

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  03/17/2026
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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>Based on record review, resident interview, staff interview, and review of facility policy, the facility failed to ensure medications were delivered by a licensed nurse, who has the skills, experience and knowledge to administer medications for one of four residents reviewed (Resident R1). Findings Include: Review of Facility's medication administration policy revealed only persons licensed or permitted by this state to prepare, administer and document the administration of medication may do so. Review of the facility grievance log revealed Resident R1 reported a concern on February 23, 2026. Resident R1 stated that Licensed nurse, Employee E4 did not give (him/her) medications. Continued review of the grievance revealed that Licensed nurse, Employee E4 stated Resident R1 will not accept medication from (her/him). Review of Medication Admin Audit Report revealed Licensed nurse, Employee E4, was removed from Resident R1's nursing unit on February 21, 2026. Resident R1 alleged that Licensed nurse, Employee E4 was unprofessional and instructed a Nurse aide to administer medications due to an ongoing conflict. The medication Admin Audit Report indicated Licensed nurse, Employee E4 was reassigned to another unit and that Employee E4 had not administered medications to Resident 1 since February 21, 2026. Interview with Resident 1 on 3/17/26 at 11:19 AM revealed (he/she) that Licensed nurse, Employee E4 gave my medications to an aide to hand to me, because we were not getting along. Resident R1 reported an ongoing conflict (back and forth) with Licensed nurse, Employee E4. Telephone interview with Licensed nurse, Employee E4 on 3/17/26 at 11:23 AM confirmed she instructed a Nurse aide to administer medications to Resident 1, stating she remained nearby during the administration while the nursing assistant handed Resident R1 the medications. Licensed nurse, Employee E4 further stated she did not know the name of the Nurse aide involved. Resident 1 also stated they did not recall the name of the Nursing assistant and did not want the aide to get in trouble. 28 PA. Code 211.129(c)(d)(1)(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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