

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17660C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLE TREE TERRACE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2510 CLINTON STREET CARTHAGE, MO 64836</b>
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(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) COMPLETE DATE
A4724	<p>19 CSR 30-86.047(19) TB Screen Residents &amp; Staff</p> <p>The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure the required two step tuberculosis (TB - a communicable disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test was administered timely for one of two sampled staff members (Level One Medication Aide (LIMA) A). The facility census was 16.</p> <p>General requirements for Tuberculosis Testing for Employees in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long-term care facilities shall screen their employees for tuberculosis using the Mantoux method purified protein derivative (PPD - a skin test to determine if you have tuberculosis) two-step tuberculin test within one month prior to starting employment; -It is the responsibility of the facility to maintain documentation of each employee's tuberculin status; -If the initial test is negative, the second test should be given as soon as possible within three weeks after employment begins unless documentation is provided indicating a Mantoux PPD test in the past and at least one (1) subsequent annual test within the past two years.</p> <p>Review showed the facility did not provide a policy for employee TB testing.</p> <p>1. Review of LIMA A's personnel file showed the following:</p>	A4724		

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

TITLE

(X6) DATE

*[Handwritten Signature]*

*Administrator*

*10/17/25*

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A4724	<p>19 CSR 30-86.047(19) TB Screen Residents &amp; Staff</p> <p>The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure the required two step tuberculosis (TB - a communicable disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test was administered timely for one of two sampled staff members (Level One Medication Aide (LIMA) A). The facility census was 16.</p> <p>General requirements for Tuberculosis Testing for Employees in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long-term care facilities shall screen their employees for tuberculosis using the Mantoux method purified protein derivative (PPD - a skin test to determine if you have tuberculosis) two-step tuberculin test within one month prior to starting employment; -It is the responsibility of the facility to maintain documentation of each employee's tuberculin status; -If the initial test is negative, the second test should be given as soon as possible within three weeks after employment begins unless documentation is provided indicating a Mantoux PPD test in the past and at least one (1) subsequent annual test within the past two years.</p> <p>Review showed the facility did not provide a policy for employee TB testing.</p> <p>1. Review of LIMA A's personnel file showed the following:</p>	A4724	<p>All employee files will be audited to ensure compliance with TB test requirements by November 7.</p> <p>DON will administer two step TB test for all new employees upon hire.</p> <p>DON will implement tracking tool to ensure all employee TB tests are in compliance with regulations no later than November 17.</p> <p>Regional support nurse will audit all employee TB tests monthly for one year to ensure compliance.</p>	

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A4724	<p>Continued From page 1</p> <p>-Hire and start date of 01/20/25; -On 01/20/25, staff documented the first step of the two-part TB screening test was administered with a negative result noted on 01/23/25 (three days after start date); -Staff did not document a second TB test was administered.</p> <p>During an interview on 09/23/25, at 2:25 P.M., the Director of Nursing (DON) said the following: -It was his/her responsibility to administer TB tests to new employees; -He/She began working at the facility in February 2025 after LIMA A was hired; -He/She did not know LIMA A did not have the second TB test.</p> <p>During an interview on 09/23/25, at 4:33 P.M., the Administrator said the following: -He/She had been the administrator for two months; -The DON was responsible for employee TB testing; -He/She just now became aware that LIMA A did not have the second TB test.</p>	A4724		
A4754	<p>19 CSR 30-86.047(28)(G) Individual Service Plan - Develop</p> <p>The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility: (G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident 's needs and preferences, services to be provided, and goals expected by the resident or</p>	A4754	<p>DON received education on ISP development and regulations related to ISPs on 9/24/2025 from regional nurse consultant.</p> <p>DON will complete ISP for all residents within 24 hours of admission.</p> <p>DON will implement tracking tool recording the date of ISP and the next scheduled review for all residents no later than November 17.</p>	

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A4754	<p>Continued From page 2</p> <p>the resident ' s legal representative in partnership with the facility; II</p> <p>This regulation is not met as evidenced by: Based on interviews and record review, the facility staff failed to develop a complete individualized service plan (ISP - a document outlining a resident's needs and preferences, services to be provided, and goals expected by the resident or resident's legal representative in partnership with the facility) for one of three residents sampled (Resident #1). The facility census was 16.</p> <p>Review showed the facility did not provide a policy regarding ISP's.</p> <p>1. Review of Resident #1's face sheet (basic medical information) showed the following information: -Admission date of 01/02/25; -Diagnoses included high blood pressure and type two diabetes (a condition that affects the way the body processes blood sugar).</p> <p>Review of the resident's medical record showed staff did not have a documented ISP for the resident.</p> <p>During an interview on 09/23/25, at 4:06 P.M., the Director of Nursing (DON) said the following: -He/She was unaware that the resident did not have an ISP documented; -ISP's should be completed for each resident when they admit to the facility; -He/She was responsible for completing the ISP's.</p> <p>During an interview on 09/23/25, at 4:33 P.M. the Administrator said the following:</p>	A4754	<p>Admin will review all ISPs as completed/updated</p> <p>Admin will review tracking tool with DON monthly to ensure ongoing compliance</p>	

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A4754	Continued From page 3  -He/She was unaware that the resident did not have an ISP documented; -The DON was responsible for completing ISP's; -An ISP was to be completed when a resident admits to the facility.	A4754		
A4755	19 CSR 30-86.047(28)(H) Individual Service Plan - Review Requirements  The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility: (H) Reviews the ISP with the resident, or legal representative of the resident, at least annually or when there is a significant change in the resident ' s condition which may require a change in services; II  This regulation is not met as evidenced by: Based on interview and record review, the facility staff failed to review the Individualized Service Plan (ISP- the planning document prepared by an assisted living facility which outlines a resident's needs and preferences to be provided, and the goals expected by the resident or the resident's legal representative in partnership with the facility) at least annually for two residents (Resident #2 and #3). The facility census was 16.  Review showed the facility did not provide a policy regarding annual review of residents ISP's.  1. Review of Resident #2 face sheet (basic medical information) showed the following: -Admission date of 08/06/19; -Diagnoses included atrial fibrillation (abnormal and irregular heartbeat caused by chaotic	A4755	DON received education on ISP completion and regulations related to ISPs on 9/24/2025 from the regional nurse consultant.  DON will audit all current resident ISP and update as needed to ensure accuracy and compliance, including signatures of staff, residents and/or resident representatives no later than November 17.  DON will update residents ISP on readmission, with any change of condition and every six months in accordance with policy and regulation effective immediately and ongoing.  DON will implement tracking tool to record the last ISP date and the next scheduled review date for all residents no later than November 17.  Admin will review tracking tool with DON monthly to ensure ongoing compliance.  Regional nurse consultant will monitor a sample of ISP quarterly to ensure ongoing compliance.	

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A4755	<p>Continued From page 4</p> <p>electrical signals in the heart's upper chambers), post-polio syndrome (a progressive nerve and muscle disorder that affects some people who have had polio, usually decades after recovery), and coagulation defect (a condition where the blood's ability to form clots is impaired, leading to either excessive bleeding of abnormal blood clot formation).</p> <p>Review of the resident's medical record showed the following: -On 06/19/24, staff documented an ISP was completed; -Staff did not document a completed annual review for 2025.</p> <p>2. Review of Resident #3's face sheet showed the following: -Admission date of 05/16/23; -Diagnoses included Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors) and orthostatic hypotension (a form of low blood pressure that happens when standing up from sitting or lying down).</p> <p>Review of the resident's medical record showed the following: -On 02/22/24, staff documented an ISP was completed; -Staff did not document a completed annual review for 2025</p> <p>3. During an interview on 09/23/25, at 4:06 P.M., the Director of Nursing (DON) said the following: -He/She was responsible for completing ISP's; -He/She knows the ISP's need to be updated at least annually; -He/She did not know the residents' ISP's were not updated.</p>	A4755		

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A4755	Continued From page 5  During an interview on 09/23/25, at 4:33 P.M. the Administrator said the following: -The DON was responsible for ISP's; -He/She did not know the residents' ISP's were not updated; -He/She knows the ISP's need to be updated at least annually.	A4755		
A4777	19 CSR 30-86.047(36) Proper Care Per Individual Service Plan  Residents shall receive proper care as defined in the individualized service plan. I/II  This regulation is not met as evidenced by: Class II  Based on observation, interview, and record review, staff failed to ensure all residents received proper care per their individualized service plan (ISP - a required document used by staff that outlines the services needed to meet the life goals of the individual as well as their support needs), when staff failed to provide nail care per the resident's ISP, when staff had a non-nurse complete wound care, and when staff failed to complete wound care as ordered for one resident (Resident #2). The facility census was 16.  Review showed the facility did not provide a policy regarding wound care, nail care, and compression wrapping.  Review of the Level One Medication Aide (LIMA) Student Instruction Manual, revised 1993, and produced/printed by the University of Missouri-Columbia, showed the manual does not include training regarding compression wrapping,	A4777	DON received education on appropriate wound care protocols from regional nurse consultant on 9/24/2025.  DON will ensure the completion of all wound care according to physician orders by appropriately licensed personnel, arranging for home health services as indicated.  All nursing staff will receive education on compression garments no later than November 17.  DON will complete nail care on all diabetic residents and all residents on blood thinners. DON will ensure nail care is appropriately documented in the resident's electronic medical record effective immediately and ongoing.	

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A4777	<p>Continued From page 6</p> <p>wound care, and nail care.</p> <p>1. Review of Resident #2's face sheet (basic medical information sheet) showed the following: -Admission date of 08/06/19; -Diagnoses included atrial fibrillation (abnormal and irregular heartbeat caused by chaotic electrical signals in the heart's upper chambers), post-polio syndrome (a progressive nerve and muscle disorder that affects some people who have had polio, usually decades after recovery), and coagulation defect (a condition where the blood's ability to form clots is impaired, leading to either excessive bleeding or abnormal blood clot formation).</p> <p>Review of the resident's ISP, dated 06/19/24, showed the following: -Staff assistance with nail care as needed. Podiatrist or beautician to trim toenails; -Follow doctor's orders with wound care and dressings; -Resident takes anticoagulation (slows blood clotting) medication and is to be monitored for bleeding and bruising.</p> <p>Review of the resident's Community Based Assessment (CBA-determines an individual's specific needs for care and support before admission and periodically after), dated 04/09/25, showed the resident was totally dependent on staff for toe/fingernail care.</p> <p>Review of the document titled "Physician Communication Order," dated 03/28/25, showed the resident to have compression wrappings on both legs daily, below the knee.</p> <p>Review of the document titled "Communication to Physician," from facility Director of Nursing</p>	A4777		

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A4777	<p>Continued From page 7</p> <p>(DON), dated 04/30/25, showed the following: -Resident was refusing daily wraps, but will allow weekly wraps after his/her shower; -Physician faxed back "ok."</p> <p>Review of the resident's Physian Order Statement (POS), dated 09/05/25, showed the following: -A current order for Eliquis (used for blood thinning) 5 milligrams (mg) two times daily; -An order, dated 05/29/25, to clean wound to left outer ankle with wound cleanser, apply santyl (topical ointment used to remove dead tissue) to wound bed, cover with calcium alginate (used in wound dressings as a healing gel), and cover with border gauze weekly after shower; -An order, dated 09/18/25, to clean wound to left outer ankle with wound cleanser, apply santyl to wound bed, cover with calcium alginate, and cover with border gauze daily -A current order to wrap legs daily in the morning for compression, after performing wound care.</p> <p>Review of the resident's July 2025 Medication Administration Record (MAR) showed wound care provided by LIMA B on 07/02/25, 07/09/25, 07/16/25, 07/23/25, and 07/30/25. There was no documentation related compression wrappings.</p> <p>Review of the resident's August 2025 MAR showed the following: -Wound care provided by LIMA B on 08/06/25, 08/20/25, and 08/27/25; -Wound care provided by the Director of Nursing (DON) on 08/13/25; -There was no documentation related compression wrappings.</p> <p>Review of the resident's September 2025 MAR showed the following: -Wound care completed by the DON on 09/03/25;</p>	A4777		

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A4777	<p>Continued From page 8</p> <p>-Wound care completed by LIMA B on 09/10/25 and 09/17/25; -No wound care completed 09/18/25 to 09/23/25 (order changed to daily wound care on 09/18/25); -Leg wrappings completed by LIMA B 09/19/25, 09/20/25, 09/21/25, 09/22/25, and 09/23/25.</p> <p>During an interview on 09/23/25, at 11:15 A.M., the resident said the following: -He/She was supposed to get his/her legs wrapped daily, beginning in March, but this did not happen until August; -LIMA B was usually the one that wrapped his/her legs; -LIMA B and other staff (other than the DON) were cutting his/her toenails. He/She complained to the DON and the DON cut them the last time a few weeks ago; -LIMA B was doing wound care on his/her ankle about once a week. He/She thinks this is supposed to be done daily now.</p> <p>Observation on 09/23/25, at 3:50 P.M., of the resident's left outer ankle showed a circular wound about one inch in diameter, with a purplish color, covered with a bandage.</p> <p>During an interview on 09/23/25, at 1:08 P.M., LIMA B said the following: -He/She had been clipping the resident's toenails as the DON asked him/her to do this; -The resident is on a blood thinner and he/she feels the DON should be clipping the toenails; -He/She has been completing compression wrapping for the resident's legs for several months; -The resident was having leg wraps weekly for several months, then daily for the past month or so; -He/She does the wrappings when he/she is</p>	A4777		

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A4777	<p>Continued From page 9</p> <p>working, and thinks other LIMA's may be doing this when he/she is off work; -He/She has been doing the wound care for the resident for four months. This is done weekly after his/her shower. He/She did not know about a daily order for wound care.</p> <p>During an interview on 09/23/25, at 1:26 P.M., Lifestyle Coordinator (LSC)/LIMA C said the following: -The DON tells LIMA's, including him/her, to clip the resident's toenails; -He/She feels with the resident's conditions the DON should be clipping his/her toenails; -The resident has gone a long time in the past without his/her toe nails clipped; -The resident was supposed to have his/her legs wrapped daily, but this was not being done till recently; -LIMA B was doing the resident's wound care and has been for a long time; -He/She also did the resident's wound care at times.</p> <p>During an interview on 09/23/25, at 2:25 P.M., the DON said the following: -LIMA's are doing toenail clipping for non diabetic residents and residents that are not taking blood thinners; -He/She clips the toenails of diabetics and residents taking blood thinners and clipped the resident's toenails a few weeks ago; -The resident did have an order for daily leg wrapping, but often refused and the physician discontinued this a while back; -The resident had been having daily leg wrappings since August. If LIMA B was working he/she did this, if LIMA B is off another LIMA takes care of this area; -The resident was having wound care once a</p>	A4777		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17660C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLE TREE TERRACE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2510 CLINTON STREET CARTHAGE, MO 64836</b>
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(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) COMPLETE DATE
A4777	<p>Continued From page 10</p> <p>week, but this order changed to once daily on 09/18/25;</p> <ul style="list-style-type: none"> <li>-They have not begun the daily wound care yet;</li> <li>-LIMA B generally does the wound care;</li> <li>-He/She did not know wound care was outside the scope of practice for LIMA's.</li> </ul> <p>During an interview on 09/23/25, at 4:06 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-He/She thinks the DON clips the toe nails of diabetics and residents on blood thinners;</li> <li>-He/She knew that the resident was not having his/her toenails clipped regularly and he/she told the DON to take care of this;</li> <li>-He/She did not know that wound care was outside the scope of practice for LIMA's.</li> </ul> <p>MO00258006</p>	A4777		