

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to develop and implement a comprehensive care plan for one of two sample residents (Resident 1). For Resident 1, the facility failed to develop a care plan that would address Resident 1's diagnosis of pulmonary histoplasmosis [fungal (yeast or mold) infection affecting the lungs [organs in the chest that control breathing].</p> <p>This deficient practice resulted in facility failing to meet Resident 1's needs that would help Resident 1 attain his highest practicable well-being.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 initially on 6/29/23 and readmitted on [DATE].</p> <p>During a review of the GACH 1 History and Physical (H&P, a physician's examination of the resident) dated 2/23/24 indicated Resident 1 had dementia (impaired ability to remember, think or make decisions that interferes with doing everyday activities) and pulmonary histoplasmosis.</p> <p>During a review of Resident 1's Progress Notes (Health Status Notes) dated 3/19/24 at 3:21 p.m., indicated Resident 1 is receiving itraconazole (medication used to treat histoplasmosis) two 100 mg. capsule three times a day for three days and after three days, Resident 1 should receive 200 mg. itraconazole two times a day until further notice.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, standardized care and health screening tool) dated 3/30/24 indicated Resident 1 had severe cognitive impairment (loss of ability to remember things and solve problems resulting in inability to live independently). Resident 1 needed moderate assistance (helper does less than half the effort) with personal hygiene, putting/taking off footwear, lower body dressing, shower, toileting hygiene and supervision (helper provides verbal cues) with upper body dressing, oral hygiene and eating.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/24 at 11:31 a.m., Resident 1's Progress Notes and care plan was reviewed with LVN 1. During concurrent interview, LVN 1 stated she was unable to find a care plan for Resident 1 addressing Resident 1's pulmonary histoplasmosis or a care plan for the medication itraconazole. LVN 1 stated the care plan should be created because the care plan would outline the plan of care for Resident 1 and interventions would include monitor the effects of the itraconazole and monitor for adverse effects.</p> <p>A review of the facility's policy and procedures titled Care Plans, Comprehensive Person-Centered, reviewed on 1/11/24 indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The Policy indicated the comprehensive person-centered care plan will (that includes):</p> <ul style="list-style-type: none"> a. Include measurable objectives and timeframes. b. describes the services that are to be furnished to attain or maintain the resident's highest practicable, physical, mental, and psychosocial well-being. d. reflects treatment goals, timetable, and objective in measurable outcomes. e. aid in preventing or reducing decline in the resident's functional status and/or functional levels. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to follow the physician order for one of two sample residents, Resident 1. The facility failed to carry out the physician order and transcribe the itraconazole (medication used to treat histoplasmosis (infection of the lungs caused by fungus [disease caused by mold] 200 milligrams (mg., unit of measurement) two times a day orally.</p> <p>On 3/19/24, the facility received an order from Resident 1 ' s general acute hospital (GACH 1) infectious disease physician (ID, medical doctor that specialized in in infectious diseases) to administer Resident 1 itraconazole 200 milligrams (mg., unit of measurement) orally three times a day for three days and followed by itraconazole 200 mg. orally two times a day. The facility administered the itraconazole 200 mg. orally three times a day for three days from 3/19/24 at 5 p.m. to 3/22/24 at 1 p.m. but failed to continue giving the itraconazole 200 mg. orally two times a day as ordered by the ID physician. Resident 1 did not receive itraconazole from 3/23/24 to 4/24/24.</p> <p>This deficient practice resulted in Resident 1 ' s histoplasmosis has spread from his lungs to his bones and requiring prolonged hospitalization from [DATE] to 5/14/24 to manage and treat the histoplasmosis.</p> <p>Findings:</p> <p>During a review of the Admission Record, the Admission Record indicated the facility admitted Resident 1 initially on 6/29/23 and readmitted on [DATE].</p> <p>During a review of the GACH 1 History and Physical Note (H&P, a physician ' s examination of the resident) dated 2/23/24 indicated Resident 1 had dementia (impaired ability to remember, think or make decisions that interferes with doing everyday activities) and pulmonary histoplasmosis.</p> <p>During a review of the GACH 1 ID Telephone Note dated 3/15/24 and sent to the facility on [DATE] by facsimile (fax) indicated The ID physician gave an order dated 3/15/24 to give Resident 1 itraconazole 200 mg. orally three times a day for three days followed by itraconazole 200 mg. orally two times a day for pulmonary histoplasmosis (no end date).</p> <p>During a review of Resident 1 ' s Progress Note (Health Status Note) dated 3/19/24 at 3:21 p.m., indicated Resident 1 is receiving itraconazole 200 mg. capsules three times a day for three days and after three days, Resident 1 should receive 200 mg. itraconazole orally two times a day until further notice.</p> <p>During a review of Resident 1 ' s Primary Physician Progress Note dated 3/21/24 indicated to continue the itraconazole as prescribed by Resident 1 ' s ID physician (itraconazole 200 mg. orally three times a day for three days followed by itraconazole 200 mg. orally two times a day for pulmonary histoplasmosis).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Minimum Data Set (MDS, standardized care and health screening tool) dated 3/30/24 indicated Resident 1 had severe cognitive impairment (loss of ability to remember things and solve problems resulting in inability to live independently). Resident 1 needed moderate assistance (helper does less than half the effort) with personal hygiene, putting/taking off footwear, lower body dressing, shower, toileting hygiene and supervision (helper provides verbal cues) with upper body dressing, oral hygiene and eating.</p> <p>During a review of the Social Service Note dated 4/8/24 at 3:23 p.m., indicated Resident 1 had an appointment with the pulmonologist (doctor who specialized in lung [breathing organ] health and breathing problems) on 4/25/25 at 2:30 p.m.</p> <p>During a review of the Pulmonary Clinic Note dated 4/25/24 at 2:54 p.m., the Pulmonary Clinic Note indicated Resident 1 ' s computed tomography (CT scan, a computer linked to an x-ray machine to make a series of detailed picture of areas inside the body) dated 4/24/24 indicated progression (becomes worse, spreads) of the histoplasmosis. The Notes indicated the pulmonologist was concerned about the result of the CT scan and that Resident 1 was not taking the itraconazole. The pulmonologist sent Resident 1 to GACH 1 for ID consultation due to the progressive and possible disseminated (spread of the histoplasmosis from the lungs to other parts of the body) histoplasmosis.</p> <p>During a review of the GACH 1 Emergency Department Note dated 4/25/24 at 4:40 p.m., the GACH 1 Emergency Department Note indicated Resident 1 ' s CT scan of the chest .showed innumerable pulmonary nodules (abnormal growth or mass that forms in the lungs) compared to prior imaging . The ER Notes indicated Resident 1 was admitted to GACH 1 for monitored therapy for histoplasmosis.</p> <p>During a review of the Nephrology (medical doctor who specialized in kidney care [a pair of small organs in the body that take away waste from the blood] and treating diseases of the kidneys) Consultation Note dated 4/27/24 at 12:08 p.m., indicated Resident 1 had not been receiving the itraconazole medication because the itraconazole serum level (blood test) showed less than 0.1 milligram per liter (mg./L, reference range is between one mg./L to four mg./L.).</p> <p>During a review of the ID Follow-up Consult Note dated 5/9/24 at 8:17 a.m., the ID follow-up consult note indicated Resident 1 had bone marrow biopsy (procedure in which bone samples from the soft tissue in the bone are removed with a special needle or during surgery to find infection) on 5/1/24 and the result dated 5/6/24 indicated the histoplasmosis had spread to Resident 1 ' s bones. The Notes further indicated Resident 1 not receiving the itraconazole medication while at the facility .are almost certainly the reason for patient ' s (Resident 1) disease progression. Resident 1 ' s treatment included (was treated with) itraconazole 200 mg orally two times a day, Amphotericin B (medication used to treat serious, life-threatening fungal infections) 350 mg intravenous (IV, given through a flexible tube through the vein) every 24 hours and isavuconazole (drugs used to treat yeasts, fungi, and molds) 372 mg. orally daily.</p> <p>During a review of Resident 1 ' s GACH 1 Discharge Summary dated 5/15/24 indicated Resident 1 was at the GACH 1 for 20 days from 4/25/24 and discharged on [DATE] to another facility.</p> <p>During an interview on 5/9/24 at 9:59 a.m. Licensed Vocational Nurse (LVN 1) stated, Resident 1 went to his pulmonologist appointment on 4/25/24. LVN 1 stated Resident 1 was sent from the pulmonologist appointment to the GACH 1 and had not returned to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/9/24 at 11:31 a.m., Resident 1 ' s Progress Notes dated 3/19/24 at 3:21 p.m., and physician order for itraconazole dated 3/19/24 . LVN 2 stated she was unable to find a physician order for the itraconazole 200 mg. orally two times a day on 3/19/24.</p> <p>During a telephone interview on 5/9/24 at 12:44 p.m., the GACH 1 pharmacist (Pharmacist 1) stated Resident 1 was supposed to receive itraconazole orally 200 mg. as maintenance dose (medication given to maintain desired level of the drug in the body) two times a day until Resident 1 is seen by the pulmonologist on 4/25/24. Pharmacist 1 stated it is important for Resident 1 to receive the itraconazole so that Resident 1 ' s pulmonary histoplasmosis will not worsen. Pharmacist 1 further stated the ability to supply the itraconazole is not a problem because GACH 1 pharmacy can always send the itraconazole to the facility. Pharmacist 1 stated when Resident 1 was seen by the pulmonologist on 4/25/24 Resident 1 ' s histoplasmosis had worsened and was sent to GACH 1 immediately for further treatment.</p> <p>During a concurrent interview and record review on 5/9/24 at 12:51 p.m., Resident 1 ' s Medication Administration Record (MAR) dated 3/19/24 to 4/25/24 was reviewed with Resident 1 ' s primary physician. Resident 1 ' s primary physician stated Resident 1 was not given the itraconazole 200 mg. for over a month. The last dose of itraconazole 200 mg was given on 3/19/24 at 1 p.m. and restarted 200 mg. itraconazole on 4/25/24 at 1 p.m. before Resident 1 was readmitted to GACH 1. Primary physician stated Resident 1 should have been given the itraconazole 200 mg. orally two times a day because Resident 1 ' s histoplasmosis can worsen.</p> <p>During a concurrent interview and record review on 5/9/24 at 1:01 p.m., the Resident 1 ' s Progress Notes dated 3/19/24 at 3:21 p.m., was reviewed with the Director of Nursing (DON). The DON stated the notes indicated itraconazole 200 mg capsule two tablets three times a day and then 200 mg. two times a day until further notice. The DON stated this means that the itraconazole should be given continuously to Resident 1 until the itraconazole was discontinued by the primary physician. The DON further stated the facility has protocol in getting telephone orders from the physician and that included to read back the order to the physician, enter the name of the ordering physician and enter the order in the physician order form.</p> <p>During a telephone interview on 5/15/24 at 11:53 a.m., Resident 1 ' s family member (FM) stated Resident 1 had fungal infection in his lungs. The facility stopped giving the itraconazole. Resident 1 ' s FM stated Resident 1 was admitted to GACH 1 and had to stay in GACH 1 for approximately four weeks because Resident 1 had to receive extra doses of the itraconazole and other treatment. FM also stated Resident 1 had to undergo bone biopsy and the result indicated the histoplasmosis had spread to Resident 1 ' s bones.</p> <p>During a review of the facility Policy titled Medication Ordering and Receiving from Pharmacy reviewed on 1/11/24 indicated medication orders are written on a medication order form (i.e., telephone order sheet, reorder form, etc.) provided by the pharmacy or written in the chart by the physician or authorized personnel and transmitted to the pharmacy. The written entry included the following:</p> <p>a. date ordered.</p> <p>b. whether the order is new or a repeat order (refill).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>b. medication name and strength when indicated.</p> <p>c. direction for use, is a new order, or direction changes to a previous order with indication as to whether a new supply is needed from the pharmacy.</p> <p>The Policy further indicated when re-ordering medication that requires special processing such as GACH 1 prescriptions, order as directed by the provider pharmacy. The nurse who re-orders the medication is responsible for notifying the pharmacy of changes in directions for use.</p> <p>During a review of the facility Policy titled Administering Medications, reviewed on 1/11/24 indicated medications are administered in a safe and timely manner, and as prescribed.</p> <p>During a review of the Medication and Treatment Orders reviewed on 1/11/24 indicated orders for medications and treatments will be consistent with principles of safe and effective order writing. Orders for medications must include:</p> <ul style="list-style-type: none"> a. name and strength of the drug b. number of doses, start and stop date and/or specific duration of therapy. c. dosage and frequency of administration d. route of administration e. clinical condition or symptoms for which the medication is prescribed. f. interim follow-up requirements