

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
NAME OF PROVIDER OR SUPPLIER Maplecrest Rehab & Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 174 Main St Madison, ME 04950	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51669</p> <p>Based on interviews, record reviews, and facility policy, the facility failed to ensure care plans were updated/implemented for 2 of 3 residents reviewed during a complaint investigation.</p> <p>Findings:</p> <p>1. Resident #1 was admitted to the facility on [DATE], with diagnoses including: history of heart attack; cerebral infarction; hemiplegia and hemiparesis; dysphagia; and morbid (severe) obesity.</p> <p>Review of Resident #1's care plan, updated 5/2/24, states, Interventions: Supervision/assistance is required at meal and snack times. Open all items .cut into small pieces .</p> <p>Review of Resident #1's active orders, dated October 2024, revealed diet order dated 6/14/24 for, Consistent carbohydrate, regular texture, continuous. Further review of Resident #1's clinical record lacked evidence of the need to cut food into small pieces.</p> <p>During an interview with 2 surveyors, on 10/28/24 at 10:41 a.m., Director of Nursing (DON) stated it was her expectation that a resident's care plan should reflect their personal goals and interventions because they are supposed to be individualized. DON further stated that Resident #1 does not have his/her food cut up and is unsure why it's in his/her care plan. At this time, DON reviewed Resident #1's care plan and confirmed his/her care plan was last reviewed on 8/1/24 and should not include cut into small pieces.</p> <p>2. Resident #2 was admitted to the facility on [DATE], with diagnoses including dementia; dysphagia.</p> <p>Review of quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #2 had a Brief Interview for Mental Status (BIMS) of 4 out of 15, indicating he/she is not cognitively intact.</p> <p>Review of Resident #2's care plan, updated 9/26/24, states, .uses upper dentures (partial)- assist him with cleaning and putting them in daily as tolerated and as needed .</p> <p>(continued on next page)</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a lunch observation on 10/28/24 at 12:05 p.m., Certified Nursing Assistant (CNA) 1 was observed providing feeding assistance to Resident #2 in the dining room. Resident #2 did not appear to be wearing any dentures. At this time a surveyor asked CNA 1 if Resident #2 was wearing dentures. CNA 1 indicated that Resident #2 was not wearing dentures but knows Resident #2 has them because there's a cup for them in his/her room. CNA 1 stated Resident #2 doesn't really wear them anymore.</p> <p>During an observation of Resident #2's room on 10/28/24 at 3:37 p.m., CNA 2 confirmed that she has never put dentures in for Resident #2. At this time, CNA 2 located an empty denture cup labeled [Resident #2] in a drawer by the sink.</p> <p>During an interview with 2 surveyors on 10/28/24 at 3:23 p.m., DON confirmed Resident #2 has not been wearing his/her dentures for a while and will ensure the care plan is updated appropriately.</p> <p>Review of facility policy, Comprehensive Person-Centered Care Planning, dated January 2019, states, The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with Resident Rights, which includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs .</p>