STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395865	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maplewood Nursing and Rehab Center	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, staff interviews, resident interviews, and observations it was determined that the facility did not ensure a resident was free from exploitation for one of nine residents reviewed. (Resident R3)Findings Include: Review of facility policy titled, Abuse last revised October 24, 2022 states, Definitions of Abuse and Neglect- Abuse and neglect exist in many forms and to varying degrees. The following are the approved CMS definitions of abuse and neglect from the Draft State Operations Manual Appendix PP effective November 28, 2016. Further review of the policy states, a. Mistreatment means inappropriate treatment or exploitation of a resident. Review of Resident R3's clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnosis: Type Two Diabetes (a chronic metabolic condition where the body develops insulin resistance, causing high blood sugar levels because cells cannot properly absorb glucose), Injury of the Head, Muscle Weakness (a reduction in physical strength, characterized by difficulty initiating movement, fatigue, or limited muscle function), Zygomatic fracture (common facial injury caused by blunt force trauma, such as car accidents, falls, or assaults), and Post-Traumatic Stress Disorder (a mental health condition triggered by experiencing or witnessing terrifying, life-threatening, or harmful events). Interview held with Resident R3 on May 7, 2026 at 11:45 a.m. During the interviews Resident R3 was asked about his resident rights. Resident R3 stated that one time he/she felt like his/her rights weren't respected when he/she was asked to open a package with staff present due to suspicion of the contents. Resident R3 stated the he/she liked health drinks and that they were sea moss drinks. Resident R3 stated that he/she likes to help out the other residents and staff here by selling drinks and snacks. Resident R3 showed the surveyor several opened boxes of individually packed chips in his/her room. As the interview was occurring there was a knock at Resident R3's door and nurse aide Employee E4 entered the room and asked to purchase a soda. Resident R3 asked what kind and Employee E4 asked what kind do you have. Resident R3 stated, grape ginger ale, and orange. The staff member handed over cash to Resident R3 and asked for a grape soda which he/she was handed by Resident R3. Continued interview with Resident R3 revealed he/she has been doing this for several weeks after hearing frustrations from staff and residents about the prices of the vending machines. Resident R3 confirmed he/she currently is having snacks and drinks shipped to the facility and then is selling them to both residents and staff. Interview held with nurse aide Employee E5 at 12:11 p.m. confirmed that Resident R3 has been selling drinks and snacks from his room. When asked how long Resident R3 has been selling the drinks and the snacks, nurse aide Employee E5 states, about three weeks or so now. Interview held with nurse aide Employee E4 at 12:14 p.m. confirmed that Resident R3 has been selling drinks and snacks from his room. Employee E4 stated, the prices in the vending machines are outrageous and people have been telling them that. Interview held with the unit manager, licensed nurse Employee E3 at 12:58 p.m. who stated she was unaware that this was going on with Resident R3. Licensed nurse Employee E3 confirmed that staff should not be purchasing any sort of snacks or drinks from any resident in the facility. Interview held with the Nursing Home Administrator Employee E1 and the Director of Nursing Employee E2 at 2:01 p.m. who confirmed this should not be occurring. Employee E1 and Employee E2 (continued on next page)

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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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	both stated that they were unaware this was occurring. 28 Pa. Code: 211.12 (d)(1)(5) Nursing services. 28 Pa. Code: 201.29(j) Resident rights.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, review of facility policy, and review of facility documentation it was determined that the facility did not ensure to report the results of all investigations to state officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and did not have evidence that all alleged violations were thoroughly investigated for two of ten residents reviewed. (Resident R1 and Resident R2)Findings Include: Review of facility policy titled, Smoking Safety Policy last revised October 22, 2022 states, Policy- it is the facility policy to provide a safe environment for our residents, staff and visitors by defining and enforcing safe smoking practices. Further review of the policy states, New Admissions shall be informed upon admission that we enforce a smoking safety policy and procedure through the admission agreement. They will be informed to not give smoking paraphernalia to any residents including their loved one. All smoking materials are to be delivered to the staff for proper storage. Staff members and volunteer workers should not purchase or give smoking paraphernalia to any residents unless it is coordinated via activities department. Review of clinical records revealed resident R1 was admitted to the facility on [DATE] with the following diagnosis: Anemia, Asthma, Hyperlipidemia, Psychoactive substance dependence, Chronic Kidney Disease, Muscle Weakness, and Cognitive Communication Deficit.Review of Resident R1's MDS (Minimum Data Set) completed on December 10, 2025 the resident had a BIMS (Brief Interview for Mental Status) score of 13. Review of clinical records revealed resident R2 was admitted to the facility on [DATE] with the following diagnosis: Cellulitis of right lower limb, Atrial Fibrillation, Biventricular Heart Failure, Prescence of a prosthetic heart valve, Type Two Diabetes, Anemia, Hypertension, and Hyperlipidemia. An interview was held during entrance conference with the Nursing Home Administrator Employee E1 and the Director of Nursing Employee E2. They were both asked if any residents had gone out to the hospital recently on suspicion of drugs. The Director of Nursing Employee E2 stated that two residents had been, Resident R1 and Resident R2. Resident R1 had his roommate reported about Resident R1 smoking in the bathroom and being up overnight. Employee E2 stated then there was an incident of Resident R1 smoking a substance which was observed by licensed nurse Employee E3. The Director of Nursing Employee E2 stated there was a search of the resident's room and he/she was found with a glass pipe and an unknown rock substance in a bag. Resident R2 was observed smoking marijuana during a morning smoke break and it was told to the unit manager Employee E3. When asked if any other residents were found with any illicit substances of paraphernalia, the Director of Nursing Employee E2 states, yes Resident R9 was found with what appeared to be loose tobacco during the room searches. The Director of Nursing Employee E2 and the Nursing Home Administrator were asked what was being done after. The Director of Nursing Employee E2 stated that they completed audits on substance use disorder, completed education on substances, residents were given smoking violations, and both residents were sent out to the hospital for evaluation and to have a urine drug screen completed. When asked about what the facility is doing for prevention of staff or how were they notifying the resident visitors or not bringing in illegal substance or paraphernalia into the building, the Nursing Home Administrator replied that he/she was getting ready to send out an e-mail blast today through their electronic records system, but it had not yet been sent out. Interview held with licensed nurse and unit manager Employee E3 on May 7, 2026 at 10:47 a.m. During the interview Employee E3 was asked about her involvement with resident R1 and R2 being found with drugs in their possession. Employee E3 stated that Resident R1's roommate came up to him/her early in the morning around 8:30 and stated that they believe Resident R1 was up a lot last night and could have been smoking in the bathroom. Employee E3 stated that he/she immediately when to Resident R1's room and Resident R1 was coming out of the bathroom, his/her eyes were popping out of their head, he/she was sweating, fidgeting and their mental status was altered. Employee E3 attempted to complete an assessment but (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident R1 refused vital signs. Employee E3 stated he/she contacted the Director of Nursing Employee E2 and that Resident R1's room was searched with him/her present. Resident R1 was asked prior to the search if he/she had anything he/she was not supposed to have and Resident R1 admitted to having a pack of cigarettes in his/her possession. Upon discovery of the cigarette pack in the rollator pouch, Employee E3 noticed a separate cigarette pack. The resident was asked to hand over the second cigarette pack which was found to contain a glass pipe with a sponge insert and a separate bag of a white rocky substance. Interview held with licensed nurse and unit manager Employee E3 on May 7, 2026 at 11:00 a.m. regarding Resident R2. Employee E3 stated that Resident R2 on April 30, 2026 was at the designated smoking area for morning smoke break. Smoke break was explained to be run by the Activities Director Employee E6 and conducted with the help of the activities aide. The Activities Director came up to Employee E3 after smoke break and reported that Resident R2 was smoking something that was not cigarettes and believed to be marijuana during smoke break. The licensed nurse and unit manager Employee E3 stated that she immediately went to Resident R2's room to assess him/her. Upon assessment his/her pupils were dilated and he/she had an altered mental status. At that point Employee E3 called the doctor and had an order to have him/her sent out. Employee E3 stated that Resident R2 was upset about being sent out and was upset about him room being searched. Employee E3 stated that she was not a part of Resident R2's room search. Interview held with resident R2 at 11:00 on May 7, 2026. The resident admitted that he smokes weed, and I keep telling these people I have smoked weed for the longest time When asked about being sent out to the hospital last he stated, yes they sent me out to have a drug test, and searched my room. The resident was asked if he had taken an illegal substance that day and he admitted to smoking marijuana. The resident was asked where he had gotten the marijuana and he stated, There was a black market for that since before I got here, but I'm not telling nobody. Interview held with resident R1 on May 7, 2026 at 11:35 a.m. The resident stated that he/she smokes cigarettes and he/she had missed the last smoked break on April 29, 2026. Due to missing smoke break he/she decided to smoke half a cigarette in his/her bathroom and admitted to having a lighter in his/her possession along with a cigarette. He/she stated he/she smoked half a cigarette in his/her bathroom and then sprayed a body spray to conceal the smell. He/she stated the next morning the staff came in and searched his/her room and sent him/her to the hospital to get a drug screen. The resident did not admit to using or having any illicit substance in his/her possession. Review of Resident R1's hospital record dated April 29, 2026 does show that he/she tested positive for cocaine. Resident of Resident R2's hospital record dated April 29, 2026 does show that he/she tested positive for cannabinoids. Review of the facility investigation file revealed a Smoking Violation Review form for Resident R2 that states, Level 1: First Offense- NHA (Nursing Home Administrator) observed resident smoking marijuana during the evening smoke break at 6 p.m. Resident was provided with warning and education regarding smoking rules and contract that was previously signed. Dated September 17, 2025. Level 2: Second Offense- Resident observed smoking in room. Dated March 5, 2026. Level 3: Third Offense- resident was observed smoking marijuana in violation of facility protocol. Dated April 30, 2026. Interview held with nurse aide Employee E4 at 12:14 p.m. confirmed that he/she was here and worked on the hallway where Resident R1 and Resident R2 reside the day they were found with illicit substances. Employee E4 was asked if he/she was interviewed following the incident that occurred with Resident R1 and Resident R2. Nurse aide Employee E4 stated that I worked that hallway, but no one came from administration to talk with any of us about it. The completed facility investigation was given and reviewed. Review of witness statements provided by the facility on May 7. 2026, revealed lack of handwritten statements from any staff involved in the incident. Both the licensed nurse Employee E3 and Activities Director Employee E6 were direct witnesses to the incidents. There were no handwritten statements from either of these staff included in the facility investigation. There were no handwritten statements from the second-floor staff including the dietary staff, nurse aides, or housekeeping. Interview with the Nursing Home Administrator Employee E1 and (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the Director of Nursing Employee E2. When asked if the facility investigation related to the incident was finalized the Nursing Home Administrator Employee E1 stated, yes, as complete as it can be I mean we aren't going to not still try to figure out what happened. When asked about witness statements not being included in the investigation, Employee E1 confirmed that there was no handwritten witness statements required to be submitted by the staff at the time of the incident. The Nursing Home Administrator Employee E1, stated, if you want me to go around and get the statements I still can. Employee E1 and Employee E2 did confirm that Resident R1 and Resident R2 were found to be using illicit substances while in the facility. 28 Pa. Code 201.14(a) Responsibility of licensee

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, resident interviews, and staff interviews, it was determined that the facility did not ensure residents were free from foreseeable accidents and hazards related to smoking for four of ten residents reviewed. (Resident R1, R2, R4, R5)Findings Include: Review of facility policy titled, Smoking Safety Policy last revised April 7, 2026 states, It is the facility policy to provide a safe environment for our residents, staff and visitors by defining and enforcing safe smoking practices. Residents who smoke will be permitted to smoke in the designated outside smoking area. They must agree to and comply with the safe smoking practices and the conditions of the Smoking Safety Policy and Procedure. Further review of the policy states, New admissions shall be informed upon admission that we enforce a smoking safety policy and procedure through the admission agreement. They will be informed to not give smoking paraphernalia to any residents including their loved one. All smoking materials are to be delivered to the staff for proper storage. Review of clinical records revealed resident R1 was admitted to the facility on [DATE] with the following diagnosis: Anemia, Asthma, Hyperlipidemia, Psychoactive substance dependence, Chronic Kidney Disease, Muscle Weakness, and Cognitive Communication Deficit. Review of clinical records revealed resident R2 was admitted to the facility on [DATE] with the following diagnosis: Cellulitis of right lower limb, Atrial Fibrillation, Biventricular Heart Failure, Prescence of a prosthetic heart valve, Type Two Diabetes, Anemia, Hypertension, and Hyperlipidemia. Review of clinical records revealed resident R4 was admitted to the facility on [DATE] with the following diagnosis: Dysphagia, Alcohol Abuse, Major Depressive Disorder, Paranoid Schizophrenia, and Muscle Weakness. Review of clinical records revealed resident R5 was admitted to the facility on [DATE] with the following diagnosis: Muscle Weakness, Paraplegia, Anemia, Asthma, and Cocaine Dependence. Observation of the common area inside on May 7, 2026 at 1:04 p.m. right by the smoking area for the patio Resident R4 was seen coming into the area heading towards the smoking patio with a full cigarette already in his/her mouth. The Activities Director Employee E6 confirmed that Resident R4 did have a whole cigarette walking out to smoke break at 1:05 p.m. which should not be occurring. Once the residents were outside, they should be given their cigarettes from a locked box. Resident R4 was assisted once getting outside to the smoking are with having his cigarette lit. The Activities Director Employee E6 stated, We don't know where the cigarettes are coming from, staff, family or someone from outside. Right now, we have family or someone that the resident knows purchases them cigarettes and then bring them in for the resident. No one from the facility purchase the cigarettes for the residents anymore. Resident R5 pulled the surveyor aside at 1:11 p.m. Resident R5 was in the common area right by the smoking area for the patio and had half a smoked cigarette in his/her hand. After we were done talking, he/she went outside to the smoking area and staff assisted him/her with lighting his/her half of a cigarette. Interview held with resident R1 on May 7, 2026 at 11:35 a.m. The resident stated that he/she smokes cigarettes and he/she had missed the last smoked break on April 29, 2026. Due to missing smoke break he/she decided to smoke half a cigarette in his/her bathroom and admitted to having a lighter in his/her possession along with a cigarette. He/she stated he/she smoked half a cigarette in his/her bathroom and then sprayed a body spray to conceal the smell. He/she stated the next morning the staff came in and searched his/her room and sent him/her to the hospital to get a drug screen. The resident did not admit to using or having any illicit substance in his/her possession. Interview held with the Activities Director Employee E6 on May 7, 2026 at 12:55 p.m. Employee E6 stated that he was outside on April 30, 2026 during morning smoke break when he saw Resident R2 outside attempting to smoke marijuana from an older style pipe. Employee E6 stated that he/she approached Resident R2 and told him/her you can't smoke that here. Employee E6 stated that Resident R2 was confrontational during the interaction. Employee E6 stated he/she told Resident R2 not to light up the (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pipe and Resident R2 did not. Employee E6 stated that Resident R2 does not smoke cigarettes. Employee E6 stated that he/she went inside after smoke break and immediately notified the unit manager licensed nurse Employee E3 about what occurred. Review of Resident R1's hospital record dated April 29, 2026 does show that he/she tested positive for cocaine. Resident of Resident R2's hospital record dated April 29, 2026 does show that he/she tested positive for cannabinoids. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12(d)(5) Nursing services