

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345448	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/11/2012
NAME OF PROVIDER OR SUPPLIER  MAPLE GROVE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST MEADOWVIEW ROAD GREENSBORO, NC 27406	
(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 DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  This survey was conducted on February 7th, 8th, and 11th 2012 to meet the requirements to investigate a complaint on the weekend.	F 000	Maple Grove acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Maple Grove's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Maple Grove reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.	
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.  This REQUIREMENT is not met as evidenced by: Based on resident/staff observations, resident/staff interviews, and record reviews the facility failed to be respectful of choices for 1 of 11 sampled residents by not honoring Resident #10's preference to be out of bed before breakfast.  Findings Include:  Resident #10 was admitted to the facility on 03/05/2007. Resident #10's diagnoses included - Dementia, Esophageal Reflux, and Dizziness. The annual Minimum Data Set (MDS) dated 12/13/2011, indicated the resident had severe memory impairment. The MDS indicated the resident had adequate hearing and speech, ability to express ideas and wants to others and the ability to understand others. The MDS revealed the resident required extensive assistance with all activities of daily living (ADLs), requiring at least	F 242	F242  Resident #10's preference for getting out of bed before breakfast has been honored since February 12, 2012. Resident #10 was put on a list for early risers entitled "Early Get Up List" on February 11, 2012. This list is used to communicate to staff the residents who need assistance to get out of bed for breakfast.  To ensure that corrective action is accomplished for those residents having the potential to be affected the following procedures have been implemented: First, the "Early Get Up List" has been reviewed for each hall and residents have been added or deleted depending on their preference for getting out of bed. This list was updated with input from residents and/or their family	2/12/12 2/11/12 3/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Andrea W. Pate*

TITLE

*Administrator*

(X6) DATE

*3/1/12*

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.

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F 242	<p>Continued From page 1</p> <p>one person to assist her with transferring out of bed. The resident ' s mode of locomotion was by wheelchair. The resident's Care Plan revealed she needed assistance to transfer from one place to another due to her poor coordination, balance, and an unsteady gait and that she would receive assistance to transfer. The Care Plan also indicated the resident to be at risk for falls due to her unsteady gait, decreased strength and balance.</p> <p>Resident #10 was observed on 02/11/2012 at 7:53 a.m. in her bed with her night gown on. The resident stated, "I have been waiting over an hour to get assistance to get up and out of bed before breakfast."</p> <p>On 02/11/2012 at 8:05 a.m. resident # 10 was observed asking NA # 6 to get her up and out of the bed as she wanted to get up before she ate breakfast. NA#6 stated, "No, you can't get up right now you have to stay in your bed and eat your breakfast first." As she left Resident #10's room NA # 6 stated, " She isn't my resident, I am on 1:1 with another resident, and I am only giving out breakfast trays." NA # 6 indicated this resident was assigned to another NA. After delivering Resident #10's breakfast tray, NA #6 said, "I have to go to the main dining room to assist feeding in the main dining room."</p> <p>On 02/11/2012 at 9:06 a.m. Resident # 10 was observed to still be in bed. Her breakfast tray had been removed however the resident was still wearing her protective dining bib. The resident stated, "They still haven't gotten me up yet."</p> <p>On 02/11/2012 at 9:10 a.m. an interview was</p>	F 242	<p>members who have stated a preference and input from social workers and other nursing staff. Second, In-services have been conducted with nursing staff and administrative staff concerning honoring resident's preferences and to communicate the revised "Early Get Up List." The in-services were conducted by the Staff Development Nurse, department managers, and the Administrator and were completed by March 1 , 2012.</p> <p>A questionnaire on preferences will be placed in the admission packet for new residents and/or their families to fill out and will be forwarded to nursing and social services staff by the Admissions Coordinator for new admissions starting February 28, 2012. The in-services concerning resident choices and the "Early Get up List" will be added to orientation for new employees as of February 28, 2012. Residents' choices will be discussed during care plan meetings by the social workers and any preferences communicated, including changes, will be discussed at Stand-Up Meeting, Monday – Friday. The Director of Nursing and/or the administrative nurses will be responsible for making changes to the "Get Up List" and communicating them to appropriate nursing staff.</p> <p>Audits will be conducted by the Quality Improvement Nurse and documented on the "Resident Morning Schedule for Breakfast QI Monitoring" tool. Daily audits were conducted for one week starting February 13, 2011 and ending February 19, 2011.</p>	3/1/12	2/28/12 2/28/12 as of 3/1/12 as of 2/27/12 2/13/12- 2/19/12

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F 242	<p>Continued From page 2</p> <p>conducted with the facility's weekend nursing House Supervisor (Staff member #3). Staff member # 3 stated, "We try to honor the resident's request to get up. If it is during meals we try to get the resident to the dining room first. If the resident has an appointment staff will get up those residents up as well. We always leave aids on the halls to assist in feeding and getting the residents up. Nurses on the halls and Med Aids are also expected to help. As the weekend supervisor I also assist in getting the residents up as well."</p> <p>On 02/11/2012 at 9:16 a.m., an observation was made with the weekend nursing House Supervisor of resident # 10. The resident was observed to be still lying in her bed with her dining protector still on. The resident was asked if anyone had come in to assist her in getting up. The resident stated, "No, I want to get up." NA # 7 was observed in the room removing resident #10's room mate's dining protector. He stated, "I was just about to get (Resident # 10) up."</p> <p>On 02/11/2012 at 2:12 p.m. an interview with the Administrator was conducted regarding the expectations of an NA when a resident asks for assistance to get out of bed. The Administrator stated, "I expect the NA to assist the residents to get up when asked if the NA does not have something else they are required to do at that time. If there is a conflict in things needing to be done the NA should let the nurse involved know so that nurse can get the resident up."</p> <p>On 02/11/2012 at 2:15 p.m. an interview with the facility 's DON was conducted regarding the expectations of staff when a NA is asked by a</p>	F 242	<p>Random audits were continued weekly x 4 weeks, starting February 22, 2012. Need for further auditing, beyond the weekly auditing for 4 weeks, will be discussed by the Administrator and the Director of Nursing as needed based on the results of the weekly audits, and reported at the Monthly Quality Improvement Team Meeting in April 2012.</p> <p>Audit results will be discussed at the monthly Quality Improvement Team Meeting to be held on March 1, 2012 and April 2, 2012. Based on the audit results additional audits, training and/or other changes may be put into place as determined by the Quality Improvement Team. This Plan of Correction, audit results, and other interventions if needed will be discussed at the next Quarterly Executive Quality Improvement Meeting in April 2012. The Administrator is responsible for ensuring that action is taken if potential concerns are identified</p>	<p>Starting 2/22/12</p> <p>3/1/2012</p>

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F 242	Continued From page 3 resident to assist them to get out of bed. The DON stated, "I expect the staff to assist the residents to get up when they are asked. If the staff member can't because of other tasks they need to ask for assistance in getting the resident up. In this case (NA # 6) should have told someone the resident wanted to get up but apparently she didn't."	F 242			