STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396128	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Farm	604 Oak Street Akron, PA 17501

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based upon clinical record review, facility observation, review of facility policies, and staff interviews, it was determined that the facility failed to implement enhanced barrier precautions for one resident (Resident #13) out of 16 residents reviewed. Review of facility policy Enhanced Barrier Precautions, last reviewed April 23, 2025, states Enhanced Barrier Precautions will be used for those residents with chronic wounds. Review of Resident #13's wound assessment report dated May 28, 2026, finds that resident has a neuropathic ulcer (a chronic, slow healing, open sore or wound caused by nerve damage and poor circulation) on the left medial first metatarsophalangeal base (where the first toe connects to the long foot bone). Review of Resident #13's orders does not find an order for Enhanced Barrier Precautions (an infection control strategy used to prevent the spread of multi-drug-resistant organisms). Observation at Resident #13's room on June 2, 2026, at 10:02 a.m., June 3, 2026, at 1:15 p.m., and June 4, 2026, at 9:20 a.m., does not find Personal Protective Equipment or signage indicating Enhanced Barrier Precautions Interview with the Nursing Home Administrator and Director of Nursing on June 4, 2026, at 11:30 a.m. confirms that Resident #13 is being treated for a chronic diabetic ulcer on the resident's left foot and the resident is not on Enhanced Barrier Precautions. An interview on June 4, 2026, at 12:00 p.m. with the Nursing Home Administrator confirms that the facility failed to place Resident #13 on Enhanced Barrier Precautions. 28 Pa Code 201.18(b)(1)(3) Management 28 Pa Code 207.2(a) Administrator's responsibility 28 Pa. Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services

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