

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Mapleton Community Home		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Troendle Street SW Mapleton, MN 56065	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>49336</p> <p>Based on observation, interview and document review, the facility failed to ensure resident status was accurately identified in the Minimum Data Set (MDS) assessment for 1 of 1 resident (R40) reviewed for hospice.</p> <p>Findings include:</p> <p>R40's, undated medical diagnoses face sheet identified she had malignant neoplasm of the colon, malignant neoplasm of the tail of the pancreas, and mild intellectual disability.</p> <p>R40's, 6/11/24, . (name of local hospice agency) Hospice Open Orders identified she was on hospice services.</p> <p>R40's, 6/13/24, significant change Minimum Data Set (MDS) assessment identified R40 was moderately impaired section J, Prognosis: conditions or chronic diseases that may result in a life expectancy of less than 6 months was marked as yes. There was no mention of hospice services under section O.</p> <p>Interview on 7/10/24 at 9:42 a.m., with registered nurse (RN)-B who is the facility MDS coordinator, identified R40 was on hospice. Upon review of the significant change MDS on the PCC (Point Click Care) system online, RN-B confirmed section O was not coded accurately and would ensure to complete a modification of the data assessment.</p> <p>Interview on 7/10/24 at 10:03 a.m., with director of nursing (DON) and administrator both agreed the MDS should have been coded accurately.</p> <p>Review of 3/2019 MDS Accuracy Policy identified the facility would ensure to utilize the RAI Manual for accurate coding. In addition, the facility would investigate and modify coding errors found and submit them to the QIES (Quality Improvement and Evaluation) system.</p>		

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.

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

TITLE

(X6) DATE

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49336</p> <p>Based on interview and document review, the facility failed to ensure a pre-admission screening and resident review (PASARR) II referral was completed upon a significant change in condition for 1 of 1 resident (R16) reviewed for PASARR.</p> <p>Findings include:</p> <p>R16's, face sheet identified she had an admitted [DATE], with a diagnosis of Parkinson's, dementia, and depression.</p> <p>R16's, 3/3/23, pre-admission screening and resident review (PASRR) identified R16 had Parkinson's and was not considered by the state to have a serious mental illness or intellectual disability or related condition.</p> <p>R16's, undated, current Diagnosis Report identified R16 received a new diagnosis of anxiety disorder on 6/06/23 and psychotic disorder with hallucinations on 6/06/23.</p> <p>R16's, 4/09/24, quarterly Minimum Data Set (MDS) assessment identified R16 had a severe cognitive impairment and no behaviors. R16 felt down, was depressed or hopeless 2 to 6 days and had taken antidepressants on a routine basis.</p> <p>R16's, 4/26/24, significant change (MDS) identified R16 had hallucinations, felt down, was depressed or hopeless 7 to 11 days, trouble falling or staying asleep or sleeping too much 12 to 14 days, feeling tired or having little energy 7 to 11 days, and trouble concentrating on things 12 to 14 days. Section A 1510 identified R16 had not been evaluated for Level II PASRR and did not have a serious mental illness or intellectual disability or related condition.</p> <p>R16's medical record lacked any indication that the State Mental Health Agency (SMHA) had been notified since the new onset of R23's mental illnesses for further evaluation and determination of need for specialized services.</p> <p>Interview on 7/10/24 at 9:38 a.m., with social services designee (SSD) stated the facility process was to discuss new admissions and verify completion of Level I screen but was unsure of the process for Level II screening. She agreed a Level II should have been completed for R16.</p> <p>Interview on 7/10/24 at 9:51 a.m., with director of nursing (DON) stated the facility had no process in place to ensure residents with a new qualifying mental illness diagnosis would receive a Level II screening.</p> <p>Interview on 7/10/24 at 10:10 a.m., with administrator stated the facility had no knowledge of when to determine a Level II screening would be required and have not had to complete one before.</p> <p>(continued on next page)</p>		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of undated, Mapleton Community Home Preadmission Screening policy identified required preadmission screening for all admissions admitted to a Medical-Assistance certified nursing facility. There was no mention of how the policy would refer any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition to the state mental health or intellectual disability authority for a Level II resident review.		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40614</p> <p>Based on interview and document review, the facility failed to offer/provide a summary of the baseline care plan to the resident and/or resident representative for 1 of 1 resident (R26) reviewed who were newly admitted .</p> <p>Findings include:</p> <p>R26's Admission Record printed on 7/10/24, identified an admitted [DATE], with diagnoses of sepsis (infection of the blood stream), cerebral infarction (stroke when a cluster of brain cells die when they don't get enough blood), and type 2 diabetes mellitus.</p> <p>R26's admission Minimum Data Set (MDS) assessment dated [DATE], identified R26 as having a brief interview for mental status (BIMS) score of 15 indicating the resident was cognitively intact. R26's required substantial to maximum assistance with activities of daily living, did not walk and used a wheelchair. R26 received insulin, antidepressant, antibiotic and antiplatelet agent 5 days.</p> <p>R26's baseline care plan dated 6/17/24, indicated R26 required staff assist of two and mechanical aid for transfers, and was able to eat independently after set up by staff.</p> <p>When interviewed on 7/8/24 at 2:15 p.m., R26 stated she never received a copy of her baseline plan of care and would like to have one so she could share it with her family.</p> <p>During interview on 7/9/24 at 9:11 a.m., R26 indicated she did have a care conference and some things about her care were discussed but was not offered or received a copy of her plan of care and would like to have a copy of it.</p> <p>When interviewed on 7/9/24 at 10:23 a.m., social worker (SW)-A indicated they did have a care conference where the care plan was discussed, but typically residents aren't given a copy unless they request it. SW-S was unsure who is responsible to ensure a copy of the plan of care is given to the resident.</p> <p>When interviewed 4/10/24 at 10:36 a.m., the director of nursing (DON) confirmed a copy of the baseline care plan was not being offered to the resident or a family member unless it was requested.</p> <p>When interviewed on 7/9/24 at 1:57 p.m., registered nurse (RN)-B, also identified as assistant director of nursing (ADON) and MDS coordinator, indicated she attended R26's care conference and confirmed the baseline care plan was not offered to R26 at that time.</p> <p>Facility Care Planning and Care Conference policy dated 8/28/17, included:</p> <p>-The facility will work with each individual resident and their families/designees to develop a plan of care that all are in agreement with.</p> <p>(continued on next page)</p>		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>-An initial care conference, the resident and their party will work with nursing, dietary, social service and therapeutic recreation staff on their individual plan of care. Each of these staff will bring the initial care plan that was developed from interviews conducted to the initial care conference for a final review and acceptance from the resident and/or family/designee.</p> <p>-The resident has the right to review the plan of care and request/participate in changes to the plan of care.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50761</p> <p>Based on observation, interview, and document review, the facility failed to provide timely repositioning for 1 of 1 resident (R28) who was dependent on staff for repositioning and who had a pressure ulcer (PU) on her coccyx.</p> <p>Findings include:</p> <p>R28's facesheet printed on 7/10/24, included diagnoses of pressure ulcer of sacral region and urinary incontinence.</p> <p>R28's annual Minimum Data Set (MDS) assessment dated [DATE], indicated R28 was cognitively intact, was dependent or required substantial assistance with most activities of daily living (ADL), including repositioning and toileting. R28 was unable to walk. R28 was at risk for the development of pressure ulcers and had one or more unhealed pressure ulcers. R28 did not have a turning/repositioning program and had no rejection of cares.</p> <p>R28's Care Area Assessment (CAA) for pressure ulcer dated 4/30/24, indicated R28 was at risk for skin breakdown related to immobility and urinary incontinence. R28 required substantial assistance with repositioning. R28 had a stage four pressure ulcer (Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling) to coccyx, which was healing at the time of the assessment. R28 was receiving supplements to assist with wound healing/promotion along with utilizing a pressure relieving cushion in the wheelchair and pressure reducing mattress on bed.</p> <p>R28's Mobility CAA dated 4/30/24, indicated R28 required substantial/maximum assistance for all ADLs except eating. R28 was wheelchair bound and required two staff for transfers with use of a mechanical standing lift (also known as an EZ stand - an assist device that moves residents from one surface to another surface). R28 was dependent on staff for toileting, dressing, and managing hygiene.</p> <p>R28's pressure ulcer risk assessment (Braden Score) dated 6/24/24, identified R28 at low risk for the development of a pressure ulcer.</p> <p>R28's care plan with revised date of 8/21/23, indicated a healing stage four pressure ulcer on the coccyx. There were no interventions listed for repositioning or offloading. In addition, the care plan indicated R28 was frequently incontinent of bladder, would be free from skin breakdown, used disposable briefs and was to be checked for incontinence (no time frame was specified). Care plan with revised date of 10/27/23, indicated R28 required total assistance of two staff to use the toilet, using the EZ stand.</p> <p>R28's physician orders dated 5/5/23, indicated R28 was to lie down in bed for two to three hours per day. When R28 is in the wheelchair, reposition every two hours (stand in place for one minute was ok).</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a continuous observation on 7/9/24 from 9:40 a.m. to 12:30 p.m., (2 hours 50 minutes) R28 was not repositioned in the wheelchair, offloaded, or toileted. During the observation period from 9:40 a.m. to 11:24 a.m., R28 was seating in her wheelchair in her room, watching TV. At 11:34 a.m., R28 was taken via wheelchair to the dining room for lunch. At 12:30 p.m., R28 remained in her wheelchair at the dining room table.</p> <p>During interview on 7/9/24 at 1:24 p.m., nursing assistant (NA)-B stated she was assigned to care for R28 that day and was aware R28 had a pressure ulcer on the coccyx. NA-B stated R28 should be off her bottom every couple hours and stated she had repositioned R28 that morning, however, was not able to say what time she had repositioned R28.</p> <p>During interview on 7/9/24 at 1:45 p.m., licensed practical nurse (LPN)-A stated she didn't think R28 had been laid down that morning and stated R28 should be repositioned or offloaded every two hours.</p> <p>During an observation on 7/10/23 at 7:20 a.m., observed LPN-A complete a dressing change to the PU on R28's coccyx. The wound was approximately the size of a nickel, pink and no drainage. LPN-A stated it was much improved and healing well.</p> <p>During interview on 7/10/24 at 10:09 a.m., the director of nursing (DON) stated R28 was to be repositioned every two to three hours and offloaded every two hours. The DON stated staff would offer toileting or use the EZ stand to offload pressure. The DON was informed of the continuous observation on 7/9/24, from 9:40 a.m. to 12:30 p.m., (2 hours 50 minutes) where R28 had not been repositioned or offloaded. The DON looked in the EHR (electronic health record) and stated when R28 was in the wheelchair she should be repositioned every two hours or could stand in place for one minute to offload. The DON was not aware R28 had not been repositioned and stated she expected staff to follow the physician orders for repositioning and offloading.</p> <p>Facility Pressure Ulcer Prevention Program policy revised date 5/24/11, indicated residents admitted with pressure ulcers would receive necessary treatment and services to promote healing. Pressure ulcer (stage 2-4 and unstageable): follow wound nurse recommendations.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42073</p> <p>Based on observation, interview, and document review, the facility failed to ensure dietary staff followed appropriate infection control practices when handling cups during food service in the dining room. This had potential to affect all 47 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an observation on 7/9/24 at 12:00 p.m., when filling cups with juice for residents seated at tables, dietary aide (DA)-A was observed holding the small, clear plastic tumblers by the rim of the cup with bare hands, and when setting the cup on the table.</p> <p>During an observation on 7/9/24 at 12:05 p.m., when filling beverages for residents, observed DA-B pour milk and orange juice into two small, clear plastic tumblers. With bare hands, DA-B set the cups on the table by holding the rim.</p> <p>During an observation on 7/9/24, at 12:07 p.m., when filling beverages for residents, observed DA-B pour coffee into a navy-blue thermal coffee mug and set it on a residents table by holding the rim of the mug.</p> <p>During an observation on 7/9/24 at 12:11 p.m., observed DA-A pour juice for a resident and set the cup on the table by holding the rim.</p> <p>During an interview on 7/9/24 at 12:26 p.m., dietary manager (DM)-C stated dietary staff received training at orientation on the proper way to hold cups when filling and serving. DM-C was informed of observations and stated staff should not hold cups by the rim due to potential contamination by their hands.</p> <p>During an interview on 7/9/24 at 12:27 p.m., both DA-A and DA-B stated they had training on the proper way to hold a resident's drinking cup when filling and serving. When informed of observations, both acknowledged they held cups by the rim and were aware they should not be due to potential infection control concerns.</p> <p>An orientation packet for DA-A indicated he signed an undated policy titled Dish & Utensil Handling on 10/12/23, which indicated: fingers would not be placed in or at the lip of contact surfaces of cups, glasses, and/or flatware. The same policy was signed by DA-B on 6/19/23.</p> <p>50761</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50761</p> <p>Based on observation, interview, and record review the facility failed to use appropriate infection prevention and control practices for 1 of 2 residents (R28) who was dependent on staff for pressure ulcer wound care.</p> <p>In addition, the facility to ensure a mechanical transfer lift was cleaned after resident use for 2 of 2 residents (R7 and R14) observed for infection control practices and proper infection prevention practices was observed when sorting soiled laundry.</p> <p>Findings include:</p> <p>R28's facesheet printed on 7/10/24, included diagnoses of pressure ulcer of the sacral region and urinary incontinence.</p> <p>R28's annual Minimum Data Set (MDS) assessment dated [DATE], indicated R28 is cognitively intact, could understand and be understood. R28 required substantial assistance with most activities of daily living (ADL), including wound care. R28 was at risk for developing pressure injuries, had a pressure ulcer over a bony prominence, had one or more unhealed pressure injuries, indicated pressure ulcer care, and had no rejection of care.</p> <p>R28's Pressure Injury Care Area Assessment (CAA) dated 4/30/24, indicated R28 was at risk for skin breakdown related to immobility and urinary incontinence. R28 had a stage four pressure ulcer to coccyx, currently healing. R28 required assistance from staff for managing wound care.</p> <p>R28's Mobility CAA dated 4/30/24, indicated R28 required substantial/maximum assistance for all ADLs except eating. R28 was dependent on staff for toileting, dressing, and managing hygiene.</p> <p>R28's care plan with revised date of 8/21/23, indicated actual impairment to skin integrity related to healing stage four pressure injury on coccyx.</p> <p>R28's physician orders included the following:</p> <p>1. 7/5/24: Cleanse wound with normal saline or wound cleanser, pat dry. Apply skin prep to peri wound skin and allow to dry. Sprinkle collagen powder (supports granulation tissue formation and debridement of wounds) into open wound or use collagen dressing packed gently into wound bed, apply thin layer of Triad Paste (helps promote skin healing) to help hold in powder and protect peri wound skin from maceration, cover with bordered foam adhesive dressing. Change every other day and as needed for healing stage 4 pressure ulcer.</p> <p>2. 7/6/24: Triad Hydrophilic Wound Dress External Paste Wound Dressings, (helps maintain optimal wound healing), apply to coccyx/sacrum topically one time a day every other day for wound care and apply to coccyx/sacrum topically every 12 hours as needed for wound care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation on 7/10/24 at 7:16 a.m., licensed practical nurse (LPN)-A used R28's overbed table as a work surface as she opened dressing change supplies, setting the supplies on top of the packages they came in. LPN-A did not clean or disinfect, nor use a barrier between the table and the supplies. Further, LPN-A did not remove R28's personal items, including muffins in a Ziploc bag and water bottle off the overbed table before using it as a work surface for dressing change supplies.</p> <p>During observation on 7/10/24 at 7:40 a.m., the overbed table was not cleaned or disinfected prior to setting R28's breakfast tray on it after it being used as a work surface for a dressing change as evidenced by multiple water rings on the surface.</p> <p>During interview on 7/10/24 at 9:51 a.m., LPN-A stated the supplies she set out were placed on top of the opened packages, not directly on the overbed table. After further thought, LPN-A stated the table should have been cleaned before and after wound care.</p> <p>During interview on 7/10/24 at 10:13 a.m., the DON stated she expected staff to move everything off the overbed table prior to starting wound care and expected the overbed bedside table to be cleaned before and after wound care.</p> <p>Facility Dressing Changes policy updated on 6/13/11, indicated, all dressings must be handled in a safe and sanitary manner.</p> <p>50764</p> <p>Mechanical Lift Disinfecting</p> <p>R7's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R7 was cognitively intact, dependent on staff for toileting, required substantial/maximal assistance with transfers, used a wheelchair for mobility, and had diagnoses of hemiplegia (muscle weakness or paralysis on one side of the body) and reduced mobility.</p> <p>R7's care plan updated 4/19/24, indicated R7 was to transfer with a mechanical lift with toileting sling in and out of bed and a mechanical standing lift with two staff members for all other transfers.</p> <p>R14's face sheet printed on 7/10/24, indicated R14 had diagnoses of unspecified dementia (loss of cognitive functioning) and the need for assistance with personal cares.</p> <p>R14's quarterly MDS assessment dated [DATE], indicated R14 had severely impaired cognition, was dependent on staff for all transfers, and had diagnoses of dementia and Parkinson's disease (a disorder that affects movement).</p> <p>R14's care plan updated 4/15/24, indicated R14 required the assist of two staff with a full body mechanical lift for all transfers.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/9/24 at 8:58 a.m., nursing assistant (NA)-A removed a mechanical standing lift from R7's room and placed the mechanical lift near a wall in the hallway. NA-A was observed to walk down the hallway and no cleaning of the mechanical lift was observed. NA-A confirmed he should have disinfected the mechanical lift immediately after use and verified he did not disinfect the mechanical lift after use with R7.</p> <p>On 7/9/24 at 9:09 a.m., NA-B removed a mechanical lift from R14's room and placed it in room [ROOM NUMBER]. NA-B was observed to walk to a different hallway and no cleaning of the mechanical lift was observed. NA-B confirmed she did not clean the mechanical lift after use or while it was in room [ROOM NUMBER] for storage.</p> <p>On 7/9/24 at 10:20 a.m., licensed practical nurse (LPN)-A verified mechanical lifts should be cleaned immediately after each use with disinfectant wipes to prevent spread of infection. LPN-A further confirmed education was provided to staff regarding disinfecting mechanical lifts after each use at the time of hire and at staff meetings.</p> <p>On 7/9/24 at 2:07 p.m., with director of nursing (DON), also known as the infection preventionist, the DON stated it was the expectation staff were to clean mechanical lifts immediately after each use and between uses to prevent spread of infection. The DON stated mechanical lifts are shared among multiple residents.</p> <p>Facility policy titled Mechanical Lift Cleaning Procedure dated 7/10/24, indicated after use of a lift with a resident the handles and prongs will be wiped down following a two-minute contact time for disinfection.</p> <p>Laundry</p> <p>During observation and interview on 7/10/24 at 8:15 a.m., housekeeping (H)-A was observed in the laundry room where dirty and soiled laundry requiring laundering and clean laundry were both present. H-A stated soiled laundry comes into the laundry room through a central door and passes directly in front of the washing machines. H-A further stated soiled laundry was sorted in the same room near the washing machines and soaking of soiled laundry was completed in a double sink in the same room. H-A was observed dumping soiled laundry from a clear plastic bag with gloves on but without a gown. H-A stated she does not wear a gown while sorting soiled laundry. H-A verified this could cause contamination to clean laundry when removing from washing machines, dryers, and when folding. H-A stated she was not trained to wear a gown and was not facility practice to wear a gown when sorting dirty linens.</p> <p>On 7/10/24 at 8:22 a.m., environmental services (EVS)-A director confirmed soiled laundry and clean laundry were processed in the same room and verified laundry staff do not wear gowns to sort soiled laundry. EVS-A stated this could cause contamination to clean laundry.</p> <p>On 7/10/24 at 8:45 a.m., the DON, also known as the infection preventionist, confirmed laundry staff should be wearing a gown when sorting dirty laundry and soiled laundry should be sorted in a separate room to prevent the spread of infection.</p> <p>Facility Infection Prevention and Control Manual section titled Handling Soiled Linen dated 2019, directed staff to wear gown/apron if gross soiling of uniform is likely.</p>		