

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2025
NAME OF PROVIDER OR SUPPLIER MAPLE HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2 SUNRISE AVENUE MAPLETON, IA 51034		
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F 000 Ok ✓ Lg	INITIAL COMMENTS Correction date: <u>3-4-2025</u> The following deficiencies resulted from the facility's annual recertification survey and investigation of complaints #121307-C, and #123625-C, conducted February 10, 2025 to February 13, 2025. Complaint #121307-C was not substantiated. Complaint #123625-C was substantiated. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

ADMINISTRATOR

3-4-2025

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.

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F 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on electronic record review (EHR), staff interview, and policy review the facility failed to develop a comprehensive care plan that included problems, goals, or approaches for the implementation of Enhanced Barrier Precautions for 1 of 3 residents reviewed (Resident #26). The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>Review of Resident #26's Minimum Data Set (MDS) dated 1/16/25 revealed Resident #26 was admitted to the facility on 1/8/25 from a short term hospital stay. The MDS further revealed that</p>	F 656			

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F 656	Continued From page 2 Resident #26 utilized the use of an indwelling catheter. Review of a document titled, Order Summary Report revealed a physician's order for a 16 french indwelling Foley catheter to be changed on the 15th of every month in the evening starting on the 15th and ending on the 15th every month for catheter change. This document further revealed that this order had an order dated of 1/8/25 and a start date of 1/15/25. Review of a document titled, Baseline Care Plan with a signed date of 2/7/25 revealed that Resident #26 does utilize an indwelling catheter. The Care Plan lacked staff directive to use Enhanced Barrier Precautions. During an interview on 2/11/25 at 2:52 PM with the Director of Nursing (DON) revealed the facility did not have a policy on accuracy of care plans. The DON further revealed the facility followed professional standards, and the Resident Assessment Instrument (RAI) when care plans are completed.	F 656			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761			

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F 761	<p>Continued From page 3</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interviews, and policy review the facility failed to properly secure and store medications to minimize loss or access for 1 of 1 medication carts. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>During a continuous observation 2/10/25 at 2:20 PM the medication (med) cart on the east hall of the facility was left unlocked and unattended for 5 minutes by Staff C Licensed Practical Nurse (LPN). In this time a Resident (Resident #29) at the facility rolled by in a wheelchair past the unlocked medication cart. At 2:25 PM Staff D Registered Nurse (RN) came from the south hallway and came to the unlocked med cart and locked it.</p> <p>Interview 2/10/25 at 2:36 PM with Staff E RN revealed the med cart should be locked when not working with it.</p>	F 761			

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F 761	Continued From page 4	F 761			
F 880 SS=D	<p>Interview 2/10/25 at 3:31 PM with the Director of Nursing (DON) revealed that the facility's expectation would be for med carts to be locked when not in use or out of eyesight of the nurse using it. The DON further revealed that the facility does not have a policy for this as the facility follows standards of practice.</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>clinical record review the facility failed to implement Enhanced Barrier Precautions (EBP) to prevent the spread of pathogens for 3 of 3 residents reviewed. (Residents #103, #47 and #26.) Residents #103 and #47 required enteral nutrition and medication administration (directly into the gastrointestinal tract through feeding tube.) Resident #26 had a urinary catheter. Staff failed to wear all of the required Personal Protective Equipment (PPE) when administering cares to these three residents. The Facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>1) According to the Baseline Care Plan dated 2/5/25 at 3:28 PM, Resident #103 required special treatments including suctioning, tube feedings and a suprapubic catheter. The resident was non-verbal and did not understand staff.</p> <p>An order dated 2/5/25 at 1:31 PM, showed that Resident #103 had continuous nutrition through enteral feedings.</p> <p>2) The Profile page for Resident #47, showed special instructions for staff to use Enhanced Barrier Precautions. (infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes)</p> <p>An order dated 2/10/25 at 6:44 PM, showed that all medications for Resident #47 should be administered via PEG (Percutaneous Endoscopic Gastrostomy, used for long-term enteral feeding) tube.</p> <p>The Care Plan updated on 1/20/25, showed that Resident #47 had severe limited physical mobility</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>related to cerebral palsy and was totally dependent on staff for all Activities of Daily Living. The residents' main source of nutritional intake was through PEG tube feedings.</p> <p>On 2/11/25 from 9:13-9:30 AM, Staff A Licensed Practical Nurse (LPN) provided medication administration and enteral feeding set-up via Kangaroo Pump (used to deliver enteral nutrition and hydration.) Residents #103 and #47 resided in the same room. Staff A failed to wear a gown throughout the process.</p> <p>On 2/13/25 at 9:00 AM, the Director of Nursing (DON) acknowledged that staff were expected to use EBP when administering tube feedings and medications through the PEG tube.</p> <p>3. Review of Resident #26's MDS dated 1/27/25 revealed Resident #26 requires the use of an indwelling catheter. The MDS further revealed that Resident #26 has a diagnosis of chronic kidney disease.</p> <p>Review of a document titled, Order Summary Report revealed a physician's order for a 16 french indwelling Foley catheter to be changed on the 15th of every month in the evening starting on the 15th and ending on the 15th every month for catheter change. This document further revealed that this order had an order dated of 1/8/25 and a start date of 1/15/25.</p> <p>On 2/11/25 at 9:51 AM observed Staff E Certified Nurses Aide (CNA) and Staff F CNA complete hand hygiene and donn gloves. Staff E and Staff F then proceeded to drain Resident #26's catheter drainage bag. Hand hygiene was</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>completed after the procedure. No gown was worn during the process.</p> <p>Interview on 2/11/25 at 10:03 AM Staff F revealed that she and Staff E should have worn gowns during catheter drainage for Resident #26 as this is part of Enhanced Barrier Precautions.</p> <p>Interview on 2/11/25 at 2:52 PM with the Director of Nursing (DON) stated the facility's expectation was for Personal Protective Equipment (PPE) to be worn appropriately when caring for residents with enhanced barrier precautions in place.</p> <p>Review of a facility provided policy titled, Enhanced Barrier Precautions with a date of 7/2022 and updated date of 3/21/24 revealed: EBP should be applied to residents with any of the following:</p> <ol style="list-style-type: none"> 1. Chronic wounds 2. Indwelling medical devices, regardless of MDRO (Multi-drug resistant organisms) colonization status. (Indwelling device examples include central/PICC lines, urinary catheters, feeding tubes and tracheostomies). 	F 880			

F 656 Develop/Implement Comprehensive Care Plan

- Resident #26's Care Plan updated to reflect the Enhanced Barrier Precautions. **Care Plan Updated 2-11-2025.**
- A review was conducted of all residents charts on **2-26-25** and all care plans are updated and current.
- Will review care plans monthly x3 months and prn to ensure care plans remain up to date.
- Any areas of concern to be addressed through the QAPI process.

F 761 Label/Store Drugs and Biologicals

- Education to nurses and medication aides on **2/26/25** on drug storage cabinets being locked when not in use. **In-serviced 2/26/25- any nurses not completed by 2/26/25 will be required to complete prior to the next scheduled shift.**
- Will conduct Monthly Compliance audits x3 months and prn to ensure compliance. Any areas of concern to be addressed through the QAPI process.

F 880 Infection Prevention & Control

- Education to nursing staff on **2/26/25** on Enhanced Barrier Precautions. **In serviced 2/26/25- any staff not completed by 2/26/25 will be required to complete prior to the next scheduled shift.**
- Monthly audits x3 months and prn to ensure proper use of Enhanced Barrier Precautions.
- Any areas of concern to be addressed through the QAPI process.