

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395865</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>MAPLEWOOD NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>125 WEST SCHOOLHOUSE LANE PHILADELPHIA, PA 19144</b>		
STATE LICENSE NUMBER: <b>033002</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0689	Based on an Abbreviated Survey in response to one complaint, completed on December 30, 2024, it was determined that Maplewood Nursing and Rehabilitation was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0689		
SS=D				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689  SS=D	Continued from page 1  483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by:	F 0689	Immediate Corrective Action: Employee 2 was re-educated and counseled regarding the policy.  House wide corrective action: Current CNA's will have lift competencies completed.  Education: Licensed nursing staff will be re-educated on the facility's policy regarding use of the mechanical lift.  Performance Monitoring: DON or designee will complete 10 random observations weekly x 4 weeks to ensure staff are using the mechanical lift per facility policy.  The results of the audits will be reviewed during the facilities monthly QAPI meeting. The QA committee will determine the need for continued monthly auditing.	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>01/21/2025</b>

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F 0689  SS=D	Continued from page 2  Based on review a facility policy, review of facility documentation, review of clinical records, and interviews with staff, it was determined that the facility failed to ensure that a resident was safely transfer via mechanical lift for one of four residents reviewed. (Resident R1)  Findings include:  Review of facility policy titled "Mechanical Lift" updated April 2023, revealed that initially the staff must review the resident's care plan to assess for any special needs of the resident and if warranted, assemble the equipment and supplies as needed. Further steps in the procedure to transfer a resident from a bed to a chair must follow guidelines of operation including that one nursing assistant or licensed nurse shall control the lift to prevent tilting, and lift bar from striking resident etc, the second nursing assistant or licensed nurse must be in control of the resident and repositioning. The general guidelines requires two nursing assistants and or two	F 0689		

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F 0689  SS=D	Continued from page 3  licensed staff will be required to perform the procedure .  Review of Resident R1's Minimum Data Set (MDS- federal mandated assessment tool that measures health status of all residents) dated September 27, 2024 revealed that the resident was admitted to the facility on January 3, 2016, with diagnoses of atrophy (muscle mass loss due to neurogenic conditions), dysphasia (difficulty swallowing food or liquid), dementia (loss of memory, language, problem solving, nd other thinking abilities), and malnutrition (a condition that occurs when the body does not get the right amount of nutrients needs to function properly). Continue review of the MDS revealed that Resident 1 was totally dependent for transfers and required a wheelchair.  Review of Resident R1's nursing evaluation dated December 21, 2024 revealed that the resident mobility was assessed as requiring a mechanical lift to transfer the resident from one surface to another by two staff.	F 0689		

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F 0689  SS=D	Continued from page 4  Observation outside Resident R1's room on December 30, 2024 at 11:05 a.m. revealed nurse aide, Employee E2 transferring Resident R1 by mechanical lift from bed to wheelchair. Employee E2 was the only employee in the room transferring the resident.  Interview with Employee E2 at time of the above observation revealed that this employee was aware the the mechanical lift required a two person assists. Employee E2 stated that another employee was assisting but left the room.  Review of facility inservice attendance record for transfers via hooyer lift dated September 2024 revealed that all nursing assistants were educated on the proper usage of a mechanical lift for residents that require transfers via mechanical lift based on facility policy . Transfer competencies were completed for all nurse aides educated on where to find the resident transfer status on residence kardex.	F 0689		

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F 0689  SS=D	<p>Continued from page 5</p> <p>Further review of the facility inservice attendance record for transfers revealed that nurse aide, Employee E2 and Licensed nurse, Employee E3 signed the document that they were educated on the hoier lift.</p> <p>Interview with Employee E3 on December 30, 2024 at 11:12 a.m. revealed that the employee left Employee E2 and Resident R1 to attend to another resident. Employee E3 confirmed that it is not the policy to leave an employee to transfer a resident without assistance.</p> <p>28 Pa. Code 201.20 (a)(6) Staff development</p> <p>28 Pa. Code 211.12 (d)(1)(2)(5) Nursing Services</p>	F 0689		



# Certified End Page

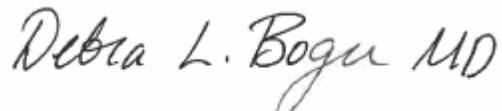
**MAPLEWOOD NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 033002**

**SURVEY EXIT DATE: 12/30/2024**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY