

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Maple Ridge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 615 Wyoming Avenue Kingston, PA 18704	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43944</p> <p>Based on review of clinical records, document review, and resident and staff interviews, it was determined that the facility failed to provide an environment free from accident hazards to prevent potential incidents for one resident (Resident A1) out of eight sampled residents.</p> <p>Findings include:</p> <p>A review of Resident A1's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses that included chronic pain and osteoarthritis (is inflammation of one or more joints and is the most common form of arthritis that affects joints in the hand, spine, knees, and hips).</p> <p>A review of the resident's quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment completed at specific times to identify resident care needs) assessment dated [DATE], indicated that Resident A1's completed Brief Interview for Mental Status [(BIMS) a tool that assesses cognition, a tool to assess the resident's attention, orientation, and ability to register and recall new information] score was 15 out of 15 (a score of 13 to 15 suggests intact cognition) and cognitively intact. Additionally, the MDS indicated that the Resident was able to independently ambulate with the use of a walker.</p> <p>A review of an investigation to an incident that occurred on August 31, 2024, at 8:30 PM, completed by Employee 1 (Registered Nurse [RN]), revealed that she was called to a Resident's room by a nurse who reported injury to ankle from slippage. Resident ambulated independently with her rolling walker to bedside drawer. While walking, she slipped on a wet floor caused by leaking window in her room. Resident denied falling and stated she was able to hold onto handle of her walker; however, she reported twisting her ankle during the event. RN assessment completed; right ankle noted to be tender to touch with mild edema. No visible bruises or deformity observed at the time of assessment. Resident pain rated 6/10 stated I was going over there to get my clothes and slipped on the water and hurt my leg. Ice applied to affected limb, medicated with acetaminophen 625 mg PO (by mouth), wet sign placed in room, and Resident encouraged to remain in bed and call for assistance. Bath blankets placed on windowsill and by the window to absorb water, work order submitted to maintenance department. MD contacted and ankle X-ray requested. Resident is her own responsible party, emergency contact notified, and a nursing communication sent to therapy.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident A1's clinical record revealed negative x-ray results of her right ankle; however, moderate right ankle pain persisted with movement, touch, and weight bearing. Physician aware new orders for rest, ice, elevation/positioning.</p> <p>An interview with Resident A1 on October 9, 2024, at 10:49 AM, revealed that she reported that the window inside of her old room leaked when it rained heavy and was windy outside and would trickle onto her windowsill, the heating/cooling unit, and pool on her floor. Resident A1 stated that she reported this to her social worker prior to slipping on August 31, 2024, and was told that a maintenance repair ticket was entered and would be completed.</p> <p>Additionally, Resident A1 reported that the facility did not attempt to repair the leaky window in her room until after she slipped on the water.</p> <p>A review of work order number 1922 that was created by Employee 2 (Therapy Department) on August 7, 2024, at 9:13 AM, indicated that Resident A1 reported a leaking window in room/area 303.</p> <p>Further review of work order number 1922 that was updated on August 12, 2024, at 7:34 AM, by Employee 3 (Maintenance worker) commended that windows need to be replaced and set the order to completed.</p> <p>Additionally, a review of work order number 1947 created on August 31, 2024, at 8:50 PM, by Employee 1, after Resident A1's slip, revealed please repair the leaking window 303B bedroom window.</p> <p>Further review of work order number 1947 that was updated on September 4, 2024, at 3:08 PM, by Employee 3, commended that Resident A1 was moved and was completed.</p> <p>During an interview with the facility's Regional Maintenance Director on October 9, 2024, at 11:48 AM, revealed that the facility obtained a quote to repair the leaking windows on September 19, 2024, and that the facility was planning to have them repaired with upcoming facility renovations.</p> <p>The facility failed to timely respond and implement effective safety measures to deter Resident A1's accident with minor injury, right ankle sprain.</p> <p>An interview with the facility's Nursing Home Administrator on October 9, 2024, at 1:00 PM, confirmed that the facility failed to timely respond to Resident A1's concerns related to the leaking window in her room, which resulted in the Resident slipping on a wet floor and spraining her right ankle.</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 211.12 (c)(d)(5) Nursing services</p> <p>28 Pa. Code 211.10 (a)(c)(d) Resident care policies</p>		