's Care Plan, dated 12/08/23, revealed staff was to use a Hoyer lift to transfer R2.</p> <p>Review of R2's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/30/25 and located under the MDS tab of the EMR, revealed R2 was dependent on staff for chair-to-bed and bed-to-chair transfers. It was recorded that R2 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of R2's Progress Note, dated 05/11/25 at 6:52 PM, revealed, . CNA [Certified Nurse Aide 7] was transferring from bed to wheelchair using Hoyer lift. While resident was in the air the Hoyer lift suddenly fell onto its side with resident still in it. Resident fell straight on the ground. Nurse was at nursing station when CNA called for urgent help. Writer went to the Residents room immediately, to find Resident on the floor with CNA next to them. Brief neuro check completed with resident request to get into bed before completing assessment. Extra staff collected to ensure safe transfer process from floor to bed. Once transfer was completed Vitals and neuros re-collected, along with complete head to toe assessment. Noted findings are tenderness of crown of head along with palpable tenderness to mid/lower back following spinal column. Resident offered ER visit for further evaluation but refused. Education provided to notify staff for any changes or symptoms, reported willingness and understanding. Provider and DON notified .</p> <p>Review of R2's Plan of Care Note, dated 05/14/25 at 9:43 AM, revealed, . The IDT [Interdisciplinary Team] met to review fall prevention measures for the resident. The resident has had no falls since last review. Staff continue to use Hoyer x 2 for transfers. Therapy working with resident on strengthening and ROM. No new concerns or changes in resident condition noted. Will continue current interventions as planned .</p> <p>Review of the facility's investigative file of the incident revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. A statement from CNA 7, dated 05/11/25, that recorded, . Resident stated she needed a brief change. I then grab resident [sic] Hoyer and hook her up [sic]. I then asked resident if they are [sic] ready to transfer. Resident stated yes. As I am conversing with Resident I press the up button to lift her up. We were doing her normal transfer (she only allows 1 [one] CNA for transfer) All CNAs do it. As we are conversing about the day I rotate the lift to the left towards her bed as her normal routine is. As I push [sci] lift to bed it tipped over. I then as a reflex try to catch resident from falling. She then landed on ground and on my right leg. I immediately call [sic][Licensed Practical Nurse (LPN) 3] the nurse [and] told him help now! [LPN3] came in and then grabbed [CNA10] and [Nurse Educator]. [CNA10] and I got the okay to get her into bed. No pain has been stated by resident. As we got her in bed, [LPN3] then does a skin assessment. No marks were visual. Lower back to the touch was tender per resident. I asked resident if they wanted to stay in bed or get back up. [CNA6] then came in and helped me transfer because I refuse to due [sic] x1 transfer per resident. Resident complained of back hurt and head hurting. CNA7 recorded on the statement that she was the only CNA assigned to the resident's hall.</p> <p>b. A statement from LPN3, dated 05/12/25, that recorded he received a call on his personal cell phone from CNA7 who reported that she was transferring R2 and they both fell. LPN found R2 and CNA7 on the floor with the Hoyer tipped over on top of them. LPN completed a head-to-toe assessment on the resident and recommended that she be seen at the hospital.</p> <p>c. A statement from CNA8, dated 05/12/25, that recorded she only transferred residents using mechanical lifts with two staff. CNA8 reported she would call over the radio for additional assistance if needed. CNA8 reported she was not working with R2 on the day of the incident but does work with her regularly.</p> <p>d. A statement from CNA9, dated 05/12/25, that recorded she knew two staff were to be present for all Hoyer lifts. CNA9 reported she would call for assistance with all transfers.</p> <p>e. A statement from CNA11, dated 05/12/25, that confirmed all lifts should be operated by two people.</p> <p>f. A statement from R2, dated 05/13/25, that recorded CNA7 was helping her transfer with the Hoyer lift when the feet of the lift got stuck, causing the lift to fall over. R2 reported no one was available to help CNA7 but that she did call for assistance prior to moving her.</p> <p>g. A copy of CNA7's agreement, dated 01/08/25, to follow the facility's lift safety policy. CNA7 agreed that she had been trained and understood her responsibility for her safety and the resident's safety.</p> <p>h. A copy of CNA7's Hoyer Lift Training Skills Checkoff, dated 01/08/25, which recorded CNA7 had demonstrated competent skills in performing Hoyer lift transfers, including the use of two staff members.</p> <p>i. A copy of an employee file audit results which showed all nursing staff members had been assessed to be competent in the use of mechanical lifts.</p> <p>j. A copy of morning meeting notes, dated 05/12/25 through 05/16/25, that recorded staff were reminded that all residents who use Hoyer lifts MUST be completed by 2 staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>k. May Staff Meeting notes, dated 05/22/25, that recorded, . Any mechanical lift must be operated by two [in bold] licensed staff every single time .</p> <p>l. Audit results from the weeks of 05/19/25, 05/26/25, and 06/02/25, showing staff had been observed to ensure two people were present for mechanical lift transfers and that the resident remained safe during the transfers.</p> <p>During an observation on 06/03/25 at 12:15 PM, CNA8 and CNA10 were observed transferring R3 from her bed to her chair with a mechanical lift, using proper lifting techniques.</p> <p>On 06/03/25 at 12:37, the Corporate Quality Nurse (CQN) provided staffing records for 05/11/25. Review of the staff records showed for the 6:00 AM to 6:00 PM shift, there were 10 aides and four nurses to care for 64 residents. The staff records showed for the 6:00 PM to 6:00 AM (05/12/25) shift, there were six nurses and four aides to care for 64 residents.</p> <p>During an interview on 06/03/25, CNA9 confirmed two people were required for transfers using a mechanical lift. CNA9 confirmed she had received training on proper lift techniques and had been observed using the lift. CNA9 confirmed there had recently been an incident when R2 was transferred by one person using a mechanical lift, and the lift tipped over. CNA9 stated following the incident, all staff received education and reminders of the facility's policy that required the use of two staff members with a mechanical lift.</p> <p>During an interview on 06/03/25 at 2:34 PM, CNA12 confirmed two people were required for transfers using a mechanical lift. CNA12 confirmed she had received training on proper lift techniques recently and stated she had been observed using the lift.</p> <p>During an interview on 06/03/25 at 2:40 PM, CNA6 confirmed two people were required for transfers using a mechanical lift. CNA6 confirmed she had received training on proper lift techniques following the incident with R2 and had been observed using the lift.</p> <p>During an interview on 06/03/25 at 3:45 PM, R2 confirmed there had been an incident on 05/11/25 when she was being transferred by CNA7 where the lift tipped over. R2 stated she had been asking the staff to transfer her using only one person, but after the incident, the staff had talked to her, and she no longer asked for just one person to transfer her. R2 stated the aides were using two people to complete the transfers.</p> <p>During an observation on 06/04/25 at 9:50 AM, R1 was observed being transferred from the shower chair to her bed. CNA13 and CNA14 were observed transferring R1, using proper lifting techniques.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/03/25 at 5:05 PM, the CQN confirmed the incident with R2 did occur. The CQN stated the resident was assessed to need a Hoyer lift for transfers, and facility policy required two staff members when using mechanical lifts. The CQN reported CNA7 had been assessed to be competent in lifting techniques and had signed that she was aware of the facility's policy requiring two staff members for mechanical lifts. The CQN stated CNA7's employment had been terminated following the incident due to the failure of not following facility policy. The CQN stated following the incident, a PIP had been implemented that included providing re-education to all nursing staff and reminders of the facility's policy requiring the use of two staff members when using a mechanical lift. The CQN stated the care plans for all residents were reviewed to ensure the proper mode of transfers/lifting had been identified for each resident. The CQN stated audits had been conducted for three weeks, with the last week of audits being 06/02/25, to ensure staff were using two people for transfers and were using proper lifting techniques. The CQN reported there had been no further incidents related to the mechanical lifts.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, facility policy review, and review of the manufacturer's manual, the facility failed to conduct monthly inspections of seven of seven facility owned Hoyer (mechanical) lifts and of lifts owned by two of two (Resident (R) 2 and R6) residents with personal mechanical lifts. This failure increased the risks of accidents due to mechanical failure.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Specialized Medical Equipment, dated 04/04/24, revealed, . Maple Springs will ensure that all specialized medical equipment is identified and assessed for safety and necessity .</p> <p>Review of the undated MedLine Battery Operated Patient Lift manual, provided by the Maintenance Director (MD), revealed, . At least once a month, the patient lift should be thoroughly inspected to recognize any signs of wear, and/or looseness of bolts or parts. Replace any worn parts immediately . Always follow the maintenance and cleaning schedule closely and fully while including any specific state regulations should they apply. Keep a logbook of maintenance times and work performed or parts replaced .</p> <p>1. During an interview on 06/03/25 at 3:46 PM, the Maintenance Director (MD) stated he did not conduct inspections on the facility's Hoyer lifts. He stated, I check on them and tighten them, clean hair out of the wheels. He stated, If they break, and they don't, we have a company come in. The MD was asked if he kept logs of his checks. He stated, No. The MD was asked if there were manufacturers' manuals for the lifts. He stated yes, left the room, and retrieved a manual.</p> <p>Continuing with the interview on 06/03/25 at 4:03 PM, the MD provided a manufacturer's manual for the Hoyer lifts. Review of the manual revealed the lifts were to be inspected monthly and a logbook recording maintenance services should be kept. The MD was asked how often he completed his checks of the lifts. He stated, Not as frequently as it says in there (pointing to the manual).</p> <p>During an interview on 06/05/25 at 1:47 PM, the Administrator was asked what the expectation was related to inspections of the mechanical lifts. He stated, Per the manual, monthly. The Administrator confirmed there were no logbooks for any maintenance or inspection of the lifts.</p> <p>On 06/05/25 at 12:30 PM, the Corporate Quality Nurse (CQN) confirmed the facility had seven Hoyer lifts.</p> <p>2. Review of R2's Profile tab of the electronic medical record (EMR) revealed R2 was readmitted to the facility on [DATE] with diagnoses that included hypertensive heart and chronic kidney disease with heart failure.</p> <p>Review of R2's Care Plan, dated 12/08/23, revealed staff was to use a Hoyer lift for transfers. There was no documentation R2 had her own personal lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of R2's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/30/25 and located under the MDS tab of the EMR, revealed R2 was dependent on staff for chair-to-bed and bed-to-chair transfers. It was recorded that R2 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of R2's Physician Orders, dated 10/22/23 through 06/04/25 and located under the Orders tab of the EMR, revealed no physician's order for the use of a personal mechanical lift.</p> <p>Review of R2's Misc (Miscellaneous) tab of the EMR revealed no documentation of monthly inspections of a personal mechanical lift.</p> <p>Review of R2's Progress Note, dated 05/11/25 at 6:52 PM, revealed, . CNA [Certified Nurse Aide] was transferring from bed to wheelchair using Hoyer lift. While resident was in the air the Hoyer lift suddenly fell onto its side with resident still in it . It was recorded that the resident did not have any injuries and refused to go to the emergency room for assessment.</p> <p>Review of the investigative file of the incident, provided by the Resident Advocate (RA), revealed documentation of an interview with R2 on 05/13/25, where R2 agreed to no longer use her personal mechanical lift.</p> <p>During an interview on 06/03/25 at 3:45 PM, R2 stated the lift being used at the time of the incident was her personal lift. R2 denied any knowledge of the facility completing inspections on the lift. She stated her family member had taken the lift for repairs, but the facility did not do anything with the lift as far as she knew.</p> <p>During an interview on 06/03/25 at 4:03 PM, the Maintenance Director (MD) was asked if he completed any inspections on R2's lift while she had it. He stated, No.</p> <p>2. Review of R6's Profile tab of the EMR revealed R6 was admitted to the facility on [DATE] with diagnoses that included quadriplegia.</p> <p>Review of R6's Care Plan, dated 09/26/23 and located under the Care Plan tab of the EMR, revealed staff was to use a Hoyer lift for transfers to the shower chair and commode.</p> <p>Review of R2's Physician Orders, dated 09/26/23 through 06/04/25 and located under the Orders tab of the EMR, revealed no physician's order for the use of a person mechanical lift.</p> <p>Review of R2's Misc (Miscellaneous) tab of the EMR revealed no documentation of monthly inspections of the personal mechanical lift.</p> <p>Review of R6's quarterly MDS, with an ARD of 04/10/25 and located under the MDS tab of the EMR, revealed R6 was dependent on staff for chair-to-bed and bed-to-chair transfers. It was recorded R6 had a BIMS score of seven out of 15, which indicated the resident was severely cognitively impaired.</p> <p>On 06/03/25 at 4:00 PM, a personal mechanical lift was noted in R6's room. R6 stated he thought his family member had brought the lift to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Springs of Palmer		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 East Maple Springs Way Palmer, AK 99645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 06/03/25 at 4:03 PM, the MD confirmed R6 had a personal lift. He was asked if he had completed inspections on the lift. He stated, No.</p> <p>During an interview on 06/05/25 at 1:47 PM, the Administrator stated there was no documented evidence that either R2 or R6's mechanical lifts had been assessed for safety. He stated that neither resident had a physician's order for the use of a personal mechanical lift. The Administrator confirmed there was no documentation that either lift had been inspected monthly by the facility. The Administrator stated staff did not use the personal lift with R6, but he did not know how long it had been in the resident's room. The Administrator stated his expectation was for staff to try and discourage the use of personal lifts, but if the resident insisted, he should be notified so that the policy could be implemented. The Administrator stated the mechanical lifts should be inspected monthly.</p>		