

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Maple Manor Village		STREET ADDRESS, CITY, STATE, ZIP CODE 345 Parrott St Aplington, IA 50604	

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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>42134</p> <p>Based on employee file review, policy review, and staff interview the facility failed to ensure staff completed dependent adult abuse training within 6 months of hire for 1 of 5 employees reviewed. The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>The employee file for Staff A, dietary aide, documented a hire date of 9/1/23. The file contained the Iowa Department of Health and Human Services Dependent Adult Abuse Mandatory Reporter Training certificate dated 4/2/24.</p> <p>The facility policy titled Abuse Prevention, Training and Investigation, last reviewed on 12/30/20 documented new employees that have not previously taken a state approved curriculum on mandatory reporting of dependent adult abuse will complete the required 2 hour training within 6 months of hire.</p> <p>During an interview on 4/2/24 at 2:26 PM, Staff B, Human Resources, confirmed Staff A's hire date was 9/1/23. She acknowledged the 4/1/24 was 7 months post hire and the certificate was dated 4/2/24.</p> <p>During an interview on 4/2/24 at 5:00 PM, Staff A explained he had not worked in any other facility or position that required him to have the training. He explained he was taking the training for the first time that day.</p> <p>During an interview on 4/2/24 at 5:15 PM, the administrator explained she expects the training to be completed within 6 months of hire.</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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