STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245570	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Lawn Senior Care	400 Seventh Street NE Fulda, MN 56131

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 49336 Based on observation, interview and document review the facility failed to ensure 1 of 2 narcotic emergency kit (E-kit) containing controlled and/or narcotic substances did not have expired medications, and ensure the E-kit contents label was updated monthly and current. Findings include: Observation on 12/16/24 at 5:40 p.m., with contract registered nurse RN-(A) of the medication room, identified a large narcotic E-kit, with a red numbered tag of 882350. RN-A stated the red tag indicated the E-kit had not been opened. If the container had a green tag, nursing staff were to use the E-kit list that was taped to the inside of the medication cabinet as a guide to fax the pharmacy of the medications that had been removed from the container and would need to be replaced. Review of July 2023 E-kit medication log identified lorazepam (treats anxiety disorders) 0.5 milligrams (mg) had an expiration date of 1/27/24, warfarin (prevent blood clots) 1 mg tablets had no expiration date listed, prednisone (reduces inflammation) 10 mg tablet with an expiration date of 1/7/24, doxycycline (antibiotic) 100 mg tablets had an expiration date of 3/02/24, levofloxacin (antibiotic) 250 mg tablets had an expiration date of 1/27/24, and sulfamethoxazole/trimethoprim ss tablets had an expiration date of 4/9/24. Observation on 12/16/24 at 5:43 p.m., of the E-kit container identified the following: 1.) 6 lorazepam 0.5 mg tablets expired 12/15/24. 2.) 8 warfarin 1 mg tablets had expired 12/15/24. 3.) 8 sulfamethoxazole/tmp ss 400-80 mg tablets expired 12/15/24. 4.) 8 doxycycline 100 mg tablets expired 12/15/24. 5.) 8 levofloxacin 250 mg tablets expired 12/15/24. 6.) 8 prednisone 10 mg tablets had expired 12/15/24. (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 12/17/24 at 3:50 p.m., with the director of nursing (DON) was aware the local pharmacy would replace E-kit medications monthly and upon request. The consulting pharmacist would destroy expired medications, monthly but she was unsure if the clinical pharmacist had a process to review E-kit medications. DON stated the pharmacy had provided an updated E-kit medication log last year for nurses and was to be used as a resource to review the medications that were stored in the E-kit, however, had not received an updated medication log this year. Interview on 12/18/24 at 10:20 a.m., with consulting pharmacist supervisor stated the E-kit was the pharmacy's responsibility. The consulting pharmacist was expected to review the E-kit log and medications, monthly. In addition, the consulting pharmacist would replace E-kit containers, when expired medication had been discovered. Lastly, he would expect the facility to have an updated E-kit medication log that would reflect an accurate list of medications along with their expiration dates. Review of June 2022 Pharmacy Services Overview policy identified consultant pharmacist would maintain appropriate pharmacy services that support residents needs and would be consistent with current standards of practice to meet State and Federal requirements. Review of January 2023 Emergency medications policy identified pharmacy services would review nursing home emergency kits at a minimum of every 90 days. Pharmacy E-kits would include the name of the medication, quantity of medications, expiration of medications, date E-kit was last updated, tag number of lock used and initials of the pharmacist and/or technician who updated the E-kit.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 39988 Based on interview and document review the facility failed to obtain informed consent for psychotropic medication use for 2 of 5 residents (R32, R91) and further failed to establish a baseline assessment for monitoring abnormal involuntary movements for 1 of 1 resident (R91) who had been prescribed a new antipsychotic medication. Findings include: R32's 9/6/24, quarterly Minimum Data Set (MDS) assessment identified R32 had severe cognitive impairment, inattention, disorganized thinking, and altered level of consciousness. R32 was dependent for all cares and was frequently incontinent of bowel and bladder. R32 took a daily antidepressant, anticoagulant, and diuretic. R32's 9/17/24, diagnosis list identified Alzheimer's disease, generalized anxiety, and major depressive disorder. R32's December 2024, medication administration record identified orders for: 1) Depakote Sprinkles 125 milligrams(mg) take 2 capsules every morning for generalized anxiety disorder, unspecified dementia severe with agitation start date 11/12/24 2) Depakote Sprinkles 125 mg take 3 capsules every evening for generalized anxiety disorder, unspecified dementia severe with agitation start date 11/12/24. 3) Zoloft 75 mg every evening for major depressive disorder start date 9/25/24. R32's medical record had no indication of consent by the resident, family, or guardian for the use of psychotropic medications via a signed form, progress note, or care conference note. R91's 11/27/24, admission MDS assessment identified R91 had moderate cognitive impairment, required partial assistance with cares. R91 was frequently incontinent of bowel and bladder and had occasional moderate pain. R91 was on hospice and took a daily antianxiety, antidepressant, opioid, and hypoglycemic. R91's 9/17/24, diagnosis list identified generalized anxiety disorder and depression. R91's 12/11/24, physician progress note identified R91 was seen for his increased anxiety, agitation, and medication management. R91 had a history of anxiety and cognitive decline while he was in assisted living. The physician identified R91's Zoloft had been increased to 50 mg daily (had been 25 mg) but he proceeded to continue to have significant anxiety and agitation. R91 was started on Zyprexa 2.5 mg (antipsychotic) twice daily scheduled on 12/6/24 for his first dose. R91's December 2024, medication administration record identified orders for: (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1) Zoloft 50 mg every day for depression start date 12/4/24. 2) Zyprexa 2.5 mg twice a day for unstable mood start date 12/6/24. 3) Buspirone HCl 10 mg three times a day for generalized anxiety disorder start date 11/21/24 4) Ativan (lorazepam) 0.5 mg as needed every two hours for anxiety or agitation start date 11/29/24. R91's medical record had no indication that the facility had establish a baseline assessment for monitoring abnormal involuntary movements upon the start of Zyprexa (antipsychotic) medication. The chart further had no indication of a consent by the resident, family, or guardian for the use of psychotropic medications via a signed form, progress note, or care conference note. Interview on 12/17/24 at 8:54 a.m., with director of nursing (DON) identified that the previous MDS nurse reviewed psychotropic medications at care conference and obtained consents but never scanned them in and now she was unable to find any of them. She reported the MDS nurse had left between 6 months and a year ago she could not remember exactly. She reported she was in the process of calling all the families and getting verbal consent and then planned to have families sign the consent at the next care conference. She stated she knew it was after the fact, but she was doing due diligence right now. She further reported that the assessment for involuntary movements was built into the quarterly and annual MDS assessment. She confirmed that a baseline involuntary movement assessment was to be completed when a resident was started on an antipsychotic medication and then assessed quarterly after that. She reported she had completed that for R91 yesterday. Interview on 12/18/24 at 10:14 a.m., with the consulting pharmacist supervisor identified that he would expect some type of baseline assessment for involuntary movements to be completed upon starting an antipsychotic medication. He further confirmed that the facility typically obtained consent from families for the use of psychotropic medications as there were several families that had declined medication that were ordered by the provider. He confirmed he would expect the facility staff to review the pros and cons of the psychotropic medication and obtain consent for use. Interview on 12/18/24 at 10:30 a.m., with the DON revealed she had completely forgot about the consents for psychotropic medication use and getting the assessment completed following R91's new order for an antipsychotic medication. She reported she covered the problem and had called all the families and obtained verbal consents yesterday and completed the involuntary movement assessment as soon as it was brought to her attention. She also had hung a note at the nurse's station with a list of antipsychotic medication that would need to have an assessment done and to notify her if anyone had been prescribed one of those medications. Review of the June 2022, Antipsychotic medication use policy identified the facility would complete an AIMS (involuntary movement assessment) initially at the start of an antipsychotic medication. Then complete the AIMS assessment quarterly, annually, or with a significant change assessment. There was no indication the policy had been reviewed and update annually per regulation.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39988 Based on observation, interview, and document review the facility failed to discard food that had expired, ensure all foods were labeled and dated, and maintain a clean fan that blew in the direction of clean dishes. This had the potential to affect all 37 residents residing in the facility. Findings include: Observation and interview on [DATE] at 10:44 a.m., with the dietary manager (DM) during initial tour of the kitchen. An observation of the refrigerator next to the food prep area contained 2 half gallons of milk with best use by date of [DATE]. The DM stated the milk should have been tossed out on [DATE]. The walk-in cooler contained 4 dishes of dessert that was not labeled or dated and a pre-made salad in a bowl that was dated [DATE] and was brown in color. The DM stated the dessert appeared to be carrot cake, but she was unsure of when that was last served. She confirmed that the dessert and the pre-made salad needed to be discarded. Observation and interview on [DATE] at 11:35 a.m., with the DM of the dishwasher room where there was a fan hanging on the wall across from the dishwasher where dirty dishes went in one side and clean dishes came out other side and sat to dry. The fan was observed to have lint debris that was hanging off the fan and moving as the fan was running. The DM agreed that the fan needed to be shut off and cleaned as there was a potential for the debris to blow onto the clean dishes. She identified that the dietary department was not responsible for cleaning the fan and that maintenance took care of that. Interview on [DATE] at 1:20 p.m., with dietician identified for food items labeled with a best use by date she would allow that to be used another 48 hours but of course that also need to be at the discretion of the kitchen staff. For the milk dated best use by [DATE] she confirmed that should have been discarded by [DATE] if not before. She would expect all foods to be labeled and dated and any food items pre-made like the salad in the bowl should be discarded if it looked bad or after 48 hours. The maintenance department was responsible for cleaning the fan in the dishwasher room however, she would expect the kitchen staff to also keep an eye on that. She reported that she would add that to the weekly cleaning list to check the fan. Interview on [DATE] at 2:28 p.m., with maintenance supervisor identified maintenance did not document when they cleaned the fan in the dishwasher room. He revealed the fan was only cleaned as needed and he was surprised at how dirty it gets. He revealed to clean the fan correctly it needed to be taken down and cleaned not just dusted off. He was unsure when the last time the fan had been cleaned. Interview on [DATE] at 10:30 a.m., with director of nursing identified her expectation was that the kitchen staff monitored for expired food to prevent food borne illness just as she expected the nursing staff to monitor food in the resident room. She further reported she would expect that the kitchen was maintained in a clean sanitary manor including the fan in the dishwasher room. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of November and December dietary shift cleaning check list had no mention of checking or cleaning the fan. Review of the [DATE], Dietary Cleaning and Sanitization policy identified all kitchen areas would be kept clean and free from debris. The dietary manager may create a specific cleaning list to ensure the kitchen was maintained in a clean and sanitary manner. There was no indication the policy had been reviewed and updated annually per the regulation. A policy was requested for monitoring for expired food and the facilities protocol for monitoring and ensuring items are labeled and dated however, no policy or protocol was provided.