

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 09/03/2025
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)		
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. (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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview and record review, the facility failed to ensure inventories of schedule II narcotic controlled substance medication (substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence) and schedule IV and V narcotic controlled substance medications, were reconciled by at least two qualified staff to ensure accountability for ten residents (Resident #4, 9, 5, 7, 8, 10, 6, 11, 12 and 13) that had narcotics held in the A-hall medication cart each shift per policy. The facility census was 61. Review of the facility policy, Accountability of Controlled Substances, revised 11/27/24, showed the following: -The controlled substance count is completed at the start of each shift; the charge nurse is responsible for counting all controlled substances and for signing the narcotic sheet;-Two nurse signatures (two Licensed Practical Nurses (LPN), two Registered Nurses (RN), or one LPN and one RN, or one nurse (LPN/RN and one Certified Medication Technician (CMT) must sign off on each narcotic count sheet;-By signing these sheets, the charge nurses agree that the current narcotic count is correct not only at the beginning of the shift but also at the end of the shift. 1. Review of the facility Controlled Substance Drug Supply Shift Change Record, dated August 2025, for the A unit medication cart (which housed the narcotic box for the A hall residents) on 09/03/25 at 12:35 P.M. showed the following: -On 08/04/25, there was no documentation of a shift to shift narcotic medication count by any staff for the beginning or ending 7:00 A.M., 3:00 P.M. or 11:00 P.M. (all three shifts) shift counts; there was no documentation of a total card count;-On 08/12/25, there was no documentation of a shift to shift narcotic medication count by any staff for the beginning or ending 7:00 A.M., 3:00 P.M. or 11:00 P.M. (all three shifts) shift counts; there was no documentation of a total card count;-On 08/17/25, there was no documentation of a shift to shift narcotic medication count by any staff for the beginning or ending 7:00 A.M., 3:00 P.M. or 11:00 P.M. (all three shifts) shift counts; there was no documentation of a total card count;-On 08/20/25, there was no documentation of a shift to shift narcotic medication count by any staff for the beginning or ending 7:00 A.M., 3:00 P.M. or 11:00 P.M. (all three shifts) shift counts; there was no documentation of a total card count;-On 08/21/25, there was no documentation of a shift to shift narcotic medication count by any staff for the beginning or ending 7:00 A.M., 3:00 P.M. or 11:00 P.M. (all three shifts) shift counts; there was no documentation of a total card count;-On 08/22/25, there was no documentation of a shift to shift narcotic medication count by any staff for the beginning or ending 7:00 A.M., 3:00 P.M. or 11:00 P.M. (all three shifts) shift counts; there was no documentation of a total card count. 2. Review of the A hall narcotic card/bottle count (which listed the date, shift, beginning count, added, removed, names of cards added or removed, along with the signatures of oncoming and outgoing staff showing the items had been counted) on 09/03/25 at 12:40 P.M. showed the following:-On 8/4/25 at 7:00 A.M., 3:00 P.M. and 11:00 P.M. there were no nurse signatures documented in the boxes for oncoming and outgoing staff to show the count was completed;-On 8/12/25 at 7:00 A.M., 3:00 P.M. and 11:00 P.M. there were no nurse signatures documented in the designated boxes for oncoming and outgoing staff to show the count was completed;-On 8/17/25 at 7:00 A.M., 3:00 P.M. and 11:00 P.M. there were no nurse signatures documented in the designated boxes for oncoming and outgoing staff to show the count was completed;-On 8/20/25 at 7:00 A.M., 3:00 P.M. and 11:00 P.M. there were no nurse signatures documented in the designated boxes for oncoming and outgoing staff to show the count was completed;-On 8/21/25 at 7:00 A.M., 3:00 P.M. and 11:00 P.M. there were no nurse signatures documented in the designated boxes for oncoming and outgoing staff to show the count was completed;-On 8/22/25 at 7:00 A.M., 3:00 P.M. and 11:00 P.M. there were no nurse signatures documented in the designated boxes for oncoming and outgoing staff to show the count was completed. 3. Review of the individual resident's narcotic count sheets showed the following narcotic medications were stored in the narcotic lock box for the following residents:-Resident #4, Ativan (schedule IV narcotic controlled substance for anxiety) and morphine sulfate solution (schedule II narcotic controlled substance for pain);-Resident #9, hydrocodone (schedule II narcotic controlled substance for pain)/acetaminophen (apap);-Resident #5, Ativan, Roxanol (schedule II narcotic controlled substance for pain), hydrocodone/apap and Lyrica (schedule V narcotic controlled substance for pain); -Resident #7, Roxanol (schedule II narcotic controlled substance for pain) and Ativan;-Resident #8, Roxanol, Ativan and hydrocodone/apap;-Resident #10, tramadol (schedule IV narcotic controlled substance for pain), tramadol hydrochloride (HCL) (schedule IV narcotic controlled substance for pain) and hydrocodone/apap;-Resident #6, Ativan;-Resident #11, oxycodone instant release (IR) (schedule II narcotic controlled substance for pain) and oxycodone (schedule</p>		