

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235588	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Maple Valley Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1086 W. Burdickville Road Maple City, MI 49664	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49302</p> <p>This deficiency pertains to Intake MI00149589.</p> <p>Based on interview and record review, the facility failed to conduct regular skin assessments for one Resident (#1) of three residents reviewed for quality of care resulting in the potential for untreated skin conditions.</p> <p>Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of R1's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including ischemic cardiomyopathy (a condition that reduces the heart's ability to pump blood due to decreased blood supply) and type two diabetes. Review of R1's most recent Minimum Data Set (MDS) assessment, dated 10/22/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicative of intact cognition.</p> <p>On 1/22/25 at 11:25 AM, a telephone interview was conducted with R1's Guardian [A] regarding the care she received at the facility. Guardian A stated R1 had consistent redness and irritation in her skin folds around her stomach and groin area. Guardian A stated the facility was not addressing the concern.</p> <p>On 1/22/25 at 10:51 AM, an interview was conducted with R1 who verified redness and irritation in her skin folds. R1 stated the facility was not doing anything to address the discomfort.</p> <p>Review of R1's Plan of Care revealed a focus titled, Skin Breakdown, revised 10/16/24, which read, I have a history of skin breakdown near my coccyx area and red areas in skin folds. The following interventions were listed: Apply protective or barrier ointment after incontinence or in skin folds if they become red . CNA's to inspect skin daily and report any changes (redness, rashes, wounds .) to charge nurse .</p> <p>On 1/22/25 at 12:01 PM, an interview was conducted with Registered Nurse (RN) F regarding facility expectations with skin assessments. RN F stated each resident undergoes a skin assessment at least once per week, usually on shower days, which is documented in the Treatment Administration Record (TAR) and an associated progress note in the EMR.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/22/25 at 12:46 AM, an interview was conducted with Certified Nursing Assistant (CNA) D who verified she assisted R1 on four of her last six shower days. CNA D confirmed R1 frequently had redness and irritation near her underwear line. CNA D stated if skin integrity issues or abnormalities were noted, the facility protocol is to report the concern to the floor nurse. When asked if the skin redness and irritation for R1 was reported to the nurse, CNA D stated she was unable to recall.</p> <p>Review of R1's EMR revealed the only skin and wound progress note was written on 10/26/24, 11 days after her initial admission, which read, in part:</p> <p>Inflamed reddened macerated [broken down skin resulting from prolonged exposure to moisture] right groin rash .</p> <p>No other skin assessments were noted in the EMR.</p> <p>On 1/22/25 at 1:12 PM, an interview was conducted with the Director of Nursing (DON) regarding facility skin assessment expectations. The DON confirmed all residents should have a skin assessment performed at least once per week which should be documented in the TAR with a corresponding progress note. The DON confirmed R1 had a history of yeast infections in her skin folds and no documented skin assessment since 10/26/24.</p> <p>Review of the facility policy titled, Skin Integrity, dated 1/14/14, read, in part:</p> <p>.weekly skin assessments will be done on all residents .</p>		