

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/01/2025
NAME OF PROVIDER OR SUPPLIER  Maple Heights Health & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  429 Manor Drive Ebensburg, PA 15931	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on review of facility policy and clinical records, as well as resident and staff interviews, it was determined that the facility failed to maintain clinical records that were complete and accurately documented for one of 10 residents reviewed (Resident 4). Findings include: The facility policy for Activities of Daily Living (ADL) documentation, dated September 23, 2025, indicated that Provisions of ADL care will be documented each shift by staff providing the care. This shall include, but not limited to, documentation of food intake, toileting, ambulation, bathing, dressing, and transferring. Actual meal consumption will be documented. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4 dated July 1, 2025, indicated that the resident was cognitively impaired, was dependent on staff for personal care needs including eating, and had diagnoses that included dysphagia (difficulty swallowing food or liquids). The care plan for Resident 4 dated August 2, 2023, indicated that the resident required a texture modified diet and staff were to provide assistance at meals. A review of meal intakes for Resident 4 for August and September, 2025 revealed that no meal intakes were documented for the breakfast meal on August 3, 4, 9, 15, 22, 23, and September 1, 2025. Interview with the Nursing Home Administrator on October 1, 2025, at 4:47 p.m. confirmed that there was no evidence that meal intakes were documented for Resident 4 per the facility's policy on the above-mentioned dates and times. 28 Pa Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(5) Nursing services</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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