

Missouri Department of Health and Senior Services

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>28635</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>02/29/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAPLEBROOK - ASSISTED LIVING BY AMERICARE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>520 MAPLE VALLEY LANE<br/>FARMINGTON, MO 63640</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 |
|--------------------|---|---------------|---|--------------------|
| A4505              | <p>19 CSR 30-86.045(3)(A)(5) Individual Evacuation Plan - In Resident ISP</p> <p>General Requirements.<br/>(A) If the facility admits or retains any individual needing more than minimal assistance due to having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility, the facility shall:<br/>5. Include an individualized evacuation plan in the resident ' s individual service plan; II</p> <p>This regulation is not met as evidenced by:<br/>Class II</p> <p>Based on observation, interview, and record review, the facility failed to ensure three residents (Resident #1, #2 and #3), that required more than minimal assistance had Individualized Evacuation Plans (IEP) included in their service plans. The facility census was 47.</p> <p>Review of facility's policy titled, "Individual Evacuation Plan", dated 06/19/2019, showed the following:<br/>- The resident's IEP will be amended or revised based on the ongoing assessment of the needs of the resident;<br/>- The IEP should be included on the residents Individual Service Plan.</p> <p>1. Review of Resident #1's medical chart showed the following:<br/>- Admission Date of 09/16/2022;<br/>- Diagnoses include: unspecified dementia (the impaired ability to remember, think, or make decisions that interferes with doing everyday activities), malignant melanoma (cancerous tumor) of skin, and generalized anxiety disorder (excessive worry which can interfere with normal</p> | A4505         |   |                    |

Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*D. Curran*

TITLE

*Admin*

(X6) DATE

*3/14/2024*

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| A4505              | <p>Continued From page 1</p> <p>functioning);<br/>- No IEP present in the resident's chart.</p> <p>Observation of Resident #1 on 02/27/24 at 11:52 P.M. showed the resident sat at the dining room table, very slow to respond and appeared lethargic and confused. The resident had his/her head down as if he/she was tired and staff was assisting the resident with eating.</p> <p>2. Review of Resident #2's medical chart showed the following:<br/>- Admission Date of 10/02/2023;<br/>- Diagnoses include: senile degeneration of the brain (a condition that affects the ability to think, concentrate, or remember);<br/>- No IEP present in the resident's chart.</p> <p>Observation of Resident #2 on 02/27/24 at 12:37 P.M. showed the resident sat in his/her wheelchair at the dining room table following the lunch meal. Staff pushed the wheelchair to a hallway area near the resident's room. The resident did not attempt to move the chair at anytime during the observation and lifted feet while in motion. In the hallway, staff applied a gait belt (a device used for assistance with transfers and walking) to the resident and assisted the resident to stand with some difficulty. The resident appeared shaky and hesitant to stand. The resident had difficulty in standing upright, keeping legs well bent at the knees. The resident could not stand without staff assistance. The resident walked with a slow shuffling gait with one staff assist using the gait belt. The resident's footing was unsure and would make missteps. When turning in the hallway, the resident seemed confused by the change in direction and had difficulty with foot placement even with staff assistance.</p> | A4505         |   |                    |

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| A4505              | <p>Continued From page 2</p> <p>3. Review of Resident #3's medical chart showed the following:</p> <ul style="list-style-type: none"> <li>- Admission Date of 09/27/2022;</li> <li>- Diagnoses include: unspecified dementia and obstructive sleep apnea (dysfunctional breathing that occurs when the upper airway is intermittently blocked during sleep);</li> <li>- No IEP present in the resident's chart.</li> </ul> <p>During an interview on 02/27/24 at 11:20 A.M., Staff A said there were several residents that needed assistance with mobility and would need assistance to exit the building in an emergency. He/She said some of the residents have had declining health and said Residents #1, #2 and #3 need increasing assistance with mobility.</p> <p>During an interview on 02/27/24 at 11:55 A.M., the memory care Director of Nursing (DON) said Resident #3 has been declining for about a month, needing more assistance with mobility. He/She said Resident #1 has been in a wheelchair for two weeks now with no improvement in mobility. The DON said that Resident #2 has good and bad days. He/She said that some days the resident moves around the facility with no issues and some days the resident needs assistance. He/She said that all three residents are on hospice care.</p> <p>During an interview on 02/27/24 at 12:37 P.M., Staff B said that Resident #2 needs assistance with mobility and activities of daily living approximately twice a week. He/She said the resident can normally propel self with feet in the wheelchair. He/She said on good days, the resident walks all over the facility with little issue. When questioned whether the resident would be able to make it outside in an emergency in the</p> | A4505         |   |                    |

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| A4505              | Continued From page 3<br><br>wheelchair, Staff B said that today the resident would need help. Staff B said the resident does not like loud noises which could also cause difficulty during an emergency.<br><br>Cmp #MO00231832 | A4505         |   |                    |

## PLAN OF CORRECTION

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|---|---|------------------------|
| <b>Provider/Supplier Name:</b>                      | Maplebrook Assisted Living by Americare   |                        |
| <b>Street Address, City, Zip:</b>                   | 520 and 526 Maple Valley Drive Farmington, MO 63640   |                        |
| <b>Date of Survey:</b>                              | 02/29/2024  |                        |
| <b>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</b> |   |                        |
| <b>ID PREFIX TAG</b>                                | <b>PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</b>   | <b>COMPLETION DATE</b> |
|   | This plan of correction (POC) is submitted as required under State law. The submission of the POC does not constitute an admission on the part of Maplebrook Assisted Living by Americare (the Facility) as to the accuracy of neither the surveyors' findings, nor the conclusions drawn there from. The Facility's submission of the POC does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency, or the scope and severity regarding any deficiencies cited are correctly applied. This POC is intended to constitute the Facility's credible letter alleging compliance. Compliance has been and will be achieved by 03/29/2024. | 03/29/2024             |
| A4505   | The facility will ensure residents who require more than minimal assistance have an individualized evacuation plan (IEP) in the resident's individualized service plan (ISP).   | 03/29/2024             |
|   | All residents requiring more than minimal assistance are potentially at risk for this alleged deficient practice.   |                        |
|   | DON or designee will ensure Residents #1, 2, and 3's ISPs are updated to include an IEP due to their need for more than minimal assistance.   | 03/29/2024             |
|   | Administrator or designee will in-service DON's regarding the requirement for residents who require more than minimal assistance to have an IEP included in their ISP.  | 03/29/2024             |

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|  | DON or designee will evaluate current residents' need for assistance to ensure IEPs are incorporated into ISPs for those residents requiring more than minimal assistance.  | 03/29/24   |
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|  | DON or designee will evaluate all new admissions to identify the need for IEP and include IEP in the development of ISP when appropriate. Admin or designee to ensure compliance by collecting completed evaluation forms following each new admission. A copy of completed evaluation forms will be kept in the Administrator's office.                                    | 03/29/24   |
|  |   |            |
|  | Administrator or designee will meet with DONs weekly to discuss current and newly admitted residents' potential need for more than minimal assistance to ensure IEPs are developed and incorporated into the ISP for any resident identified as requiring more than minimal assistance. Meetings will be documented on an internal form kept in the Administrator's office. | 03/29/2024 |
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**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.**