

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Maple Hills Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 31054 State Route 93 North McArthur, OH 45651	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and facility policy, the facility failed to ensure dialysis communication forms were utilized to ensure communication between the facility and the dialysis center. This affected one resident (#16) of one resident reviewed for dialysis. Facility census was 32.</p> <p>Review of Resident #16's medical record revealed an admission date of 07/23/24. Medical diagnoses included osteomyelitis, diabetes mellitus type 2, severe calorie malnutrition, alcoholic cirrhosis of liver without ascites, end stage renal disease, anxiety, anemia, dependence on dialysis, right below the knee amputation, thrombocytopenia, and atrial fibrillation.</p> <p>Review of Resident #16's Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #16 was cognitively intact, dependent for toilet and tub/shower transfers, and required assistance for mobility and was wheelchair dependent.</p> <p>Review of Resident #16's care plan dated 06/06/25 revealed Resident #16 will experience no complications related to dialysis through review date. Interventions included checking for new orders upon return from dialysis and coordinating care with dialysis center.</p> <p>Review of Resident #16's physician orders for 05/14/25 revealed dialysis days on Monday, Wednesday, Friday, pick up time 05:00 A.M. with return time 12:30 P.M.</p> <p>Review of Resident #16's physical chart for April 2025, May 2025, and June 2025 revealed missing Dialysis Communication Forms for 04/02/25, 04/23/25, 05/12/25, 05/14/25, 05/16/25, 05/28/25, 06/04/25, 06/06/25, 06/13/25, and 06/18/25.</p> <p>Interview with staff nurse #350 on 06/25/26 at 12:05 P.M. confirmed some communication forms are missing from Resident #16's chart and sometimes dialysis does not send forms back with resident post dialysis appointment. Staff Nurse #350 stated that dialysis center will call facility if there are any changes.</p> <p>Interview with Director of Nursing (DON) on 06/25/25 at 04:08 P.M. confirmed all forms for each dialysis encounter should be in resident's chart and if they are not staff should call dialysis center for communication.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 366139	If continuation sheet Page 1 of 3

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Dialysis care dated 08/21 (reviewed 08/24) stated It is the policy of this facility to ensure residents that receive dialysis treatment are safe, well assessed, and that the facility collaborates care with the dialysis center. Policy further stated Upon return from dialysis, the nurse will review the communication form sent to dialysis center. If the dialysis center fails/refuses to provide communication, document on the form.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interviews and completion of a facility provided meal test tray the facility failed to provide palatable meals at the appropriate temperature. This affected all thirty-one residents who receive their meals from the kitchen with the exception of one resident (#20), who does not receive them. The facility census was 32.</p> <p>Findings include:</p> <p>Review of resident concern logs and resident council minutes on 06/24/25 revealed multiple entries of food temperature complaints.</p> <p>Test tray completed on 06/25/25 at 01:05 P.M. and included one beef enchilada, black beans, Mexican corn, and fruit punch. All food items were cool to taste with varying temperatures including corn temperature of 109 degrees Fahrenheit and black bean temperature of 108 degrees Fahrenheit. Both items cool to taste.</p> <p>Interview with Dietary Manager #699 on 06/25/25 at 1:10 P.M. verified both items did not have an appropriate temperature after being the last meal tray served.</p> <p>Interview with Resident #29 on 06/25/25 at 1:40 P.M. revealed her meals are served cool sometimes once she is served her meal tray in her room.</p> <p>Interview with Resident #185 on 06/25/25 at 1:45 P.M. revealed her food is served cold sometimes.</p> <p>This deficiency represents noncompliance for Complaint Number OH00166168.</p>