

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/31/2025
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NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931
STATE LICENSE NUMBER: 030202	

(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 SS=D	Based on a complaint survey completed on July 31, 2025, it was determined that Maple Heights Health and Rehab 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.	F 0689		

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	Preparation and submission of this Plan of Correction is required by state and federal law. This Plan of Correction does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding. Resident R2 no longer resides in the facility. To identify residents who have the potential to be affected, a review of resident elopement risk evaluations done in the last quarter will be conducted to ensure those at risk for elopement have appropriate interventions. To prevent recurrence, nursing staff was educated on the elopement policy and licensed nurses were educated on the Against Medical Advice discharge policy at the time of the event by the Director of Nursing/ designee. To monitor and maintain compliance,	Completion Date: 08/16/2025 Status: APPROVED Date: 08/15/2025

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F 0689 SS=D	Continued from page 2	F 0689	the Director of Nursing/ designee will audit 5 residents at risk of exit seeking to ensure interventions are in place weekly x 4 weeks and monthly x 2 months. Results of the audits will be forwarded to the center Quality Assurance Performance Improvement committee for review and recommendations.		

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F 0689 SS=D	Continued from page 3 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the residents' environment remained free of accident hazards for one of ten residents (Resident 2). Findings Include: The facility's policy regarding elopement, dated December 30, 2024, indicated that if staff discover a resident is missing a head count will be completed, and if the resident is unable to be found a code green will be announced. The designee will notify the administrator, director of nursing, and the attending physician. If the resident is not found in a reasonable period of time the local emergency responders will be notified. A social services admission note for Resident 2 dated July 10, 2025, revealed that the resident was admitted from the hospital. He was recently evicted from his home, and they are working with senior life	F 0689		

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F 0689 SS=D	Continued from page 4 to try and find placement for him. The resident would like to return to his fathers home that he inherited. The resident stated that he likes to drink and smoke cigarettes and marijuana, and plans to be at the facility short term for physical and occupational therapy. A social services note for Resident 2 dated July 16, 2025, revealed that the resident was requesting to leave against medical advice (AMA), and that he planned to go to a hotel. Social services indicated that she was able to talk Resident 2 into staying at the facility while she was working with senior life to find placement for him. A late entry nursing note for Resident 2 dated July 28, 2025, at 4:45 p.m. revealed that on July 27, 2025, at around 12:00 p.m. a nurse aide saw the resident when he asked her for a cookie and thanked her for all that they do. At 2:30 p.m. the nurse aide notified the licensed practical nurse that Resident 2's lunch tray was untouched, and that he had not been seen since noon. The Registered	F 0689		

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F 0689 SS=D	Continued from page 5 Nurse was notified. A nursing note for Resident 2 dated July 27, 2025, at 4:31 p.m. revealed that Registered Nurse 1 notified the physician and the residents emergency contact that the resident had eloped from the building. A late entry nursing note for Resident 2, dated July 31, 2025, at 9:11 a.m. revealed that on July 27, 2025 at 2:40 p.m. Registered Nurse (RN) 2 was made aware of the missing resident. The building was searched and RN 2 spoke with reception who stated they saw the resident walk out of the building at 12:30 p.m. The protocol for a missing resident was activated at that time. Interview with Resident 2's emergency contact #3 on July 31, 2025, a 9:35 a.m. revealed that the facility had contacted him on July 27, 2025 to inform him that Resident 2 had eloped and they couldnt find him. "They wanted to know if he was with me."	F 0689		

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F 0689 SS=D	Continued from page 6 Interview with Registered Nurse 1 on July 31, 2025, at 10:28 a.m. revealed that she was not at the facility at the time of the elopement; however, she was on-call and was notified at 2:40 p.m. that the resident had eloped. She called the code green for an eloped resident and made the proper notifications while driving into the facility. The local police were notified and when she arrived at the facility Registered Nurse 2 went with the police to search the surrounding areas for the resident. The resident was found on July 27, 2025 around 4:45 p.m. several miles away and was taken to the hospital for evaluation. Interview with Registered Nurse 2 on July 31, 2025, at 10:38 a.m. revealed that when she was notified that the residents lunch tray was not touched, and that no one had seen the resident for over two hours she began to search the facility. She spoke with reception, and she was informed the resident walked out of the facility at 12:30 p.m. She then notified Registered Nurse 1 and was told to call	F 0689		

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F 0689 SS=D	Continued from page 7 the code green for eloped resident. Interview with Police Officer 4 on July 31, 2025, at 1:20 p.m. revealed that they responded to a missing person report on July 27, 2025, around 2:45 p.m. The resident was found at approximately 4:45 p.m. several miles away from the facility. They were then directed by the Pennsylvania State Police to take the resident was taken to the hospital for evaluation. Interview with Receptionist 5 on July 31, 2025, at 1:10 p.m. revealed that he observed the resident leaving that facility on July 27, 2025, at 12:30 p.m. and believed the resident was an employee based on how he was dressed, and that he did not leave with any belongings. Interview with the Nursing Home Administrator on July 31, 2025, at 11:53 p.m. revealed that the resident left against medical advice and did not elope. 28 Pa. Code 201.14(a) Responsibility of licensee.	F 0689		

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F 0689 SS=D	Continued from page 8 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(5) Nursing services.	F 0689		
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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>There is no evidence that any resident was adversely affected. Current residents have the potential to be affected. The facility will schedule, monitor, and manage the nursing assistant staff ratios to meet the requirements.</p> <p>To prevent recurrence, the Nursing Home Administrator will review the required ratios with the Director of Nursing and other staff responsible for nursing staff scheduling. Daily staffing meetings will be held to review the scheduled staffing ratios and hours per patient day for the upcoming day(s) to ensure the facility plans to meet the requirements.</p> <p>To maintain and monitor compliance, the Nursing Home Administrator/designee will conduct audits of the nursing assistant staffing ratios to determine minimums were met weekly x4 and monthly x2</p> <p>Results of the audits will be forwarded to the center Quality Assurance Performance Improvement committee for review and recommendations</p>	<p>Completion Date: 08/16/2025</p> <p>Status: APPROVED</p> <p>Date: 08/15/2025</p>
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P 5520	Continued from page 1 Based on a review of nursing schedules, staffing information provided by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents on the day shift for eight of 21 days, minimum of one NA per 11 residents for evening shift for four of 21 days, and one NA per 20 resident for nine of 21 days. Findings Include: Review of facility census data indicated that on July 10, 2025, the facility census was 148, which required 13.45 NAs for evening shift. Review of the nursing time schedules revealed 12.90 NA's provided care on the evening shift for July 10, 2025. Review of facility census data indicated that on July 10, 2025, the facility census was 148 which required 9.87 NAs for night shift. Review of the nursing time scheduled revealed 9.63 NAs provided care for night shift for July 10, 2025.	P 5520		

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P 5520	Continued from page 2 Review of facility census data indicated that on July 13, 2025, the facility census was 144, which required 14.40 NAs for daylight. Review of the nursing time schedules revealed that 14.33 NAs provided care for the daylight shift for July 13, 2025. Review of facility census data indicated that on July 14, 2025, the facility census was 142, which required 9.47 NAs for night shift. Review of the nursing time scheduled revealed that 8.43 NAs provided care for the night shift for July 14, 2025. Review of facility census data indicated that on July 16, 2025, the facility census was 140, which required 12.73 NAs for evening shift on July 16, 2025. Review of the nursing time schedules revealed that 12.73 NAs provided care for the evening shift for July 16, 2025. Review of facility census data indicated that on July 16, 2025, the facility census was 140, which	P 5520		

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P 5520	Continued from page 3 required 9.33 NAs to provide care for the night shift. Review of the nursing time schedules revealed that 7.60 NAs provided care for the night shift for July 16, 2025. Review of facility census data indicated that on July 19, 2025, the facility census was 147, which required 9.80 NAs to provide care for night shift. Review of the nursing time schedules revealed that 8.90 NAs provided care for the night shift for July 19, 2025. Review of facility census data indicated that on July 20, 2025, the facility census was 148, which required 13.45 NAs for evening shift. Review of the nursing time schedules revealed that 13.30 NAs provided care for the evening shift on July 20, 2025. Review of the facility census data indicated that on July 23, 2025, the facility census was 157, which required 14.27 NAs to provide care for evening shift. Review of the nursing time schedules revealed that 13.20 NAs provided care of the evening shift of	P 5520		

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P 5520	Continued from page 4 July 23, 2025. Review of facility census data indicated that on July 23, 2025, the facility census was 157, which required 10.47 NAs to provide care for night shift. Review of the nursing time schedules revealed that 9.33 NAs provided care for the night shift for July 23, 2025. Review of facility census data indicated that on July 24, 2025, the facility census was 157, which required 10.47 NAs to provide care for night shift. Review of the nursing time schedules revealed that 9.27 NAs provided care for the night shift for July 24, 2025. Review of facility census data indicated that on July 25, 2025, the facility census was 157, which required 10.47 NAs to provide care for night shift. Review of the nursing time schedules revealed that 10.13 NAs provided care for the night shift for July 25, 2025.	P 5520		

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P 5520	Continued from page 5 Review of facility census data indicated that on July 26, 2025, the facility census was 157, which required 15.70 NAs to provide care for the day shift. Review of the nursing time schedules revealed that 15.60 NAs provided care for the day shift for July 26, 2025. Review of the facility census data indicated that on July 26, 2025, the facility census was 157 for night shift, which required 10.47 NAs to provide care. Review of the nursing time schedules revealed that 10.43 NAs provided care for the night shift for July 26, 2025. Review of facility census data indicated that on July 27, 2025, the facility census was 156 for day shift which required 15.60 NAs to provide care. Review of the nursing time schedules revealed that 13.37 NAs provided care for the day shift for July 27, 2025. Review of the facility census data indicated that the facility census was 156 for night shift for July 27,	P 5520		

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P 5520	Continued from page 6 2025, which required 10.40 NAs to provide care. Review of the nursing time schedules revealed that 9.80 NAs provided care on the night shift on July 27, 2025. Review of facility census data indicated that on July 29, 2025, the facility census was 157 which required 15.70 NAs to provide care on daylight shift. Review of the nursing time schedules revealed that 15.37 NAs provided care for the daylight shift for July 29, 2025. Review of facility census data indicated that on July 30, 2025, the facility census was 157, which required 15.70 NAs to provide care on daylight shift. Review of the nursing time schedules revealed that 13.43 NAs provided care of the daylight shift for July 30, 2025. No additional excess higher-level staff were available to compensate for this deficiency. Interview with the Nursing Home Administrator on	P 5520		

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P 5520	Continued from page 7 July 31, 2025, at 3:45 p.m. confirmed that all staffing hours were provided and that the facility did not meet the required nurse aide-to-resident staffing ratios for the days listed above.	P 5520			
P 5530		P 5530			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/31/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
STATE LICENSE NUMBER: 030202				
(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
P 5530	Continued from page 8 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	There is no evidence that any resident was adversely affected. Current residents have the potential to be affected. The facility will schedule, monitor, and manage the nursing assistant staff ratios to meet the requirements. To prevent recurrence, the Nursing Home Administrator will review the required ratios with the Director of Nursing and other staff responsible for nursing staff scheduling. Daily staffing meetings will be held to review the scheduled staffing ratios and hours per patient day for the upcoming day(s) to ensure the facility plans to meet the requirements. To maintain and monitor compliance, the Nursing Home Administrator/designee will conduct audits of the nursing assistant staffing ratios to determine minimums were met weekly x4 and monthly x2 Results of the audits will be forwarded to the center Quality Assurance Performance Improvement committee for review	Completion Date: 08/16/2025 Status: APPROVED Date: 08/15/2025

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/31/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER STATE LICENSE NUMBER: 030202			STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
(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	
P 5530	Continued from page 9	P 5530	and recommendations		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/31/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
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P 5530	Continued from page 10 Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 4 residents during the night shift for 2 of 21 days (24-hour periods) reviewed. Findings Include: Review of facility census data indicated that on July 23, 2025, the facility census was 157, which required 3.93 Licensed Practical Nurses (LPN) during the night shift. Review of the nursing time schedules revealed 3.67 LPNs worked on the night shift on July 23, 2025. No additional excess higher-level staff were available to compensate for this deficiency. Review of facility census data indicated that on July 29, 2025, the facility census was 157 which required 3.93 LPNs during the night shift. Review of the nursing time schedules revealed that 3.73 LPNs	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/31/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
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P 5530	Continued from page 11 worked on the night shift on July 29, 2025. No additional excess higher-level staff were able to compensate for this deficiency. Interview with the Nursing Home Administrator on July 31, 2025 at 3:45p.m. confirmed that the facility did not meet the required licensed practical nurse-to-resident staffing ratios for the days listed above and that all staffing hours were provided.	P 5530		
P 5630		P 5630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/31/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
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P 5630	Continued from page 12 Nursing services. (1) Effective July 1, 2023, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.87 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5630	There is no evidence that any resident was adversely affected. Current residents have the potential to be affected. The facility will schedule, monitor, and manage the hours per patient day to meet the requirements. To prevent recurrence, the Nursing Home Administrator will review the required ratios with the Director of Nursing and other staff responsible for nursing staff scheduling. Daily staffing meetings will be held to review the scheduled staffing ratios and hours per patient day for the upcoming day(s) to ensure the facility plans to meet the requirements. To maintain and monitor compliance, the Nursing Home Administrator/designee will conduct audits of the hours per patient day to determine minimums were met weekly x4 and monthly x2 Results of the audits will be forwarded to the center Quality Assurance Performance Improvement committee for review and recommendations	Completion Date: 08/16/2025 Status: APPROVED Date: 08/15/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/31/2025
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P 5630	Continued from page 13 Based on review of nursing schedules and staff interview, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for nine of 21 days (24-hour periods) reviewed. Findings include: Nursing time schedules provided by the facility for the days of July 10, 2025 through July 30, 2025, revealed that the facility provided only 3.11 hours of direct care on July 13, 2025, 3.02 hours on July 16, 2025, 3.14 hours on July 18, 2025, 3.16 hours on July 23, 2025, 3.16 hours on July 25, 2025, 3.06 hours on July 26, 2025, 2.84 hours on July 27, 2025, 3.16 hours on July 29, 2025, and 3.08 hours on July 30, 2025. Interview with the Nursing Home Administrator on July 31, 2025 at 3:45 p.m. confirmed that she provided all staffing information that was available, and that the facility did not meet the required daily	P 5630		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/31/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER STATE LICENSE NUMBER: 030202			STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
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P 5630	Continued from page 14 PPD on the days listed above.	P 5630			



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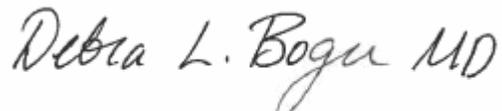
MAPLE HEIGHTS HEALTH & REHAB CENTER

STATE LICENSE NUMBER: 030202

SURVEY EXIT DATE: 07/31/2025

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

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