

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2024
NAME OF PROVIDER OR SUPPLIER Maple Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 60 Maple Lane Barton, VT 05822	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>46442</p> <p>Based on observation, interview, and record review the facility failed to ensure that residents received proper treatment and care to maintain good foot health for 1 of 27 residents sampled. (Resident # 219) Findings include:</p> <p>Per observation on 1/30/24 at 12:35 p.m., Resident # 219's feet have a large amount of edema (swelling caused by too much fluid trapped in the body's tissues.) The skin on the bilateral feet and extending up above his/her ankles has copious amounts of dry scaly skin that is yellow/brown in color. It is noted that the dry skin flakes fall off and can be seen on the carpet in front of the resident's chair. Resident #219's toe nails are long, thick, and jagged on the top and edges.</p> <p>At the time of the observation, the Licensed Practical Nurse (LPN) gently separated the resident's toes so the skin between the toes could be observed. The skin between all the toes on the right foot is noted to be red, very moist, and has a foul odor when separated.</p> <p>Per record review of a discharge summary from an acute care facility for Resident #219 dated 1/18/24 reveals under follow-up appointments and procedures .follow up with podiatry. There is no evidence that this appointment was made or that Resident #219 saw a Podiatrist.</p> <p>Resident #219 has a history of issues that require close monitoring of feet. Per record review, a nursing progress noted dated 10/7/23 at 1:45 p.m. states that the nurse noted maggots on Resident #219's right foot between the 3rd, 4th and 5th toes, the Physician was notified and gave order to send to the emergency room for evaluation. The emergency room Physician report dated 10/7/23 that Resident #219 has a diagnosis of Diabetes type 2, a right heel wound, ingrown toe nail, and Peripheral Venous Insufficiency [which occurs when the walls and/or valves in the veins are not working effectively, making it difficult for blood to return to the heart]. The report states that Resident #219 was seen in the emergency room for the removal of Maggots from the Right foot between the 3rd, 4th, and 5th toes. (Maggots are fly larvae they come from places where adult flies lay eggs).</p> <p>This report states under Extremities Assessment Significant chronic dependent edema with stasis dermatitis noted. [Stasis dermatitis is a chronic skin condition that happens when the veins can no longer pump blood back to the heart. This condition causes a red or brown scaly rash or sores from the pooling of the blood. This condition usually affects the lower legs and feet.] Further review of this emergency room report reveals under the instructions section instructions for stasis dermatitis, to moisturize the skin, and if any more maggots are noted they can be washed off.</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
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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nursing progress note dated 10/9/23 at 5:47 a.m. reveals that the right foot toes were cleansed and dried at Resident #219 request, there was an odor observed during this procedure. This note indicates there was no order to cleanse or check the condition of the toes or feet, this was done at the residents request.</p> <p>A Review of Resident #219 Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the months of October 2023 and November 2023 finds no monitoring for further maggot infestation in place, no order for cleaning or for monitoring where the maggots were found, and no monitoring or treatment order for stasis dermatitis.</p> <p>Per review of Resident #219's care plan, foot care is not addressed in the care plan. Per further record review of a document titled Scheduled Events for [Resident #219] from 7/14/23 to 3/19/24, there is no noted Podiatry services appointment for Resident #219 on this schedule.</p> <p>A review of the facility's policy on Foot Care states under Policy Interpretation and Implementation Section #3: Residents are assisted in making appointments and with transportation to and from specialist (podiatrist, endocrinologist, etc.) as needed #5. States Residents with foot disorders or medical conditions associated with foot complications are referred to qualified professionals .</p> <p>Per an interview with the Director of Nurses (DON) on 1/31/24 at 11:10 a.m. DON confirms there was no monitoring of Resident #219's, toes after he/she returned from the ER visit when Maggots had been removed from the resident's right foot 3rd,4th and 5th toes, also there was no monitoring or treatment for the stasis dermatitis diagnosis. The DON confirms that there should have been monitoring in place for these issues.</p> <p>The DON confirms there is not a podiatrist that comes to the facility to see the residents, the facility must make outside appointments and transfer the residents to the appointments. The DON confirms the resident has not seen a podiatrist for his/her foot concerns.</p>		