

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 396088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER MAPLE WINDS HEALTHCARE AND REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP 4112 SPRING HILL ROAD PORTAGE, PA 15946	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice by failing to follow physician's orders [REDACTED]. Findings include: A nursing note for Resident 3, dated May 14, 2020, indicated that the resident was admitted to the facility at 12:30 p.m. that day, and physician's orders [REDACTED]. However, the resident's Medication Administration Record [REDACTED]. Interview with Registered Nurse 1 on June 23, 2020, at 9:10 a.m. revealed that as Resident 3 was admitted to the facility at 12:30 p.m. on May 14, 2020, it was possible that the medications were not delivered until after 5:00 p.m. that day. She confirmed that there was no documented evidence that the medications were administered at a later time on that date, nor any documented reason regarding why they were not given. Interview with the Director of Nursing on June 23, 2020, at 9:43 a.m. confirmed that she could find no evidence that the medications were administered to Resident 3 at any time on May 14, 2020, nor any documented reason why they were not given on that date. physician's orders [REDACTED]. Interviews with Registered Nurse 1 and the Director of Nursing on June 23, 2020, at 9:00 a.m. and 12:30 p.m., respectively, confirmed there was no documented evidence that magnesium oxide and the incentive spirometer incentive were administered/provided to the resident as ordered and scheduled. physician's orders [REDACTED]. administered. Interview with the Director of Nursing on June 23, 2020, at 12:30 p.m. confirmed that there was no evidence that [MEDICATION NAME] was administered to Resident 11 at 9:00 a.m. on March 13, 2020, and no documented reason why it was not administered as ordered and scheduled. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.