

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER Maple Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 515 South Maple Street Eaton, OH 45320	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on medical record review, interview, and policy review, the facility failed to maintain complete and accurate documentation. This affected one (#64) out of three residents reviewed for documentation. The facility census was 61. Findings include: Review of the closed medical record for Resident #64 revealed an admission date of 11/07/25 and a discharge date of 05/27/26. Diagnoses included acute pyelonephritis, Type Two Diabetes Mellitus with diabetic neuropathy, primary lateral sclerosis, hypertension, functional quadriplegia, chronic hepatitis, factitious disorder imposed on self, major depressive disorder, myoneural disorder, generalized anxiety disorder, bipolar disorder, personality disorder, other chronic pain, chronic kidney disease stage three, and chronic respiratory failure with hypoxia. Review of the significant change Minimum Data Set (MDS) assessment, dated 02/27/26, revealed this resident was cognitively intact. This resident was assessed to require setup assistance for eating, supervision for oral hygiene, and was dependent for toileting, bathing, dressing, personal hygiene, and bed mobility. Review of the physician orders for Resident #64 revealed orders for Ativan (antianxiety) with a dosage of 0.25 milliliters (ML) four times a day for anxiety/restlessness, Lorazepam (antianxiety) with the dosage of 0.5 ML every six hours for nausea and vomiting, and Morphine (opioid) with a dosage of 0.5 ML every six hours for chronic pain. Review of the Medication Administration Record (MAR) for Resident #64 from 05/01/26 to 05/27/26 revealed blank spaces for Morphine on 05/02/26, 05/03/26, 05/05/26, and 05/23/26, Lorazepam on 05/02/26, 05/03/26, and 05/05/26, and Ativan on 05/23/26. Interview on 06/10/26 at 12:15 P.M. with Regional Director of Clinical Services (RDCS) #600 verified the medications had not been signed off as refused on the MAR. Review of the facility policy titled Administering Medications, revised 12/2012 revealed if a medication is refused, the individual administering the medication should initial and circle the MAR space provided for that drug and dose. This deficiency represents non-compliance investigated under Complaint Number 2967767.		

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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