| 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 04/29/2026 |
|---|---|---|---|
| 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) |
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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide a clean, comfortable, and homelike environment throughout the second floor of the building for 1 of 2 floors related to flooring and odor control. Findings include:Upon entrance to the facility on 4/26/2026 at 4:15 PM, a strong odor resembling urine was detected on the East Wing's second level. Upon further observation, the odor was concentrated in and around room [ROOM NUMBER]. Carpeting in the room was noted to have several large dark spots, one beside the bed closest to the door and three beside the bed closest to the window. Food particles and debris were observed on the floor throughout the room, with most notable on the side closest to the window.<br><br>Per interview on 4/26/2026 at 4:35 PM, an LPN (Licensed Practical Nurse) confirmed that room [ROOM NUMBER] has an odor and noted that one of the residents often declines personal care, including toileting. The LPN described that the resident removes his/her brief and urinates on the floor.<br><br>Per interview with the Director of Nursing (DON) on 4/26/2026 at approximately 5:00 PM, she confirmed the odor in and around room [ROOM NUMBER].<br><br>Per interview with a Licensed Practical Nurse (LPN) #1 on 4/27/26 at 12:05 PM, she confirmed that she can at times smell urine from room [ROOM NUMBER].<br><br>Per interview with LPN #2 on 4/27/26 at 12:51 PM, she stated that a resident in room [ROOM NUMBER] will urinate on the carpeted floor.<br><br>Per review of a document provided by the Director of Nursing (DON), there are 13 resident rooms with carpeted flooring. There were safety and/or sanitary concerns with 6 of the 13 carpeted floorings. Per observation and interview with the Maintenance Director on 4/28/26 at 1:55 PM, he stated that they need to develop a routine carpet cleaning process, and he confirmed the following concerns:<br><br>-room [ROOM NUMBER] has white spots on the floor and carpet deterioration by the door.<br><br>-room [ROOM NUMBER] has a large carpet tear on the floor by the door, a small spot of brown staining by the door.<br><br>-room [ROOM NUMBER] has two tears on the carpet floor and staining.<br><br>-room [ROOM NUMBER] has a brown stain on each side of the carpeted room.<br>(continued on next page) |

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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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -room [ROOM NUMBER] he confirmed a small tear in the carpet floor and stated the solution would be to pull up the flooring.<br><br>-room [ROOM NUMBER] he confirmed that the tile on the floors was coming up and are a tripping hazard.<br><br>-room [ROOM NUMBER] two large tears on the carpet flooring in the middle of the room and staining by the corners of the bathroom door, he confirmed the room smelled of urine.<br><br>Per interview with a Housekeeper on 4/28/26 at 12:31 PM, the Housekeeper stated that a resident in room [ROOM NUMBER] had urinated on the carpeted floor and stated that sometimes when he enters the building urine can be smelled.<br><br>Per observation at approximately 4/29/26 at 1:10 PM, the carpet in room [ROOM NUMBER] had a wet spot by the door to the bathroom.<br><br>Per interview on 4/29/26 at 1:15 PM, a Housekeeper stated that a resident had an episode of urinary incontinence on the floor and pointed to the wet carpet on the floor outside of the bathroom in room [ROOM NUMBER]. The Housekeeper confirmed that he could smell urine from outside of room [ROOM NUMBER] and that there was urine on the carpet.<br><br>Per interview with the Maintenance Supervisor on 4/28/2026 at 1:55 PM, he stated that carpets are cleaned when maintenance is made aware of a need by word of mouth. He confirmed that carpets should be cleaned on a routine basis.<br><br>Per interview with the Director of Nursing (DON) on 4/29/2026 at 9:53 AM, she confirmed that carpets are to be shampooed when a staff member reports a spill or when the carpet is soiled. She reports that rooms are deep-cleaned on a regular basis, but cannot confirm what that schedule looks like.<br><br>Per interview with the Housekeeping Supervisor on 4/29/2026 at 10:10 AM, she stated there is no deep cleaning or carpet shampooing schedule. If a resident's carpet is soiled, staff contact maintenance. Housekeeping does not track carpet cleanings.<br><br>Per review of the Cleaning/Repairing Carpeting and Cloth Furnishings policy, reviewed December 2009, Carpets shall be deep cleaned periodically (approximately once per month), or more often as needed. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>Based on observations, interviews, and facility policy, the facility failed to ensure expired medications were removed from 1 of 1 sampled medication storage rooms and 1 of 2 sampled medication carts. The facility also failed to ensure medication carts remained locked when unattended during three observations. Findings include:1.) Per observation and interview on 4/26/26 at 4:50 PM, the following medications in a medication cart were confirmed to be expired by the Nursing Supervisor on the second floor:<br><br>- Ibuprofen 200 milligram tablets that expired on 6/25<br><br>- Cranberry pills 450 mg that expired on 5/24<br><br>- Lorazepam 1 milligram tablets that expired on 9/16/25<br><br>- Liquid acetaminophen 160 milligram per 5 milliliters that expired on 11/25<br><br>2.) Per observations made on 4/26/2026 at 5:45 PM, the medication storage room on the first floor was found to have one bottle of liquid pain relief 160/5 ml cherry flavor (Tylenol) that had expired in November of 2025 (11/25). The Licensed Practical Nurse (LPN) who was present at the time of the observations confirmed that the liquid pain relief had expired in November of 2025.<br><br>Per review of the facility policy titled Medication Labeling and Storage revised on 2/2023, it indicates that medications should be returned to the pharmacy or destroyed when expired.<br><br>3.) During observation on 4/23/26 at 4:23 PM, a [NAME] Wing medication cart was unlocked and unattended by staff. Upon returning to the cart, LPN #1 stated she was giving medications and left the cart to assist a resident. She confirmed that the medication cart should be locked when it is unattended.<br><br>During observation of medication administration on 4/23/26 at 4:32 PM, LPN #2 walked away from the East Wing medication cart leaving it unlocked and out of sight while she went into a room to administer medicine. Two residents were observed to be near the cart during the time it was unlocked and unattended. When interviewed, LPN #2 confirmed that the medication cart should be locked when it is left unattended.<br><br>During observation of medication administration on 4/23/26 at 5:30 PM, LPN #2 walked away from the East Wing medication cart leaving it unlocked and out of sight while she went into a room to administer medicine. One resident was observed to be near the cart during the time it was unlocked and unattended. When interviewed, LPN #2 confirmed that the medication cart should be locked when it is left unattended.<br><br>Per review of the facility's Medication Labeling and Storage policy, reviewed February 2023, it states that carts used to transport [medications and biologicals] are not left unattended if open or otherwise potentially available to others. |

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| F 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.<br><br>Based on observation, interviews, and record review, the facility failed to provide the resident with an environment free of physical restraints for 1 (Resident #36) of 3 residents in the sample. Findings include:Per record review, Resident #36 is care planned for wandering and elopement.Per observation made on 4/27/2026 at approximately 10:19 AM, Resident #36 was in their room yelling and was unable to open the mesh gate that was on their room door, preventing them from leaving their room. Per interview with Resident #25 on 4/28/2026 at 12:16 PM, they stated that sometime their roommate Resident #36 has a hard time opening the mesh gate and calls for help.Per interview with Licensed Practical Nurse (LPN) #1 on 4/28/2026 at 3:30 PM, she stated that residents who wander don't have the mesh gates on their doors.Per interview with the Director of Nursing (DON) on 4/28/2026 at 3:35 PM, some residents request the mesh gates to keep out other residents that wander into their room. The DON stated that both residents in a room should be able to access and open the mesh gate and should have been assessed for being able to use it. She stated that there should be documentation of the assessment in the system. The DON confirmed that the mesh gates should be care planned for each resident that has one.Per interview with DON on 4/29/2026 at 8:45 AM, the DON stated that Resident #36 was moved from one room that had no mesh gate to another that had a mesh gate. She was unable to produce an assessment for the use of the mesh gate and stated that they might have not been evaluated for the use of the mesh gate at that time. Per interview with the DON on 4/29/2026 9:54 AM, Resident #36 has tried to elope in the past and confirmed that they are care planned for elopement and wandering but not care planned for a mesh gate. Per interview with the DON on 4/29/2026 at 10:28 AM, the DON confirmed that if an ambulatory resident could not open a gate that it could be considered a restraint. Per interview with the DON on 4/29/26 at approximately 1:45 PM, she confirmed they did not do an assessment on Resident #36 with the mesh gates.Per record review of Resident Rights Policy dated 11/27/2017, .Respect and Dignity. You have the right to be treated with respect and dignity, including: 1. The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. The right to be free from abuse, neglect, misappropriation of resident property,. |