STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on observation, interview, and record review, the facility failed to provide a dignified dining experience for three Residents (R5, R7, and R18) of twenty-one residents reviewed for dining experience. This deficient practice resulted in frustration and helplessness for those residents who were waiting for their meal to arrive. Findings include: On 4/8/25 between 11:30 AM and 1:00 PM, an observation was made in the main dining room where residents were eating lunch. Three staff members requested a lunch tray and kitchen staff made a lunch tray for them. After observing the three staff members receiving a lunch tray a tour was made of the facility where some remaining residents were observed in their rooms and the following observations and interviews were made. Resident #5 (R5) A review of R5's medical record revealed they admitted to the facility on [DATE] with medical diagnoses including Huntington's disease (neurogenerative disease that results in the lack of coordination and involuntary body movements), aphasia (inability to use spoken language), and dysphasia (impairment in the production of speech). A review of their 1/19/26 Minimum Data Set (MDS) assessment revealed they were dependent on staff for all activities of daily living (ADL's). On 4/8/25 at 1:02 PM, an observation was made of R5 lying in his bed in his room. An attempt was made to interview R5, but they were unable to speak related to their medical condition. R5 was observed moving his mouth open and closed and motioning with his right hand when asked if they were hungry. R5 did not received his meal until 1:45 PM, over two hours after lunch started to be served. On 4/8/25 at 1:50 PM, an interview was conducted with Certified Nurse Aide (CNA) C, who was asked if R5 received their lunch yet or if they were going to get them up to eat lunch. CNA C replied, No, (R5) did not get lunch yet. We need to get them up. We have been busy with other residents and had not been able to get to them yet. Resident #7 (R7) (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R7's medical record revealed they admitted to the facility on [DATE] with medical diagnoses including diabetes mellitus type II, anxiety, and muscle wasting. A review of their 11/11/24 MDS assessment revealed they scored 8/15 on the Brief Interview for Mental Status (BIMS) assessment, indicating moderate cognitive impairment. On 4/8/25 at 1:05 PM, an observation was made of R7 in their room and lying in bed. R7 was asked if they ate lunch or if they had gone to the dining room to eat lunch yet. R7 replied, No, but I am hungry. I hope they bring it soon! Resident #18 (R18) A review of R18's medical record revealed they admitted to the facility on [DATE] with medical diagnoses including diabetes mellitus type II, bipolar disorder, and anxiety. A review of their 12/20/24 Minimum Data Set (MDS) assessment revealed they scored 15/15 on the Brief Interview for Mental Status (BIMS) assessment, indicating intact cognition. On 4/8/25 at 1:10 PM, an observation was made of R18 in their room, sitting on their bed. R18 was asked if they ate lunch or if they had gone to the dining room to eat lunch yet. R18 replied, No and I am hungry. Why haven't they brought me lunch yet? On 4/9/25 at 1:20 PM, an interview was conducted with the Director of Nursing (DON), who was asked about meal tray pass and staff being served prior to all residents' being served meal trays. The DON replied, It is our policy that all residents' are served before staff get a meal tray. Staff should be waiting until all the residents are served to get a meal. They all know that! On 4/10/25 at 12:25 PM, an interview was conducted with the Dietary Manger (DM) J, who was asked about meal service and if it was appropriate for staff to get a meal tray before all the residents were served a meal tray. DM J replied, No, and it would be helpful if management staff would come and assist during mealtimes with tray passes especially with the few residents' that choose to eat in their rooms. Review of the policy titled, Timely Meal Service, dated 2019, read in part, Policy: Food will be delivered promptly to assure safe, palatable, and high-quality food served at the proper temperature .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978 Based on observation, interview and record review, the facility failed to ensure the assessment of respiratory status prior to the administration of an inhaled medication and according to professional standards for one Resident (#18) of five resident reviewed for medication administration. Findings include: Resident #18 (R18) Review of the Minimum Data Set (MDS) assessment, dated 12/20/2024, revealed R18 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD). R18 was assessed as cognitively intact. On 4/10/2025 at 7:51 a.m., during an observation, R18 approached the medication cart where Licensed Practical Nurse (LPN) B was reviewing resident medication needs for the morning. R18 reported feeling short of breath to LPN B and requested to use her inhaler. LPN B was observed removing an albuterol (short-acting inhaled medication used to open the airway, commonly called rescue inhalers) inhaler from the medication cart to administer to R18. LPN B administered two puffs of the medication to R18 in the hallway near the medication cart without performing a respiratory assessment to assess base line lung sounds for later use to determine effectiveness of the medication. After administration of the inhaler, R18 walked to her room and LPN B returned the inhaler to the cart and began preparing the remainder of R18's morning medications. LPN B was accompanied and observed administering the remainder of R18's scheduled medications. LPN B did not conduct a respiratory assessment, including obtaining R18's oxygen saturations (O2 sats-measures blood oxygen percentage) prior to administration of the inhaler or in response to R18 reporting she felt short of breath. LPN B did not perform a respiratory assessment following administration of the inhaler to R18 to assess for the effectiveness of the medication administered. On 4/10/2025 at 8:30 a.m., LPN B was asked if a respiratory assessment should be completed for a resident reporting shortness of breath and requiring use of as needed (prn) inhaled medication. LPN B reported she should have done an assessment prior to administration of the inhaler to determine necessity and after to determine response to treatment. Review of R18's electronic medication record (EMR) on 4/10/2025 at 9:35 a.m., including the Medication and Treatment Administration Records (MAR/TAR), revealed no respiratory assessment or O2 sat documented for R18 on 4/10/2025. On 4/10/2025 at 10:52 a.m., the Director of Nursing (DON) reported nursing staff were expected to conduct respiratory assessments for residents reporting shortness of breath and prior to the administration of prn inhaled medications as well as after administration to assess the effectiveness of the treatment. The DON stated, it's a nursing standard. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Medication Administered by Inhaler, provided by the Director of Nursing (DON) and dated 7/28/2018, revealed the facility policy did not include instructions for obtaining respiratory assessments, including baseline lung sounds or O2 sats, prior to or after administering as needed inhaled medications to treat shortness of breath.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310 Based on interview and record review, the facility failed to ensure residents' code status was communicated and readily available for staff in the event of an emergency for three Residents (R17, R12, and R16) of six residents reviewed for advanced directives. Findings include: Resident #17 (R17) R17 was admitted to the facility on [DATE] with a primary medical diagnosis of Huntington's Disease. R17 was deemed totally incapacitated and had a court-appointed guardian. A document titled Out of Hospital Do-Not-Resuscitate [DNR] Order was signed by R17's guardian, physician, and two witnesses on [DATE]. The document read, in part: .In the event of an emergency or critical situation where a decision about immediate medical intervention is required, appropriate clinical decisions will be made in light of the directive below that you have signed and dated . No Resuscitation. Illnesses will be treated aggressively, including hospitalization if indicated, but in the event of cardiac or respiratory arrest, CPR and emergency transportation to the hospital will not [sic] be carried out . The DNR document was filed under the miscellaneous tab in R17's Electronic Medical Record (EMR). The DNR code status was not entered electronically as a physician's order in R17's EMR nor was the DNR order entered in R17's informational data on the status bar of the EMR. The code status bar of the EMR was blank for the advanced directive. Resident #12 (R12) R12 was admitted to the facility on [DATE] with primary medical diagnoses of vascular dementia and adult failure to thrive. R12 was deemed totally incapacitated and had a court-appointed guardian. The document Out of Hospital Do-Not-Resuscitate [DNR] Order under the miscellaneous tab in the EMR was signed by R12's guardian, physician, and two witnesses on [DATE]. The DNR code status was not entered into R12's informational data on the status bar of the EMR. The code status bar of the EMR was blank for the advanced directive. Resident #16 (R16) R16 was admitted to the facility on [DATE] with a primary diagnosis of encephalopathy (disease or disorder that affects the brain's function or structure). The document Out of Hospital Do-Not-Resuscitate [DNR] Order under the miscellaneous tab in the EMR was signed by R16 and two witnesses on [DATE]. The EMR reflected the form was scanned into the record on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DNR code status was not entered electronically as a physician's order in R16's EMR nor was the DNR order entered into R16's informational data on the status bar of the EMR. The code status bar of the EMR was blank for the advanced directive. On [DATE] at 7:57 AM, Licensed Practical Nurse (LPN) B was asked the code status of R17. LPN B opened the EMR and checked the information data status bar and said, It [code status] should be right here and pointed to the code status bar of the informational data. LPN B reviewed physician's orders and said there wasn't an order for code status. LPN B then reviewed R17's dashboard in the EMR, the face sheet, the Medication Administration Record (MAR), and the profile before saying the code status wasn't found. After searching the EMR for approximately two minutes, LPN B found the document Out of Hospital Do-Not-Resuscitate [DNR] Order under the miscellaneous tab. LPN B was asked about the amount of time that had passed to find R17's code status. LPN B said, This would absolutely be way too long in the case of an emergency. It needs to be where the nurses can find it. LPN B was asked about the code status for R12. LPN B referenced the informational data on the status bar of the EMR and said, This is the same problem. It's not where it should be. I really need to tell [the Director of Nursing (DON)] about this because a lot of nurses wouldn't know the code status if there was an emergency, and it took me too long to find it and I've been working with [name of EMR system] for the seven years I've been a nurse. LPN B was asked the code status for R16. LPN B opened the miscellaneous tab in the EMR of R16, but the tab did not populate categories and LPN B said she did not know how to filter to get the categories to populate. LPN B was asked if there were any additional methods to obtain code status information in the event of an emergency. LPN B said there was a binder in the DON's office, and said she would find the key and get the binder. Approximately four minutes later, LPN B produced a binder with paper copies of Out of Hospital Do-Not-Resuscitate [DNR] Order documents for each resident, including R16's DNR document. The DON was interviewed on [DATE] at 9:17 AM. The DON said LPN B had made her aware of the concern with code status communication and lack of immediate availability of each resident's code status information. The DON said, The nurses should be aware of the code statuses, and they [code status] should be in the electronic record so the nurses can find the information immediately. The DON said each resident's code status should be under the Advanced Directive portion on the informational status bar in the EMRs. The undated, untitled policy for DNR contained the procedure for documenting DNR orders. The policy read, in part: . 6. [Name of facility] will document in the residents' chart [sic] if the resident has a Do Not Resuscitate (DNR) order so all staff are aware.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 41978 Based on interview and record review, the facility failed to ensure laboratory results were obtained and reviewed to monitor for adverse effects of anti-psychotic medications for one Resident (#4) of five residents reviewed. Findings include: Resident #4 (R4) Review of the Minimum Data Set (MDS) assessment, dated 1/19/2025, revealed R4 was admitted to facility on 4/18/2016 and had diagnoses including dementia, seizure disorder and schizophrenia. R4 was rated as having severe cognitive impairment. Review of R4's active medication orders revealed the following: Clozapine oral tablet 100 MG [milligram], give 1 tablet by mouth in the morning related to paranoid schizophrenia. Order date: 12/01/2023. Clozapine oral tablet 100 MG, give 3 tablets by mouth at bedtime related to paranoid schizophrenia. Order date: 12/01/2023. Further review of R4's electronic medical record (EMR) revealed the following active physician's order for laboratory testing, dated 11/4/2024: CBC with diff [complete blood count with differential] q [every] 30 days. The EMR for R4 revealed the most recent laboratory results, including CBC with diff were dated 12/27/2024. Review of R4's, Psychiatric Progress Note, dated 7/18/2024, revealed the following: . there was a period of time when she was unresponsive. They were instituting hospice. For that reason, I believe her CBCs were discontinued. The last one that was done was in May . [R4] is now much more responsive and doing well, so the hospice may be re-evaluated . if she graduates hospice, this should return to monthly monitoring. During an interview on 4/9/2025 at 12:48 p.m., Licensed Practical Nurse (LPN) B reported R18 was no longer receiving hospice services as of January 2025. Review of R4's physician progress noted, dated 2/28/25, revealed the following: . continues with clozapine, depakote, risperdal. continue clozapine monitoring with cbc and diff . Monitor labs . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/9/2025 at 4:15 p.m., the Director of Nursing (DON) was asked why there were no laboratory results found in R4's EMR since 12/27/2024. The DON presented laboratory results, included CBC with diff, dated 1/28/2025 and 4/03/2025. When asked for the results for February 2025 and March 2025, the DON reported R4's testing was missed due to staff failure to acquire R4's blood sample for testing. The DON reported when staff are too busy or just don't want to do it, the task is not completed and after three days the task no longer remains on the TAR. The DON reported when left uncompleted, the staff do not report the samples were never obtained. The DON reported she is working on a new system for ordering the laboratory samples, so the orders are not missed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on interview and record review, the facility failed to ensure that Medication Regimen Reviews (MRR's) and pharmacy recommendations were reviewed timely for one Resident (R18) out of five residents reviewed for MRR's. This deficient practice resulted in the potential for unnecessary medications or inappropriate durations of treatments. Findings include: Resident #18 (R18) A review of R18's medical record revealed they admitted to the facility on [DATE] with medical diagnoses including diabetes mellitus type II, bipolar disorder, and anxiety. A review of their 12/20/24 Minimum Data Set (MDS) assessment revealed they scored 15/15 on the Brief Interview for Mental Status (BIMS) assessment, indicating intact cognition. A review of a Pharmacy Consultation Report dated 10/24/24 revealed in part, (R18) Consider adding lab draws for A1C and Magnesium levels .Physician agrees and signed on 11/5/24. Review of R18's Medications and Treatment Administration Records and progress notes, dated October through December 2024, revealed no labs were ordered to be drawn, and no progress notes documented labs were drawn for R18. Review of R18's physician order, dated 11/30/24, revealed an order for: Routine Labs: A1C (If last A1C <8 Q6 mos., if >8 Q 3 mos.) (MAR, JUNE, SEPT, DEC). Directions: No directions specified for order. Active as of: 11/30/24. R18's last A1C was drawn in March of 2024 with a result of 6.3 and R18 should have had an A1C scheduled / drawn in September 2024 but it was never ordered. On 4/10/25 at 9:06 AM, an interview was conducted with the Director of Nursing (DON), who stated that lab draws are an issue related to orders being put in for only three days and then travel nurses not wanting to draw the labs and then not letting her know they weren't drawn and then they get missed. The DON admitted to the lab being missed was her fault and acknowledged there needs to be a better system. A review of Pharmacy Consultation Report, dated 12/26/24, revealed a note to nursing to please consider obtaining updated lab value. Review of policy titled, Consultant Pharmacist Monthly Reports, Documentation and Communication of Consultant Pharmacist Recommendations, undated, read in part, Policy: The consultant pharmacist will submit a compete (sic) written report documenting all aspects of that month's consultation within ten (10) business days of exit date. The consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist observations and recommendations regarding residents' medication therapy are communicated to those with authority and / or responsibility to implement the recommendations and respond in an appropriate and timely fashion. Procedures .3. All procedural irregularities should be corrected as soon as possible by the facility staff or prescriber and note documenting that correction should be made in the DON's copy of the final report .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978 This citation pertains to intake MI00151466. Based on observation, interview and record review, the facility failed to ensure the safe administration of medications for one Resident (#10) of six reviewed, resulting in a significant error when R10 was administered another resident's medications, leading to lethargy and confusion. Findings include: Resident #10 (R10) Review of the Minimum Data Set (MDS) assessment, dated 1/22/2025, revealed R10 was admitted to the facility on [DATE] and had diagnoses including hypertension, diabetes, stroke, and depression. R10 was assessed as cognitively intact and independent with most ADLs (activities of daily living) and ambulation. On 4/8/2025 at 3:06 p.m., R10 was observed standing at the sink in her room washing her hands, unassisted. R10 walked unassisted to her bed and sat down. During an interview at the time of the observation, R10 was asked about care in the facility, including medication management. R10 reported an occasion when she was administered another resident's medications leading to her feeling loopy and missing out on her shower day. R10 was unsure of the exact date of the occurrence or what medications she was administered. Review of R10's electronic medical record (EMR) revealed the following progress note: 1/28/2025 08:01 [8:01 a.m.]. Incident Note . Writer administered wrong medication to resident . Resident lethargic . Review of R10's, Medication Related Incident Report, provided by the Director of Nursing (DON) and dated 1/28/2025, revealed the following: I administered the wrong medications to this resident. I was pulling medications for one administration, multiple residents at med cart asking questions and I gave this resident [R10] the incorrect meds . Resident was lethargic . At lease one dose administered with a change in vital signs or other noticeable changes . Resident was lethargic for the majority of shift. It was noted the incident report did not include information regarding what medications R10 was incorrectly administered. On 4/10/2025 at 10:52 a.m. the DON was queried about the incident and asked what medications R10 were incorrectly administered. The DON reported R10 incorrectly received the following: Depakote (anti-convulsant medication used to treat seizures and bi-polar disorder) 125 milligrams (mg); Seroquel (anti-psychotic medication) 50 mg; and vitamin D3 25 micrograms (mcg). The DON stated the nurse was distracted, leading to administration of another resident's medications to R10. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Medication Administration, dated 5/19/2023, revealed the following: Keep in mind the Five Rights when giving medicines . 1. Right resident. 2. Right medication . Exercise care in giving medicine because there is an element of danger in every pill or drop of medicine . Pass medicines as quickly as possible without interruptions. It is the nurses' responsibility to ensure a safe and accurate medication pass .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45123 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and served food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among any and all 21 residents of the facility. Findings include: On 4/8/25 at 10:50 AM, an initial tour of the kitchen was conducted, and the following was identified: a.) In the upright refrigerator/freezer, in the freezer section was three English muffin breakfast sandwiches with sausage, cheese, and egg wrapped in saran wrap without a label or date. b.) In the walk-in large cooler, a bag of chicken breast without a label or date. On 4/8/25 at 10:55 AM, an observation was made of a sign posted to the right of the walk-in cooler that read in part, .Date foods that are taken out of the freezer to thaw with a Th and then the date . On 4/8/25 at 11:00 AM, an interview was conducted with the [NAME] J and Kitchen Staff D, who were asked about the undated and unlabeled food items observed. [NAME] 'J stated he just took of the chicken this morning from the freezer and was unaware it needed to be dated and labeled. Kitchen Staff D stated she was unsure of why the breakfast sandwiches were in the upright refrigerator / freezer and so was [NAME] J who also mentioned he had never seen them used. 3-302.12 Food Storage Containers, Identified with Common Name of Food. - Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD. - 3-307.11 Miscellaneous Sources of Contamination. FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 On 4/8/25, the following observations were made of the kitchen staff: a.) At 11:06 AM, [NAME] F was not wearing a beard net and had a beard that was approximately 3/4 of an inch long. [NAME] F was preparing biscuits from scratch. b.) At 12:13 PM, Kitchen Staff D was preparing beverages for residents and did not wear gloves or sanitize her hands. There was also a plastic bun bag where Kitchen Staff D was putting her dirty used gloves in the bag on the clean prep counter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	c.) At 12:30 PM, [NAME] F wore gloves that he had been serving with, used the ice scoop, and then prepared a sandwich with the now contaminated gloves. d.) At 12:41 PM, Kitchen Staff D was delivering meal trays with gloves on, returned to the kitchen, removed the top of a sandwich bun with the same dirty gloves, and then delivered another tray with the same dirty gloves. On 4/8/25 at 1:00 PM, an observation was made of a sign above the ice machine that read in part, Wash hands before using the ice scoop . On 4/9/25, the following observations were made of the kitchen staff: a.) At 7:46 AM, Kitchen Staff D washed her hands at the sink for only ten seconds and then turned the water off with bare hands. b.) At 8:03 AM, Kitchen Staff D delivered a drink to a resident, touch the resident, returned to the kitchen to get another drink and delivered the drink, returned to the kitchen and flipped an egg, went to the refrigerator, and then delivered another resident a drink while she was not wearing any gloves and failed to complete any hand hygiene. c.) At 8:17 AM, Kitchen Staff D washed her hands at the sink for only seven seconds and then turned the water off with bare hands. d.) At 8:43 AM, Kitchen Staff D was gathering dirty linen napkins, added them to the laundry cart, and then washed hands at the sink for ten seconds and turned the water off with her bare hands. e.) At 8:48 AM, Certified Nurse Aide (CNA) C delivered trays to two separate rooms (3, 6) and then went to the women's bathroom for residents and never performed any kind of hand hygiene. f.) At 8:55 AM, CNA C was with the meal tray cart in the hallway, removed a meal tray, entered room one, delivered and set up the tray, left room one without hand sanitization, removed another tray from the cart, delivered the tray to room five, left room five without hand sanitization, and then returned the cart to the kitchen. g.) At 10:15 AM, [NAME] F was preparing food in the kitchen for lunch without wearing a beard net. h.) At 11:35 AM, Kitchen Staff D washed her hands at the sink for ten seconds and then turned the water off with her bare hands. i.) At 11:45 AM, Kitchen Staff D was delivering food to three different residents wearing the same gloves, removed the gloves, did not use any hand hygiene, put something in the upright refrigerator, and then went to roll up silverware in cloth napkins. j.) At 11:50 AM, Kitchen Staff D grabbed a mug for coffee without gloves on, touched her face, poured the coffee, touched her face two more times, delivered the coffee with bare hands by grabbing the handle, and did not perform any type of hand hygiene. k.) At 11:54 AM, [NAME] F was preparing mechanical soft meals without a beard net on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	l.) At 11:58 AM, [NAME] F touched several spices, washed his hands for ten seconds, and then turned the water off with bare hands. On 4/10/25, the following observations were made of the kitchen staff: a.) At 8:30 AM, Kitchen Staff D was flipping an egg with gloved hands, removed her gloves, no hand hygiene was performed and poured two cups of coffee, then removed the egg from the stove, put on gloves, made toast, delivered the egg and toast to a resident, returned to the kitchen with dirty items, removed her gloves, washed her hands for only ten seconds and turned the water off with bare hands, put on gloves, served a tray, removed gloves and again washed her hands for only ten seconds and turned the water off with bare hands. b.) At 8:34 AM, Kitchen Staff D was adjusting her clothing with bare hands, then grabbed three bowls to prepare mechanical soft meals, and did not perform hand hygiene. c.) At 8:40 AM, Kitchen Staff D washed her hands for ten seconds and turned the water off with bare hands. d.) At 11:45 AM, [NAME] F and Dietary Manager (DM) J were preparing lunch in the kitchen and neither one had a beard net on. DM J had a beard that was an inch and a half long. e.) At 12:04 PM, [NAME] F washed his hands at the sink for ten seconds and turned the water off with bare hands. f.) At 12:12 PM, Kitchen Staff D washed her hands for ten seconds and turned the water off with bare hands. g.) At 12:14 PM, DM J washed her hands for ten seconds and turned the water off with bare hands. h.) At 12:15 PM, Activities Aide M entered the dining room, did not perform hand hygiene, and passed out meal trays to two residents. The FDA Food Code 2017 states: 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301. 12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (E) After handling soiled EQUIPMENT or UTENSILS (I) After engaging in other activities that contaminate the hands. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/10/25 at 12:25, an interview was conducted with the DM J, who was asked if he felt dietary staff changed gloves and performed hand hygiene enough during meal services. DM J replied, No, they don't change their gloves enough. They should be changing their gloves between each plate and each task. DM J was asked what the process for hand washing was. DM J replied, I don't know it by heart. I can't honestly tell you. DM J was asked if there were instructions near the kitchen hand washing sink on how the hand washing procedure should be completed. DM J replied, I think so. DM J was asked if beard nets should be worn in the kitchen. DM J replied, Yes (while he grabbed his own beard). On 4/10/25 at 12:30 PM, an observation was made of the kitchen hand washing sink and there were not instructions on the hand washing procedure near the kitchen hand washing sink. Review of policy titled, Food Storage, dated 2019, read in part, Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry and free from contaminants. Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination. Procedure .12. Refrigerated food storage .f. All foods should be covered, labeled and dated . Review of policy titled, Food Safety: Ice, dated 2019, read in part, Policy: Ice will be produced and handled in a manner to keep it free from contamination. Procedure .4. Staff will wash hands prior to handling ice . Review of policy titled, Hand Washing, dated 2019, read in part, Policy: Employees will wash hands as frequently as needed throughout the day using proper hand washing procedures .If chemical sanitizing gels are used, staff must first wash hands as outlined below. Procedure: Hands and exposed portions of arm . should be washed immediately before engaging in food preparation. 1.When to wash hands .b. After touching bare human body parts other than clean hands and clean, exposed portions of arms .f. After handling soiled equipment or utensils. g. During food preparation, as often as necessary to remove soil or contamination and to prevent cross contamination when changing tasks .i. Before donning disposable gloves for working with food and after gloves are removed .2. How to wash hands: a. Turn on the faucet using a paper towel to avoid contaminating the faucet. b. Wet hands and forearms with warm water .and apply an antibacterial soap. c. Scrub well with soap and additional water as needed, scrubbing all areas thoroughly . Scrub for a minimum of 10 to 15 seconds within the 20-second hand washing procedure .d. Rinse thoroughly. e. Dry hands with paper towel .f. Use the paper towel to turn the faucet off and open the door if needed and then discard it. Review of policy titled, Food Safety and Sanitation, dated 2019, read in part, Policy: All local, state and federal standards and regulations will be followed in order to assure a safe and sanitary food and nutrition services department. Procedure .Employees .c. Employees are required to have their hair styled so that it does not touch the collar, and to wear clean aprons, clothes and shoes .Beard nets are required when facial hair is visible . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of policy titled, Bare Hand Contact with Food and Use of Plastic Gloves, dated 2019, read in part, Policy: Single-use gloves will be worn when handling food directly with hands to assure that bacteria are not transferred from the food handlers' hands to the food product being served. Bare hand contact with food is prohibited. Procedure .3. Gloved hands are considered a food contact surface that can get contaminated or soiled. If used, single use gloves shall be used for only one task .used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. 4. Hands are to be washed when entering the kitchen and before putting on the single-use gloves (before beginning work with food) and after removing single use gloves

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 49310 This deficiency contains two deficient practices: Deficient Practice #1 Based on interview and record review, the facility failed to establish and/or implement an Infection Prevention and Control Program (IPCP) and update IPCP policies annually. This deficient practice had the potential to affect all 21 residents residing in the facility. Findings include: The facility IPCP was reviewed with the Infection Preventionist (IP) on 4/9/25 at 12:45 PM. The IPCP was noted to be without infection surveillance for symptomatic residents for whom an infection had not been diagnosed , and methods for investigating infections. The IP was asked how symptomatic residents who do not meet the criteria for infections are monitored. The IP said there was no list of symptomatic residents and no method for monitoring or tracking symptomatic residents. When asked about infection surveillance, the IP said a line listing was posted in the medication room and the names of residents who were prescribed antibiotics were placed on the list. The IP presented a form titled Antibiotic Listing Report that contained dates, residents' names, and prescribed antibiotics. The IP was asked where symptoms were documented but did not provide an answer. The IP said the residents on the Antibiotic Listing Report were considered to have infections because they were placed on antibiotics regardless of meeting criteria for infections. When asked the criteria used for determining infections, the IP said the facility utilized McGeer Criteria (guidelines for infection surveillance) and produced a document for McGeer Criteria dated the year 2012 (month/date not indicated). The most recently published McGeer Criteria was in the year 2024. When asked how infections were investigated to track origin of infections, analyze clusters, and determine the organism and source of infection, the IP said, We don't do that. Review of the IPCP binder revealed employee illnesses were not tracked prior to January 2025. The IP was asked how correlation of illnesses and potential contagious diseases between residents and employees were monitored prior to January 2025. The IP said, I just learned I was supposed to be doing that. The policy titled Infection Control Program dated as updated (revised) 4/12/22 read, in part: . [name of facility] has established an Infection Control Committee . with responsibility for overall infection control in the facility. All representatives of the I.C.C. [Infection Control Committee] shall meet quarterly and shall prepare and maintain an agenda, minutes of meetings, and shall annually review same as well as policies and procedures for compliance. The policy documented the I.C.C. was responsible for the establishment, oversight, monitoring, and review of the facility's IPCP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility IPCP policies and procedures were reviewed with the IP in the presence of the Director of Nursing (DON) on 4/10/25 at 10:40 AM. The IP was asked about the I.C.C. The IP said they did not have an infection control committee or have infection control meetings. The DON explained the IP was new in the role and still learning. The IP said she required additional training on the expectations of the IPCP and how to conduct an effective IPCP. The DON and IP confirmed an effective IPCP was not implemented. The DON said, We know infection control isn't where it needs to be - we have a lot of work to do. The policy Infection Investigation and Control dated 4/22/13 read, in part: . [name of facility] investigates, and controls to [sic] transmission of infections in the facility through their Infection Control Program. Procedure: 1. Monitor and investigate causes of all infections . A. The infection control nurse will review the information given and fill out an Individual Resident Infection Worksheet. The IP provided a copy of the Individual Resident Infection Worksheet. The document contained information regarding infection source, date of onset, infection site, signs and symptoms of infection, culture results, isolation if indicated, and treatment plan. The IP said the worksheet had not been utilized as indicated in the policy. Review of the IPCP policies and procedures revealed the following outdated policies that had not been updated annually: Infection Control Program dated as updated 4/12/22 Infection Investigation and Control dated 4/22/13 Infection Control Laundry Services dated 3/17/14 Handwashing dated 3/12/13 Hand Hygiene Alcohol Based Hand Cleansing Products was undated Employee Absence dated as revised 3/9/20 Employee Health Policy dated 11/2/16 Isolation Precaution Policy was undated Standing Orders for Administering Pneumococcal Vaccine to Adults dated 8/15/17 Antibiotic Stewardship Program was undated Immunization of Residents dated 2/25/21 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Prevention and Control of Influenza dated 4/12/23 41978 Deficient Practice Statement #2 Based on observation, interview and record review, the facility failed to ensure implementation of enhanced barrier precautions (EBP) during resident care for one Resident (#72) of one resident reviewed and appropriate hand hygiene during medication administration for five Residents (#14, #18, #6, #8 and #1) of five residents reviewed. Findings include: Resident #72 (R72) Review of the Minimum Data Set (MDS) assessment, dated 3/26/2025, revealed R72 was admitted to the facility from an acute care hospital on 3/21/2025 and had diagnoses including surgical amputation of left great toe. R72 was assessed as having four unhealed Stage Two (partial thickness tissue loss) pressure injuries and one unhealed surgical wound. R72 was dependent on staff for all care and had severe cognitive impairment. An observation on 4/8/2025 at 2:16 p.m., revealed a sign attached to the door of R72's room alerting staff to use EBP. Further review of the sign revealed staff were to don gown and gloves during high-contact care activities including transferring, providing hygiene, changing briefs or assisting with toileting, and wound care. Further observation revealed Registered Nurse (RN) A and Activity Aide/Certified Nursing Assistant (CNA) K enter the room to transfer R72 from her wheelchair to her bed using a total mechanical lift. It was noted neither RN A or CNA K wore a protective gown during the transfer. On 4/9/2025 at 11:00 a.m., R72 was observed being cared for by Occupational Therapist (OT) O, Physical Therapist (PT) P and CNA G. CNA G donned gloves and provided incontinence care for R72 by removing R72's brief and cleansing the resident's peri-area with foam cleanser and a washcloth. PT P stood on the right side of R72 and OT O stood to the left of the bed to assist in positioning for R72 while CNA G provided care. After placing a clean brief on R72, CNA G proceeded to apply lotion to R72's back and arms. CNA G, PT P and OT O were observed not wearing protective gowns. Review of R72's care plan on 4/9/25 at 11:31 a.m., revealed the following: Skin/Risk for Infection: Orthopedic aftercare following surgical amputation & other wound care . Enhanced barrier precautions. Review of R72's physician order, dated 3/31/2025 at 1:23 p.m., revealed the following: Enhanced Barrier Precautions until wounds are healed. During an interview on 4/9/2025 at 4:15 p.m., Licensed Practical Nurse (LPN) B reported R72 had open wounds on her buttocks and left heel. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/9/2025 at 2:09 p.m., CNA G was asked about the use of EBP during high-contact care activities for R72. CNA G was alerted to the sign on R72's door informing staff of the need to utilize EBP during care of R72. CNA G stated she was unsure why the sign was attached to the door of R72's room as she had not worked for an extended period, but she believed the sign to be left over from when the facility had a Covid-19 outbreak. When asked if she knew the difference between Transmission-based Precautions (TBP) and EBP, CNA G could not offer an answer. Review of the facility policy titled, Enhanced Barrier Precautions, dated 4/5/2024, revealed the following: Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes . involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., resident with wounds or indwelling medical devices). Residents #14 (R14), #18 (R18), #6 (R6), #8 (R8) and #1 (R1) On 4/10/2025 at 7:18 a.m., LPN B was accompanied into R14's room and was observed donning gloves to administer R14's oral medications. LPN B did not perform hand hygiene prior to donning gloves. After administration, LPN B removed the gloves, left R14's room and returned to the medication cart. No hand hygiene was performed by LPN B after removing the gloves or when returning to the medication cart. On 4/10/2025 at 7:51 a.m., R18 approached the medication cart and requested administration of an albuterol inhaler. LPN B donned gloves and proceeded to administer R18's inhaled medication by holding the inhaler to R18's mouth for inhalation. After administration, LPN B returned to the medication cart, cleansed the mouthpiece of the inhaler and returned the inhaler to the cart. LPN B removed the gloves and proceeded to prepare the remainder of R18's scheduled medication. LPN B was then accompanied to R18's room where she was observed donning gloves and administered R18's oral medications. Upon completion, LPN B removed the gloves and without performing hand hygiene returned to the medication cart and began preparing R6's medication for administration. On 4/10/2025 at 8:06 a.m., LPN B was accompanied to R6's room and was observed donning gloves to administer R6's oral medications. LPN B did not perform hand hygiene prior to donning gloves. Upon completion LPN B removed the gloves, returned to the medication cart without performing hand hygiene and proceeded to prepare R8's medications for administration. On 4/10/2025 at 8:10 a.m., LPN B was accompanied to R8's room and observed donning gloves to administer R8's oral medications. LPN B did not perform hand hygiene prior to donning gloves. Upon completion, LPN B removed the gloves, returned to the medication cart without performing hand hygiene and proceeded to prepare R1's medications for administration. On 4/10/25 at 8:20 a.m., LPN B was accompanied and observed donning gloves to administer R1's oral medications. LPN B did not perform hand hygiene prior to donning gloves. Upon completion, LPN B removed the gloves and returned to the medication cart without performing hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview was conducted immediately following the medication administration observations. When asked about missed opportunities for hand hygiene during medication administration, LPN B confirmed she forgot to perform hand hygiene during the medication passes. LPN B stated I made sure I had it [hand sanitizer] on the cart yesterday. LPN B reported she should have been sanitizing her hands before and after each medication administration. Review of the facility policy titled, Medication Administration, dated 5/19/2023, revealed the following: Procedures for passing medications: Oral Medications . 1. Wash hands . 4. Place pills in mouth or instruct resident to place in mouth and swallow while giving fluids for ease of swallowing. 5. Wash hands.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310 Based on interview and record review, the facility failed to: 1. Educate residents/resident representatives on the pneumonia vaccines currently available and recommended by the CDC for two residents (R10 and R72) of five residents reviewed for immunizations. 2. Administer a pneumococcal vaccination or document the clinical reasons for withholding the pneumococcal vaccination for one resident (R17) of five residents reviewed for immunizations. 3. Update vaccine consent forms and immunization policies with the pneumococcal vaccines (PCV15, PCV20 or PCV21) currently available and recommended by the Centers for Disease Control (CDC). Findings include: Resident #10 (R10) R10 was admitted to the facility on [DATE] with a primary diagnosis of diabetes with circulatory complications. A vaccination report from the [State] Care Improvement Registry (MCIR - State Agency Immunization Record) was reviewed on 4/10/25 and revealed R10 was overdue for pneumonia vaccination. The MCIR documented, in part: .Pneumococcal High Risk (HR)/Adult . Status: PCV15/PCV20/PCV21 - DUE NOW [sic] . A document titled Immunization Consent Form was signed by R10's resident representative on 10/15/24. The form included the statement: I have received a copy of the most current Vaccination Information Sheet (VIS) as published by the CDC. I have read or have had explained to me information of the above vaccines . The consent form did not indicate which VIS had been provided to the legal representative of R10. The consent form did not include the PCV15/PCV20/PCV21 vaccines. Documentation by R10's physician was not located in the Electronic Medical Record (EMR) regarding any contraindications of pneumococcal vaccination. No documentation could be found in the EMR by the physician or Infection Preventionist (IP) regarding vaccination discussions or education provided to the resident or resident representative on the benefits or risks of pneumococcal vaccination. Resident #72 (R72) R72 was admitted to the facility on [DATE] with a primary diagnosis of orthopedic aftercare following surgical amputation. A MCIR for R72 was reviewed on 4/10/25. The MCIR read, in part: . Pneumococcal High Risk (HR)/Adult . Status: Due 9/4/24. An Immunization Consent Form document was signed by the Resident Representative of R72 on 3/21/25. The form included the statement: I have received a copy of the most current Vaccination Information Sheet (VIS) as published by the CDC. I have read or have had explained to me information of the above vaccines . The consent form did not indicate which VIS had been provided to R72. The consent form did not include the PCV15/PCV20/PCV21 vaccines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the consent form for R72 revealed outdated recommendations for pneumococcal vaccination. The form erroneously stated the CDC recommended the use of the PCV13 and PPSV23 vaccines. The PCV13 vaccine ceased being recommended by the Centers for Disease Control (CDC) for routine use among adults aged 65 and older as of 11/22/19 (www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm). Documentation by R72's physician was not located in the Electronic Medical Record (EMR) regarding contraindications of pneumococcal vaccination. No documentation could be found in the EMR by the physician or Infection Preventionist (IP) regarding vaccination discussions or education provided to the resident or resident representative on the benefits or risks of pneumococcal vaccination. On 4/10/25 at 10:40 AM, the Infection Preventionist (IP) was asked regarding the Vaccine Information Statement (VIS) provided to the Resident Representatives of R10 and R72. The IP provided a VIS for PPSV23 dated 10/30/19 that included the use of PPSV23 and PCV13. The IP confirmed no additional VIS were provided to R72 or the legal representatives of R10. The most current VIS published by the CDC was on 5/12/23 and included the recommendation for PCV15 and PCV20. The Representatives for R10 and R72 were not provided with the most current, updated recommendations and information to make informed decisions on pneumococcal vaccinations nor were the Representatives provided education on the benefits and potential side effects of these vaccinations. Resident #17 (R17) R17 was admitted to the facility on [DATE] with a primary diagnosis of Huntington's Disease. A MCIR for R17 was reviewed on 4/10/25 and revealed the resident had not received pneumococcal vaccination. A review of an Immunization Consent Form signed by R17's court-appointed legal guardian on 2/5/25 revealed the guardian requested and consented to pneumococcal vaccination for R17. On 4/10/25 at 10:40 AM, a progress noted dated 4/7/25 at 3:22 PM was reviewed with the IP. The note read: Consent obtained from resident's guardian [name of guardian] to give the current vaccinations that are due: Tetanus, COVID booster, and pneumonia. The Immunization Consent Form signed by R17's guardian on 2/5/25 was reviewed with the IP. The IP was asked if R17 received the pneumococcal vaccination. The IP said, I'm still working on it and confirmed R17 was not provided the pneumonia vaccination as requested despite R17's guardian consenting to the vaccination more than two months previously. No clinical consideration of contraindication of the vaccine was documented by R17's physician. The IP produced a document Standing Orders for Administering Pneumococcal Vaccine to Adults dated as revised 8/15/17 read, in part: Purpose: to reduce morbidity and mortality from pneumococcal disease by vaccinating all patients who meet the criteria established by the Centers for Disease Control . The CDC recommendations for adults ages 19 through [AGE] years read, in part: .The following guidance applies to adults younger than [AGE] years who have a risk condition. Never received any pneumococcal vaccine: Give 1 dose of PCV15, PCV20, or PCV21 . (www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/risk-indications.html). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Valley Nursing Home	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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Immunization of Residents dated as updated 2/25/21 read, in part: .3. Residents without proof of previous pneumococcal vaccination should receive one (1) dose only of Pneumovax 23 .If under age [AGE] years and has been six years since last immunization, then repeat immunization .