

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Maplewood Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  125 W Schoolhouse Lane Philadelphia, PA 19144	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47973</b></p> <p>Based on observations, clinical record review, review of facility policy and interviews with residents and staff, it was determined that the facility failed to provide assistance with showers for one of eight residents reviewed (Residents R4).</p> <p>Findings include:</p> <p>Review of facility policy, ADL (Activities of Daily Living) Policy, dated December 4, 2023, indicated that the facility will provide care and services for the following activities of daily living: including Hygiene- bathing, dressing, grooming, and oral care. Further review revealed that a resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Interview with Resident R4, on April 17, 2024, at 11:27 a.m. revealed that the resident had not received a shower for the last three weeks. Resident R4 stated I did not know I can receive a shower with my condition and that he was never offered a shower.</p> <p>Review of R4's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses including reduced mobility, need for assistance with personal care, and spinal stenosis (stiffness and severe back pain).</p> <p>Review of Resident R4's care plan, date-initiated March 29, 2024, revealed that Resident R4 has an ADL selfcare performance deficit, and requires assistance by one staff with personal hygiene.</p> <p>Further review of resident's physician orders revealed an order dated, April 2, 2024, for bath/shower twice weekly every dayshift on Wednesday and Saturday.</p> <p>Review of Resident R4's ADL's task documentation which stated the following instructions: Specify- type of bath, days of the week ad shift of bath. Revealed that the resident had received a bed bath on the following days: 3/29, 4/3, 4/4, 4/5, 4/6, 4/8/, 4/10, 4/13. Further review failed to reveal documentation that Resident R4 was offered or received a shower.</p> <p>Interview with Nurse Aide, Employee E4, who was providing direct care to Resident R4, was conducted on April 17, 2024, at 1:00 p.m. Employee E4 confirmed that there was no documentation of resident shower refusals, and that the resident was only assisted with a bed bath.</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Nursing Home Administrator on April 17, 2024, at 1:47 p.m. confirmed that there was no documentation in the clinical records of the reason as to why Resident R4 was not provided assistance with showers on the days noted above and or resident shower refusals. Further interview confirmed there was no evidence of meetings with the interdisciplinary team and resident representative to ascertain the reasons why the resident was refusing care; no alternative interventions were offered.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		