

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Maple Grove Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Corisande Hills Road Fenton, MO 63026	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>31057</p> <p>Based on interview and record review, the facility staff failed to ensure proper antibiotic stewardship for one resident (Resident #1) of eight sampled residents when the facility failed to notify the resident's physician for a urinary tract infection (UTI) based on the results of the culture and sensitivity (C&S) (a laboratory test of the urine that shows what antibiotic will treat a specific organism) of the urinalysis (UA). The facility census was 78.</p> <p>1. Record review of the facility revised policy dated June 2020, showed:</p> <ul style="list-style-type: none"> - The Infectious Preventionist or other similarly qualified healthcare professionals, will educate nursing staff to obtain and communicate pertinent clinical information to physicians to promote appropriate diagnosis and prescribing antibiotics; <p>2. Record review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 01/25/2025 showed:</p> <ul style="list-style-type: none"> - Admission to facility on 12/02/2011; - Diagnoses of diabetes, chronic kidney disease Stage 2 (a progressive loss of kidney function, often leading to the need for renal replacement therapy), chronic obstructive pulmonary disease (a group of lung diseases that cause ongoing inflammation and damage to the airways and lungs, leading to difficulty breathing) (COPD), hypertension (high blood pressure), adult failure to thrive (a syndrome of global decline characterized by weight loss, reduced appetite, poor nutrition, and decreased activity, often accompanied by dehydration, depression, and cognitive impairment), - Cognition intact; - Occasionally incontinent of urine; - Continent of bowel; - Requires set up assistance of staff for personal daily hygiene. <p>Record review of the resident care plan initiated on 09/03/2024, showed:</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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident has chronic renal failure related to kidney disease (stage 2), monitor for signs and symptoms of infection, urinary tract infection.</p> <p>Record review of Resident #1's progress notes, showed:</p> <p>- On 01/29/2025 at 16:45 P.M. resident complaining of burning while urinating, staff placed a urinary hat over the toilet in his/her bathroom. Certified assistants have been alerted a urine sample is needed;</p> <p>- On 01/29/2025 at 7:53 P.M., urine specimen was collected this shift, urine placed in two vials and placed in a clear bag and put in specimen refrigerator, awaiting lab to pick up specimen;</p> <p>- On 01/30/2025 at 7:12 A.M., observed edema to both lower extremities (BLE), redness and weeping blisters. Resident said his/her legs started hurting yesterday with stabbing pain in BLE. The physician was contacted. Received new orders for Bactrim DS (an antibiotic) twice daily (BID) x 10 days, update physician in 3 days of resident's condition;</p> <p>- Resident #1 discharged to another facility on 02/08/2025;</p> <p>- No notification to physician of urine specimen results.</p> <p>Record review of the January 2025 Physician Order Sheet (POS), showed:</p> <p>- An order dated 01/30/2025 for Bactrim DS 800-160 milligrams (mg), one tablet twice daily for 10 days for diagnosis of cellulitis (a common bacterial infection of the skin and underlying tissues).</p> <p>Record review of the lab results from Resident #1's C&S, dated 02/02/2025, showed:</p> <p>- Results detected Escherichia coli (a group of bacteria that usually lives in your gut without hurting you. But some strains can make you sick with watery diarrhea or a UTI);</p> <p>- Bacteria found to be resistant to antibiotic Bactrim DS.</p> <p>Review of a Physician's Visit note, dated 02/04/25 showed:</p> <p>- Resident #1 tolerating antibiotic for lower extremity cellulitis;</p> <p>- No concerns regarding the resident's genitourinary (genitals and urinary) systems;</p> <p>- The resident complained of occasional back pain and was prescribed lidocaine patches and a pain killer;</p> <p>- No documentation of review of Resident #1's 02/02/25 UA lab results.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/20/2025 at 4:20 P.M., the Director of Nursing (DON) said when the lab results were received the facility had an Infection Preventionist (IP) who would have been responsible to reviewing the results and notifying the resident's physician. The DON said the IP has since left employment with the facility and did not leave on good terms. The DON said he/she could not say why the IP did not follow protocol and contact the physician with Resident #1's UA results. The DON said it is the policy of the facility to report any lab results to the physician as soon as possible after receipt. The DON said she would have expected the policy to be followed. The DON said two days after the results were received Resident #1 was seen by the alternate physician. The DON did not know if the alternate physician reviewed the lab results. The DON contacted the resident's regular physician (MD). The MD said he/she was not aware of the UA results from the 02/02/25 C&S. The MD told the DON had he/she been aware, he/she would have prescribed a different antibiotic for the infection.</p> <p>MO251189</p>		