

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Maplewood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1081 Maplewood Drive Bridgeport, WV 26330	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on resident interview, staff interview, and operation policy, the facility failed to report the results of an investigation to the appropriate officials in accordance with State law, within five (5) working days of the incident. This has the potential to affect all residents in the facility. Resident identifier #9, #47 and #40. Facility census: 76 Findings include:</p> <p>Record review of the facility's policy titled, Abuse, Neglect & Misappropriation, showed:</p> <ul style="list-style-type: none"> - In the event an allegation is made, the facility will take measures to protect residents from harm during an investigation. Accurate and timely reporting of incidents, both alleged and substantiated, will be sent to officials in accordance with the state law. If the alleged violation is verified, appropriate corrective action will be taken by the facility. - The Director of Nursing (DON) and Executive Director (ED) receives reports of resident incidences. - The Executive Director / designee will report appropriate incidents to OHFLAC, APS, the Regional Ombudsman, and other local authorities, including but not limited to local law enforcement (if appropriate), as required by State law. - If the events that cause the allegations involve abuse and / or serious bodily injury, the self-report must be made immediately, but not later than 2 hours after the allegation is made. - The results of the facility's investigation must be reported to the Executive Director / designee, OHFLAC, APS, Regional Ombudsman, and other officials as required by State law, within five working days of the incident. <p>a) Resident #9</p> <p>During an interview on 1/06/26 at 9:55 AM he then told this surveyor that he fell while being transferred by a Certified Nursing Assistant (CNA) on 01/12/25 and fractured his femur.</p> <p>On 01/08/26 at 9:35 AM this surveyor spoke with the Director of Nursing (DON) about Resident #9 two (2) falls. I asked for the reportable and the five (5) day follow ups for both incidents. She could not provide those because they were not completed. The care plan was not updated for either fall. Record review of the care plan verified that it was not updated.</p> <p>On 01/12/26 at 2:45 PM this surveyor spoke to the DON again about Resident #9 two (2) falls. She told me that the Social worker was terminated on 05/08/25 for not completing the reportable or the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 515194	Facility ID: 515194 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Maplewood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1081 Maplewood Drive Bridgeport, WV 26330	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>five day follow up. The Certified Nursing Assistant (CNA) had a teachable moment on 01/13/25 for her involvement with the fall on 01/12/25.</p> <p>b. Resident #47</p> <p>During an observation on 01/05/26 at 10:25 AM Resident #47 screaming, she hit me. Resident #62 present in Resident 47's doorway.</p> <p>Staff redirected Resident #62 from the area.</p> <p>During an interview on 01/05/26 at 11:00 AM Resident #47 stated that Resident #62 hit her. She continued to say she comes in here all the time and takes things.</p> <p>A record review of grievances, concerns and reportables found no documented issues from Resident #47.</p> <p>Resident #47's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/15/25 noted the resident had a score for Brief Interview for Mental Status (BIMS) of 14. A BIMS score of 14 indicates that the resident is cognitively intact and has capacity.</p> <p>Review of the Social Workers (SW) documentation found Resident #47 stated that she felt fearful during the incident with Resident #62, and does feel uneasy at times with the other resident who does wonder around.</p> <p>During an interview the Director of Nursing (DON) stated that the facility did not report the incident between Resident #47 and Resident #62 because the Social worker interviewed Resident #47 after the allegation, and Resident #47 stated that she felt safe in the facility.</p> <p>During the investigation of a Facility Reported Incident (FRI), the facility failed to complete the five (5) day report to the state agency. On 01/12/26 at 3:24 PM the Director of Nursing (DON) stated that the former Nursing Home Administrator (NHA) had been in charge of reporting FRI's. The DON stated there was no evidence that the five (5) day follow up was completed for Resident #40.</p>		