STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165346	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Manor Village	345 Parriott Street 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)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, Resident Assessment Instrument (RAI) manual, and staff interview the facility failed to complete a significant change Minimum Data Set (MDS) assessment within 14 days of a status change for 1 of 2 residents reviewed for hospice care (Resident #41). The facility reported a census of 36 residents. Findings include:Resident #41's MDS dated [DATE] lacked a completion date. Resident #41's Hospice admission Consent form, Medicare Hospice Benefit Election form and the Election of Medicaid Hospice Benefit form were signed and dated on 12/5/2025. Resident #41's Progress Note written 12/5/25 at 10:00 AM documented they would be admitted to hospice later that day. The Long-Term Care Facility RAI 3.0 User's Manual, version 1.20.1 dated October 1, 2025, instructed the MDS assessment must be completed no later than 14 calendar days after the determination of a significant change in the resident's status. It defined a hospice enrollment as a significant change. On 2/16/26 at 9:44 AM the Director of Nursing (DON) reported the facility currently didn't have a MDS Coordinator. Since late November the facility used an offsite group to complete the MDS'. On 2/17/26 at 10:17 AM the MDS/Reimbursement Specialist reported she didn't know about the 14 days from hospice elect. She treated all significant assessments changes the same but realized it when looking at the MDS table on page 2-17 of the RAI manual, itdocumented the determination date for significant changes plus 14 days to complete.

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