

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165267	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Maple Heights			STREET ADDRESS, CITY, STATE, ZIP CODE Two Sunrise Avenue , Mapleton, Iowa, 51034	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Correction date: _____ The following deficiencies resulted from the facility's annual recertification survey conducted on December 15, 2025 to December 18, 2025. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interviews, and record review the facility failed to provide increased monitoring and assessment with medication changes for 1 of 1 resident reviewed. Resident #7 had many changes to her psychotropic medications in July, and the staff failed to increase monitoring and failed to conduct an AIMS assessment (Abnormal Involuntary Movement Scale, used to monitor side effects from psychotropic medications.) The facility reported a census of 46 residents. Findings include: According to the Minimum Data Set (MDS) dated 11/17/25, Resident #7 had a Brief Interview for Mental Status (BIMS) score of 10 (moderate cognitive deficits.) The resident was independent with eating, hygiene, and	F0684		

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 reverse for further 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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F0684 SS = D	<p>Continued from page 1 transfers and she was on high-risk drugs, including: antipsychotic, antianxiety and antidepressant.</p> <p>The Care Plan updated on 12/9/25, showed that Resident #7 had impaired cognitive function and impaired thought process. Staff were to administer medications as ordered and monitor for side effects and effectiveness. She was at risk for adverse reaction related to psychotropic medications, staff were directed to observe for adverse effect and to report to the physician, increased irritability, lethargy, blurred vision, and nausea/vomiting.</p> <p>On 12/17/2025 at 7:35 AM, Resident #7 was in a recliner in her room. She had her hand on her chest and said she didn't feel well. She said that the staff told her that she had to come out for breakfast and she always ate breakfast in her room She said she didn't feel well and her legs hurt. When asked if the nurse had talked to her about how she was feeling and she responded that no one cared about her.</p> <p>The following documentation was found in the Nursing Progress Notes:</p> <p>a. On 7/22/25 at 3:06 PM, Resident #7 had new medication orders: 1. Lexapro (Selective Serotonin Reuptake Inhibitor, SSRI) 5 milligrams (mg) decrease to one tab daily for 1 week then one tab every 3 days for 1 week then stop 2. Start mirtazapine (antidepressant) 7.5 mg one tab at night for anxiety 3. Decrease midodrine (blood pressure medication) 2.5 mg to BID for one week then daily for 1 week then stop. 4. Monitor BP BID for 3 weeks and report to provider. 5. Ativan (antianxiety) 0.5 mg decrease to one half tab BID for 2 weeks then half tab at night for 2 weeks then stop.</p> <p>b. From 7/23 – 7/26, the chart lacked any nursing progress notes.</p> <p>c. On 7/26/25 at 8:42 PM, Resident #7 reported having "vivid dreams" and she wasn't sure she wanted to take her night time pills.</p> <p>d. From 7/26 – 7/29, the chart lacked nursing notes.</p> <p>e. On 7/29/25 at 10:48 AM, the facility received a phone call from the resident's daughter who said that that resident was reporting nightmares and not feeling well. New order received to discontinue the mirtazapine and start buspirone 5mg three times a day for anxiety.</p> <p>f. On 7/29/25 at 1:48 PM, a new order received to discontinue melatonin.</p>	F0684		

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F0684 SS = D	<p>Continued from page 2</p> <p>g. From 7/29/25 – 8/1/25, the nursing progress notes included reference to daily weight communication, Physical Therapy and Occupational Therapy plans to discharge due to max benefits but lacked reference to the resident's current condition. From 7/29/25 – 8/6/25 the progress notes lacked documentation of the resident's response to medication changes.</p> <p>h. From 7/29 – 8/6, the vitals tab lacked any heart rate, respiratory assessment or temperature.</p> <p>i. On 8/6/25 at 6:18 PM, Resident #7 reported shortness of breath and said she hadn't felt well all day. She was then transferred to the hospital.</p> <p>j. On 8/6/25 at 9:44 PM, the facility received a report from the hospital that Resident #7 was found to have a pulmonary embolism.</p> <p>On 12/17/2025 at 10:11 AM, Staff A, Licenses Practical Nurse (LPN), and Staff C, LPN said that they didn't have any specific form or directives to increase monitoring when a resident was put on a new medication but it would depend on the medication. They said they did not remember any changes in Resident #7 after the many mental health medication changes.</p> <p>On 12/17/2025 at 8:37 AM, the Director of Nursing (DON) said that they didn't necessarily have a standard form or specific required documentation for extra monitoring of a resident when they have a medication change. She said that Resident #7 had been on their radar and the nurses were watching for changes, but they didn't necessarily document it.</p> <p>According to the National Library of Medicine article titled: Switching and Stopping Antidepressants, retrieved on 12/18/25 at 2:40 PM from: https://pmc.ncbi.nlm.nih.gov/articles/PMC4919171/pdf/autprescr-39-076.pdf</p> <p>Antidepressant switches must be carried out cautiously and under close observation. Withdrawal symptoms generally begin within hours to days of dose reduction. Withdrawal from SSRI tends to cause flu like symptoms, nausea, lethargy, dizziness anxiety, insomnia and vivid dreams.</p> <p>According to nurse education undated and titled: Anti-anxiety and Anti psychotropic Medications. When an antipsychotic medication was ordered, staff were to complete the AIMS scale. This assessment may also need to be done when there was an increase in dose.</p>	F0684		

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F0684 F0689 SS = D	<p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.</p> <p>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on clinical record review, resident interview, staff interview, and policy review the facility failed to assess residents for safety while smoking for 2 of 2 residents reviewed (Resident #13, and #14). The facility reported a census of 46 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #13's Minimum Data Set (MDS) dated 9/24/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed diagnoses of heart failure, peripheral vascular disease, chronic obstructive pulmonary disease, and nicotine dependence.</p> <p>Interview on 12/15/2025 at 11:41 AM with Resident #13 revealed that she does smoke. Resident #13 then revealed that she has had no issues while smoking at the facility.</p> <p>Review of a facility provided document titled, Safe Smoking Evaluation with an observation on 7/2/24 revealed this was the last safe smoking evaluation completed for Resident #13.</p> <p>2. Review of Resident #14's MDS dated 11/10/25 revealed a BIMS score of 15 indicating intact cognition. The MDS further revealed diagnoses of coronary artery disease, heart failure, diabetes mellitus, and chronic obstructive pulmonary disease.</p> <p>Interview on 12/15/2025 at 12:02 PM with Resident #14 revealed that she is a smoker at the facility.</p> <p>Review of the Electronic Healthcare Record (EHR) page</p>	F0684 F0689		

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F0689 SS = D	Continued from page 4 titled, Smoking Safety Evaluation dated 2/10/25 revealed the assessment was to be completed quarterly, and this was the last assessment completed. Interview on 12/16/2025 at 8:34 AM with the Director of Nursing (DON) revealed that smoking assessments should be completed every quarter to evaluate for safe smoking. The DON confirmed that the last smoking assessment for Resident #13 was completed on 7/2/24, and the last assessment completed for Resident #14 was 2/10/25. Interview on 12/16/2025 at 10:44 AM during a follow up interview with the DON revealed that the facility follows the standards of practice for completing smoking assessments at the appropriate times as the facility does not have a policy as to when smoking assessments should be completed.	F0689		
F0761 SS = E	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 §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. §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. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the	F0761		

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F0761 SS = E	<p>Continued from page 5 facility failed to ensure that staff safely stored controlled substances under double lock for 4 of 46 residents reviewed. The facility reported a census of 46 residents.</p> <p>Findings include:</p> <p>On 12/16/2025 at 8:06 AM, during an observation of the medication pass, it was discovered that several residents had controlled drugs (Ativan and Clonazepam) in the drawer with the rest of the scheduled medications. Staff C, Licensed Practical Nurse (LPN), said that they kept the scheduled doses of Ativan and Clonazepam with all the other medications and they did not have narcotic sheets to monitor daily count.</p> <p>On 12/16/2025 at 3:06 PM, Staff B, Registered Nurse (RN) said that they did not keep a narcotic sheet for scheduled Ativan or Clonazepam but they do keep them for the As Needed (PRN) doses.</p> <p>1) According to the Minimum Data Set (MDS) dated 12/3/25 Resident #49 was admitted to the physically on 11/25/25 with diagnose that included: canter, renal insufficiency, anxiety disorder, depression and psychotic disorder.</p> <p>The Medication Administration Record (MAR) for Resident #49 showed an order dated 11/25/25 at 7:00 PM for clonazepam 1 milligram (mg) one time a day related to insomnia.</p> <p>The medication cart included a cassette of clonazepam, 1 mg tabs that were not double locked.</p> <p>2) The MDS dated 10/22/25, showed that Resident #45 was admitted to the facility on 4/29/24 with diagnosis that included: diabetes mellitus, Alzheimer's Disease, anxiety disorder and depression.</p> <p>The MAR showed the following orders for Resident #45:</p> <ul style="list-style-type: none"> a. 12/13/25 at 4:00 PM, Ativan 0.5 mg afternoon dose. b. 11/21/25 at 6:00 AM, Ativan 0.5 mg morning dose c. 8/22/25 at 7:00 PM, Clonazepam 0.5 mg 1 tab twice a day. <p>The medication cart included a cassette of Ativan and a cassette of Clonazepam pills for Resident #45 that were</p>	F0761		

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F0761 SS = E	<p>Continued from page 6 not double locked.</p> <p>3) According to the Minimum Data Set (MDS) dated 11/17/25, Resident #7 was on high-risk drugs, including: antipsychotic, antianxiety and antidepressant.</p> <p>The MAR showed an order dated 10/9/25 at 7:00 PM, for Ativan 1 mg. tab twice a day.</p> <p>The medication cart included one cassette of Ativan pills for Resident #7 that was not double locked.</p> <p>4) According to the MDS dated 11/6/25, Resident #11 was admitted on 12/28/21. She had diagnoses that included: Alzheimer's Disease, anxiety disorder and depression.</p> <p>The MAR for Resident #11 showed an order dated 8/9/25 at 11:00 AM, for Ativan 0.5 mg one tab daily.</p> <p>The medication cart included one cassette of Ativan for Resident #11 that was not under double lock.</p> <p>On 12/16/2025 at 3:07 PM, the Director of Nursing (DON) said that they were counting, double locking and double documenting the PRN controlled substances but not the Ativan or Clonazepam. She said that the pharmacy sends a 14 day supply of the scheduled doses so they keep close track of them. The DON said that they did not have a policy on storage of controlled substances.</p> <p>On 12/17/25 at 2:16 PM, the DON said they have orientation with the nurses and Certified Medication Aides regarding the storage and counting of medications.</p>	F0761		
F0880 SS = E	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>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.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p>	F0880		

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F0880 SS = E	<p>Continued from page 7</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:</p> <p>(i) A system of surveillance designed to identify 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.</p>	F0880		

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F0880 SS = E	<p>Continued from page 8 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, clinical record review, staff interviews, and policy review the facility failed to use universal infection control measures (hand hygiene), and Enhanced Barrier Precautions (EBP) during catheter/wound care for 2 of 5 residents (Resident #5, and #20) reviewed. The facility further failed to monitor for the growth of legionella. The facility reported a census of 46 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #20's Minimum Data Set (MDS) dated 11/26/25 revealed a Brief Interview of Mental Status (BIMS) score of 14 indicating intact cognition. The MDS further revealed diagnoses of heart failure, renal insufficiency, diabetes mellitus, and a stage 2 pressure ulcer of an unspecified site.</p> <p>Review of Resident #20's Electronic Healthcare Record (EHR) page titled, Clinical Physician's Orders revealed a physician order to wash Resident #20's left heel, pat dry, apply honey to wound bed, and then cover with dry gauze with a start date of 9/18/25.</p> <p>Review of Resident #20's Care Plan with a revision date of 12/9/25 revealed Resident #20 had an intervention of EBP related to wounds with a date initiated 3/5/25.</p> <p>Observation on 12/17/2025 at 9:11 AM with Staff E Licensed Practical Nurse (LPN), the nurse completed hand hygiene and donned gloves to remove Resident #20's old dressing to the left heel. Staff E then did not complete hand hygiene prior to donning new gloves. Staff E then completed the treatment to Resident #20's left heel. Staff E then doffed her gloves and completed hand hygiene. Staff E then donned new gloves and then applied the new dressing to the area. Staff E then doffed gloves and completed hand hygiene. No gown was donned during treatment.</p> <p>Interview on 12/17/2025 at 9:18 AM with Staff E LPN revealed that she should have wore a gown for the dressing change for Resident #20, and should have</p>	F0880		

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F0880 SS = E	<p>Continued from page 9 completed hand hygiene after taking the old dressing off and putting new gloves on.</p> <p>2. Interview on 12/16/2025 at 9:57 AM with Staff F Maintenance revealed that he does check water temps weekly, but has gotten lax about documenting the temperatures. Staff F then revealed the facility does have back flow valves, and rooms are flushed weekly by housekeeping. Staff F then confirmed that water temperatures had not been being documented regularly since April of 2024.</p> <p>Review of facility provided documents titled, Weekly Hot Water Temperature Log for the months of February through December of 2024 revealed no weekly temperatures were recorded since April of 2024.</p> <p>Interview on 12/16/2025 at 10:24 AM with the Administrator revealed that the facility does have a legionella policy with water mapping. The Administrator then revealed that water temps should be being completed and documented.</p> <p>Review of a facility provided policy titled, Water Management Program with a review date of 1/2025 revealed:</p> <p>a. Staff that is hired in each department is orientated to the safe operation of the equipment. They are also trained in how to report any faulty equipment along with the temperatures they are to operate at. Records are kept in respective areas to make sure we are protecting the integrity of the water.</p> <p>3) The MDS for Resident #5, dated 10/28/25, showed that he had a BIMS score of 15 (intact cognitive ability.) He was independent with eating, hygiene, dressing and transferring and he had an indwelling urinary catheter. His diagnoses included benign prostatic hyperplasia (BPH), renal insufficiency and obstructive uropathy.</p> <p>The Care Plan updated on 2/24/25, showed that Resident #5 needed assistance with some Activities of Daily Living (ADL's), was independent with toileting and related hygiene, however, he needed assistance with managing his urinary catheter. He had a Foley catheter due to urinary retention; staff were to assist with catheter cares and to use enhanced barrier precautions (gown and gloves) related to indwelling catheter. Use catheter extension tubing to reduce irritation.</p> <p>On 12/16/25 at 6:48 AM, Resident #5 was in his wheel chair and he propelled himself out of his room. He said that he needed someone to put on the extension for his</p>	F0880		

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F0880 SS = E	<p>Continued from page 10 catheter because it was pulling on him. At 6:57 AM, Staff D, Certified Nurse Aide (CNA), went in, the room to assist. She applied disposable gloves but failed to put on a gown before she applied the catheter extension.</p> <p>Interview on 12/17/2025 at 9:24 AM with the Director of Nursing (DON) revealed that her expectation would be for staff to complete hand hygiene, and glove changes at the appropriate times during wound cares. The DON further revealed that she would expect staff to wear the proper EBP during wound care for residents with EBP.</p> <p>Review of a facility provided policy titled, Hand-Washing Technique with a date of 2/5/22 revealed:</p> <p>a. Hands should be washed after close resident contact even when gloves are worn.</p> <p>Review of another facility provided policy titled, Enhanced Barrier Precautions with an updated date of 8/26/25 revealed:</p> <p>a. Gowns and gloves will be worn while providing high contact care activities:</p> <ol style="list-style-type: none"> 1. Device care 2. Wound care 	F0880		