STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515194	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maplewood Healthcare Center	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident interview, and staff interview, the facility failed to ensure resident grievances were appropriately tracked, resolved, and reviewed by the designated grievance official/administrator. Additionally, the facility failed to ensure grievance documentation was completed, including administrator review and signature. This deficient practice affected Resident #74 and had the potential to affect more than a minimal number of residents residing in the facility. Facility census: 76.Findings include:a) Resident #74Record review completed on 06/11/26 of the facility's Resident Council meeting minutes revealed Resident #74 reported during the February 2026 meeting that a pair of green pajama pants was missing. Review of the facility's grievance log revealed no grievance had been initiated for this concern.Further review of the March 2026 Resident Council meeting minutes revealed Resident #74 again voiced concerns regarding the missing pajama pants. A grievance form dated 03/26/26 documented the resident was missing a pair of [NAME] green pajama pants.Review of the grievance form revealed a resolution date of 03/30/26. Under Specific Actions Taken to Resolve Grievance, the form stated, Laundry, residents' rooms checked - unable to be immediately located. The resident was informed that we will keep looking.Further review of the Resolution of Grievance section revealed the question, Was the grievance resolved? was marked Yes. The resolution description stated, No further complaints.Review of the grievance form revealed the line designated for the grievance official was signed by the Social Worker; however, the administrator signature line was blank. Review of two additional grievance forms revealed the administrator signature line was also not completed.During an interview on 06/11/26 at approximately 12:00 PM, Social Worker #14 stated, There have been a few administrators, and they are currently working out the process for notifying the administrator regarding the resolution of grievances.During an interview on 06/11/26 at approximately 1:00 PM, the Mobile Administrator stated the process at the facility he was at is that he signs some grievances when he reviews them or they are discussed during morning and evening meetings.During a follow-up interview with Resident #74 on 06/11/26 at approximately 1:30 PM, in the presence of Social Worker #14, Resident #74 stated the green pajama pants were still missing. Social Worker #14 confirmed, stating, That's right, we are still looking for those.The grievance form documented the grievance had been resolved despite the resident's concern remaining unresolved and the missing item not being located.During an interview on 06/11/26 at approximately 2:00 PM, the Mobile Administrator and Director of Nursing confirmed the grievance should have been resolved and appropriately completed.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515194	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maplewood Healthcare Center	1081 Maplewood Drive Bridgeport, WV 26330

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, staff interview, resident interview, and record review, the facility failed to ensure residents received the portions specified on the facility's approved production sheets and failed to consistently provide menu items as planned. This deficient practice had the potential to affect all residents receiving meals from the facility's dietary department. Facility census: 76Findings include: During an observation of the lunch tray line on 06/10/26 beginning at approximately 12:30 p.m., [NAME] #94 was observed serving roasted squash. The facility's serving utensil was a four (4) ounce scoop; however, the scoop was not filled to capacity. The scoop was frequently less than half full and at times only approximately half full before being placed on resident trays. This practice continued for approximately 15 minutes while meal trays for multiple dining room carts were prepared and served.During the observation, [NAME] #94 was interviewed regarding the serving portions. [NAME] #94 stated, I'm doing the best I can, but I'm starting to run out and I have more halls left to serve.The surveyor continued to observe the tray line and noted [NAME] #94 continued to serve undersized portions of roasted squash after the concern was identified.A review of the facility's production records on 06/10/26 revealed roasted squash was to be served in a one-half (1/2) cup, four (4) ounce portion. Although the facility utilized the appropriate four-ounce serving scoop, the scoop was not filled to the required serving size.A review of the facility matrix revealed all residents received meals prepared by the dietary department. No residents were identified as nothing by mouth (NPO) or receiving nutrition exclusively through tube feedings.During an interview on 06/11/26 at approximately 10:00 a.m., Resident #66 stated the facility frequently runs out of menu items and residents sometimes receive food that differs from what is listed on the meal ticket. Resident #66 stated, The portions are small. My six-year-old granddaughter could eat four servings of what they serve. The resident further stated that on 06/10/26 the evening meal consisted of a turkey and cheese sandwich, a serving of lettuce, approximately five to seven cucumber slices with diced onions, a cookie, and pudding. Resident #66 stated concerns regarding food portions and meal service have been discussed during Resident Council meetings; however, We're told they will address it, but they don't follow up with our concerns.During an interview on 06/11/26 at approximately 10:30 a.m., Resident #74 stated, There were about three times I have not gotten any meat on my tray. When asked why, the resident stated, They told me they ran out. Resident #74 described meal portions as small, not fulfilling. The resident further stated experiencing weight loss during the past five months and reported that food was often not warm, stating, They said the machine that heats the plates was down. I can't eat cold food.During an interview with Nurse Aide (NA) #6 on 06/10/26 at approximately 1:45 p.m., while waiting for meal trays to arrive, NA #6 confirmed the dietary department occasionally runs out of menu items and substitutes foods not listed on resident meal tickets. During the interview, the Dietary Manager informed staff that residents would receive green beans instead of squash for the meal. When asked if residents were normally informed of menu substitutions, NA #6 stated, No, usually when we get the trays and see it's something different from what's posted or on the tickets, we all know then.