

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Maplewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Cherrywood Place Jackson, TN 38305	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47835</p> <p>Based on policy review, observation, and interview the facility failed to provide a private space that prevented interference for the resident group meeting for 1 of 1 (Resident Council) sampled group reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Resident Council Procedural Guide, dated 11/28/2017, revealed . facility supports the rights of residents to organize and participate in resident groups .The resident has a right to organize and participate in resident groups in the facility .The facility must provide a resident .private space .they must be provided privacy for meetings . 2. Observation in the Dining Room on 1/9/2025 at 10:20 AM, during the Resident Council Meeting, revealed the Maintenance Director came into the Dining Room, walked in front of the residents in the group meeting, and exited down the facility hallway. Observation in the Dining Room on 1/9/2025 at 10:28 AM, during the Resident Council Meeting, revealed the Maintenance Assistant came into the Dining Room, walked in front of the residents in the group meeting, and exited down the facility hallway. 3. During an interview on 1/9/2025 at 10:54 AM, the Activity Director was asked if a private place should be provided for uninterrupted resident council meetings. The Activity Director stated, Yes. <p>During an interview on 1/9/2025 at 11:25 AM, the Director of Nursing (DON) was asked if a private place should be provided for uninterrupted resident council meetings. The DON stated, Yes.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>38909</p> <p>Based on policy review, observation, and interview the facility failed to provide a private space that prevented interference for the resident group meeting for 1 of 1 (Resident Council) sampled group reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Resident Council Procedural Guide, dated 11/28/2017, revealed . facility supports the rights of residents to organize and participate in resident groups .The resident has a right to organize and participate in resident groups in the facility .The facility must provide a resident .private space .they must be provided privacy for meetings . 2. Observation in the Dining Room on 1/9/2025 at 10:20 AM, during the Resident Council Meeting, revealed the Maintenance Director came into the Dining Room, walked in front of the residents in the group meeting, and exited down the facility hallway. <p>Observation in the Dining Room on 1/9/2025 at 10:28 AM, during the Resident Council Meeting, revealed the Maintenance Assistant came into the Dining Room, walked in front of the residents in the group meeting, and exited down the facility hallway.</p> <ol style="list-style-type: none"> 3. During an interview on 1/9/2025 at 10:54 AM, the Activity Director was asked if a private place should be provided for uninterrupted resident council meetings. The Activity Director stated, Yes. <p>During an interview on 1/9/2025 at 11:25 AM, the Director of Nursing (DON) was asked if a private place should be provided for uninterrupted resident council meetings. The DON stated, Yes.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51365</p> <p>Based on policy review, medical record review and interview, the facility failed to notify the resident's legal representative of a transfer of the resident from the facility for 1 of 1 (Resident #81) sampled resident reviewed for notification of change.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled, Notification of Changes, revealed .The facility must inform .or notify the resident's family member or legal representative when there is a change requiring such notification . Circumstances requiring notification include .A transfer or discharge of the resident from the facility .</p> <p>Review of the undated facility policy titled, Transfer and Discharge (including AMA), revealed .Emergency Transfers/ Discharges- initiated by the facility for medical reasons .Notify resident and/or resident representatives .</p> <p>2. Review of the medical record revealed Resident #81 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Dementia, Alzheimer's Disease, and Gastro-Esophageal Reflux.</p> <p>Review of quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 00, indicating Resident #81 had severely impaired cognition.</p> <p>Review of Progress Note dated 12/31/2024 at 6:22 PM, Revealed .Resident [#81] had two episodes of vomiting coffee ground emesis, on call md [Medical Doctor] made aware with order to send resident to [Named Hospital] ED [Emergency Department] for eval. [evaluation] RP [Responsible Party] aware of transfer. Resident transferred to [Named Hospital] .</p> <p>This progress note was written after Resident #81 had been sent out to the hospital, the hospital notified the daughter, and then daughter called the facility to confirm the resident had been sent out.</p> <p>During a phone interview on 1/6/2025 at 3:05 PM, Resident #81's RP stated .They did not call New Years Eve when they sent her out. The hospital notified me she was there .I called [the facility] and asked them what was going on .</p> <p>During an interview on 1/14/2025 at 4:18 PM, the Interim Director of Nursing (DON) was asked, What would you consider a reasonable amount of time to notify the RP if a resident is transferred to the hospital? The Interim DON stated, Within an hour. We may not call immediately if it's an emergency, but as soon as we get them out of the building they should call.</p> <p>The facility failed to notify the resident's RP of the transfer from the facility to the hospital.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47835</p> <p>Based on policy review, observation, and interview, the facility failed to provide effective housekeeping to maintain a sanitary environment for 4 of 86 resident rooms (Residents #3, #28, #34, #61, #82, #84, and #94)</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the undated facility policy Resident Rights, revealed .The resident has a right to a safe, clean, comfortable and homelike environment . Review of the facility's CLEANING SCHEDULE, dated 10/11/2023, revealed .Monday .Wednesday .Friday . Sunday .Clean commode top to base of commode .Wednesday .Friday .clean .IV poles .Monday .Clean walls, light, everything on the wall, wash window and window seal .Daily dust mop and mop room . Review of the facility's Deep Cleaning List, revealed .Dust and polish all furniture .Dry mop and wet mop entire floor-move all furniture .clean windows, screens, ledges, blinds .Dust high areas .curtain -window and cubicle .Clean Feeding Tube Poles .Clean and disinfect toilet bowl . Multiple observations in Resident #3's room on 1/6/2025 at 9:50 AM, 1/7/2024 at 8:18 AM, and on 1/8/2025 at 8:27 AM, revealed dirty baseboards by the air conditioner and the window blinds had yellowish-brown splatter marks. The commode had a dirty grayish black ring around the water line and a dark brown smear above the water line on the left side. Multiple observations in Resident #82 and Resident #94's shared bathroom on 1/6/2025 at 10:23 AM and on 1/8/2025 at 8:13 AM, revealed a strong odor of urine and the floor was sticky with visible footprints. The floor entering the room was sticky and revealed footprints and wheelchair marks. Dirt and crumbs were observed on the floor. Dark streaks and splatter were observed on the wall beneath the sink. The floor between Resident #94's bed and the wall had several grayish spots and splatters. Multiple observations in Resident #34 and #61's room on 1/6/2025 at 10:32 AM and on 1/09/25 at 9:04 AM, revealed the window valance by the bed had large spots of thick gray dusty build up showing in the folds of the material. Multiple observations in Resident #28 and 84's room on 1/6/2025 at 10:32 AM, 1/07/25 at 8:31 AM, and on 1/8/2025 at 8:19 AM, the base of the enteral feeding tube pole had a yellowish tan hardened substance on and around the base of the pole, and crumbs and dirt on the floor between the two beds. <p>During an interview on 1/09/25 at 9:04 AM, the Administrator confirmed toilets should be cleaned, resident rooms and bathrooms should be clean without odors, the resident's floors should be clean, and the curtains should not be showing a thick layer of dust.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/13/2025 at 10:55 AM, the Head of Housekeeping confirmed the resident rooms should be kept clean and odor free.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on policy review, medical record review, and interview, the facility failed to report an allegation of staff to resident abuse for (Resident #76 and #307) and an injury of unknown origin (Resident #81) for 3 of 10 sampled residents reviewed for Abuse.</p> <p>The finding include:</p> <ol style="list-style-type: none"> Review of the facility's undated policy titled, Abuse, Neglect, and Exploitation revealed, .Abuse .includes verbal abuse, sexual abuse, physical abuse, and mental abuse .verbal abuse .includes disparaging and derogatory terms to residents .physical .hitting, slapping .includes controlling behavior through corporal punishment .designate an Abuse Coordinator in the facility who is responsible for reporting allegations or suspected abuse . to the state survey agency and other officials in accordance with state law .Possible indicators of abuse include .Resident, staff, or family report of abuse .physical marks such as bruises . physical injury of a resident, of a unknown source .Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies .Immediately, but no later than 2 hours after the allegation is made .Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury . Review of the medical record revealed Resident #76 was admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis, Paraplegia, Seizures, Bipolar 2 Disorder, and Anxiety. <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #76 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #76 was cognitively intact.</p> <p>During an interview on 1/6/2025 at 4:09 PM, Resident #76 reported to the surveyor an allegation of verbal abuse. Resident #76 stated a [named employee] called him a derogatory name. The Surveyor finished the interview and reported the allegation of verbal abuse to the Administrator in his office.</p> <p>The allegation of verbal abuse was not reported to the state agency until 1/15/2025 (9 days after the allegation was made).</p> <p>During an interview on 1/15/2025 at 2:20 PM, the Administrator was asked the types of abuse do you report to the state agency. The Administrator stated, Any type of abuse, physical, verbal, sexual, misappropriation . The Administrator confirmed he did not report to the state agency, Resident #76's allegation of verbal abuse. The Administrator was asked should you have reported this allegation of verbal abuse. The Administrator stated, Yes.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #81 was admitted to the facility on [DATE] with diagnoses including Fracture of Part of Neck of Right Femur, Dementia, Alzheimer's Disease, Muscle Weakness, History of Falling, and Unsteadiness on Feet. <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly MDS dated [DATE], revealed a BIMS score of 00, which indicated Resident #81 was severely cognitively impaired.</p> <p>Review of Resident #81's Progress Note dated 12/25/2024 at 5:10 AM, revealed .resident noted with discoloration to left forehead no s[igns]/[or]sx [symptoms] of pain noted will continue to monitor.</p> <p>Review of (Named Company) Weekly Skin Checks revealed .12/26/2024 .Any bruising or redness .no . 1/2/2025 .Any bruising or redness .no, No new skin issues .</p> <p>Review of the (Named Hospital) report dated 12/31/2024, revealed .77 yr [year] female brought in from [Named facility] nursing home after 2 reported episodes of coffee ground emesis. Pt [patient] is . nonverbal . Yellow bruise noted to forehead .</p> <p>During a phone interview on 1/6/2025 at 2:40 PM, Resident #81's daughter stated .She was sent out about a week ago and they did not call me, the hospital did. When I got to hospital, she had a bruise on her forehead .</p> <p>During an observation on 1/8/2025 at 8:11 AM, Resident #81 was sitting in a wheelchair in the dining room with a yellow fading bruise to the left center of her forehead.</p> <p>During an interview on 1/8/2025 at 4:04 PM, LPN E was asked, Do you know when or where the yellow bruise on the resident's forehead came from? LPN E stated, She had a previous fall sometime in the beginning of December.</p> <p>During an interview on 1/8/2025 at 4:08 PM, Resident #81's daughter was asked when she noticed the bruise on her forehead. She replied, It wasn't there when I went out of town the Saturday before Christmas [December 21, 2024.] I saw it on 1/1/2025 when I saw her in the hospital when she was sent out. Resident's daughter was asked if she asked anyone from the facility where the bruise came from. Resident #81's daughter stated, They [facility staff] said that the bruise was from a previous fall from December twenty-something .</p> <p>During an interview on 1/13/2025 at 10:31 AM, LPN F was asked to describe Resident #81's bruise. LPN F stated, It was on the left side of her forehead .I saw a purplish area to her left forehead. The LPN F was asked if she did an investigation or completed an incident report. The LPN F replied, I put a pillow for positioning, no I didn't know what happened, so I didn't know what to put on a report .</p> <p>During an interview on 1/14/2025 at 2:23 PM, the Administrator stated, .We are acknowledging Resident #81 had a fall .we are still investigating .I have reported to the state as injury of unknown origin, there is no suspicion of abuse .the bruise should have been documented and investigated .</p> <p>During an interview on 1/14/2025 at 4:15 PM, the DON confirmed LPN F should have documented and reported an occurrence of Resident #81's bruise to the forehead, and the facility should have investigated the bruise .</p> <p>3. Review of the medical record revealed Resident #307 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Paraplegia, Chronic Obstructive Pulmonary Disease, Urinary Retention, and Depression.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly MDS dated [DATE] revealed a BIMS score of 13 which indicated Resident #307 was cognitively intact without physical behaviors directed towards others.</p> <p>Review of the quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicated Resident #307 was cognitively intact without physical behaviors directed towards others.</p> <p>During an interview on 1/6/2025 at 11:10 AM Resident #307 stated .the nurse on hall 5 .tried to take my phone away from me and I swung and she grabbed my hand and held it down .I was cussing her and she said something about my mama and I said something about her and then I spit at her and she grabbed a towel and put it over my face and almost smothered me and I said I was calling the police .I called 911 again and the police officer came, and I told them I wanted to press charges. Then the ambulance got here, and they took me to the hospital. [Named Social worker] came and talked to me about it when I got back on Friday [1/3/2025] .</p> <p>The Administrator was notified of the allegation of abuse on 1/6/2025.</p> <p>During an interview on 1/13/2025 at 9:26 AM the Assistant Director of Nursing (ADON) A stated it was bought up to the Social Worker during the 48-hour care plan meeting.</p> <p>During an interview on 1/13/2025 at 9:31 AM the Administrator stated .it was discovered in care plan meeting on 1/3/2025 .the way it was reported it was not an allegation .it was a complaint .it was reported as a complaint, not as an allegation .different types of grabbing .if [Resident #307] felt he was abused he would voice it and he did not voice it in that manner from what I understand. If he felt abused or was voiced as abuse he would tell me. He did not tell me that. Based on what he said and how it was reported to me it was not abuse . The surveyor asked, When I reported this to you last week did you talk to [Resident #307] The Administrator stated, I can't remember if I talked to him about this or not .He did not say the word abuse. He voiced it as a complaint, not abuse .This is not abuse so it wasn't reported .</p> <p>During an interview on 1/13/2025 at 10:02 AM the Social Service Director (SSD) was asked what Resident #307 told her. The SSD stated, .she [LPN F] held my arm down and put a rag over my face .he said he felt safe in the building .the way I perceived it, if he didn't feel safe, he would not have wanted to go back to the room .He is the first one that would tell if something was wrong. If he was genuinely upset, he would have said that and not have us prompt the question .I would not perceive that as abuse .</p> <p>During an interview on 1/15/2025 at 2:25 PM, the Administrator stated I still feel it's not abuse .so it doesn't need to be reported .</p> <p>The allegation of staff to resident abuse was not reported to the state agency until 1/15/2025.</p> <p>50408</p> <p>51365</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on policy review, medical record review, and interview, the facility failed to thoroughly investigate alleged allegations of abuse that included an injury of unknown origin (Resident #81) and staff to resident abuse (Resident #307) for 2 of 11 sampled residents reviewed for abuse.</p> <p>The findings include:</p> <p>1. Review of the facility's undated policy titled, Abuse, Neglect and Exploitation, revealed . An immediate investigation is warranted .B. Written procedures for investigation include .Identifying staff responsible for the investigation . Investigating different types of alleged violations .Identifying and interviewing all involved persons, including the alleged victim .others who might have knowledge of the allegations .Focusing the investigation on determining if abuse . and/or mistreatment has occurred, the extent, and cause .Providing complete and thorough documentation of the investigation .</p> <p>Review of the facility's undated policy titled, .Incidents and Accidents, revealed It is the policy of this facility for staff .to report, investigate, and review any accidents or incidents .The following incidents require an incident report .Falls .Unobserved injuries .The supervisor or other designee will be notified of the incident . The nurse will contact the resident's practitioner .In the event of an unwitnessed fall or blow to the head, the nurse will initiate neurological checks .The resident's family or representative will be notified of the incident . The nurse will enter the incident information into the appropriate form/system within 24 hours of occurrence . Meeting regulatory requirements .Documentation should include .nature of the incident .initial findings .date, time .notifications .The nurse will examine any first aid to any visitor or employee involved in an incident .If an incident was witnessed by other people, the supervisor or designee will obtain written documentation of the event by those that witnessed it and submit that documentation to the Director of Nursing and/or Administrator .</p> <p>2. Review of the medical record revealed Resident #81 was admitted to the facility on [DATE], with diagnoses including Fracture of Part of Neck of Right Femur, Dementia, Alzheimer's Disease, Muscle Weakness, History of Falling, and Unsteadiness on Feet.</p> <p>Review of the quarterly MDS dated [DATE], revealed a BIMS score of 00, which indicated Resident #81 was severely cognitively impaired.</p> <p>Review of Resident #81's Progress Note dated 12/25/2024 at 5:10 AM, revealed .resident noted with discoloration to left forehead no s [signs]/[or] sx [symptoms] of pain noted will continue to monitor.</p> <p>Review of (Named Company) Weekly Skin Checks revealed .12/26/2024 .Any bruising or redness .no . 1/2/2025 .Any bruising or redness .no, No new skin issues .</p> <p>Review of the (Named Hospital) report dated 12/31/2024, revealed .77 yr [year] female brought in from [Named facility] nursing home after 2 reported episodes of coffee ground emesis. Pt [patient] is . nonverbal . Yellow bruise noted to forehead .</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 1/6/2025 at 2:40 PM, Resident #81's Daughter stated .She was sent out about a week ago and they did not call me, the hospital did. When I got to hospital, she had a bruise on her forehead .</p> <p>During an observation on 1/8/2025 at 8:11 AM, Resident #81 was sitting in a wheelchair in the dining room with a yellow fading bruise to the left center of her forehead.</p> <p>During an interview on 1/8/2025 at 4:04 PM, LPN E was asked, Do you know when or where the yellow bruise on the resident's forehead came from? LPN E stated, She had a previous fall sometime in the beginning of December.</p> <p>During an interview on 1/8/2025 at 4:08 PM, the Resident #81's daughter was asked, when she noticed the bruise on her forehead. She replied, It wasn't there when I went out of town the Saturday before Christmas. I saw it on 1/1/2025 when I saw her in the hospital when she was sent out. Resident's daughter was asked if she asked anyone from the facility where the bruise came from. Resident #81's daughter stated, [Facility staff] said that the bruise was from a previous fall from December twenty-something .</p> <p>During an interview on 1/13/2025 at 10:31 AM, LPN F was asked to describe Resident #81's bruise. LPN F stated, It was on the left side of her forehead .I saw a purplish area to her left forehead. The LPN F was asked if she did an investigation or complete an incident report. The LPN F replied, I put a pillow for positioning, no I didn't know what happened, so I didn't know what to put on a report .</p> <p>During an interview on 1/14/2025 at 4:15 PM, the Interim DON confirmed LPN F should have documented and reported an occurrence of Resident #81's bruise to the forehead, and the facility should have reported and investigated the bruise immediately .</p> <p>During an interview on 1/14/2025 at 2:23 PM, the Administrator stated, .We are acknowledging Resident #81 had a fall .we are still investigating .I have reported to the state as injury of unknown origin, there is no suspicion of abuse .the bruise should have been documented and investigated . All three individuals are suspended pending investigation .</p> <p>3. Review of the medical record revealed Resident #307 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including Paraplegia, Chronic Obstructive Pulmonary Disease, Urinary Retention, and Depression.</p> <p>Review of the quarterly MDS dated [DATE], revealed a BIMS score of 13, which indicated Resident #307 was cognitively intact without physical behaviors directed towards others.</p> <p>Review of the quarterly MDS dated [DATE], revealed a BIMS score of 15, which indicated Resident # 307 was cognitively intact without physical behaviors directed towards others.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Maplewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Cherrywood Place Jackson, TN 38305	
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the progress notes dated 12/27/2024, revealed .Behavior Note . Resident called 911 complaining of pain from suprapubic cath [catheter] upon arriving to room this writer asked resident what was going on, he preceded to say, the ambulance was on the way this writer asked resident again what was going on and why did he call them? Resident began to get loud and .this writer stated to him that that is not the correct way to speak to someone trying to help him resident then attempted to run me over with his chair as he told me to get .out of his room.</p> <p>During an interview on 1/6/2025 at 11:10 AM Resident #307 stated .the nurse on hall 5 .tried to take my phone away from me and I swung and she grabbed my hand and held it down .I was cussing her and she said something about my mama and I said something about her and then I spit at her and she grabbed a towel and put it over my face an almost smothered me and I said I was calling the police .I called 911 again and the police officer came, and I told them I wanted to press charges. Then the ambulance got here, and they took me to the hospital. [Named Social worker] came and talked to me about it when I got back on Friday [1/3/2025] .</p> <p>The Administrator was notified of the allegation of abuse on 1/6/2025.</p> <p>During an interview on 1/13/2025 at 9:26 AM, the Assistant Director of Nursing (ADON) A stated it was brought up to the Social Worker during the 48-hour care plan meeting.</p> <p>During an interview on 1/13/2025 at 9:31 AM, the Administrator stated .it was discovered in care plan meeting on 1/3/2025 .the way it was reported it was not an allegation .it was a complaint .it was reported as a complaint, not as an allegation .different types of grabbing .if he [Resident #307] felt he was abused he would voice it and he did not voice it in that manner from what I understand. If he felt abused or was voiced as abuse he would tell me. He did not tell me that. Based on what he said and how it was reported to me it was not abuse . The surveyor asked, When I reported this to you last week did you talk to him The Administrator stated, I can't remember if I talked to him about this or not .He did not say the word abuse. He voiced it as a complaint, not abuse .This is not abuse so it wasn't reported .</p> <p>During an interview on 1/13/2025 at 10:02 AM the Social Service Director (SSD) was asked what Resident #307 told her. The SW stated, .she [LPN F] held my arm down and put a rag over my face .he said he felt safe in the building .the way I perceived it, if he didn't feel safe, he would not have wanted to go back to the room .He is the first one that would tell if something was wrong. If he was genuinely upset, he would have said that and not have us prompt the question .I would not perceive that as abuse .</p> <p>During an interview on 1/15/2025 at 2:25 PM, the Administrator stated I still feel it's not abuse .</p> <p>Review of the undated Summary provided revealed .nurse tried to grab his arm and place a rag on his face .</p> <p>51365</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on policy review, medical record review, and interview, the facility failed to develop a care plan for 1 of 32 (Resident #72) residents reviewed for care plans.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's undated policy titled, Pressure Ulcer Prevention and Management, revealed This facility is committed to the prevention of avoidable pressure injuries .Nursing assistants will inspect skin during bath and will report any concerns to the resident's nurse timely .Interventions will be based on specific factors .skin assessment .moisture management, impaired mobility .Interventions will be documented in the care plan and communicated to all relevant staff . 2. Review of the medical record revealed Resident #72 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Epilepsy, Left Knee Contracture, and Right Knee Contracture. <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #72 was cognitively intact. Resident was at risk for pressure injuries and had upper and lower extremity impairment on 1 side, and substantial assistance to totally dependent with ADLs.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 14 which indicated Resident #72 was cognitively intact. Resident was at risk for pressure injuries and had upper and lower extremity impairment on 1 side, and substantial assistance to totally dependent with ADLs.</p> <p>Review of the care plan with a revision date of 12/20/2024 revealed .trauma from nails to palm of left hand, nails trimmed . There were no interventions in place.</p> <p>During an interview on 1/13/2025 at 12:53 PM, the Minimum Data Set (MDS) Coordinator confirmed there should be an intervention on the care plan for trauma from nails to the palm of the left hand.</p> <p>The facility failed to develop a care plan for Resident #72 to include interventions for wound care to palm of the left hand.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408</p> <p>Based on policy review, medical record review, and interview, the facility failed to conduct a quarterly care plan conference meetings with resident/family representative for 1 of 32 (Resident #68) sampled residents reviewed for care plan meetings.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the undated facility policy titled, Comprehensive Care Plans revealed, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident .The care planning process will include an assessment of the resident's personal and cultural preferences in developing goals of care .The comprehensive care plan will be prepared by an interdisciplinary team, that includes .Family members, surrogate, or others desired by the resident .The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly Minimum Data Set [MDS] assessment . Review of the medical record revealed Resident #68 was admitted to the facility on [DATE], with diagnoses including Lack of Coordination, Severe Protein Calorie Malnutrition, Diabetes, Heart Disease, Anxiety and Depression. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #68 is rarely/never understood and is dependent on staff for Activity of Daily Living.</p> <ol style="list-style-type: none"> The facility was unable to provide documentation that a quarterly Care Conference was conducted with the Resident or Responsible Party regarding the quarterly 1/15/2024 comprehensive assessment. During an interview on 1/13/2025 at 9:21 AM, the Social Service Director confirmed the family representative was not invited to the care plan meeting for the comprehensive MDS for January. <p>During an interview on 1/13/2025 at 10:50 AM, the Regional Director of Clinical Services confirmed a care plan conference meeting with family should be quarterly with the MDS assessment completion.</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to provide care and services to prevent the development of a pressure ulcer/injury and failed to provide treatments for 2 of 4 (Residents #72, and #85) sampled residents reviewed for pressure ulcers/injuries. Resident #72, who was at risk of developing pressure ulcers/injuries due to contractures [a permanent tightening of muscles, tendons, ligaments, skin, or other tissues that limits movement of a joint or body part] of the extremities and was dependent on staff for preventative interventions, developed a pressure ulcer/injury to the palm of her left hand from having long fingernails embedded into the skin, resulting in actual Harm to Resident #72.</p> <p>The findings include:</p> <p>1. Review of the facility's undated policy titled, Activities of Daily Living (ADLs), revealed A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good .grooming . personal .hygiene .The facility will maintain individual objectives of the care plan and periodic review and evaluation .</p> <p>Review of the facility's undated policy titled, Pressure Injury Prevention and Management, revealed .This facility is committed to the prevention of avoidable pressure injuries .facility shall establish and utilize a systemic approach for pressure injury prevention .Licensed nurses will conduct a full body skin assessment . weekly .Nursing assistants will inspect skin during bath and report any concerns .Interventions will be based on specific factors identified in the risk .skin assessment .moisture management, impaired mobility .</p> <p>2. Review of the medical record revealed Resident #72 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Left Knee Contracture, and Right Knee Contracture.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #72 was cognitively intact. Resident #72 required substantial assistance with most Activities of Daily Living (ADLs) and was dependent for bathing and dressing. The resident had upper and lower extremity impairment on 1 side.</p> <p>Review of the Weekly Skin Check, for Resident #72 dated 12/12/2024, revealed .no new or abnormal skin issues this weekly assessment .</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 14 which indicated Resident #72 was cognitively intact. Resident #72 required substantial assistance with most ADLs and was dependent for bathing and dressing. The resident had upper and lower extremity impairment on 1 side.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurses Note for Resident #72 dated 12/18/2024, revealed .Summoned to resident's room per staff, noted a trauma wound to plam [palm] of left hand r/t [related to] contratrcture [contracture] and fingernails digging into skin. Daughter persent [present] at bedside et [and] is aware. [Named physician] is aware with new orders to cleanse left hand with dwc [dermal wound cleanser]/ns [normal saline], pat dry, silde [slide] silver alginate between fingers and palm of hand. Change Qd [every day] et PRN [as needed] .</p> <p>Review of the Physician's Order for Resident #72 dated 12/18/2024, revealed .Cleanse left hand with dwc/ns, pat dry, place silver alginate between fingers and palm of hand. Every day shift AND every 1 hours as needed .</p> <p>Review of the .Follow Up Question Report ., for Resident #72 dated 12/1/2024-12/31/2024, revealed no issues during skin observations for 12/7/2024-12/19/2024.</p> <p>Review of the .Weekly Wound Progress ., for Resident #72 dated 12/19/2024, revealed .Left hand [palm] . trauma .2.0 [centimeters (cm) length] 1.35 [width] 0.1 [depth] .</p> <p>Review of the Weekly Skin Check, for Resident #72 dated 12/20/2024, revealed .no new skin issues noted at this time .</p> <p>Review of the care plan for Resident #72 dated 9/29/2023, with a revision date of 12/20/2024, revealed . Trauma from nails to palm of left hand, Nails trimmed . There were no interventions implemented to prevent further pressure injury to the resident's left palm.</p> <p>Review of the Nurses Note for Resident #72 dated 12/20/2024, revealed .Wound Trauma- Cleanse left hand with dwc/ns, pat dry, place silver alginate between fingers and palm of hand. every day shift, pt [patient] refused to have dressing changed, asked to wait till [until] saturday [Saturday] 12/21 [12/21/2024].</p> <p>Review of the Treatment Administration Record (TAR) dated December 2024, revealed the facility failed to document the treatment for the pressure injury to the left palm on December 21, 2024.</p> <p>Review of the .Weekly Wound Progress ., dated 12/23/2024, revealed .Left hand (palm) .1.5 [length] 1.2 [width] 0.1 [depth] .</p> <p>Review of the .Weekly Skin Check, dated 12/28/2024, revealed .no new skin issues noted .</p> <p>Review of the .Weekly Wound Progress ., dated 12/30/2024, revealed .Left hand (palm) .1.08 [length] 0.7 [width] 0.1 [depth] .</p> <p>Review of the .Weekly Skin Check, dated 1/4/2025, revealed .no new skin issues noted .</p> <p>Review of the TAR dated January 2025, revealed the facility failed to document the treatment for the pressure injury on January 4, 2025.</p> <p>During an interview on 1/13/2025 at 11:10 AM, the Treatment Nurse confirmed the wound to Resident #72's hand was a preventable pressure ulcer/injury and should have been noticed during the Certified Nursing Assistants (CNA) skin assessments.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 1/13/2025 at 11:30 AM, the Treatment Nurse was asked if this surveyor could see the area of the pressure injury to Resident #72's hand. The Treatment Nurse tried to open the resident's left hand and was able to open the resident's hand enough to see that the wound had healed. Further observations revealed Resident #72's nails were long and needed to be trimmed. The Treatment Nurse stated she was going to trim the resident's nails when the daughter arrived. The Treatment Nurse stated that the resident usually keeps a washcloth in her hand to prevent any further pressure injuries since she refused anything else to be in her hand to prevent pressure injuries. Observations revealed Resident #72 did not have a washcloth in her left hand as a measure to prevent further pressure injuries to the palm of her contracted left hand.</p> <p>During an interview on 1/13/2025 at 12:53 PM, the Director of Nursing (DON) confirmed that trimming nails and nail care should be done during residents' personal care and Resident #72's hand was a preventable pressure ulcer/injury. The DON confirmed the weekly skin assessment should have had documentation of skin issues prior to when the trauma to the palm of the hand occurred.</p> <p>3. Review of the medical record revealed Resident #85 was admitted to the facility on [DATE], with diagnosis of Metabolic Encephalopathy, Sepsis, Pressure Ulcer Sacral Area Stage 4, Osteomyelitis, Atrial Fibrillation, Acute Kidney Failure, Anxiety, Paraplegia, and Bladder Neck Obstruction.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #85 had a BIMS score of 6, indicating Resident #85 had severe cognitive impairment. The resident was dependent on staff for all ADL's. Resident #85 had a Stage 4 pressure ulcer.</p> <p>Review of the Physician Orders dated 10/24/2024, revealed Wound Pressure-Cleanse sacrum with .ns . collagen powder, dakins [cleaning solution] soaked gauze and secure with cover dressing.</p> <p>Review of the November 2024 TAR revealed the following missed treatments for a Stage 4 sacral pressure ulcer: 11/4/2024, 11/5/2024, and 11/26/2024.</p> <p>Review of the December 2024 TAR revealed the following missed treatments for a Stage 4 sacral pressure ulcer: 12/8/2024, 12/21/2024 and 12/22/2024.</p> <p>Review of the January 2025 TAR revealed the following missed treatments for a Stage 4 sacral pressure ulcer: 1/4/2025 and 1/5/2025.</p> <p>During an interview on 1/14/2025 at 3:00 PM, the Interim DON was shown the TARS with the missing treatments. The Interim DON was asked should there be missing treatments related to pressure ulcer care. The Interim DON stated, No.</p> <p>4. During an interview on 1/13/2025 at 12:53 PM, the Interim DON was asked if staff should be missing treatments. The Interim DON stated, No, if they are missed, a reason should be documented.</p> <p>50408</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835</p> <p>Based on policy review, medical record review, facility investigation review, and interview, the facility failed to implement fall interventions for 1 of 4 (Resident #56) sampled residents reviewed for falls. The facility failed to follow the fall prevention intervention of 2 person bed mobility assistance, when on 11/17/2024, Resident #56 fell out of the bed and sustained a fractured hip, resulting in Actual HARM to Resident #56.</p> <p>The findings include:</p> <p>1. Review of the facility's undated policy titled, Fall Prevention Program, revealed .Each resident will be assessed for the risks of falling and will receive care and services in accordance with the level of risk to minimize the likelihood of falls .The nurse will indicate the resident's fall risk . and initiate interventions on the resident's baseline care plan .with the resident's level of risk .</p> <p>Review of the facility's undated policy titled, Comprehensive Care Plan Policy, revealed .Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions .</p> <p>2. Review of the medical record revealed Resident #56 was admitted to the facility on [DATE], with diagnoses including Left Hemiplegia, Parkinsons, Dementia, Fracture of Left Femur, Diabetes, Depression, Anxiety, Testicular Hypofunction, and Impulse Disorder.</p> <p>Review of the Fall Risk Assessment for Resident #56 dated 12/28/2023, revealed .High Risk for Falling .</p> <p>Review of the Nurse Progress Note for Resident #56 dated 12/28/2023 at 12:34 PM, revealed .Resident was laying on his stomach on the floor next to [the] bed .Laceration noted on right forearm .bruise forming on right knee. Blood noted in nostrils .Two staff members are to be used while providing care .</p> <p>Review of the Nurse Progress Note for Resident #56 dated 12/28/2023 at 7:15 PM, revealed .Vital Signs . Blood Pressure: 165/96; Heart Rate: 96 .also observed prominent swelling to the left knee, redness / bruising to the nasal region, and abrasions located throughout various [regions] of the body that were sustained from the fall .resident voiced excruciating pain .MD [Medical Director] .order to send the resident out to the .ER [emergency room] for evaluation .</p> <p>Review of the Facility Investigation Incident Report for Resident #56 dated 12/28/2023, revealed .Resident was laying on his stomach on the floor .Immediate Action Taken .Two staff members are to be used while providing care .</p> <p>Review of the care plan for Resident #56 dated 12/29/2023, revealed .two persons assist with bed mobility .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Multiple attempts were made to contact the Nurse and CNA that were present for the fall on 12/28/2023, with no success.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #56 was cognitively intact and required moderate assist with ADLs (Activities of Daily Living).</p> <p>Review of the annual MDS dated [DATE], revealed a BIMS score of 15, which indicated Resident #56 had no cognitive impairment, required extensive assist with ADLs, and 2 person assist with turns and repositions.</p> <p>Review of the Care Plan dated 11/17/2024, revealed Resident #56 required 2 person assist with bed mobility.</p> <p>Review of the Facility Investigation Incident Report for Resident #56 dated 11/17/2024 at 9:00 PM, revealed . resident found in floor laying on back between the bed and the window on left side .while CNA was administering ADL/incontinent care, cna [CNA] was rolling resident over from the right side of bed to clean and he [Resident #56] had grabbed to night stand draw [drawer] .continues to fall into floor .Immediate Action Taken .head to toe assessment .neuro checks started .EMS [Emergency Medical Services] contacted for transfer to ER .</p> <p>Review of the Nurse Progress Note for Resident #56 dated 11/17/2024 at 10:43 PM, revealed .EMS here to transport to ER .Resident refusing to go to ER .</p> <p>Review of the Fall Risk Assessment for Resident #56 dated 11/17/2024, revealed .Moderate Risk for Falling .</p> <p>Review of the Nurse Progress Note for Resident #56 dated 11/18/2024 at 6:45 AM, revealed .Resident complaining of L [Left] hip pain and being unable to lift LLE [Left Lower Extremity] MD contacted and ordered resident be transferred to ED [Emergency Department] for evaluation and imaging .</p> <p>Review of the Hospital Record for Resident #56 dated 11/18/2024, revealed .male brought in .after having fallen on his left hip when being turned in the bed .complains of left .thigh pain .CT [Computed Tomography] Scan [medical imaging used to obtain detailed internal images of the body] imaging showed minimally displaced/impacted .femoral neck [specific type of hip fracture] fracture .</p> <p>Review of the Nurse Progress Note for Resident #56 dated 11/18/2024 at 9:12 PM, revealed .Resident admitted to [the] hospital due to fractured left hip . Resident #56 was admitted to the hospital on 11/18/2024 - 11/20/2024.</p> <p>Review of the Nurse Progress Note for Resident #56 dated 11/20/2024 at 5:17 PM, revealed .Admission Summary .Resident arrived to fscility [facility] via [by way of] EMS per stretcher x [times] 2 attendants. admitted S/p [status post-a shorthand notation to indicate a specific event or procedure for a past medical event] hospitalization for fx [fracture] to hip from fall .</p> <p>Review of the Physician's Order for Resident #56 dated 11/20/2024, revealed .non weight bearing to LLE every shift for Left hip fx .Ensure surgical site clean dray [dry] and intact .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Maplewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Cherrywood Place Jackson, TN 38305	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #56 was cognitively intact. Resident #56 was dependent on staff for bed mobility and experienced a fall with a major injury requiring surgery.</p> <p>During an interview on 1/14/2025 at 2:48 PM, Registered Nurse (RN) C stated .I was in another room and the CNA [CNA D] came out and hollered for help .I went in and said let me get help .got staff and used the hoyer [mechanical lift] to get him back on the bed .he [Resident #56] said she [CNA D] rolled me out of the bed .she was changing him. She said he grabbed the side table and kept on rolling .I called EMS, and when they got there he refused to go .They [EMS] asked him appropriate questions and they said he was okay . when I came back the next morning he was gone .I turned in CNA [D] witness statement [a document that records facts and details] to DON [Director of Nursing] CNA [D] was [the] only one in the room .He's supposed to be 2 person assist .</p> <p>During an interview on 1/14/2025 at 3:16 PM, CNA D stated .When I rolled him [Resident #56] over he was holding onto the nightstand .started falling out of the bed .I didn't find out until after that he [Resident #56] was a 2 person assist .I had just started working on that side .</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50408</p> <p>Based on facility policy review, observation, and interview the facility failed to ensure that medication records were in order and an account of the controlled medications were maintained and reconciled for 1 of 5 Registered Nurse (RN) J observed for Medication Administration.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's undated policy titled Medication Administration, revealed .Observe resident consumption of medication .if medication is a controlled substance, sign narcotic book . 2. Observation at the 300 hall Medication (Med) Cart beginning on 1/13/2025 at 1:31 PM revealed the following: <ul style="list-style-type: none"> a. LPN J was asked to review Resident #1's narcotic reconciliation. Review of the Controlled Drug Record for Resident #1 revealed .GABAPENTIN (used to treat seizures and nerve pain) .300 MG (Milligram) CAPSULE . Amount Remaining 10 . Review of Resident #1's narcotic card revealed a count of 8 capsules remaining. LPN J was asked about the difference in the number and stated, .I gave him a dose at 8 and another at noon .That's how busy I have been .There are 8 in the package, not 10 . b. LPN J was asked to review Resident #20's narcotic reconciliation. Review of the Controlled Drug Record for Resident #20 revealed .ALPRAZOLAM (used to treat anxiety) 1 MG TABS .Amount Remaining .18 . Review of Resident #20's narcotic card revealed a count of 16 tablets remaining. LPN J was asked about the difference in the number and stated, .I gave her a dose at 8 and another at noon .I signed them off in the computer but haven't signed them off in the book yet . c. LPN J was asked to review Resident #48's narcotic reconciliation. Review of the Controlled Drug Record for Resident #48 revealed .HYDROcodone/ACET (Acetaminophen used to control pain) 5-325MG TAB . Amount Remaining .11 . Review of Resident #48's's narcotic card revealed a count of 10 tablets remaining. LPN J was asked about the difference in the number and stated, .I gave her a dose at 8 .I haven't written it in the book yet . <p>During an interview on 1/13/25 at 2:25 PM, the Interim Director of Nursing (DON) confirmed that narcotics should be signed out in the Narcotics Book after they are administered.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47835</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored and labeled when expired medications were observed in 1 of 1 (Med Storage Room) medication storage areas, and when an over-the-counter medication was observed in a shared bathroom.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's undated policy titled Medication Storage revealed .All drugs and biologicals will be stored in locked compartments .The pharmacy and all medication rooms are routinely inspected .for discontinued, outdated .medications . 2. Observation in the Medication Room on 1/15/2025 at 1:51 PM, revealed 8 expired Humalog Solution 100 UNIT/ML Pens with the use by date of 12/19/24. <p>During an interview on 1/15/2025 at 2:28 PM, the Assistant Director of Nursing A confirmed that there should be no expired medications in the med room.</p> <ol style="list-style-type: none"> 3. Observation in the shared bathroom for Resident # 36 and #79 on 1/6/2025 at 9:43 AM, and 5:31 PM, revealed a 7.1-ounce pump can of over-the-counter medication for muscle cramps. <p>During an interview on 1/14/2025 at 3:07 PM, the Interim Director of Nursing (DON) was asked should there be over the counter medication in the bathroom. The Interim DON stated, No.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33379</p> <p>Based on policy review, observation, kitchen sanitation logs, and interview, the facility failed to ensure food was stored, handled, prepared, and served under sanitary conditions. The kitchen floor was dirty, the cook ware had sticky black carbon build-up, the convection oven had dried food particles inside with thick black sticky substance buildup. The meal and miscellaneous carts were dirty with dry food particles inside the carts. The facility failed to complete the food temperature log, freezer log, and cooler log. The facility failed to check the dish washer temperatures and sanitizing solution level three times a day. The facility had a census of 103 with 101 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility undated policy titled, Sanitation Inspection, revealed .It is the policy of this facility to conduct inspections to ensure food service areas are clean, sanitary and in compliance with .state and federal regulations. All food service areas shall be kept clean, sanitary, free from litter .Daily: Food service staff shall inspect refrigerators/coolers, freezer, storage area temperatures, and dishwasher temperatures daily .the dietary manager shall inspect all food services areas weekly to ensure .</p> <p>Review of the facility undated policy titled, Monitoring of Cooler and Freezer Temperatures, revealed .It is the policy of this facility to maintain temperatures of coolers and freezers at the appropriate temperature to promote food safety .Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit .Temperatures will be checked and logged at least twice per day by designated personnel .</p> <p>Review of the facility undated policy titled, Record of Food Temperatures, revealed .It is the policy of this facility to record food temperatures daily to ensure food is at the proper serving temperature(s) before trays are assembled .Food temperatures will be checked on all items prepared in the dietary department .Measure and record the temperatures for each food product and milk at all meals. Record temperature on the temperature log .</p> <p>Review of the facility undated policy titled, Food Safety Requirements, revealed .It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures .For low temperature dishwasher .the wash temperature shall be 120 .F [Fahrenheit] .The sanitizing solution shall be 50ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse . Chemical solutions shall be maintained at the correct concentration .at least once per shift .Water temperatures shall be measured and recorded prior to each meal and/or after the dishwasher has been emptied or re-filled for cleaning purposes .</p> <p>2. Observation in the kitchen on 1/7/2024 at 1:16 PM, revealed the following.</p> <p>The Kitchen floor was dirty with dried food crumbs, and pieces of paper on the kitchen floor.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The dish washer temperatures and test the sanitizing solution level of the low temperature dishwasher had not been completed.</p> <p>3. Observation in the kitchen on 1/8/2024 at 11:16 AM, revealed the following.</p> <p>The Kitchen floor was dirty with dried food crumbs, and pieces of paper on the kitchen floor.</p> <p>The convection oven had dried food particles and had a thick black sticky substance buildup inside.</p> <p>One meal cart was dirty with dry food particles on the bottom of the cart.</p> <p>One metal cart that the plates lids were stored on, was dirty.</p> <p>One miscellaneous silver cart that contained peanut butter, jelly, bread, and hotdog buns was dirty and contained food particles.</p> <p>The freezer log, cooler log and the dish washer temperatures and test the sanitizing solution logs had not been completed.</p> <p>4. Observation in the kitchen on 1/9/2024 at 7:44 AM, revealed the following.</p> <p>The Kitchen floor was dirty with dried food crumbs and had a plastic lid lying on the kitchen floor.</p> <p>The convection oven had dried food particles and a thick black sticky substance buildup inside.</p> <p>One meal cart was dirty with dry food particles on the bottom of the cart.</p> <p>One miscellaneous silver cart that contained peanut butter, jelly, bread, and hotdog buns was dirty and contained food particles.</p> <p>5. Review of the Time/Temperature Food Preparation Log . dated November 2024 failed to reflect the completion of the food temperature checks for all three meals on 11/2/2024, 11/3/2024, 11/4/2024, 11/5/2024, 11/6/2024, 11/7/2024, 11/8/2024, 11/9/2024, 11/10/2024, 11/11/2024, 11/12/2024, 11/13/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, and 11/30/2024.</p> <p>Review of the Time/Temperature Food Preparation Log . dated December 2024 failed to reflect the completion of the food temperature checks for all three meals on 12/1/2024, 12/2/2024, 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/14/2024, 12/15/2024, 12/16/2024, 12/19/2024, 12/20/2024, 12/21/2024, 12/22/2024, 12/23/2024, 12/24/2024, 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/29/2024, 12/30/2024 and 12/31/2024.</p> <p>Review of the Time/Temperature Food Preparation Log . dated January 2025 failed to reflect the completion of the food temperature checks for all three meals on 1/1/2025, 1/2/2025, 1/3/2025, 1/4/2025, 1/5/2025, 1/6/2025, and 1/7/2025.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Review of the TEMP [Temperature] LOG - FREEZER . Temperature logs dated November 2024, revealed the freezer temperature should be checked twice a day in the AM and PM, and initialed. Review of the freezer temperature logs failed to reflect the completion of the AM and PM checks on 11/1/2024, 11/2/2024, 11/3/2024, 11/4/2024, 11/5/2024, 11/6/2024, 11/7/2024, 11/8/2024, 11/9/2024, 11/10/2024, 11/11/2024, 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, and 11/30/2024.</p> <p>Review of the TEMP [Temperature] LOG - FREEZER . Temperature logs dated December 2024, revealed freezer temperature was to be checked twice a day in the AM and PM, and initialed. Review of the freezer temperature logs failed to reflect the completion of the AM and PM checks on 12/3/2024, 12/4/2024, 12/9/2024, 12/10/2024, 12/15/2024, 12/16/2024, 12/21/2024, 12/22/2024, 12/28/2024, 12/29/2024, 12/30/2024, and 12/31/2024.</p> <p>7. Review of the reach in TEMP [Temperature] LOG - COOLER . Temperature logs dated November 2024, revealed the cooler temperature was to be checked twice a day in the AM and PM, and initialed. Review of the reach in cooler temperature logs failed to reflect the completion of the AM and PM checks on 11/1/2024, 11/2/2024, 11/3/2024, 11/11/2024, 11/12/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/27/2024, 11/28/2024, 11/29/2024, and 11/30/2024.</p> <p>Review of the reach in TEMP [Temperature] LOG - COOLER . Temperature logs dated December 2024, revealed the cooler temperature was to be checked twice a day in the AM and PM and initialed. Review of the reach in cooler temperature logs failed to reflect the completion of the AM and PM checks on 12/3/2024, 12/4/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/14/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/21/2024, 12/22/2024, 12/23/2024, 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/29/2024, 12/30/2024, and 12/31/2024.</p> <p>Review of the reach in TEMP [Temperature] LOG - COOLER . Temperature logs dated January 2025, revealed the cooler temperature was to be checked twice a day in the AM and PM and initialed. Review of the reach in cooler temperature logs failed to reflect the completion of the AM and PM checks on 1/1/2025, and 1/2/2025.</p> <p>8. Review of the DISH MACHINE LOG . sanitation logs dated November 2024, revealed dish machine temperature checks and sanitizer testing with a chemical strip was to be tested at breakfast, lunch, and supper, and initialed as being completed. Review of the sanitation logs failed to reflect the completion of all the breakfast, lunch and supper dish machine temperature checks, sanitizer checks, with initials on 11/1/2024, 11/2/2024, 11/3/2024, 11/4/2024, 11/5/2024, 11/6/2024, 11/7/2024, 11/8/2024, 11/9/2024, 11/10/2024, 11/11/2024, 11/12/2024, 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, and 11/30/2024.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the DISH MACHINE LOG . sanitation logs dated December 2024, revealed dish machine temperature checks and sanitizer testing with a chemical strip was to be tested at breakfast, lunch, and supper and initialed as being completed. Review of the sanitation logs failed to reflect the completion of all the breakfast, lunch and supper dish machine temperature checks, sanitizer checks, with initials on 12/1/2024, 12/2/2024, 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/14/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/20/2024, 12/21/2024, 12/22/2024, 12/23/2024, 12/24/2024, 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/29/2024, 12/30/2024, and 12/31/2024.</p> <p>During a telephone interview on 1/14/2025 at 8:17 AM, Registered Dietician (RD) confirmed the kitchen should be cleaned, meal temperatures should be checked on the line before it's served and documented, and the dishware temperatures with sanitizer should be checked and documented.</p> <p>During an interview 1/14/2025 at 2:03 PM, the Certified Dietary Manager (CDM) confirmed the kitchen and the equipment should be clean and stated, .it was dirty I can't lie about it . I have never run a dirty kitchen . that's going to change .one of the best things happened the other day .sprinkler popped .when they [kitchen staff] seen the dirt come off the floor .said that's what is in our floor, it's dirty .I didn't hold them accountable for what they did in 24 [referring to 2024] .then you guys come .I've told them for the whole year .I showed them what was supposed to be done .I know I haven't done my job due diligent .moving forward it's going to be by the book .bent the rule not putting my foot down . The CDM confirmed the staff should document the meal temperatures with every meal, check the dish washer temperatures and the sanitizer three times a day, check the temperatures and document the freezer and cooler temperatures twice a day and stated, .I tell them it's not me it's what the state looks for .the whole nine yard and I have preached that to them for the whole year .and it takes you to come in to validate .25 [referring to 2025] is a different year .they aren't going to like me .I told my staff we are going to get a tag of some sort .I was expecting it because I know what I gave you wasn't sufficient .</p> <p>During an interview on 1/14/2025 at 4:01 PM, the Administrator confirmed the kitchen should be clean, the staff should document the meal temperatures with every meal, check the dish washer temperatures and the sanitizer three times a day, check the temperatures and document the freezer and cooler temperatures twice a day.</p>		

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38909</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infections for 1 of 1 (Licensed Practical Nurse (LPN) E) staff members that failed to use hand hygiene during ostomy care.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's undated policy titled, Hand Hygiene, revealed .All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .Before and after handling clean or soiled dressings . 2. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Dementia, Quadriplegia, Diabetes, and Heart Failure. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #6's Brief Interview for Mental Status (BIMS) of 9, indicating severe cognitive impairment, and functional limitation for range of motion (ROM) to lower extremity with impairment on one side. Resident #6 requires total assistance for all activities of daily living (ADL's), and Ileostomy was coded during this review.</p> <p>Review of Resident #6's physician orders dated 6/11/2024, revealed .Change ostomy bag every 3 days and as needed one time a day, every 3 day(s) for ostomy care .</p> <p>Observation in resident's room on 1/13/2025 at 11:09 AM, revealed Resident #6 lying in the bed wearing a hospital gown. LPN E entered Resident #6's room to perform ostomy care. LPN E washed his hands, donned a pair of gloves, removed the partially filled ostomy bag, cleaned around the stoma with a wet wipe, measured the stoma site, picked up a pair of scissors and cut around the ostomy bag and then placed the bag over the stoma. LPN E then placed on the dirty supplies in a plastic bag and tied the bag up. LPN E removed his gloves, washed his hands, then placed the plastic bag in trash barrel in the hallway.</p> <p>During an interview on 1/14/2025 at 3:00 PM, LPN E confirmed he should have changed gloves, washed his hands and donned on a new pair of gloves after he had cleaned the stoma area and then applied the new pouch.</p> <p>During an interview on 1/14/25 at 01:35 PM, the Assistant Director of Nursing (ADON) stated, .after removal pouch wash hands after cleaning stoma, measure and then apply ostomy bag, wash hands and confirmed turn the water off with a new paper towel.</p> <p>During an interview on 1/15/2025 at 2:47 PM, The Director of Nursing confirmed the Licensed Nurse should change gloves, wash hands and don a new pair of gloves after cleansing the ostomy stoma, to apply the new pouch.</p>		