STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205128	A. BUILDING _____ B. WING _____	C 10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLECREST REHAB & LIVING CENTER	**174 MAIN ST MADISON, ME 04950**

(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 000	INITIAL COMMENTS On 10/28/24, an unannounced on-site visit was conducted at Maplecrest Rehab & Living Center for the purpose of investigating complaint #ME00049328. It was determined that Maplecrest Rehab & Living Center is not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 656	Continued From page 1	F 656		

resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(iii) Be culturally-competent and trauma-informed.
This REQUIREMENT is not met as evidenced by:
Based on interviews, record reviews, and facility policy, the facility failed to ensure care plans were updated/implemented for 2 of 3 residents reviewed during a complaint investigation.

Findings:

1. Resident #1 was admitted to the facility on 7/18/23, with diagnoses including: history of heart attack; cerebral infarction; hemiplegia and hemiparesis; dysphagia; and morbid (severe) obesity.

Review of Resident #1's care plan, updated 5/2/24, states, "Interventions:
Supervision/assistance is required at meal and snack times. Open all items ...cut into small pieces..."

Review of Resident #1's active orders, dated

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F 656	Continued From page 2	F 656		

October 2024, revealed diet order dated 6/14/24 for, "Consistent carbohydrate, regular texture, continuous." Further review of Resident #1's clinical record lacked evidence of the need to cut food into small pieces.

During an interview with 2 surveyors, on 10/28/24 at 10:41 a.m., Director of Nursing (DON) stated it was her expectation that a resident's care plan should reflect their personal goals and interventions because they are supposed to be individualized. DON further stated that Resident #1 does not have his/her food cut up and is unsure why it's in his/her care plan. At this time, DON reviewed Resident #1's care plan and confirmed his/her care plan was last reviewed on 8/1/24 and should not include "cut into small pieces".

2. Resident #2 was admitted to the facility on 10/2/19, with diagnoses including dementia; dysphagia.

Review of quarterly Minimum Data Set (MDS), dated 9/17/24, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) of 4 out of 15, indicating he/she is not cognitively intact.

Review of Resident #2's care plan, updated 9/26/24, states, " ...uses upper dentures (partial)-assist him with cleaning and putting them in daily as tolerated and as needed ..."

During a lunch observation on 10/28/24 at 12:05 p.m., Certified Nursing Assistant (CNA) 1 was observed providing feeding assistance to Resident #2 in the dining room. Resident #2 did not appear to be wearing any dentures. At this time a surveyor asked CNA 1 if Resident #2 was

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F 656	Continued From page 3 wearing dentures. CNA 1 indicated that Resident #2 was not wearing dentures but knows Resident #2 has them because there's a cup for them in his/her room. CNA 1 stated Resident #2 doesn't really wear them anymore. During an observation of Resident #2's room on 10/28/24 at 3:37 p.m., CNA 2 confirmed that she has never put dentures in for Resident #2. At this time, CNA 2 located an empty denture cup labeled [Resident #2] in a drawer by the sink. During an interview with 2 surveyors on 10/28/24 at 3:23 p.m., DON confirmed Resident #2 has not been wearing his/her dentures for a while and will ensure the care plan is updated appropriately. Review of facility policy, "Comprehensive Person-Centered Care Planning, " dated January 2019, states, "The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with Resident Rights, which includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs ..."	F 656		