STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175508	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Heights Nursing & Rehabilitative Center	302 E Iowa Street Hiawatha, KS 66434

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27168 The facility had a census of 44 residents. The sample included 15 residents with one reviewed for pressure ulcers. Based on observation, record review, and interview, the facility failed to initiate effective interventions to prevent the development of a left heel, facility acquired, unstageable pressure ulcer (depth of the wound is unknown due to the wound bed being covered by a thick layer of other tissue and pus,) for Resident (R) 9. Findings included: - R9 's diagnoses included healing fracture neck of the left femur (thigh bone,) dementia (a progressive mental disorder characterized by failing memory and confusion) osteoporosis (abnormal loss of bone density and deterioration of bone tissue with an increased fracture risk,) and muscle weakness. R9's Quarterly Minimum Data Set (MDS), dated [DATE], recorded the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The MDS documented required extensive assistance of two staff with bed mobility and transfers. The MDS further documented the resident had one unstageable pressure ulcer that was not present on admission. The Pressure Ulcer Care Area Assessment (CAA), dated 01/16/25, documented the resident was a moderate risk for pressure ulcers due to her skin is often moist, being chairfast, mobility limitations and problem with friction and shearing due to moderate to maximum assistance. The CAA documented the resident required one on one assistance with transfers due to recent left hip fracture repair. The CAA documented the resident was dependent on staff for all weight bearing Activities of Daily Living (ADLs) and for dressing and personal cares. The Braden Scale Assessment for predicting pressure ulcer risk, dated 12/26/24 documented a score of 16.0 indicating the resident was at risk. The Pressure Ulcer Care Plan, dated 01/09/25, documented the resident was at moderate risk for pressure ulcers due to skin is often moist, being chair fast, mobility limitations and problems with frictions and shearing due to moderate to maximum assistance with movement. The care plan directed the staff to complete a weekly skin assessment and report any skin concerns to the wound nurse and physician. The care plan directed the staff to provide a pressure redistribution mattress in the bed and a pressure relief cushion in her recliner. Interventions would be adjusted according to R9's needs. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Physician Order, dated 01/09/25 directed the staff to apply a pressure redistribution mattress to bed, and a pressure relieving cushion in her recliner and wheelchair. The 02/15/25 at 06:53 AM, Nurse's Notes, documented the aide reported a new skin impairment on the left heel. The nurse assessment documented the area measured 8.0 centimeter (cm) by 5.0 cm across a boney prominence of the heel. The staff were to add heel protector boots while the resident was in bed and recheck history of interventions. The staff are presently off-loading the heels at the time of impairment discovery, and staff would monitor the left heel area daily for eschar changes and notify the nurse and primary care physician if any changes were noted. The Physician Order, dated 02/16/25, documented to monitor the left heel area daily, do not apply a dressing to the area. The staff would notify the wound nurse and the primary care physician if any changes occur, or sign and symptoms of infection are present. The Weekly Pressure Injury Skin Report, dated 02/16/25, documented R9 had an area on her left heel, measuring 5.0 centimeter (cm) by 8.0 cm, no tunneling, with thick eschar (dead tissue), hard leathery black exudate (a fluid that leaks out of body vessels and tissues.) The report documented the suspected cause was from R9's recliner. The staff have added task of placing a heel protection on the left heel while in recliner. The 02/19/25 at 12:58 PM, nurse's notes, documented the resident had one wound, a patch of eschar that covered the entire heel and pressure interventions started for management include wearing protective heel and foot cushions while the resident was in the recliner. Heel protectors have been added to the care plan off-loading heels were in place at the time of the wound occurrence, and heel protectors have been added to the care plan, to be on the left heel while in the recliner as this is the suspected cause of the pressure location. R9 has been noted to draw up her left leg and place her heel in the diversion of the footrest of the chair matching roughly to the eschar location. The Weekly Pressure Injury Skin Report, dated 03/08/25, documented R9's area on left heel, measured 5.0 cm by 8.0 cm, no tunneling, unstageable, with eschar of the left heel. The Weekly Pressure Injury Report, dated 03/12/25, documented R9 had a left heel pressure ulcer, measuring 4.1 cm by 4.1 cm, no tunneling, eschar was noted to have slight peeling at the distal edges, and a ring of it came off during the week and the remainder is well adhered. The surrounding tissue is pink with some scar tissue from the healing area. The Weekly Pressure Injury Report, dated 03/22/25, documented R22 had a left heel pressure ulcer, measuring 3.5 cm by 3.7 cm, no tunneling, unstageable, with eschar, and hard leathery black exudate. The report documented more eschar flaked off during assessment and the eschar remained firmly adhered. The evaluation documented the area was improving. On 03/24/25 at 12:00 PM, observation revealed R9 sat in her wheelchair at the dining room table, awaiting staff to deliver her lunch. Continued observation revealed the resident had a pressure relieving boot on her left foot/heel and the foot has slipped between the two metal footrest pedals. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/25/25 at 07:45AM, observation revealed R9 sat in recliner in her room with pressure relieving boot on her left foot/heel. Continued observation revealed LN H removed the resident pressure relieving boot and sock and revealed the resident's left heel with black eschar covering the heel no drainage and the eschar had separated from the skin. LN H placed the resident's sock and pressure relieving boot on her left heel/foot. On 03/25/25 at 08:30 AM, Administrative Nurse D verified the resident developed the unstageable pressure ulcer on her left heel 02/15/25. Administrative Nurse D verified the resident did not have pressure relieving boot upon admission to the facility post left hip fracture 01/02/25. Administrative Nurse D verified the resident was at risk for skin impairment and the staff off loaded her feet when in bed but stated LN I felt the resident rested her left heel on the footrest of the recliner and this is how the area developed. The The Wound Assessment, Prevention and Treatment, policy undated, documented a resident who enters the facility without pressure ulcers would not develop them unless the individual's clinical condition demonstrates that they were unavoidable. In addition, if a resident has a wound, he/she would receive necessary treatment and services to promote healing, prevent infection, and prevent new wounds from developing. On admission a comprehensive assessment that includes skin condition and other casual factors that place a resident at risk for developing pressure ulcers and/or delayed healing and the nature of the pressure to which the resident is subject to. The assessment should identify which risk factors can be removed or modified. The assessment also helps in identifying the resident with multi-system failures or an end-of-life condition or who is refusing and treatment and the basis for the refusal and the identification and evaluation of potential alternatives. All residents with a pressure ulcer and all residents identified at risk for skin breakdown would have the problem identified on the Plan of Care with appropriate preventative approaches identified.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32360 The facility had a census of 44 residents. The sample included 15 residents, of which five were reviewed for medication use. Based on observation, record review, and interview, the facility failed to ensure the Consultant Pharmacist (CP) identify and report Resident (R) 39's antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication had an approved indication for use. This placed the residents at risk for inappropriate use of medication. Findings included: - The Electronic Medical Record (EMR) for R39 documented diagnoses of dementia (a progressive mental deterioration characterized by confusion and memory failure) without behavioral disturbance, vitamin D deficiency, and hypothyroidism (a condition characterized by decreased activity of the thyroid gland). The Admission Minimum Data Set (MDS), dated [DATE], documented severely impaired cognition. R39 required set-up assistance from staff for eating, oral hygiene, and partial assistance with dressing. R39 had physical and verbal behaviors toward others, wandered four to six days, and rejected care one to three days. R39 received antipsychotic medication (a class of medications used to treat major mental conditions that cause a break from reality) daily. The Psychotropic Drug Use Care Area Assessment (CAA), dated 12/26/24, documented R39 received risperidone (antipsychotic medication) on schedule for her anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) and agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition). The Care Plan, dated 01/13/25, directed staff to administer medications as directed, document any side effects, and monitor her behaviors. The care plan directed staff to complete the Abnormal Involuntary Movement Scale (AIMS rating scale that was designed to measure involuntary movements know as tardive dyskinesia). The Physician's Order, dated 12/21/24, directed staff to administer risperidone, 0.25 milligrams (mg), by mouth, in the afternoon, for anxiousness (experiencing worry, unease, or nervousness), until 12/27/24. This medication was discontinued on 12/23/24. The Physician's Order, dated 12/23/24, directed staff to administer risperidone, 0.5 mg, by mouth, twice a day, for agitation. This medication was discontinued on 01/16/25. The Physician's Order, dated 01/16/25, directed staff to administer risperidone, 0.25mg, by mouth, twice a day, for psychosis (any major mental disorder characterized by a gross impairment perception). This medication was discontinued on 01/29/25. The Physician's Order, dated 01/29/25, directed staff to administer risperidone, 0.5 mg, by mouth, twice a day, for dementia without behavioral disturbance. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In the review of the EMR and Consultant Pharmacist monthly review from 12/2024 to 03/2025, lacked documentation regarding the approved indication or risk versus benefit for the continued use of the risperidone medication for dementia. On 03/25/25 at 09:23 AM, R39 ambulated down to the doors to leave the Memory Care Unit, and knocked on the door over and over, stating hey lady, hey lady! On 03/25/25 at 09:40 AM, Certified Medication Aide (CMA) R stated R39 spent a lot of time at the doors going out of the Memory Care Unit, exit seeking. Staff redirect her by offering food or conversation. On 03/25/25 at 02:31 PM, Licensed Nurse (LN) G stated R39 was often more active and exit-seeking during the evening and not during the day. When R39 was anxious. staff take her to her room and show her the paintings she painted that hung in her room or show her the book she had with her paintings in it. LN G stated R39's husband visited daily and often took her out for coffee or ice cream and spent a lot of time with her. LNG stated R39's behaviors have been more under control with the risperidone medication. On 03/25/25 at 03:31 PM, Administrative Nurse D stated she was unaware of the diagnosis of dementia for risperidone and stated she did not have a risk versus benefit or any type of indication for the use of the medication. Administrative Nurse D stated, the Consultant Pharmacist had not reported any irregularities related to the medication to her. The facility's Pharmacy Services policy, undated, documented the facility ensures that pharmaceutical services, are provided to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice. The facility failed to ensure that the CP identified and reported R39's antipsychotic medication had an approved indication for use. This placed the resident at risk for receiving inappropriate psychotropic medication.

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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. 27168 The facility had a census of 31 residents. Based on observation, interview, and record review, the facility failed to label Resident (R) 12 and R31s' insulin (a hormone that lowers the level of glucose in the blood) flex pens when started in use and when expired. This deficient practice placed the affected residents at risk for ineffective medications. Findings included: - On 03/24/25 at 09:10 AM, observation of the facility's 100 and 200 hall treatment cart revealed the following: R12's Lantus (long-acting insulin) two flex pens were not labeled with an open or expired date. R31's Humalog (fast-acting insulin) flex pen was labeled with an open date of 02/26/25 and expired date of 03/19/25. (Date of observation 03/24/25 - 5 days past expiration) On 03/24/25 at 09:15 AM, Administrative Nurse D verified the nurses should label and date the insulin flex pens with the date opened and the expiration date and should discard the expired insulin pens. Medlineplus.gov directs open, unrefrigerated Lantus and Humalog can be used within 28 days; after that time, they must be discarded. The facility's Storage of Medication policy, undated, documented the facility would assure proper storage and safe storage of medications requiring refrigeration and to prevent the potential alteration of medication by exposure to improper temperatures. The facility would provide safe and effective storage of all drugs and biologicals in a locked storage area with limited access by authorized personnel. The facility would ensure that all drugs and biologicals used would be labeled in accordance with professional standards, including expiration dates (when applicable) and with appropriate accessary and precautionary instructions (such as shake well, take with meals, do not crush, special storage instructions.) Staff should observe proper storage and labeling requirements for all medications and vaccines during the performance of their daily tasks and should demonstrate safety in regard to the medication's integrity, such duties should include but not limited to: Remove any expired medications from active stock and discard medications according to facility policy. The facility failed to date the insulin flex pens when opened and the expiration date placing the residents at risk for ineffective medication

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 27168 The facility had a census of 44 residents. The facility had one kitchen. Based on observation, interview, and record review the facility failed to prepare, store, distribute, and serve food under sanitary conditions for the 44 residents in the facility, who receive their meals from the kitchen. This deficient practice placed the residents of the facility at risk for food borne illness. Findings included: - On 03/24/25 at 8:20 AM, during initial kitchen tour, observation revealed the following: Two 24 inch by 24 inch, air vent located above the cooking stove area covered with brownish grease/sticky substance and gray fuzzy substance blowing directly on the food preparation and stove cooking area. Four overhead florescent light fixtures had the covers missing and located over the food preperation area. One 36 inch by 24 inch return air grill covered with brownish gray fuzzy substance that covered the metal grill. Six round light bulbs with wire cages around the bulbs, located in the exhaust hood above the stove top with brownish gray fuzzy substance affixed to the wire cages. Continued observation revealed two fire suppression spigots with brownish gray fuzzy substance that covered the hose and spigot area. On 03/24/25 at 9:00 AM, Dietary staff BB verified the dirty register grill, the dirty light bulbs and fire suppression spigots in the exhaust hood, and the overhead florescent light -the bulbs were not encapsulated with a plastic covering and lacked a cover for the light fixtures. Dietary Staff BB stated maintenance staff cleaned the grills and replaced the light bulbs and fixtures On 03/24/24 at 11:00 AM, Maintenance Staff U verified the dirty register grill, the dirty light bulbs and fire suppression spigots in the exhaust hood, and the overhead florescent light - and verified the bulbs were not encapsulated with a plastic covering and lacked a cover for the light fixtures. Maintenance Staff U stated the light fixtures had been missing the covers since he started at the facility about one year ago and stated the air grill and registers were cleaned about one month ago. The facility's Cleaning and Disinfection of Environment policy, dated October 2018, documented environmental surfaces would be cleaned and disinfected according to current Center for Disease Control (CDC) recommendations for disinfection of healthcare facilities. Housekeeping surfaces would be cleaned on a regular basis, when spills occur, and when the surfaces become visibly soiled.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 32358 The facility had a census of 44 residents. Based on observation, record review and interview the facility failed to provide a safe, sanitary environment for Resident (R) 15 when staff failed to clean his carpet and recliner. Findings included: 03/24/25 at 10:00 AM, R15's room had a black stain in the carpet in front of a recliner, approximately 18 inches (in) long by eight in wide. The recliner had a red stain on the left arm , approximately six in. by three in wide. The left arm cover had a yellow stain , approximately two in by two in. The room and the recliner had a urine odor. 03/25/25 at 11:47 AM Housekeeping Supervisor (HS) V verified there was a urine odor in R15 room. HS V stated the urine smell was in the carpet and the recliner. HS v verified the stains in the carpet and on the recliner and stated she had cleaned the carpet several times and could not get the urine odor out, it was probably in the carpet pad also. 03/25/25 11:59 AM Administrative Staff A stated she was aware of the urine smell in the resident's room and recliner. The stain in front of the recliner is from when the resident was able to do crafts, he spilled paint. Administrative Staff A stated the faciity had a plan to start replacing carpeted rooms with vinyl flooring. Administrative Staff A stated she knew the recliner had an urine odor. The facility's Cleaning and Disinfection of Environmental Surfaces Policy, revised August 2019, documented environmental surfaces would be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendations for disinfection of healthcare facilities and the Occupational Safety and Health Administration (OSHA) bloodborne pathogen standard.