

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Maple Lawn Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Sanderson Lane Coldwater, MI 49036	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake number MI00152699.</p> <p>Based on interview and record review the facility failed to ensure one out of three residents (Resident #2) was able to exercise resident rights and be treated with respect and dignity.</p> <p>Findings Included:</p> <p>Review of the facility documents revealed Resident #2 (R2) had resided at the facility since [DATE], and had a diagnosis of dementia and behavior disturbances.</p> <p>R2 was deceased at the time of the onsite investigation.</p> <p>Review of a facility investigation revealed that on [DATE] Medical Assistant (MA) C reported that Licensed Practical Nurse (LPN) D entered R2's room while she was in the room to administer medications to R2. MA C reported that R2 was lying flat in bed when LPN D gave R2 a pill, and told R2 that was a new stomach pill that he needed to take. MAC further reported that LPN D used vulgar language and told R2 that he must swallow the pills. MA C reported that R2 told LPN D that she was killing him. The investigation concluded that R2 had no recollection of the incident when Social Worker (SW) E followed up with him.</p> <p>In an interview on [DATE] at 9:30 AM, MA C stated she was in the room when LPN D entered to give R2 his medications. MA C said R2 had to swallow a pill which was a new pill that, and was the only pill that could not be crushed so he had to take it whole. MA C said R2 was not able to swallow the pill, and told LPN D he could not swallow the pill over and over multiple times. CNA C said R2 was lying flat, and water was running out of his mouth down to his chest, while LPN D kept telling him that he needed to swallow the pill. MA C said R2 just kept saying several times, that he could not. MA C said LPN D used vulgar language and told R2 to take his pill.</p> <p>An attempt was made on [DATE] at 10:04 AM to contact LPN D but was not successful.</p> <p>Review of LPN D's education revealed that LPN D had been education in resident rights in 2022, 2023, and 2024.</p> <p>LPN D was terminated from the facility on [DATE]. The reason for termination was mistreatment of resident.</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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