

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Maple Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Bolger Drive Fayette, IA 52142	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>42134</p> <p>Based on clinical record review, and resident and staff interview the facility failed to complete pre and post dialysis assessments for 1 of 1 resident reviewed for dialysis services (Resident #24). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #24 dated 4/9/25 documented the Resident's diagnoses included hypertension, renal insufficiency, and diabetes mellitus. The MDS documented the Resident received dialysis while a resident at the facility.</p> <p>The Care Plan for Resident #24 included a focus area of care of a resident on dialysis services. The interventions included dialysis 3 times a week. It also included to document and monitoring of complications, pre and post dialysis weights and access site. The Care Plan directed nurses to complete pre and post dialysis assessment twice a day on Mondays, Wednesdays, and Fridays before and after her dialysis treatments.</p> <p>During an interview on 5/20/25 at 9:34 AM, Resident #24 explained she went to dialysis 3 times a week, on Monday, Wednesday, and Friday. She further explained she rides the public transit bus Monday and Wednesday but on Friday her kids take her.</p> <p>Review of the clinical record including assessments and the Progress Notes revealed the pre-dialysis assessment had not been completed on 11/22/24, 12/2/24, 2/17/25, 5/5/25, 5/7/25 and 5/9/25. Further review of the clinical record revealed the post-dialysis assessment had not been completed on 8/5/24, 9/9/24, 9/16/24, 10/4/24, 10/14/24, 12/9/24, 1/17/25, 2/17/25, 2/26/25, 2/28/25, 3/3/25, 4/4/25, 4/7/25 and 5/9/25.</p> <p>During an interview on 5/21/25 at 2:35 PM the Assistant Director of Nursing (ADON) explained she expects both pre and post dialysis assessments to be completed. She acknowledged the clinical record was lacking assessments as listed above.</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: 165437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Maple Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Bolger Drive Fayette, IA 52142	
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 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>34821</p> <p>Based on observation, clinical record review, staff interview, and facility policy review the facility failed to utilize enhanced barrier precaution for 1 of 1 residents reviewed (Resident #39). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #39 dated 4/24/25, listed diagnoses of hypertension, coronary artery disease (CAD), and depression. The MDS included a Brief Interview for Mental Status (BIMS) score of 5 (severe cognitive impairments). The MDS identified an indwelling urinary catheter for Resident #39.</p> <p>The Care Plan for Resident #39 dated 5/1/2025, revealed the diagnosis for the indwelling catheter as hydronephrosis with ureteropelvic junction (UPJ) obstruction occurs when a blockage at the point where the kidney connects to the ureter (the tube that carries urine to the bladder) causes urine to back up and swell the kidney. The Care Plan failed to direct the use of enhanced barrier precautions (EBP).</p> <p>The Treatment Administration Record (TAR) dated 5/2025, directed to monitor catheter output every shift.</p> <p>On 5/21/25 at 11:31 AM, a sign hung on the wall outside of Resident #39's room door undated that read STOP ENHANCED BARRIER PRECAUTIONS EVERYONE MUST: The sign direct providers and staff must: Wear gloves and a gown for the following high contact resident care activities, that included device care or use: urinary catheter. The bottom of the sign identified the guidance came from the United States Department of Health and Human Services Centers for Disease Control (CDC) and Prevention.</p> <p>On 5/21/25 at 11:32 AM, Staff A, Certified Nurses Aid (CNA) entered Resident #39's room, explained the need to empty his urinary catheter bag. She completed hand hygiene applied gloves and emptied the urine from the catheter bag. She took the urine into the bathroom and dumped it into the toilet. Staff A failed to wear the gown for the EBP as she completed the high contact activity with Resident #39.</p> <p>On 5/22/25 at 10:22 AM, the Assistant Director of Nursing (ADON) Infection Preventionist (IP) reported she expected staff to use EBP with cares for any resident with a catheter. The need to wear gloves, gowns, and face shield in case of a splash. The ADON stated Staff A reported to her after she completed the cares for Resident #39, that she failed to use the needed EBP.</p> <p>On 5/22/25 at 2:30 PM, the ADON/IP reported the EBP needed to be included in the Care Plan, then it would show on the Kardex.</p> <p>On 5/22/25 at 1:31 PM Staff A reported she forgot to use a gown when she emptied Resident #39's catheter leg bag.</p> <p>The facility provided Enhanced Barrier Precaution Policy undated that directed,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Maple Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Bolger Drive Fayette, IA 52142	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Purpose: EBP require the use of gowns and gloves during high-contact resident cares.</p> <p>Implementation: The policy is particularly relevant for residents with chronic wounds or indwelling medical devices.</p> <p>This policy aligns with guidelines from the Center for Disease Control (CDC) and Centers for Medicare & Medicaid Services (CMS) to ensure safety and infection control in long-term care facilities. She stated they follow the CDC guidelines.</p>