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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165437 | A. BUILDING _____ B. WING _____ | 06/23/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAPLE CREST MANOR | 100 BOLGER DRIVE FAYETTE, IA 52142 |

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| F 000 | INITIAL COMMENTS<br><br>Correction date: 6/27/22<br><br>✓<br><br>JB<br><br>The following deficiencies relate to the facility's annual health survey with facility reported incidents #101242 and #101445 conducted 6/20/22 - 6/23/22.<br><br>Facility reported incident #101242-I was not substantiated<br>Facility reported incident #104405-I was not substantiated<br><br>(See Code of Federal Regulations (42CFR) Part 483, Subpart B-C) | F 000 | | |
| F 578 SS=D | Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir<br>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)<br><br>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.<br><br>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).<br>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.<br>(ii) This includes a written description of the | F 578 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Provisional Administrator — (X6) DATE: 7/21/22

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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facility's policies to implement advance directives and applicable State law.
(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.
(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.
(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.
Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.
This REQUIREMENT is not met as evidenced by:
Based on clinical record reviews, policy review, and staff interviews the facility failed to ensure the CPR (Cardiopulmonary Resuscitation)/ DNR (Do Not Resuscitate) status matched across the clinical record for 1 of 16 residents (Resident #17) reviewed. The facility reported a census of 43 residents.

Findings include:

Resident #17's Physician's Orders documented an order dated 2/11/22 as CPR.

The Electronic Health Record's Code Status indicated that Resident #17 want to have CPR preformed.

Resident #17's Medication Administration Record

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| F 578 | Continued From page 2<br>(MAR) for the month of June 2022 documented CPR under Advanced Directives.<br><br>Resident #17's Care Plan documented that she wanted to be a DNR.<br><br>Review of the facility policy titled Cardiopulmonary Resuscitation (CPR) last reviewed 12/2/19 stated the resident's chart will ne marked as to CRP status.<br><br>During an interview on 6/21/22 at 12:48 PM the DON (Director of Nursing) stated she would expect the orders and the Care Plan to match. | F 578 | | |
| F 582 SS=B | Medicaid/Medicare Coverage/Liability Notice<br>CFR(s): 483.10(g)(17)(18)(i)-(v)<br><br>§483.10(g)(17) The facility must--<br>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-<br>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;<br>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and<br>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.<br><br>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those | F 582 | | |

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| F 582 | Continued From page 3 | F 582 | | |

services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.
(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.
(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.
(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:
Based on clincial record reviews, staff interviews, and policy review the facility failed to notify 3 of 3 residents (Resident #6, #27, and #45) of their Notice of Medicare Non-Coverage (Form 10123-NOMNC) two (2) days prior to discharge from their Medicare part A (skilled services paid for by Medicare) stay. The facility reported a census of 43 residents.

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Findings include:

1. Resident #6's Minimum Data Set (MDS) assessment dated 3/30/22 recorded a Medicare stay from 1/6/22 until 2/22/22.

Resident #6's census reviewed on 6/21/22 at 7:40 AM documented that he had a Medicare part A stay that started on 1/6/22 and ended on 2/22/22. On 2/23/22 he transitioned to private pay status and remained at the facility.

Resident #6's clinical record review lacked documentation of a NOMNC notice prior to him discharging from a Medicare part A stay

2. Resident #27's census reviewed on 6/21/22 at 7:42 AM documented that he had a Medicare part A stay that started on 5/5/22 and ended on 5/18/22. On 5/19/22 he transitioned to insurance payment status and remained at the facility.

Resident #27's clinical record review lacked documentation of a NOMNC notice prior to him discharging from a Medicare part A stay

3. Resident #45's MDS assessment dated 3/18/22 documented that she had a Medicare Stay from 1/5/22 until 3/1/22.

Resident #45's census reviewed on 6/21/22 at 7:40 AM documented that she had a Medicare part A stay that started on 1/5/22 and ended on 3/1/22. On 3/2/22 she transitioned to private pay status and remained at the facility.

Resident #45's clinical record review lacked documentation of a NOMNC notice prior to her

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| F 582 | Continued From page 5<br>discharging from a Medicare part A stay<br><br>On 6/21/22 at 12:44 PM the Administrator revealed she didn't know that Form 10123-NOMNC needed to be given to Resident #6, Resident #27, and Resident #45 prior to the end of their Medicare part A stay.<br><br>A facility policy for notice of Medicare non-coverage notification was requested but not provided.<br><br>On 6/23/22 at 8:24 AM the Administrator confirmed that the facility did not have a policy for Notice of Medicare Non-Coverage notification. | F 582 | | |
| F 838 SS=C | Facility Assessment<br>CFR(s): 483.70(e)(1)-(3)<br><br>§483.70(e) Facility assessment.<br>The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:<br><br>§483.70(e)(1) The facility's resident population, including, but not limited to,<br>(i) Both the number of residents and the facility's resident capacity;<br>(ii) The care required by the resident population considering the types of diseases, conditions, | F 838 | | |

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physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

§483.70(e)(2) The facility's resources, including but not limited to,
(i) All buildings and/or other physical structures and vehicles;
(ii) Equipment (medical and non- medical);
(iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

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| F 838 | Continued From page 7 | F 838 | | |

This REQUIREMENT is not met as evidenced by:
Based on Facility Assessment review, staff interview and policy review the facility failed to complete annual and as necessary, conduct, document, review and update the Facility Assessment. The facility reported a census of 43 residents.

Findings include:

The Facility Assessment reviewed on 6/22/22 at 7:44 AM revealed that the assessment lacked a creation date and the dates for the facility's most recent annual review or an as needed review.

On 6/22/22 at 8:33 AM the Administrator acknowledged that the last person to review the Facility Assessment was Staff A, prior Administrator, in February 2021. In addition the facility couldn't produce documentation or records to show completion of the review in February 2021.

A Facility Assessment policy was requested but not provided.

On 6/23/22 at 8:24 AM the Administrator confirmed that the facility did not have a Facility Assessment policy.

Maple Crest MANOR

100 Bolger Drive

Fayette, IA 52142

563-425-3336

**July 21, 2022**

**RE: Provider #165437**

Plan and/or execution of this plan or correction does not constitute admission or agreement by this provider of the truth of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

F 578

On 06/23/2022 resident #17 care plan was updated to match the physician order and electronic health record by the MDS coordinator. Education was given to MDS coordinator of the importance to have correct information in all areas that have resident CPR status including the care plan and Medication Administration Record on 06/27/2022.

All residents' records were reviewed to assure compliance with accurate data on 06/23/2022 by the DON, RN. Date of correction: 06/23/2022.

The facility will monitor this area on an ongoing basis.

F 582

On 06/24/2022, Administrator was educated on the importance of the notice of Medicare Part A Non-Coverage form to be completed in a timely manner. The DON and/or MDS coordinator will monitor this during therapy meetings to assure when resident is reaching their maximum level to notify the resident and complete the Notice of Medicare Non-Coverage. Date of correction: 6/24/2022

The facility will monitor this area on an ongoing basis.

F 838

The facility assessment was reviewed and updated on 06/27/2022 by the Administrator. The Administrator, will review this on an annual basis and/or during any changes that may be needed to the assessment. The facility assessment policy was found and reviewed by the Administrator and updated on 06/27/2022. The facility assessment and facility assessment policy will be placed in a binder in the Administrators office and reviewed on an annual basis or as needed for updates. Date of correction: 06/27/2022

Please accept this as the facility's credible allegation of compliance.