STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165267	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Heights	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004 Based on electronic record review (EHR), staff interview, and policy review the facility failed to develop a comprehensive care plan that included problems, goals, or approaches for the implementation of Enhanced Barrier Precautions for 1 of 3 residents reviewed (Resident #26). The facility reported a census of 49 residents. Findings include: Review of Resident #26's Minimum Data Set (MDS) dated [DATE] revealed Resident #26 was admitted to the facility on [DATE] from a short term hospital stay. The MDS further revealed that Resident #26 utilized the use of an indwelling catheter. Review of a document titled, Order Summary Report revealed a physician's order for a 16 french indwelling Foley catheter to be changed on the 15th of every month in the evening starting on the 15th and ending on the 15th every month for catheter change. This document further revealed that this order had an order dated of 1/8/25 and a start date of 1/15/25. Review of a document titled, Baseline Care Plan with a signed date of 2/7/25 revealed that Resident #26 does utilize an indwelling catheter. The Care Plan lacked staff directive to use Enhanced Barrier Precautions. During an interview on 2/11/25 at 2:52 PM with the Director of Nursing (DON) revealed the facility did not have a policy on accuracy of care plans. The DON further revealed the facility followed professional standards, and the Resident Assessment Instrument (RAI) when care plans are completed.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165267	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Heights	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48004 Based on observation, staff interviews, and policy review the facility failed to properly secure and store medications to minimize loss or access for 1 of 1 medication carts. The facility reported a census of 49 residents. Findings include: During a continuous observation 2/10/25 at 2:20 PM the medication (med) cart on the east hall of the facility was left unlocked and unattended for 5 minutes by Staff C Licensed Practical Nurse (LPN). In this time a Resident (Resident #29) at the facility rolled by in a wheelchair past the unlocked medication cart. At 2:25 PM Staff D Registered Nurse (RN) came from the south hallway and came to the unlocked med cart and locked it. Interview 2/10/25 at 2:36 PM with Staff E RN revealed the med cart should be locked when not working with it. Interview 2/10/25 at 3:31 PM with the Director of Nursing (DON) revealed that the facility's expectation would be for med carts to be locked when not in use or out of eyesight of the nurse using it. The DON further revealed that the facility does not have a policy for this as the facility follows standards of practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165267	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Heights	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785 Based on observations, staff interviews and clinical record review the facility failed to implement Enhanced Barrier Precautions (EBP) to prevent the spread of pathogens for 3 of 3 residents reviewed. (Residents #103, #47 and #26.) Residents #103 and #47 required enteral nutrition and medication administration (directly into the gastrointestinal tract through feeding tube.) Resident #26 had a urinary catheter. Staff failed to wear all of the required Personal Protective Equipment (PPE) when administering cares to these three residents. The Facility reported a census of 49 residents. Findings include: 1) According to the Baseline Care Plan dated 2/5/25 at 3:28 PM, Resident #103 required special treatments including suctioning, tube feedings and a suprapubic catheter. The resident was non-verbal and did not understand staff. An order dated 2/5/25 at 1:31 PM, showed that Resident #103 had continuous nutrition through enteral feedings. 2) The Profile page for Resident #47, showed special instructions for staff to use Enhanced Barrier Precautions. (infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) An order dated 2/10/25 at 6:44 PM, showed that all medications for Resident #47 should be administered via PEG (Percutaneous Endoscopic Gastrostomy, used for long-term enteral feeding) tube. The Care Plan updated on 1/20/25, showed that Resident #47 had severe limited physical mobility related to cerebral palsy and was totally dependent on staff for all Activities of Daily Living. The residents' main source of nutritional intake was through PEG tube feedings. On 2/11/25 from 9:13-9:30 AM, Staff A Licensed Practical Nurse (LPN) provided medication administration and enteral feeding set-up via Kangaroo Pump (used to deliver enteral nutrition and hydration.) Residents #103 and #47 resided in the same room. Staff A failed to wear a gown throughout the process. On 2/13/25 at 9:00 AM, the Director of Nursing (DON) acknowledged that staff were expected to use EBP when administering tube feedings and medications through the PEG tube. 48004 3. Review of Resident #26's MDS dated [DATE] revealed Resident #26 requires the use of an indwelling catheter. The MDS further revealed that Resident #26 has a diagnosis of chronic kidney disease. Review of a document titled, Order Summary Report revealed a physician's order for a 16 french indwelling Foley catheter to be changed on the 15th of every month in the evening starting on the 15th and ending on the 15th every month for catheter change. This document further revealed that this order had an order dated of 1/8/25 and a start date of 1/15/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165267	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Heights	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/11/25 at 9:51 AM observed Staff E Certified Nurses Aide (CNA) and Staff F CNA complete hand hygiene and donn gloves. Staff E and Staff F then proceeded to drain Resident #26's catheter drainage bag. Hand hygiene was completed after the procedure. No gown was worn during the process. Interview on 2/11/25 at 10:03 AM Staff F revealed that she and Staff E should have worn gowns during catheter drainage for Resident #26 as this is part of Enhanced Barrier Precautions. Interview on 2/11/25 at 2:52 PM with the Director of Nursing (DON) stated the facility's expectation was for Personal Protective Equipment (PPE) to be worn appropriately when caring for residents with enhanced barrier precautions in place. Review of a facility provided policy titled, Enhanced Barrier Precautions with a date of 7/2022 and updated date of 3/21/24 revealed: EBP should be applied to residents with any of the following: 1. Chronic wounds 2. Indwelling medical devices, regardless of MDRO (Multi-drug resistant organisms) colonization status. (Indwelling device examples include central/PICC lines, urinary catheters, feeding tubes and tracheostomies).