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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225229 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER Maplewood Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 6 Morrill Place Amesbury, MA 01913 | |

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) |
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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37330</p> <p>Based on records reviewed, interviews and observation for one of two resident care units, the Facility failed to ensure the food/beverage items served to the residents were safe and at an appetizing temperature.</p> <p>Findings include:</p> <p>Review of the Resident Council Minutes indicated the following:</p> <ul style="list-style-type: none"> - On 02/24/25, the residents were concerned about receiving the food being cold upon delivery by staff. - On 03/04/25, the residents continued to be concerned about the food being cold upon delivery by staff. - On 04/01/25, the residents said the kitchen was inconsistent with food temperatures, the food continued to be cold, and the Facility needed a plan to prevent the food from being cold upon delivery. <p>During an interview on 05/08/25 at 4:10 P.M., President of Resident Council said residents continue to share with at meetings and with him/her that food meant to be hot is cold and the food was awful. The President said the Facility's food temperatures have been inconsistent when staff deliver the meal trays.</p> <p>Review of the Meal Delivery Times indicated the Breakfast carts are delivered on the units from 7:45 A.M. to 8:05 A.M.</p> <p>During an observation on 05/08/25 at 8:00 A.M., in the Facility's Kitchen, the Surveyor observed the Kitchen Aides during the Breakfast tray line service (assembly where workers at various stations add specific components to the trays as they move along a continuous line). The Surveyor observed the Kitchen staff having a difficult time keeping the individual plate covers over the food and getting the top cover to fit correctly with the bottom part. The Surveyor observed the plate covers slide off when the Kitchen Aide placed the resident's meals onto the Meal Cart and several of the covers stayed off, not covering the plate of food when the meal was placed in the Meal Cart for delivery.</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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>This Surveyor observed the Kitchen Aides use two plate bottoms over the residents' meals or only a single cover was placed over the residents' food plate and then placed on the Meal Cart for delivery.</p> <p>On 05/08/25 at 8:17 A.M., a Kitchen Aide delivered the Meal Cart to Main 2 Unit, the Surveyor observed staff passing out breakfast trays to residents.</p> <p>On 05/08/25 at 8:29 A.M., the Food Service Director (FDS), in the presence of the surveyor, took the temperatures of the last two Breakfast trays on the Main 2 Unit food truck. The temperature checks were as follows:</p> <p>Breakfast Tray #1:</p> <ul style="list-style-type: none"> -eggs scrambled registered at 97 degrees Fahrenheit (F). -small plastic glass of milk registered at 44.8 degrees F. -coffee registered at 150.0 degrees F. -muffin registered at 90.0 degrees F. <p>Breakfast Test Tray #2:</p> <ul style="list-style-type: none"> -eggs scrambled registered at 93.9 degrees F. -small glass of milk registered at 47.5 degrees F. -small glass of apple juice registered at 54.1 degrees F. -oatmeal registered at 105.9 degrees F. -coffee registered at 147.7 degrees F. -muffin registered 86.5 degrees F. <p>The FSD said the beverage and food items for the Breakfast Test trays were not the correct temperatures, and the danger zone was 42.0 degrees F. to 134.0 degrees F.</p> <p>The FSD said the temperatures needed to be:</p> <ul style="list-style-type: none"> -cold beverage temperatures no higher than 36.0 degrees, -hot beverages temperatures 135.0 degrees F, -eggs are difficult to keep at a consistent temperature and needed to be 135.0 degrees F, -Oatmeal needed to be above 135.0 degrees F. <p>(continued on next page)</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The FSD, along with the Surveyor, reviewed the Test Tray Evaluation Form, dated 05/08/25 which indicated Breakfast Kitchen temperatures (taken before the cart left the kitchen).</p> <ul style="list-style-type: none"> - Eggs registered at 165.0 degrees F. - Cold Beverage 36.0 degrees F. (did not indicate if the temperature was the milk or apple juice). - Oatmeal registered at 170.0 degrees F. - Apple Juice registered at 36.0 degrees F. - Coffee 160.0 degrees F., and - Muffin registered at 163.0 F. <p>The FSD said the Facility does not have enough food covers for the residents plates and the Kitchen Aides have been using two plate bottom covers to delivery the food to the residents.</p> <p>Review of the Meal Delivery Times indicated the Lunch carts times were 11:55 A.M. to 12:25 P.M.</p> <p>During an observation on 05/08/25 at 12:05 P.M., in the Facility's Kitchen, the Surveyor observed the Kitchen Aides during the Lunch tray line service. The Surveyor observed the Kitchen staff continuing to have a difficult time keeping the individual plate covers over the food and getting the top to fit correctly with the bottom cover. The Surveyor observed the plate covers slide off when the Kitchen Aide placed the residents' meal onto the Meal Cart and several of the covers stayed off of the plate of food when the meal was placed in the Meal Cart for delivery.</p> <p>On 05/08/25 at 12:30 P.M., Kitchen Aide delivered the Meal Cart to Main 2 Unit, the Surveyor observed staff passing out Lunch trays to residents.</p> <p>On 05/08/25 at 12:30 P.M., the FSD in the presence of the Surveyor, took the temperature of the last two Lunch trays on Main 2 Unit food truck. The temperature checks were as follows:</p> <p>Lunch Tray #1:</p> <ul style="list-style-type: none"> -cottage cheese registered at 58.1 degrees Fahrenheit (F). -small plastic glass of milk registered at 45.5 degrees F. -cup of fruit cocktail 54.3 degrees F. -corn bread registered at 88.5 degrees F. <p>Lunch Test Tray #2:</p> <ul style="list-style-type: none"> -cottage cheese registered at 61.0 degrees Fahrenheit (F). -small plastic glass of milk registered at 44.0 degrees F. <p>(continued on next page)</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-cup of fruit cocktail 53.2 degrees F.</p> <p>-water for tea 133.6 degrees F.</p> <p>-corn bread registered at 88.5 degrees F.</p> <p>The FSD said the beverage and food items were not the correct temperatures, but the temperatures were not in the danger zone of not be able to be consume.</p> <p>Review of the Test Tray Evaluation Form, dated 05/08/25, indicated Lunch Kitchen Temperatures were as follows;</p> <p>- Cottage Cheese, Milk and Fruit cocktail registered at 35.0 degrees F.</p> <p>- Coffee 160.0 degrees F.,</p> <p>- Corn Bread and Cake registered at room temperature.</p> <p>- The FSD said the temperature of the hot water (for hot beverages) was not taken in the kitchen, was overlooked, but said the coffee was okay.</p> <p>During an interview on 05/08/25 at 4:45 P.M., the Administrator and Director of Nursing said they are aware of the meal covers and bottoms not fitting properly during delivery mealtimes and had been informed the beverage and food items were not the correct temperatures upon delivery. The Administrator said they are working on keeping the food warm and awaiting approval for new meal covers and bottoms.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37330</p> <p>Based on observations, interviews and record review, for two of two Nourishment Kitchenettes (Main 1 and Main 2), the Facility failed to ensure that food items prepared and served to residents were done safely, securely, were properly labeled and had not expired.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled, Nourishment Kitchen Procedure, undated, provided by the Facility indicated the following:</p> <ul style="list-style-type: none"> - All beverages need to be labeled with the date they are brought in, and use-by date, which includes milk, ginger ale, cola and all pitchers of juice/ice-tea-iced coffee, applesauce and bread. - All food/beverages that are not labeled need to be thrown out by staff when they are stocking and cleaning. - The Dietary staff is responsible for ensuring the fridges and cabinets are clean and tidy, using sanitizer and a clean towel. <p>Review of the Facility's Policy titled, Labeling Procedure, undated, provided by the Facility indicated the following:</p> <ul style="list-style-type: none"> - Items placed in the refrigerators must have a name and a date. - Things only last three days in the refrigerator and anything after three days will be tossed. <p>Review of the Policy titled, Food Items Procedure, updated [DATE], indicated that no staff personal food items in refrigerator and only for residents' use.</p> <p>The Facility's Policy titled, Safe Food Handling from Visitors Policy, dated, indicated daily monitoring for refrigerated storage duration and to discard any food items that have been stored for greater than to equal to three days, frozen foods or shelf stable may be retained for greater than to equal seven days, and refrigerator cleaned daily.</p> <p>During an interview on [DATE] at 8:38 A.M., the Food Service Director (FSD) said she had asked staff earlier this morning to ensure the Nourishment Kitchenettes were clean, updated and stocked. The FSD said the Diet Aides are responsible twice a day to clean and discard any food that is outdated in the Unit Kitchenettes refrigerators and to refill the snacks for the residents.</p> <p>The FSD said she performs weekly random audits to ensure the staff are cleaning, discarding expired food and restocking the Kitchenettes.</p> <p>On [DATE] at 9:00 A.M., the Surveyor accompanied by the FSD, toured the Facility's Nourishment Kitchenette on Main 2, and observed the following:</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <ul style="list-style-type: none"> - Inside the Nourishment Kitchenette, there was trash on the floor and counters. - One Box of Ensure (nutritional supplement) beverage located on top of the refrigerator (which gets warm). - One serving plate/cover located on top of the refrigerator (contained a dirty plate). - Three, One-Fluid Ounce packets of syrup were also left on top of the refrigerator. <p>Freezer (interior) Compartment Observations:</p> <ul style="list-style-type: none"> - Inside of the freezer there was a sticky substance on the walls and on the freezer door. - Two large cups with ice, no name or date written on the cup. - One large cup of frozen lemonade beverage, no name or date written on the cup. <p>Refrigerator (interior) Compartment Observations:</p> <ul style="list-style-type: none"> - there was visible dirt with a yellow, pink and white sticky substance on the shelving, walls and door shelves. - One large cup, half full of a beverage, no name or date written on the cup. - One yellow pre-made mixture (prepared by Kitchen) lemonade (large pitcher), dated to be removed [DATE] (expired by 18 Days). - One pink pre-made mixture (prepared by Kitchen) lemonade (large pitcher), dated to be removed [DATE] (expired by 5 Days). - One medium size insulated lunch bag, no name or date written on the bag. <p>On [DATE] at 9:15 A.M., the Surveyor accompanied by the Food Service Director toured the Facility's Nourishment Kitchenette on Main 1, and observed the following:</p> <ul style="list-style-type: none"> - Inside Nourishment Kitchenette, there was trash on the floor and counters. - One pre-made souffle (a small clear plastic cup with a clear lid) cup of peanut butter (prepared by Kitchen), on the counter, with no date written on the lid. <p>Freezer (interior) Compartment Observations:</p> <ul style="list-style-type: none"> - there was a sticky substance on the walls and on the freezer door. - One piece of a raw wild catch cod skinless fillet in an opened bag, with no name or date written on the bag, without a tight package seal. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <ul style="list-style-type: none"> - A Resident's Box of fruit pies, without a tight package seal, with no date written on the box and manufactured expired date, February 1, 2025 (expired by 95 Days). - Two, Three Fluid-Ounces Hoodies Ice Cream Cups, refrozen, with no name or date written on the bag. - Three little corns on the cob, with no name or date written on the corn packaging, without a tight package seal. - A Resident's ice cream, from an activity, with no date written on the package and located in the freezer. - A Resident's [NAME] Roasted Pine Nuts, manufactured expired date, [DATE] (expired by 16 Days). <p>Refrigerator (interior) Compartment Observations:</p> <ul style="list-style-type: none"> - there was visible dirt with a sticky substance on the shelving's, walls and door shelves. - Three pre-made souffle cups of vanilla pudding (prepared by kitchen), with no date written on the lid. - Two pre-made souffle cups of vanilla pudding (prepared by Kitchen), dated [DATE] (expired by three days). - Two pre-made souffle cups of vanilla pudding (prepared by Kitchen), dated [DATE] (expired by two Days). - Four, 72-Ounces Yogurt Yoplait Original cups, written date on package [DATE]. - One, 46 Fluid Ounces Thicken Apple Juice, manufactured expired date, February 18, 2025 (expired by 78 Days). - One, 46 Fluid Ounces Thicken Water, manufactured expired date, [DATE] (expired by 114 Days). - One, 16 Fluid Ounces, Classic Catalina Salad Dressing, with no name or date written on the bottle, manufactured expired date, [DATE] (expired by 14 Days). - One, Eight Fluid Ounces, Ranch Dressing, with no name or date written on the bottle. - One, 12 Fluid Ounces, Polar Seltzer Passion Fruit, with no name or date written on the bottle. - One, 20 Fluid Ounces, Vitamin Water, with no name or date written on the bottle. - One store purchased a Fruit Cup, with no name or date written on the cup. - One, pre-made 1.47 Pounds of Market Basket Meatball with Penne and Marinara Sauce, packaged on [DATE] and sell by date of [DATE]. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- Six 16 Ounces of Classic Ranch Dressing packets, Three One Ounce of [NAME] Sweet and Sour portion cups, Three single serving Ketchup packets and One Ounce Breakfast Syrup, with no name or date written on the packaging and scattered throughout the refrigerator.</p> <p>At 9:34 A.M. (on Main 1) this Surveyor observed Certified Nurse Aide #1 (CNA) attempting to place her personal beverage in the refrigerator. CNA #1 said staff did not have a refrigerator on Main 1 and she forgot she was not supposed to use the resident's refrigerator.</p> <p>The FSD said it is her expectation that Kitchen staff ensure the Kitchenettes are clean, food that has expired is to be discarded and snacks be restocked. The FSD said the name and date written on the food items needed to be clear and readable. The FSD said the expectation is that staff do not use the residents Kitchenette for their personal food/beverage items.</p> <p>During an interview on [DATE] at 3:52 P.M., the Director of Nursing (DON) said that it is her expectation the Kitchenettes are clean, food that is expired is discarded and staff do not use the resident's refrigerator. The DON said Kitchen Staff are responsible for cleaning the kitchenettes, to restock items as needed and Nursing to oversee the process. The DON said a couple of weeks ago, she had performed an audit when she started at the Facility as the DON, but has not performed a Facility Kitchenette audit since.</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37330</p> <p>Based on records reviewed and interviews for one of three sampled Residents (Resident #2), the Facility failed to ensure they maintained a complete and accurate Medical Record, when on 04/09/25 there was no Nursing documentation related to his/her acute Hospital transfer or return to the Facility.</p> <p>Findings include:</p> <p>The Facility's Policy titled Resident Assessment Policy and Procedure, dated 2025, indicated the Facility shall maintain supporting documentation for all diagnoses in a residents medical record to verify the accuracy of the resident assessment. The Policy indicated supporting documentation shall include, but is not limited to the following;</p> <ul style="list-style-type: none"> - Evaluations of the resident's physical, behavioral, mental, and psychosocial status. - Indications of distress. - Changes in Functional status and - Resident complaints, behaviors, and symptoms. <p>Resident #2 was admitted to the Facility in 12/2024, diagnoses included Parkinson's Disease (a disorder of the Central Nervous System that affects movement), Atrial Fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), Asthma, Depression, Anxiety Disorder, Paranoid Disorder (an unrealistic distrust of others or a feeling of being persecuted), muscle weakness, difficulty in walking, and lack of coordination.</p> <p>Review of Resident #2's Minimum Data Set (MDS) Quarterly Assessment, dated 02/20/25, indicated he/she was cognitively intact.</p> <p>Review of a report submitted via Health Care Facility Reporting System, (HCFRS), dated 04/09/25, indicated that Resident #1 was transported to the Hospital after 911 was called and was readmitted to the facility on [DATE] after being medically cleared.</p> <p>Review of Resident #2 Medical Record indicated there was no documentation to support Nursing had assessed Resident #2 for a change of condition, notified the Physician, that he/she had been transferred to the Hospital and returned to the Facility later that same day.</p> <p>During an interview on 05/07/25 at 12:35 P.M., Resident #2 said he/she panics a lot, has Atrial Fibrillation (irregular, often rapid heart rate that commonly causes poor blood flow) which runs in his/her family. Resident #2 said on 04/09/25, that he/she felt one of his/her arms were weaker than the other, was numb, he/she was concerned, so he/she called Emergency Medical Services (EMS-911) requested and was transferred to the Hospital.</p> <p>(continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 05/07/25 at 4:00 P.M., Nurse #1 said she on 04/09/25, she was unaware Resident #2 had called 911 around 5:30 A.M., because she was on a different floor when 911 arrived at the Facility. Nurse #1 said that when she arrived on the Unit, Resident #2 had already been transferred to the Hospital.</p> <p>Nurse #1 said on 04/09/25, she was unable to assess Resident #2 prior to his/her transfer, did not speak to the Emergency Medical Services staff or provide Resident # 2's medical status to them. Nurse #1 said under the circumstances she did not have time to write a Progress Note, did not document what had occurred with Resident #2, but did say Resident #2's documentation should have been completed prior to end of shift.</p> <p>During an interview on 05/08/25 at 3:32 P.M., the Director of Nursing (DON) said it is her expectation Nurse #1 would have document in Resident #2's Medical Chart that he/she had been transferred to the Hospital and who she had informed regarding the transfer. The DON said Nursing should also write a Progress Note on the day the resident returns from the Hospital that indicates the status of the resident.</p> | | |