

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024
NAME OF PROVIDER OR SUPPLIER Maple Lawn Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 West Line Street Palmyra, MO 63461	

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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33955</p> <p>Based on interview and record review, the facility failed to ensure a licensed nursing home administrator was employed by the facility. The facility census was 62.</p> <p>Review of the most current Facility Assessment, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Licensed beds: 109; -Average daily censuses: 53; -23 residents required extensive assistance of two or more staff for activities of daily living (ADLs); -Services required: assistance with ADLs, transfers, ambulation, restorative nursing, bowel and bladder training programs, incontinence prevention and care, catheter and colostomy care, pressure injury prevention and care, managing medical conditions and medication related issues, medication administration, pain assessment and management, physical, occupational, speech and respiratory therapy, management of braces and splints, nutrition, specialized diets, intravenous nutrition, tube feeding, person centered, directed care, psychosocial and spiritual support and dementia specialized care; -Administrative staff personnel required: administrator, human resource director, social services director, accounting director, clerical and medical records. <p>Review of the facility's Administrator Job Description policy, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Must possess a current Health Facility Administrator's license from the State of Missouri; -Knowledge of long-term care management, policies, budgeting, personnel management, and census development is required. <p>During an interview on [DATE] at 2:30 P.M., the Director of Accounting said the facility did not currently have a licensed administrator.</p> <p>During an interview on [DATE] at 3:35 P.M., the Board of Director's [NAME] President said the following:</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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The Human Resources Director took care of the day to day activities at the facility;</p> <p>-The Board of Directors took care of writing checks to pay bills;</p> <p>-She went to the facility to be involved with the issues in the facility and help as needed.</p> <p>During an interview on [DATE] at 9:55 A.M., the Human Resources Director said the following:</p> <p>-The facility did not currently have a licensed administrator;</p> <p>-The previous administrator resigned [DATE];</p> <p>-The Human Resources Director had a temporary emergency license that expired on [DATE];</p> <p>-He was taking care of the daily needs of the facility and addressed issues when brought to him.</p> <p>MO246378</p>		