STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265395	A. BUILDING _____ B. WING _____	C 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE GROVE WELLNESS & REHABILITATION	560 CORISANDE HILLS ROAD FENTON, MO 63026

(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
F 881 SS=D	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §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: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure proper antibiotic stewardship for one resident (Resident #1) of eight sampled residents when the facility failed to notify the resident's physician for a urinary tract infection (UTI) based on the results of the culture and sensitivity (C&S) (a laboratory test of the urine that shows what antibiotic will treat a specific organism) of the urinalysis (UA). The facility census was 78. 1. Record review of the facility revised policy dated June 2020, showed: - The Infectious Preventionist or other similarly qualified healthcare professionals, will educate nursing staff to obtain and communicate pertinent clinical information to physicians to promote appropriate diagnosis and prescribing antibiotics; 2. Record review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 01/25/2025 showed: - Admission to facility on 12/02/2011; - Diagnoses of diabetes, chronic kidney disease Stage 2 (a progressive loss of kidney function,	F 881		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Matthew Taylor — TITLE: Administrator — (X6) DATE: 4-17-2025

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 881	Continued From page 1	F 881		

often leading to the need for renal replacement therapy), chronic obstructive pulmonary disease (a group of lung diseases that cause ongoing inflammation and damage to the airways and lungs, leading to difficulty breathing) (COPD), hypertension)high blood pressure), adult failure to thrive (a syndrome of global decline characterized by weight loss, reduced appetite, poor nutrition, and decreased activity, often accompanied by dehydration, depression, and cognitive impairment),
- Cognition intact;
- Occasionally incontinent of urine;
- Continent of bowel;
- Requires set up assistance of staff for personal daily hygiene.

Record review of the resident care plan initiated on 09/03/2024, showed:
- Resident has chronic renal failure related to kidney disease (stage 2), monitor for signs and symptoms of infection, urinary tract infection.

Record review of Resident #1's progress notes, showed:
- On 01/29/2025 at 16:45 P.M. resident complaining of burning while urinating, staff placed a urinary hat over the toilet in his/her bathroom. Certified assistants have been alerted a urine sample is needed;
- On 01/29/2025 at 7:53 P.M., urine specimen was collected this shift, urine placed in two vials and placed in a clear bag and put in specimen refrigerator, awaiting lab to pick up specimen;
- On 01/30/2025 at 7:12 A.M., observed edema to both lower extremities (BLE), redness and weeping blisters. Resident said his/her legs started hurting yesterday with stabbing pain in BLE. The physician was contacted. Received new

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MAPLE GROVE WELLNESS & REHABILITATION	**560 CORISANDE HILLS ROAD FENTON, MO 63026**

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F 881	Continued From page 2	F 881		

orders for Bactrim DS (an antibiotic) twice daily (BID) x 10 days, update physician in 3 days of resident's condition;
- Resident #1 discharged to another facility on 02/08/2025;
- No notification to physician of urine specimen results.

Record review of the January 2025 Physician Order Sheet (POS), showed:
- An order dated 01/30/2025 for Bactrim DS 800-160 milligrams (mg), one tablet twice daily for 10 days for diagnosis of cellulitis (a common bacterial infection of the skin and underlying tissues).

Record review of the lab results from Resident #1's C&S, dated 02/02/2025, showed:
- Results detected Escherichia coli (a group of bacteria that usually lives in your gut without hurting you. But some strains can make you sick with watery diarrhea or a UTI);
- Bacteria found to be resistant to antibiotic Bactrim DS.

Review of a Physician's Visit note, dated 02/04/25 showed:
- Resident #1 tolerating antibiotic for lower extremity cellulitis;
- No concerns regarding the resident's genitourinary (genitals and urinary) systems;
- The resident complained of occasional back pain and was prescribed lidocaine patches and a pain killer;
- No documentation of review of Resident #1's 02/02/25 UA lab results.

During an interview on 03/20/2025 at 4:20 P.M., the Director of Nursing (DON) said when the lab

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F 881	Continued From page 3 results were received the facility had an Infection Preventionist (IP) who would have been responsible to reviewing the results and notifying the resident's physician. The DON said the IP has since left employment with the facility and did not leave on good terms. The DON said he/she could not say why the IP did not follow protocol and contact the physician with Resident #1's UA results. The DON said it is the policy of the facility to report any lab results to the physician as soon as possible after receipt. The DON said she would have expected the policy to be followed. The DON said two days after the results were received Resident #1 was seen by the alternate physician. The DON did not know if the alternate physician reviewed the lab results. The DON contacted the resident's regular physician (MD). The MD said he/she was not aware of the UA results from the 02/02/25 C&S. The MD told the DON had he/she been aware, he/she would have prescribed a different antibiotic for the infection. MO251189	F 881		

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A4085	19 CSR 30-85.042(78) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II This regulation is not met as evidenced by: Class II See F881	A4085		

PLAN OF CORRECTION

Provider/Supplier Name:	Maple Grove Wellness and Rehabilitation
Street Address, City, Zip:	560 Corisande Hills Rd. Fenton, MO 63026
Date of Survey:	3-19-2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	
CCN 265395 Clia 26D0673099	

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	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.	
F 881 **SS=D**	**Antibiotic Stewardship Program** **CFR(s): 483.80(a)(3)** • The Facility allegedly failed to ensure proper antibiotic stewardship for one resident(Resident #1) of eight sampled residents when the facility failed to notify the resident's physician for a Urinary tract Infection(UTI). **Corrective Action for Affected Residents** • The resident was discharged. MD was made aware.	**5-1-2025**

	Identification of Other Residents Potentially Affected • The facility conducted a comprehensive audit of all residents to identify any others who might be affected by the alleged deficient practice. • The facility has determined that all residents that reside in the facility have the potential to be affected by the alleged deficient practice. **Systemic Changes to Prevent Recurrence** • **Director of Nursing** will provide education Inservice to Licensed Nurses regarding Antibiotic Stewardship. **Monitoring Performance** • **Director of Nursing/Designee** will audit antibiotics 3-5x weekly for 4 weeks, then 1x a week for 2 weeks, and randomly thereafter. Any discrepancy findings will be addressed immediately. Audit will be brought to daily clinical morning meeting and signed off by Administrator. **QAPI Committee will monitor monthly X3 months and make changes as necessary.**	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

PLAN OF CORRECTION

Provider/Supplier Name:	Maple Grove Wellness and Rehabilitation
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A4085	Please Refer to Tag F881	5-1-2025

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