

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 12/15/2025
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 0744 Level of Harm - Actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. (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 0744</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility staff failed to ensure a resident with dementia (Resident #14), in a review of 17 sampled residents received high-quality, compassionate, and individualized care that supports his/her dignity, well-being, and independence, while addressing the unique challenges posed by dementia. The facility failed to find the root cause and triggers for a resident's behavior and initiate non-pharmacological Interventions, use effective communication strategies, and provide appropriate guidance to staff for managing behavioral symptoms. The resident experienced lethargy, weight loss, physical altercations, agitation, and new skin breakdown. The facility census was 59. Review of the facility's policy, Dementia Care for Long-Term Care Facility, undated, showed the following:-The purpose of this policy is to ensure that all residents with dementia in this long-term care facility receive high-quality, compassionate, and individualized care that supports their dignity, well-being, and independence, while addressing the unique challenges posed by dementia;-This policy applies to all residents diagnosed with dementia or related conditions such as Alzheimer's disease, vascular dementia, and other neurodegenerative diseases in this facility. It is intended for use by all staff members, including nursing, medical, therapy, dietary, and activity staff, to guide the provision of care for residents with dementia. -Person-Centered Care Approach:The facility is committed to providing person-centered care for all residents, with special emphasis on those with dementia. This approach recognizes and respects the individuality of each resident and seeks to maintain their dignity, autonomy, and quality of life. Care plans will be developed in partnership with the resident, their family members, and/or legal representatives.-Key Components of Person-Centered Care:Individualized Care Plans: Each resident will have a personalized care plan that addresses their specific needs, preferences, and abilities. This plan will be updated regularly to reflect changes in the resident's condition and abilities.Resident Preferences: Care plans will incorporate the resident's history, preferences, likes, and dislikes, including their previous lifestyle, routines, and cultural practices.Involvement of Family and Caregivers: Family members and caregivers will be encouraged to participate in the care planning process and ongoing decision-making. They will also be provided with educational resources and support regarding dementia care.-Staff Training and Education:Staff members involved in the care of residents with dementia will receive ongoing training on best practices for dementia care. The training will cover, but not be limited to, the following:Understanding Dementia: Types, stages, symptoms, and progression of dementia.Non-Pharmacological Interventions: Techniques for managing behavior without the use of medications, including redirection, environmental modifications, and structured activities.Communication Strategies: Methods to improve communication with residents who have cognitive impairments, including using simple language, non-verbal communication, and patience.Managing Behavioral Symptoms: How to address common dementia-related behaviors, such as wandering, aggression, agitation, and sundowning, in a safe and respectful manner.Person-Centered Care Practices: Ensuring that care is individualized, consistent, and compassionate;-Staff will undergo this training upon hire and at regular intervals, and training will be updated as new best practices or evidence-based approaches emerge.-Behavioral and Pharmacological Interventions:The facility will focus on non-pharmacological interventions to manage dementia-related behaviors, in line with CMS guidelines. When behavioral interventions are insufficient, medications may be considered, but only as a last resort and in accordance with the following:Behavioral Interventions First: Staff will prioritize non-medication approaches, such as redirection, individualized activity programs, and modifications to the environment, to address behaviors like agitation or aggression.Minimizing Medication Use: Antipsychotic medications and other sedatives will not be used as a primary method of managing dementia symptoms unless absolutely necessary. When medication is prescribed, it will be closely monitored for effectiveness and side effects, and dosage will be minimized. Regular Review: The use of medications, particularly antipsychotics, will be regularly reviewed by a physician and a multidisciplinary team to ensure they are still necessary and that non-pharmacological interventions are being utilized.-Resident and Family Rights:Residents with dementia have the same rights as other residents, including:Right to Autonomy: To the extent possible, residents will be allowed to make choices about their care and daily activities. Staff will encourage participation in decision-making, even if the resident cannot fully express themselves.Right to Privacy and Dignity: Residents will be treated with dignity and respect at all times. This includes respecting their personal space and ensuring confidentiality regarding</p>		