

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265740	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Avenir at Maple Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 2407 Kentucky Street Louisiana, MO 63353	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure two residents (Resident #1, and #2) of five sampled residents, received incontinence care in a timely manner to prevent odors and maintain hygiene. Staff failed to check or change residents who were dependent on staff for assistance with incontinent care for over four hours. The facility census was 52. Review of the facility policy Activities of Daily Living, dated 1/1/26, showed a resident who was unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by the facility staff, dated 3/5/26, showed the following:-Diagnoses included heart failure, kidney disease and dementia;-Moderate cognitive impairment;-Always incontinent of bowel and bladder;-Dependent on staff for toileting hygiene and lower body dressing. Review of the resident's Care Plan, dated 10/28/25, showed the following:-The resident was incontinent of bowel and bladder;-Cleanse skin, pat dry and apply barrier cream after each incontinent episode;-The resident utilized briefs for incontinence;-Check the resident every two to three hours and as needed for incontinence;-The resident required moderate to maximum assistance from staff with personal hygiene. Observation on 3/5/26 at 10:08 A.M. showed the following:-The resident was in bed. A strong odor of urine permeated the room;-Certified Nurse Assistant (CNA) A and CNA B removed the resident's urine-soaked incontinence brief. The bed pad under the resident was also saturated with a ring of urine;-The resident's skin had imprints of the brief and a bright, pink, inflamed area to the resident's left inner buttock along with an area of macerated skin (a soft white and wrinkled skin condition caused by prolonged moisture) to the coccyx area (tailbone). During an interview on 3/5/26 at 2:00 P.M. the resident said his/her arms and legs did not work as they should, and he/she depended on staff to take care of him/her. He/She did not like to be wet. During an interview on 3/5/26 at 10:45 and 1:30 P.M. CNA A said the following:-His/Her shift started at 6:00 A.M. He/She did not complete walking rounds with the previous shift, so he/she was not sure when Resident #1 was last changed;-He/She had not changed the resident since the start of his/her shift at 6:00 A.M. (over four hours). Licensed Practical Nurse (LPN) C told CNA A the resident was incontinent of urine at 7:30 A.M. LPN C told CNA A and CNA B to change the resident after he/she finished breakfast. CNA A was busy with breakfast and did not get the resident changed until after 10:00 A.M. During an interview on 3/5/26 at 10:50 A.M. and 1:45 A.M. CNA B said the following:-Staff were to do walking rounds with the previous shift to assure the residents were dry and when they were changed last, but it did not normally get done;-He/She was not sure what time the previous shift had changed Resident #1;-He/She should check and change incontinent residents every two hours;-He/She did not get Resident #1 changed for over four hours on his/her shift; -The resident had skin irritation as a result. 2. Review of Resident #2's Care Plan, dated 1/13/26, showed the following:-The resident had a communication problem related to a head injury;-The resident had potential/actual skin impairment related to impaired mobility;-The resident had bladder incontinence and used disposable briefs;-Provide perineal care after each incontinent episode to remain odor free;-The resident required total assistance with personal hygiene. Review of the resident's quarterly (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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>MDS, dated [DATE], showed the following:-Diagnoses included traumatic brain injury;-Severe cognitive impairment;-Dependent on staff for activities of daily living;-Always incontinent of bowel and bladder. Observation on 3/5/26 at 10:35 A.M. showed the following:-The resident was in bed and an odor of urine permeated the room;-CNA A and CNA B removed the resident's incontinence brief, which was saturated with dark, yellow urine;-There were red imprints from the incontinence brief to the resident's skin. During an interview on 3/5/26 at 10:45 and 1:30 P.M. CNA A said the following:-He/She was not sure when night shift changed Resident #2. The first time he/she checked and changed the resident was after 10:00 A.M. (approximately four and a half hours);-The residents on the hall he/she was assigned required a lot of care. Getting the residents up for breakfast was the priority. Incontinent residents should be checked and changed every two hours, but it was difficult to get done. During an interview on 3/5/26 at 10:50 A.M. and 1:45 A.M. CNA B said the following:-Staff were to do walking rounds with the previous shifts to assure the residents were dry and when they were changed last, but it did not normally get done;-He/She was not sure what time the previous shift had changed Resident #2;-He/She should check and change incontinent residents every two hours;-Resident #2 had wounds and had not been changed for over four hours. The residents on the hall required heavy care, and it was hard for staff to get residents changed in a timely manner. During an interview on 3/5/26 at 12:00 P.M. LPN C said the following:-Residents that were incontinent of bowel and bladder should be checked for incontinence every two hours and changed as needed;-Staff were expected to complete walking rounds with the previous shift to determine when the residents were changed last;-At 7:30 A.M. he/she observed Resident #1 was wet with urine. He/She asked CNA A and CNA B to change the resident at that time;-Four hours or more was too long to go without checking and changing a resident who was incontinent. Leaving a resident wet for long periods could lead to new skin issues or worsening skin conditions;-Resident #1 had recently been diagnosed with moisture associated skin disorder (MASD, inflammation and erosion of skin caused by prolonged moisture such as urine, stool or sweat) to his/her buttock. During an interview on 3/5/26 at 1:20 P.M. the Director of Nursing said the following:-Staff on the oncoming shift should do walking rounds with the off going shift. Staff were to ensure residents were clean and dry and determine when the residents were changed last;-Four hours was too long for staff to go without checking and changing an incontinent resident;-Residents were at risk for skin irritation or moisture associated skin disorder if not changed in a timely manner;-Resident #1 was diagnosed with MASD to his/her left buttock recently. During an interview on 3/5/26 at 2:10 P.M. the Administrator said the following:-He would expect staff to check and change incontinent residents every two to three hours or as needed;-If staff were aware a resident was incontinent of urine the resident should be changed immediately, not wait until after breakfast;-A resident left wet for a long period could lead to skin irritation. Complaint # 2739922</p>		