

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician's orders for 19 of 43 residents who reside on the 100 hall (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18 and #19). The facility census was 79.</p> <p>The facility did not provide a policy on medication administration.</p> <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Type II Diabetes Mellitus (a chronic condition where the body either doesn't produce enough insulin or can't properly use the insulin it produces, leading to high blood sugar levels) and Hypothyroidism (when your thyroid gland doesn't make and release enough hormone into your bloodstream). <p>Review of the resident's physician's order sheet (POS) dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Humalog (rapid-acting insulin used to manage blood sugar levels in people with type 1 and type 2 diabetes) Kwipen 100 unit injection per sliding scale; - An order for Levothyroxine (used to treat hypothyroidism) 75 micrograms (mcg) in the morning prior to meal. <p>Review of the Nurse's Medication Audit ((NMA) the medication administration record for the night shift 7-7 only used by the facility) dated June 2025 showed:</p> <ul style="list-style-type: none"> - No insulin administered at bedtime on 06/14/25; - No Levothyroxine was administered in the morning of 06/15/25. <p>2. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident is on Hospice; <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
---	-------	-----------

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Diagnoses of Coronary Heart Disease (damage or disease to the heart ' s major blood vessels).</p> <p>Review of the resident's POS dated June 2025, showed:</p> <p>- An order for Lorazepam (a drug used to treat anxiety) Intensol Oral Concentrate 2 milligram/milliliter (mg/ml) 0.5 ml every 8 hours for anxiety and restlessness.</p> <p>Review of the NMA dated June 2025, showed:</p> <p>- Lorazepam .05 ml ordered for 11:00 P.M. not administered 06/14/25.</p> <p>3. Review of Resident #3's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnosis of Type II Diabetes Mellitus with Hyperglycemia</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- An order for blood sugar check at bedtime;</p> <p>- An order for Glargine Solution 100 unit (insulin used to treat diabetes mellitus) 15 units injected in the morning.</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No blood sugar check at bedtime 06/14/25;</p> <p>- No insulin administered in the morning 06/15/25.</p> <p>4. Review of Resident #4's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnosis of Type II Diabetes Mellitus.</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- An order for a blood sugar check at bedtime;</p> <p>- An order for Glargine Solution 100 unit, 15 units injected in the morning.</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No blood sugar check at bedtime 06/14/25;</p> <p>- No insulin administered in the morning 06/15/25.</p> <p>(continued on next page)</p>		

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Review of Resident #5's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Type II Diabetes Mellitus. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Humalog Kwik pen insulin, 100 unit, inject per sliding scale in the morning. <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No insulin administered in the morning 06/15/25. <p>6. Review of Resident #6's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Type II Diabetes Mellitus. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An ordered blood sugar check at bedtime; - An ordered blood sugar check in the morning; - An order for Novolog (insulin) Flex pen 100 unit, inject per sliding scale in the morning. <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No blood sugar check at bedtime 06/14/25; - No blood sugar check in the morning 06/15/25; - No insulin administered in the morning 06/15/25. <p>7. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Hypothyroidism. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Levothyroxine 25 mcg given in the morning prior to meals. <p>Review of the NMA dated June 2025 showed:</p> <p>(continued on next page)</p>		

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- No Levothyroxine administered in the morning 06/15/25.</p> <p>8. Review of Resident #8's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of pneumonia and Type II Diabetes.</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- An ordered blood sugar check at bedtime;</p> <p>- An order for Bactrim (a antibiotic medication used to treat infections) 60 mg. TIME FOR ADMINISTRATION</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No blood sugar check at bedtime 06/14/25;</p> <p>- No antibiotic administered 06/14/25.</p> <p>9. Review of Resident #9's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnosis of Type II Diabetes Mellitus and Hypothyroidism.</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- An ordered blood sugar check at bedtime;</p> <p>- An order for Levothyroxine 150 mcg in the morning prior to meal.</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No blood sugar check at bedtime 06/14/25;</p> <p>- No Levothyroxine administered in the morning 06/15/25.</p> <p>10. Review of Resident #10's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnosis of Hypothyroidism.</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- An order for Levothyroxine 150 mcg in the morning prior to meal.</p> <p>(continued on next page)</p>

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No Levothyroxine administered in the morning 06/15/25. <p>11. Review of Resident #11's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Hypothyroidism and Diabetes Mellitus with Hyperglycemia (too much sugar in the blood). <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Novolog Flex pen 100 unit injection per sliding scale at bed time; - An order for Levothyroxine 150 mcg in the morning prior to meal. <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No insulin administered at bedtime 06/14/25; - No Levothyroxine administered in the morning 06/15/25. <p>12. Review of Resident #12' s medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Hypothyroidism. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Levothyroxine 50 mcg in the morning prior to meal. <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No Levothyroxine was administered in the morning 06/15/25. <p>13. Review of Resident #13's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnosis of Hypothyroidism. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Levothyroxine 100 mcg in the morning prior to meal. <p>Review of the NMA dated June 2025 showed:</p> <p>(continued on next page)</p>

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- No Levothyroxine was administered in the morning 06/15/25.</p> <p>14. Review of Resident #14's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Type II Diabetes Mellitus. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Glargine Solostar 100 unit inject 50 units at bed time; <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No insulin administered at bedtime 06/14/25. <p>15. Review of Resident #15's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of Type II Diabetes Mellitus and Chronic Obstructive Pulmonary Disease (COPD - a group of lung diseases that block airflow making it difficult to breathe). <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for Albuterol inhalation solution 0.5 - 2.5 (a drug used to treat COPD); - An order for Tresiba Flex Touch Insulin 100 unit inject 10 units in the morning. <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - The no inhalation treatment at bedtime 06/14/25; - No insulin administered in the morning 06/15/25. <p>16. Review of Resident #16's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of Type II Diabetes Mellitus. <p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for blood sugar check in the morning; - An order for blood sugar check at bedtime; - Novolog Flex pen 100 unit inject 6 units in the morning; <p>(continued on next page)</p>

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Lantus Solostar 100 unit Inject 18 units in the morning.</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No blood sugar checks in the morning 06/15/25;</p> <p>- No blood sugar checks at bedtime 06/14/25;</p> <p>- No insulin administered in the morning 06/15/25.</p> <p>17. Review of Resident #17' s medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnosis of Hypothyroidism.</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- An order for Levothyroxine 25 mcg in the morning prior to meal.</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No Levothyroxine was administered in the morning 06/15/25.</p> <p>18. Review of Resident #18's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of Type II Diabetes Mellitus.</p> <p>Review of the resident's POS dated June 2025 showed:</p> <p>- Glargine Solution 100 unit inject 10 units at bedtime;</p> <p>- Aspart Flexpen100 unit Inject per sliding scale in the morning.</p> <p>Review of the NMA dated June 2025 showed:</p> <p>- No insulin administered at bedtime 06/14/25;</p> <p>- No insulin administered in the morning 06/15/25.</p> <p>19. Review of Resident #19's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- A diagnosis of Muscular Dystrophy (a group of diseases that cause muscle weakness and loss resulting in muscle pain).</p> <p>(continued on next page)</p>

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's POS dated June 2025 showed:</p> <ul style="list-style-type: none"> - An order for OxyCodone (a medication used to treat pain) 10-325 mg every 6 hours as needed. <p>Review of the NMA dated June 2025 showed:</p> <ul style="list-style-type: none"> - No pain medication administered on the night shift 06/14/25. <p>During an interview on 06/24/25 at 1:10 P.M., the Director of Nurses (DON) said on 6/14/25, there was a nurse assigned to each the 100 and 200 hallways for the 7:00 P.M. to 7:00 A.M. shift on 6/14/25 to 6/15/25. The 200 hallway nurse had to leave early. The 100 hallway nurse, Licensed Practical Nurse (LPN) B said there needed to be another nurse for the 100 hallway and that he/she would not work the 100 hallway. The DON said she called and requested an agency nurse be sent to assist and provide medications and care to the 100 hallway. She was told by the agency, an agency nurse would be in the building by 11:00 P.M. She gave the keys to LPN B and left. She said she was not aware the agency nurse did not come until morning. The DON said the next morning, on her way to work, she saw she had received a text at 2:00 A.M. from a staff member saying LPN B would not work the 100 hallway and the agency nurse had not arrived to work the night shift. The DON said on 06/15/25, LPN B came to the office and told her he/she had refused to work the 100 hallway and that no medications or blood sugars were given to any resident on the 100 hallway. LPN B resigned and left the building.</p> <p>During an interview on 06/26/25 at 1:50 P.M., LPN B said there are always two nurses in the facility on the night shift. The DON had said the 100 hallway nurse left early and an agency staff would be coming in to work the 100 hallway. LPN B said he/she told the DON they were not comfortable working on the 100 hallway and 200 hallway as he/she had only been there three days. LPN B said there was a Certified Nurse Aide (CNA) name unknown that kept calling the DON and telling her that the other nurse had not arrived. The DON did not offer to come in. LPN B said he/she had expressed to the DON before the DON left, that he/she would not work both hallways. LPN B said the DON tried to hand her the keys for the 100 hallway and he/she had refused to take them. The DON left them on the nurses' station desk. LPN B said he/she did not work the 100 hallway. The DON knew this prior to leaving the facility and did not follow up after multiple attempts to contact her.</p> <p>During an interview on 06/30/25 at 12:10 P.M., CNA C said during the night shift on 06/14/25, LPN B told him/her that there needed to be another nurse working the 100 hallway and the DON had supposedly contacted an agency staff nurse to come in. LPN B told CNA C that he/she would not provide any medications to the 100 hallway and that he/she had told the DON that prior to her leaving the facility. CNA C said he/she informed LPN B that a resident (Resident #19) had requested pain medications. LPN B refused to give any residents medications on hallway 100. CNA C said he/she did text the DON at 2:00 A.M., but did not hear back from the DON.</p> <p>MO255901</p>		

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 06/26/2025
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to prevent a significant medication error for one resident (Resident #1) of 20 sampled residents. The facility census was 81.</p> <p>1. Review of the facility's undated Medication Administration policy showed:</p> <ul style="list-style-type: none"> - No medication will be used for any resident other than the resident for whom it was prescribed; - Verify the resident identity before administering the medication; - Nursing staff will keep in mind the seven rights of medications when administering medications which include, right medication, right amount, the right resident, the right time, the right route, the right indication, and right outcome; - Additional considerations include the resident has the right to know what the medication does and the right to refuse the medication. The rule of three for the nurse administering the medications will perform three checks, comparing the physician order, pharmacy label, and the Medication Administration Record (MAR). <p>2. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> - admission to the facility on [DATE]; - Cognitively intact; - Diagnoses of Type 2 diabetes mellitus (a chronic condition where the body either doesn't produce enough insulin or can't properly use the insulin it produces, leading to high blood sugar levels) with chronic kidney disease (a condition where the kidneys are damaged and can't filter blood as well as they should) chronic pain, heart failure (a condition where the heart muscle can't pump enough blood to meet the body's needs), chronic obstructive pulmonary disease (a chronic lung condition that makes it hard to breathe), chronic respiratory failure with hypoxia (a condition where the lungs are unable to adequately oxygenate the blood), and chronic pancreatitis (a condition where the pancreas has become permanently damaged from inflammation and stops working properly). <p>Review of the resident's [DATE] Physician Order Sheet (POS) showed:</p> <ul style="list-style-type: none"> - An order on [DATE] for Narcan a(n opioid antagonist used to reverse the effects of an opioid overdose) Nasal Liquid 4 milligram (mg) /0.1 milliliter (ml) (Naloxone HCl) spray, alternating nostrils every 2 minutes as needed for Norco overdose. May repeat in alternating nostril every 2-3 minutes until responsive; - An order dated [DATE] for OxyCONTIN (opioid analgesic used to relieve moderate to severe pain) oral tablet extended release 12 hour. Give 20 mg by mouth two times a day for pain. - No orders for lorazepam (is used to treat anxiety disorders) oral intensol concentrate (a medication used for anxiety and restlessness) 2 mg/ml; <p>(continued on next page)</p>		

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 06/26/2025
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- No order for morphine sulfate(a powerful opioid analgesic used to treat severe pain when other pain medications are ineffective or cannot be tolerated) concentrate oral solution 100 mg/5ml administer 0.25 mg.</p> <p>Review of the resident's Progress Notes showed:</p> <p>- On [DATE] at 11:17 A.M., the resident was given the wrong medication. The nurse on duty mistakenly gave Resident #1 another resident's morphine sulphate 0.25mg. At the time of administration, the resident also received his/her 20 mg dose of oxycodone at 5:00 A.M. The resident complained of nausea within minutes of administration. The wound nurse was asked by the Director of Nursing (DON) to monitor the resident's vital signs every 10- 15 minutes The first set of vitals showed a blood pressure (BP) of 120/57 with an oxygen level of 95% on 2 liters of oxygen. The second set of vitals signs were blood pressure (BP) of 88/40. The wound nurse administered Narcan to the resident at 10:13 A.M. Ten minutes later, the resident's BP was 155/99, and the heart rate went up to 104. The resident complained of shortness of breath, appeared flushed, and mentation was declining. Emergency Medical Services (EMS) was called at 10:22 A.M. The responsible party and the primary care physician (PCP) were made aware;</p> <p>- On [DATE] at 7:35 P.M., the resident returned to the facility from the hospital via EMS on a stretcher. The resident was alert and oriented x 4 and on continuous oxygen. The PCP and DON were notified via phone regarding the resident's return.</p> <p>3. Record review of Resident #2 medical record showed;</p> <p>- admitted to facility on [DATE];</p> <p>- Impaired cognition;</p> <p>- Diagnoses of dementia, arteriosclerotic heart disease (a type of vascular disease where the blood vessels carrying oxygen away from the heart (arteries) become damaged).</p> <p>Record review of the [DATE] POS, showed:</p> <p>- An order for Lorazepam Oral Intensol concentrate (a medication used for anxiety and restlessness) 2 milligram (mg) per milliliter (ml);</p> <p>- An order for Morphine Sulfate Concentrate oral solution 100 mg/5ml, administer 0.25 mg.</p> <p>(continued on next page)</p>

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 06/26/2025
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 12:10 P.M., Resident #1 said on [DATE], an unknown nurse walked into his/her room and squirted two syringes in his/her mouth then walked out. He/She did not recognize the nurse, nor did the nurse say anything to the resident at all, just squirted the liquid in his/her mouth and left. He/She knew immediately that was not his/her medications because he/she didn't take liquid medications. The resident asked an unknown nurse aide to find out what the unknown nurse had squirted in his/her mouth. Licensed Practical Nurse (LPN) D came to his/her room and asked what happened. The resident told LPN D the unknown nurse walked into his/her room and squirted two liquids in his/her mouth. At that point, he/she started to feel sick, nauseous, and hot. LPN D stayed with the resident. He/She got really sick quickly and was told that LPN D had to give him/her Narcan to revive him/her. The resident said the unknown nurse did not ask his/her name or explain what the nurse did. He/She didn't want that other nurse back in his/her room ever again.</p> <p>During an interview on [DATE] at 9:00 A.M., LPN A said on [DATE], he/she had been late for work and was running behind on the medication pass. LPN A looked in the medication book, read the name of the resident, withdrew liquid medications of morphine and lorazepam as ordered into two separate syringes, entered the resident room, called out Resident #2's name. Resident #1 aroused when the name was called. LPN A said she went to Resident #1's bed side and administered both syringes of the lorazepam and morphine and walked out of the room. Later that morning, LPN D asked who he/she had administered the liquid morphine and lorazepam to. LPN A said he/she knew immediately he/she had made a mistake and admitted to giving Resident #1 another resident's medication. LPN A said Resident #1 reacted when he/she called the name for whom the medications were prescribed. He/she did not confirm the resident's name with the resident prior to administering the medications. He/She did not explain to Resident #1 who he/she was or the medications prior to administering the medications. LPN A did not follow up with the resident after administering the medications. LPN A went back to Resident #1's room but the resident told her to get out and stay away. LPN A informed the DON of what had happened and finished his/her shift as normal and stayed away from Resident #1. LPN A had been trained to follow the medication administration rights, but he/she was just in a hurry.</p> <p>During an interview on [DATE] at 1:05 P.M., the DON said on [DATE], LPN A informed her of the medication error when he/she administered another resident's lorazepam and morphine medications to Resident #1. She immediately instructed LPN D to monitor Resident #1 closely and to take his/her vital signs every 10 minutes. When Resident #1's baseline vital signs began to change and he/she began complaining of nausea and not feeling right, she instructed LPN D to administer Narcan while LPN A called 911 to get the resident to the emergency room immediately. This was a significant medication error and LPN A was counseled on the five rights to administering medications (common nursing practice for drug administration including the right resident, right drug, right time, right dose and right route). She allowed the nurse to continue to work the hall and administer medications due to having no coverage for the rest of the day. The next day she terminated the LPN A.</p> <p>During an interview on [DATE] at 3:10 P.M., LPN D said on [DATE], LPN A informed him/her that he/she gave Resident #1 another resident's medications by mistake. He/She immediately went to Resident #1's room and asked the resident what had happened. Resident #1 said LPN A walked into the room and squirted medicine in his/her mouth without asking or saying anything. LPN D began to monitor the resident's vital signs. Resident #1's baseline began to change and his/her respirations decreased. LPN D administered Narcan and sent the resident to the emergency room. After the resident had been transferred to the hospital, LPN D asked LPN A how such a mistake had been made and was told he/she did not verify who the resident was prior to administering the medications.</p> <p>(continued on next page)</p>		

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 06/26/2025
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)
F 0760 Level of Harm - Actual harm Residents Affected - Few	Complaint #MO256151, MO256146, MO256153