STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055036	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Healthcare Center	2625 Maple Ave. Los Angeles, CA 90011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 49836 Based on observation, interview, and record review, the facility failed to ensure necessary care was consistently provided for one of three sampled residents (Resident 1), who was receiving hospice service (a program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease, offers physical, emotional, social, and spiritual support for residents and their families), by failing to: -Ensure the hospice agency staff signed the hospice sign in sheet. -Obtain the most recent hospice plan of care. -Communicate with the hospice staff participating in the care of the resident to ensure quality care for the resident. These deficient practices had the potential to result in a delay of care and lack of coordination in delivery of hospice care and services to Resident 1. Findings: A review of Resident 1's Admission Record, indicated the facility admitted the resident on 3/23/2017, with diagnoses including dementia (loss of the ability to think, remember, and reason to levels that affect daily life and activities), dysphagia (difficulty swallowing foods or liquids), failure to thrive, and abnormalities of gait and mobility (when a person is unable to walk in a typical way). A review of the Physician's Orders dated 8/23/2023, indicated Resident 1 was to be admitted to hospice. A review of Resident 1's 60 - day Physician ' s Certification for Hospice Benefit, form dated 2/13/2024, indicated Resident 1 was eligible for the hospice services effective 2/21/2024 to 4/20/2024. A review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 2/29/2024, indicated the resident's cognitive skills (ability to think, remember, and make decisions) for daily decision making was severely impaired (never/rarely made decision). The MDS also indicated the resident received hospice care. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055036	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Healthcare Center	2625 Maple Ave. Los Angeles, CA 90011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's Hospice Records dated from 3/1/2024 to 5/2/2024, the sign in sheets did not indicate visits from a skilled nurse (care provided by a registered nurse or licensed vocational nurse) or home health aide (person who assists clients in their daily personal tasks, such as bathing or dressing). During a concurrent interview and record review, on 5/3/2024 at 9:05 AM, with Charge Nurse, Resident 1's hospice records were reviewed. The charge nurse stated hospice staff were scheduled to visit Resident 1 twice a week on Tuesdays and Thursdays. However, based on Hospice Staff Visit Sign in Sheet, Resident 1 was seen by a hospice home health aide twice from 3/1/2024 to 3/24/2024. The charge nurse stated the facility staff did not check the hospice binder and he was not familiar with the hospice sign in sheet or the hospice calendar. The charge nurse stated by not knowing when the hospice staff would be visiting, Resident 1 could not have had any hospice visits. During a concurrent interview and record review on 5/3/2024 at 9:20 AM, with Social Services Director (SSD), Resident 1's hospice records were reviewed. The SSD stated she was the hospice coordinator in the facility and that Resident 1's hospice binder did not include a revised or updated hospice care plan. The SSD stated Resident 1 was required to be seen by the hospice aid twice a week and by hospice licensed staff once a week, but Resident 1's hospice staff visit sign in sheet did not reflect the required number for visits for hospice staff. The SSD further stated there should be a record of hospice staff visits and an updated hospice plan of care in the hospice binder. The SSD stated without an updated hospice plan of care and record of hospice staff visits, the staff would not know what the specific needs of the resident were, and the resident could have missed hospice visits. During an interview on 5/3/2024 at 10:23 AM, the Director of Nursing (DON) stated the facility staff should be communicating with the hospice staff during their visits, be informed of when they would be visiting and how often they were supposed to visit their hospice residents. A review of the facility's policy and procedures (P&P) titled, Hospice Program, revised 7/2017, indicated the facility was responsible in coordinating and communicating the resident's care with the hospice agency and Social Services was responsible for a. obtaining the most recent hospice plan of care specific to each resident, b. ensuring the facility staff provided orientation to the hospice agency on the P&P of the facility including record keeping requirements.