

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396088	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/26/2024
NAME OF PROVIDER OR SUPPLIER: MAPLE WINDS HEALTHCARE AND REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 4112 SPRING HILL ROAD PORTAGE, PA 15946		
STATE LICENSE NUMBER: 09750201				
(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 Based on a Complaint survey completed on December 26, 2024, it was determined that Maple Winds Healthcare and Rehabilitation, Llc 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 0000		

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 0550 SS=D		F 0550		

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F 0550 SS=D	Continued from page 2 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	1. A blind covering the window to the outside has been installed in Resident 2's room. Resident 2 interviewed with no further verbalized concerns. Window blind covering has been installed in Resident 6's room. 2. Any resident who resides in the facility has the ability to be affected by this alleged deficient practice. A whole house random audit was completed with interviewable residents to verify maintenance of his/her resident dignity. 3. Facility staff, including agency staff, were re-educated on the facility Resident Rights Policy, including the importance of maintaining resident dignity and protecting/promoting the rights of each resident, particularly those rights that pertain to a dignified existence. 4. Director of Nursing/designee will	Completion Date: 02/04/2025 Status: APPROVED Date: 01/15/2025

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F 0550 SS=D	Continued from page 3 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:	F 0550	randomly audit residents to ensure protection/promotion of resident dignity is maintained weekly times four weeks and then monthly times three months and then reviewed by the Quality Assurance Performance Improvement Committee for results, areas of improvement and/or continuation of audits. Results of these audits will be reviewed in Quality Assurance and Performance Improvement times three months or until substantial compliance is noted.	

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F 0550 SS=D	Continued from page 4 Based on review of facility policy, clinical record reviews, observations, and resident and staff interviews, it was determined that the facility failed to maintain resident dignity for two of six residents reviewed (Residents 2, 6). Findings include: The facility's policy regarding Resident Rights, dated May 6, 2024, revealed that the facility would protect and promote the rights of each resident, particularly those rights that pertain to a dignified existence. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated December 3, 2024, revealed that the resident was always understood, always understood others, was cognitively impaired, and required assistance from staff for daily care needs.	F 0550		

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F 0550 SS=D	<p>Continued from page 5</p> <p>Observations of Resident 2 on December 26, 2024, at 8:36 a.m. revealed that the resident had no curtain or blind covering the window to the outside. His bed was on the window side of the room and the window faced the facility's main parking lot.</p> <p>A significant change MDS assessment for Resident 6, dated December 16, 2024, revealed that the resident was always understood, always understood others, was cognitively impaired, and required assistance from staff for her daily care needs.</p> <p>Observations of Resident 6 on December 26, 2024, at 8:43 a.m. revealed that she was in her bed and that her bed was near the window in her room. The window had no blinds or curtains, and the window faced the facility's main parking lot.</p> <p>Interview with Resident 2 on December 26, 2024, at 8:36 a.m. revealed that he has asked for a curtain or blind for his window because he uses the urinal and the bedside commode and dresses himself and he feels exposed to the parking lot. He stated that</p>	F 0550		

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F 0550 SS=D	Continued from page 6 he is not able to pull his privacy curtain around his bed because it is located behind his bed on the window side of the bed and he is not physically able to grab it. He further stated that he does not like his privacy curtain pulled closed at all times because he likes to watch his TV and likes to be able to look outside. Interview with the Director of Housekeeping on December 26, 2024, at 8:53 a.m. revealed that blinds have been ordered for Resident 2's and Resident 6's windows, but they have not arrived yet. She was not sure how long the rooms have been without curtains or blinds. 28 Pa. Code 201.29(j) Resident Rights.	F 0550		
F 0583 SS=D		F 0583		

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F 0583 SS=D	Continued from page 7 483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in	F 0583	1. Window blind covering has been installed in Resident 2's room. Resident 2 interviewed and verbalized he no longer feels exposed to the parking lot and had no further concerns. 2. Any resident who resides in the facility has the ability to be affected by this alleged deficient practice. A whole house audit was completed to ensure each resident's room contained window blind coverings to ensure resident personal privacy. 3. Facility staff, including agency staff, were re-educated on the importance of ensuring residents are provided personal privacy. 4. Nursing Home Administrator/designee will randomly audit resident rooms to ensure presence of window blind coverings for personal privacy weekly times three weeks and then monthly times two months and then	Completion Date: 02/04/2025 Status: APPROVED Date: 01/15/2025

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F 0583 SS=D	Continued from page 8 accordance with State law. This REQUIREMENT is not met as evidenced by:	F 0583	reviewed by the Quality Assurance Performance Improvement Committee for results, areas of improvement and/or continuation of audits. Results of these audits will be reviewed in Quality Assurance and Performance Improvement times three months or until substantial compliance is noted.	

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F 0583 SS=D	Continued from page 9 Based on review of facility policies, observations, and resident and staff interviews, it was determined that the facility failed to ensure personal privacy for one of six resident reviewed (Resident 2). Findings include: The facility's policy regarding Resident Rights, dated May 6, 2024, revealed that the facility would protect and promote the rights of each resident, particularly those rights that pertain to a dignified existence. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated December 3, 2024, revealed that the resident was always understood, always understood others, was cognitively impaired, and required assistance from staff for daily care needs. Observations of Resident 2 on December 26, 2024,	F 0583		

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F 0583 SS=D	Continued from page 10 at 8:36 a.m. revealed that the resident had no curtain or blind covering the window to the outside. His bed was on the window side of the room, and the window faced the facility's main parking lot. Interview with Resident 2 on December 26, 2024 at 8:36 a.m. revealed that he has asked for a curtain or blind for his window because he uses the urinal and the bedside commode and dresses himself, and he feels exposed to the parking lot. He stated that he is not able to pull his privacy curtain around his bed because it is located behind his bed on the window side of the bed, and he is not physically able to grab it. He further stated that he does not like his privacy curtain pulled closed at all times because he likes to watch his TV and likes to be able to look outside. Interview with the Director of Housekeeping on December 26, 2024, at 8:53 a.m. revealed that blinds have been ordered for Resident 2's and Resident 6's windows, but they have not arrived yet. She was not sure how long the rooms have been without curtains or blinds.	F 0583		

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F 0583 SS=D	Continued from page 11 28 Pa. Code 201.29(j) Resident Rights.	F 0583		
F 0610 SS=D		F 0610		

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F 0610 SS=D	Continued from page 12 483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 0610	1. Physical assessment completed by a Registered Nurse on Resident 5. Incident report and investigation of Resident 5's injury of unknown cause on November 19, 2024 that included wrist swelling and pain to her right hand/wrist with movement was completed to rule out abuse. Immediate re-education provided to Licensed Nursing Staff, including licensed agency staff, on facility policy regarding reporting incidents and accidents and completing incident reports/investigations thoroughly with staff interviews to rule out abuse. 2. All residents with injuries of unknown cause have the ability to be affected by this alleged deficient practice. A whole house audit of current incident and accident reports has been completed to ensure each incident report with an injury of	Completion Date: 02/04/2025 Status: APPROVED Date: 01/15/2025

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F 0610 SS=D	Continued from page 13	F 0610	<p>unknown cause has a thorough investigation, including staff interviews, to rule out abuse.</p> <p>3. Facility Staff, including Agency Staff, were re-educated on facility policies regarding abuse prevention and reporting and abuse, neglect and mistreatment of residents including importance of reporting, investigating and obtaining/providing witness statements.</p> <p>The Charge Nurse will be notified of incidents and/or accidents including injuries of unknown origin, so medical attention may be provided and a physical assessment and thorough investigation, including staff interviews, can be completed to rule out abuse.</p> <p>Incident reports are reviewed daily for completion, including review of staff interview statements.</p> <p>4. Director of Nursing/designee will audit injuries of unknown origin to</p>	

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F 0610 SS=D	Continued from page 14	F 0610	<p>ensure that their completed incident reports include a thorough investigation with staff interview statements to rule out abuse weekly times six weeks, monthly times two months and then reviewed by the Quality Assurance Performance Improvement Committee for results, areas of improvement and/or continuation of audits.</p> <p>Results of these audits will be reviewed in Quality Assurance and Performance Improvement times three months or until substantial compliance is noted.</p>	

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F 0610 SS=D	Continued from page 15 Based on review of facility policies, clinical records, and investigation reports, as well as staff interviews, it was determined that the facility failed to ensure that a thorough investigation was completed for an injury of unknown origin, to rule out that abuse and/or neglect were involved for one of five residents reviewed (Resident 5). Findings include: The facility's policy regarding abuse and neglect, dated May 6, 2024, indicated that the Director of Nursing/designee conducts the investigation. Reviews the accident/incident report; obtains written statements of staff assigned to the resident for the shift during which the allegation is noted, and 24 hours prior if indicated; and interviews witnesses, if any, and obtains statements. The facility's policy regarding incident/accident reporting, dated May 6, 2024, indicated that in the case of an incident or injury of unknown etiology, an	F 0610		

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F 0610 SS=D	Continued from page 16 investigative report of injury unknown origin and investigative report of skin tear/bruise of unknown etiology are completed, as needed. All employees assigned to the resident involved in an incident/accident will fill out the employee statement form. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated October 1, 2024, revealed that the resident was understood, could understand others, with a Brief Interview for Mental Status (BIMS -a structured cognitive interview) of 02 indicating that the resident had a severe cognitive impairment, and had a diagnosis which included Alzheimer's disease and Parkinson's disease (a chronic brain disorder that causes movement problems, mental health issues, and other health concerns). A care plan for the resident, dated June 10, 2024, revealed that the resident tends to refuse care/medications. A readmission assessment for Resident 5, dated	F 0610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396088	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/26/2024	
NAME OF PROVIDER OR SUPPLIER: MAPLE WINDS HEALTHCARE AND REHABILITATION, LLC STATE LICENSE NUMBER: 09750201		STREET ADDRESS, CITY, STATE, ZIP CODE: 4112 SPRING HILL ROAD PORTAGE, PA 15946		
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F 0610 SS=D	Continued from page 17 November 13, 2024, revealed that the resident returned to the facility after an admission to the hospital. Her upper extremities had no edema (a medical condition that occurs when fluid builds up in the body's tissues, causing swelling) and scattered bruising was noted to the resident's hands and arms. A skin assessment for Resident 5, dated November 16, 2024, revealed that the resident had multiple small bruises noted to her bilateral hands. No other areas noted. A physician's note for Resident 5, dated November 19, 2024, revealed that the resident was seen due to being readmitted to the facility for problems of confusion, pneumonia, and sepsis (a life-threatening condition that occurs when the body's immune system has an extreme response to an infection or injury). That her mental status is back to her baseline, and her extremities had no edema. A nursing note for Resident 5, dated November 19, 2024, revealed that the resident was noted to have	F 0610		

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F 0610 SS=D	Continued from page 18 an increase in pain to her right wrist, as well as swelling. The resident has multiple bruises to her bilateral hands and arms from a previous hospitalization. The resident was in therapy and complained of the increased pain with movement. Investigation documents for Resident 5, dated November 19, 2024, revealed the writer was called to the therapy department due to the resident complaining of pain to her right hand/wrist with movement. Slight swelling of the wrist area was noted. Fingers were warm and had a positive radial pulse. The resident had light, yellow bilateral bruising of the arms and hands from readmission from the hospital. The resident is unable to verbalize what happened. A witness statement completed by Nurse Aide 3, dated November 19, 2024, revealed that she did not work with Resident 5. A witness statement completed by Nurse Aide 2, dated November 19, 2024, revealed that she did	F 0610		

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F 0610 SS=D	Continued from page 19 not have any contact with Resident 5. There was no documented evidence that the facility's investigation was expanded to include interviews with all staff who had potential contact with Resident 5 in and around the time that the resident complained of pain and swelling to her right wrist on November 19, 2024. Interview with the Director of Nursing on December 26, 2024, at 1:32 p.m. confirmed that she had no documented evidence that the investigation was expanded to include interviews with all staff who had potential contact with Resident 5 in and around the time that the resident complained of pain and swelling to her right wrist on November 19, 2024. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.	F 0610		

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F 0694 SS=E		F 0694		

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F 0694 SS=E	Continued from page 21 483.25(h) Parenteral/IV Fluids § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:	F 0694	<p>1. Resident 2's peripherally inserted central catheter line dressing changed on December 26, 2024.</p> <p>Resident 2 noted to not have any complications from the incident.</p> <p>Resident 2 assessed with no noted/additional concerns as well.</p> <p>2. All residents having peripherally inserted central catheter line dressings have the ability to be affected by this alleged deficient practice.</p> <p>A whole house audit completed for residents with peripherally inserted central catheter line dressings to ensure licensed nurses changed dressing weekly.</p> <p>3. Licensed nursing staff, including agency licensed nursing staff, were re-educated on the facility Peripherally Inserted Central Catheter Line Maintenance and Care Policy, including the importance of changing the dressings weekly and</p>	<p>Completion Date: 02/04/2025</p> <p>Status: APPROVED</p> <p>Date: 01/15/2025</p>

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F 0694 SS=E	Continued from page 22	F 0694	<p>proper documentation of dressing changes on the medication/treatment administration records.</p> <p>4. Registered Nurse Charge Nurse/Designee will audit residents with peripherally inserted central catheter line dressings to ensure proper weekly dressing changes are completed by licensed nurses three times per week times four weeks then monthly until resolved.</p> <p>Findings from audits will be reviewed by the Quality Assurance Performance Improvement Committee for recommendations and/or resolution at its regularly scheduled meetings times three for results, areas of improvement and/or continuation of audits.</p>	

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F 0694 SS=E	Continued from page 23 Based on review of facility policies, clinical record reviews, observations, and resident and staff interviews, it was determined that the facility failed to ensure that peripherally-inserted central catheters (PICC lines) site dressings were changed per physician's orders for one of six residents reviewed (Resident 2). Findings include: The facility's policy regarding PICC line maintenance and care, dated May 6, 2024, indicated that staff are to change the dressing every week. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated December 3, 2024, revealed that the resident was always understood, always understood others, was cognitively impaired, required assistance from staff for daily care needs, and that he was receiving	F 0694		

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F 0694 SS=E	Continued from page 24 intravenous medications (IV). Physician's orders for Resident 2, dated December 18, 2024, included and order for the resident to have the PICC line dressing changed every week. Review of Resident 2's Medication Administration Record (MAR), dated December 2024, revealed that staff had not documented the resident's PICC line dressing change in the month of December. Observations of Resident 2 on December 26, 2024, at 8:34 a.m. revealed that his PICC line dressing was dated December 13, 2024 and that it was not sticking to his arm and that he had cut the cuff off one of his socks and put it around his arm to hold the PICC line dressing in place. Interview with Resident 2 on December 26, 2024, at 8:34 a.m. revealed that he had not had his PICC line dressing changed since December 13, 2024. He stated that he had been asking them to change it because the current one was not sticking and he was	F 0694		

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F 0694 SS=E	Continued from page 25 concerned it would fall off and the PICC line would get pulled out. Interview with Registered Nurse 1 on December 26, 2024, at 8:53 a.m. revealed that his PICC line dressing should have been changed weekly and that she was not sure why there were no dressings available to change it. Interview with the Director of Nursing on December 26, 2024, at 10:34 a.m. revealed that Resident 2's PICC line dressing was on back order from the pharmacy and that she was not sure why it was not obtained from another source. She stated that Resident 2's PICC line dressing should have been changed per the physician's orders. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.	F 0694		



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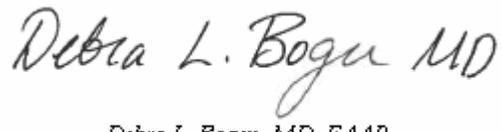
MAPLE WINDS HEALTHCARE AND REHABILITATION, LLC

STATE LICENSE NUMBER: 09750201

SURVEY EXIT DATE: 12/26/2024

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

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