

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER MAPLE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2625 MAPLE AVE. LOS ANGELES, CA 90011	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide evidence that all alleged violations are thoroughly investigated and results of all investigations reported to the State Survey Agency (SSA) within 5 working days of the incident report for one of four sampled residents (Resident 1). This deficient practice had the potential to result in lack of investigation of facility practices to ensure safety and monitoring of residents. Findings: A review of Resident 1's Admission Record indicated resident was originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. changes, and impaired reasoning). A review of Resident 1's Admission Record with original admission date of [DATE] indicated Resident 1's responsible party is his conservator. A review of Post-Fall Review dated 8/17/2020 at 5:03 AM indicated Resident 1 was found sitting on the floor but was unable to stand unassisted. A review of Change of Condition Evaluation dated 8/17/2020 at 5:07 AM indicated Resident 1 had a fall that was associated with pain in the right leg and unable to ambulate (walk; move about). A review of Physician order [REDACTED]. On 9/1/2020 at 9:53 AM, during an interview, the Licensed Vocational Nurse 1 (LVN 1) stated that Resident 1's roommate told a Certified Nurse Assistant (CNA) that Resident 1 fell while in the bathroom. On 9/1/2020 at 10:06 AM, during an interview, Resident 2 stated that on 8/17/2020 he heard Resident 1 get up from bed and use the restroom. Resident 2 stated that he heard Resident 1 fall and Resident 2 pushed the call light. On 9/1/2020 at 10:08 AM, during an interview, the Administrator stated that Resident 1 had an unwitnessed fall and no interview of staff was conducted. Administrator stated that the investigation did not have statements from the CNA and LVN who first went to the resident after the incident. Administrator stated that those interviews are important to the investigation and required to be a complete investigation. Administrator stated that a complete investigative report is required to be sent within five days. Administrator stated that he could not find the five day final complete investigation report, and stated that he is required to provide a five day final report to California department of public health (CDPH). On 9/1/2020 at 10:32 AM, during and interview, the Director of Nursing (DON) stated that a complete investigation must include interview of witnesses, residents, and staff. The DON stated that the complete investigation should have included interviews with LVN 2 and CNA 2, the first staff that went to assist the resident. On 10/9/2020 at 1:40 PM, during an interview, the Administrator stated that the initial notification to CDPH was sent on 8/19/2020 at 5:36 PM per the fax confirmation. He stated that he did not have any proof of the full investigation sent within 5 days. Administrator stated that it was a failure on the facilities end to get the report to CDPH. Administrator stated that the facility did not complete a full investigation of the fall incident until 8/31/20 when the investigation was initiated by CDPH, and at that point the administrator stated that the facility realized that the 5 day post fall report was not sent to CDPH. On 10/13/2020, at 11:45AM, a telephone call was made to the DON requesting for the facility's policy and procedures regarding the time frame for submitting the results of their investigations to the SSA. The DON stated the facility follows the state regulation but was unable to provide a policy indicating the time frame for submitting their investigation to SSA.</p>		
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.