

Department of Human Services
Bureau of Human Service Licensing

May 14, 2021

[REDACTED], MEMBER
MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC
4112 SPRINGHILL ROAD
PORTAGE, PA 15946

RE: MAPLE WINDS PERSONAL CARE
4112 SPRINGHILL ROAD
PORTAGE, PA, 15946
LICENSE/COC#: 33325

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2020, 08/20/2020, 08/21/2020, 08/24/2020, 08/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: MAPLE WINDS PERSONAL CARE **License #:** 33325 **License Expiration Date:** 02/18/2021
Address: 4112 SPRINGHILL ROAD, PORTAGE, PA 15946
County: CAMBRIA **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC
Address: 4112 SPRINGHILL ROAD, PORTAGE, PA, 15946
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/23/2011 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 19 **Working Staff:** 14

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/25/2020

Inspection Dates and Department Representative

08/19/2020 - Off-Site: [REDACTED]
 08/20/2020 - Off-Site: [REDACTED]
 08/21/2020 - Off Site: [REDACTED]
 08/24/2020 - Off-Site: [REDACTED]
 08/25/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 22 **Residents Served:** 17

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 17
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

08/19/2020 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/26/2021*

5/11/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/11/2021*

5/14/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The 5/14/2020 support plan for Resident #1 documents the need for a one-person assist with ambulation. On 8/5/2020, Resident #1 was self-propelling in [redacted] wheelchair down the hallway from the dining room to [redacted] bedroom at approximately 6:00 pm without staff supervision. Limb entrapment occurred between the wheelchair and the wall which resulted in severe bruising of the left arm. This was documented in hospice notes as a hematoma of the left arm on 8/9/2020. Resident #1 was neglected because of the lack of staff supervision during ambulation which resulted in injury.

Plan of Correction

Accept

R1 is longer a resident of the facility.

All residents have the potential to be affected by this alleged deficient practice. Whole house functional mobility assessments will be completed and residents personal care records will be updated to ensure ambulation status with evel of assistance listed appropriately.

Administrator and/or Designee will ensure clinical care staff review ambulation personal care records routinely to ensure the proper level of assistance is provided to residents.

Education to be provided to clinical care staff, including agency staff, regarding the need to provide assistance with ambulation as required. The need for clinical care staff to document the level of assistance will be provided as well as re-education on facility Abuse and Neglect Policy including following individualized personal care records.

Audits will be completed by the Administrator and/or Designee weekly times four weeks and then monthly times three months, or until substantial compliance.

Findings will be reviewed by the Quality Assurance Performance Improvement Committee for recommendations and/or resolution.

Completion Date: 04/23/2021

Document Submission

Implemented

All steps are completed

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Repeat Violation

The medical evaluation, dated [REDACTED], for Resident #1 did not include the diagnosis of schizophrenia, paranoia and dementia as documented in the medication administration record.

Plan of Correction

Accept

Administrator and/or Designee will ensure that that each resident has a current medical evaluation and the DME has been completed in full. Diagnosis of Dementia, Schizophrenia, and Paranoia will be added. Administrator and/or Designee will audit resident medical evaluations monthly.

Completion Date: 04/23/2021

Document Submission

Implemented

All Steps Completed

227d - Support Plan Medical/Dental

1. Requirements

2600.

- 227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan, dated 5/14/2020, for Resident #1 did not include the diagnosis of schizophrenia, paranoia and dementia as documented in the medication administration record.

Plan of Correction

Accept

Diagnosis of Dementia, Schizophrenia, and Paranoia will be added. Administrator and/or Designee will audit Resident Assessment and Support Plans for all current residents to ensure that all diagnoses and medical needs have been identified and addressed.

Completion Date: 04/23/2021

Document Submission

Implemented

All steps completed