

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maple Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Sunrise Avenue Mapleton, IA 51034	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on Electronic Record Review (EHR), document review, and staff interviews the facility failed to provide a Comprehensive Care Plan including goals and interventions for pain, with the use of opioids for 1of 5 residents reviewed (Resident #7). The facility reported a census of 37 residents.</p> <p>Finding include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] documented Resident #7 had a Brief Interview for Mental Status (BIMS) of 14 indicating no cognitive impairment. MDS revealed a diagnosis of pain.</p> <p>Review of Resident #7 Physician Orders documented an order for Tramadol 50mg PRN every 6 hours with a start date of 12/23/22.</p> <p>Review of Resident #7 Care Plan revealed a lack of goals with interventions related to pain, and the use of opioids.</p> <p>On 5/8/24 at 3:25 PM the DON (Director of Nursing) stated the facility's expectation was Resident #7 ' s Care Plan would have goals and interventions in place for pain with the use of opioids. The DON stated the goals and interventions were not present in the Care Plan for Resident #7.</p> <p>The DON stated the facility has no policy for Care Plans. The DON stated the facility follows the Centers for Medicaid and Medicare Services (CMS) Resident Assessment Instrument (RAI) for Care Plan completion.</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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41785</p> <p>Based on clinical record review, and staff interviews the facility failed to update the Care Plan when a resident had a change in condition for 1 of 15 residents. Resident #35 experienced some increased weakness, loss of appetite and was diagnosed with the COVID-19 virus. The Care Plan lacked interventions or increased monitoring related to the residents needs. The facility reported a census of 37 residents</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS), dated [DATE], Resident #35 had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, indicating a severely impaired cognition. Diagnosis included heart failure, non-Alzheimer's Dementia, malnutrition, and retention of urine.</p> <p>The Physician Order's for Resident #35 included an order dated 11/6/23 for COVID-19 screening as needed.</p> <p>A Nursing Note, dated 2/3/24 at 8:16 AM, revealed the resident reported not feeling well that morning and presented with nasal congestion, shortness of breath and a sore throat. Staff administered a COVID-19 test, and the resident tested positive.</p> <p>The Care Plan included a note dated 2/3/24 indicating the resident was started on an antibiotic and steroid for COVID-19, but lacked direction to staff on interventions or monitoring goals.</p> <p>On 5/9/24 at 7:48 AM, The Director of Nursing (DON) stated the facility did not have a specific policy related to Care Plan updates and follow the standards of care.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41785</p> <p>Based on observation, interviews and policy review the facility failed to ensure that all food items were replaced before the recommended past due date. On 5/6/24 it was discovered that a bin of flour had an open date of October of 2023. The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>During an observation of the facility kitchen on 5/6/24 at 9:25 AM it was discovered that on the lid on a bin of flour, there was a piece of brown tape with a date of 10/16/23. The Certified Dietary Manager (CDM) said that would have been the date that the bin was last filled with flour. She was not sure of the recommended shelf life for flour.</p> <p>On 5/7/24 at 10:15 AM, the CDM said that she talked to the dietician about the flour and was told that in those containers, the flour would be good for 6 months. The CDM said that she had emptied the flour bin and cleaned it out and would refill it with fresh flour.</p> <p>On 5/8/24 at 2:30 PM, the facility Dietician said that she expected the staff to date the items when they are first opened. The flour should not be kept in the bin for more than 6 months.</p> <p>An undated policy titled: Safety in Food Products and Storage, indicated that all food products would be rotated.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on observation and staff interview the facility failed to provide appropriate infection prevention practices when securing a catheter drainage bag to a trash can for 1 of 1 residents reviewed (Resident #33). The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] documented Resident #33 had a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. The MDS documented Resident #33 had an indwelling catheter.</p> <p>On 5/6/24 at 10:31 AM an observation of Resident #33's catheter bag hanging on her garbage can, with trash in the garbage can. Resident #33's catheter bag lacked a dignity cover.</p> <p>On 5/8/24 at 12:25 PM Staff A, Certified Nursing Assistant (CNA) stated [catheter] either laying on a barrier on the floor or hanging from Resident #33 garbage can. Stated dignity bags are not utilized in the residents room.</p> <p>On 5/8/24 at 12:36 PM the Director of Nursing (DON) stated the facility's expectation is that it [catheter] would be placed on a barrier on the ground. The DON stated she would not expect the catheter bag to be hanging on the garbage can. The DON stated the facility had no policy on catheter placement. The DON stated the facility follows professional standards of practice.</p>