

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 12/11/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>49635</p> <p>Based on record review and interview, the facility failed to ensure that a resident's choice in the area of bathing was followed for 1 of 3 sampled residents [Resident #1 (R1)].</p> <p>Finding:</p> <p>On 12/11/24 at 12:30 p.m., during an interview with a surveyor, R1 stated he/she had not been offered a shower since they broke their leg. R1 stated my hair is long overdue for a washing.</p> <p>On 12/11/24, clinical record review indicated R1 fell from a Hoyer lift resulting in a fracture to the left leg on 11/20/24. R1 had a brief interview for mental status (BIMS) score of 15 on 12/2/24, which indicates the resident is cognitively intact. The care plan states, [R1] has a self care deficit related to [Multiple Sclerosis (MS)] as evidenced by residents inability to perform [activities of daily living (ADLs)] without assist. The orthopedic provider signed orders on 12/4/24 stating 1. Continue [left] knee brace, may remove for hygiene and 2. May transfer [from] bed to chair with brace in place as comfort allows. The record lacked evidence that the resident was offered, provided, or refused a shower after 11/20/24.</p> <p>On 12/11/24 at 1:55 p.m., during an interview, a surveyor and the Director of Nursing reviewed R1's clinical record. At this time the surveyor confirmed the above finding.</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>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** 49635</p> <p>Based on record review, and interviews, the facility failed to ensure a care plan was updated in order to meet the physical needs of a resident for 1 of 2 residents reviewed during a complaint investigation [Resident #1 (R1)].</p> <p>Finding:</p> <p>R1 was admitted on [DATE] with a diagnosis of Multiple Sclerosis (MS). On 11/20/24 R1 experienced a fall from a Hoyer lift resulting in a fracture of the left knee. The provider order dated 11/21/24 states wear left knee immobilizer as tolerated. On 12/4/24, the orthopedic physician signed an order stating (1) Continue [left] knee brace, may remove for hygiene. (2) May transfer [from] bed to chair with brace in place as comfort allows. (3) While in chair should have [left] leg supported. (4) Strictly [non weight bearing] on [left] leg. (5) [follow-up] 4 weeks for re-[check] xray.</p> <p>On 12/11/24, review of R1's care plan indicated, [R1] has a self care deficit related to MS as evidenced by residents inability to perform [activities of daily living (ADLs)] without assist. The surveyor was unable to locate a care plan for the management of a left knee fracture or use of a knee immobilizer.</p> <p>On 12/11/24 at 1:55 p.m., during an interview with a surveyor, the Director of Nursing stated the knee immobilizer should be addressed in the care plan. At this time the surveyor confirmed the above finding.</p>