

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  03/24/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement its bed-hold policy for a resident who was transferred to general acute care hospital (GACH) by not reserving the resident's bed during hospitalization in accordance with the facility's policy and procedures (P&amp;P) titled, Bed-Holds and Returns, reviewed 1/25/20 and regulatory requirements for one of three sampled residents, Resident 1. This deficient practice had the potential to result in the residents' delay returning to the facility and disruption in continuity of care. Findings: During a review of Resident 1's admission Records, Resident 1 was admitted to the facility on [DATE] with a diagnoses including hemiplegia (paralysis of one side of the body), major depressive disorder (characterized by a persistent feeling of sadness or a lack of interest in outside stimuli), seizures (sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), malignant neoplasm of parietal lobe (the development and fast growing of cancer in the top middle part of the brain). During a review of Resident 1's Physician's order notes dated 3/20/2026, the physician's order notes indicated May transfer to GACH for further evaluation. A review of Resident 1's Discharge Summary indicated Resident 1 was transferred out to GACH via medical transport vehicle on 3/20/2026 a day after initial admission to the facility. During a review of the facility's census and Resident 1's transfer documentation on 3/24/2026, the census and transfer documentation indicated, a bed hold for Resident 1 was not initiated at the time the resident was transferred to GACH. During a concurrent telephone interview and record review on 3/24/2026 at 12:19 PM with the Director of Nursing (DON), facility census dated 3/23/2026 was reviewed. The facility Census did not indicate a bed-hold for Resident1. DON stated there should have been a seven-day bed hold when Resident 1 was transferred to GACH on 3/20/2026. DON stated Seven-day bed hold should have been held until 3/27/2026. DON agreed and stated that, it is a deficiency not holding a bed for seven days. During a concurrent interview and record review on 3/24/2026 at 12:43 PM with the Business Office Manager (BOM), facility census from 3/20/2026 to 3/24/2026 was reviewed. BOM stated, business office is responsible for bed-holds. Bed hold is indicated by placing a resident's name as a place holder on the resident census. The reviewed resident census did not indicate bed hold for Resident 1. BOM stated, seven-day bed hold is mandatory regardless of payment or insurance status. BOM further stated, I accidentally discharged Resident 1, it was an oversight. BOM stated, it will be a deficiency not placing a bed hold and can lead to delay or readmission to the resident and family. BOM corrected bed-hold errors and reflected seven-day bed hold for Resident 1. During an interview on 3/24/2026 at 1:20 PM with the facility Administrator (ADM), the ADM stated, Once a resident is sent out, we should hold the resident's bed for seven days regardless of the resident's status of coming back to us or not. During a review of the facility's policy and procedures (P&amp;P) titled, Bed-Holds and Returns, reviewed 1/25/2025, the P&amp;P indicated, The current bed-hold and return policy established by the state (if applicable) will apply to Medicaid residents in the facility. Prior to a transfer, written information will be given to the resident and the resident representatives that explains in detail: The rights and limitations of the resident regarding bed-hold. The reserved bed payment policy as indicated by the (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
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