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

PRINTED: 08/12/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345448	B. WING			05/16/2013	
ļ	PROVIDER OR SUPPLIER  GROVE HEALTH AND	REHABILITATION CENTER		308	REET ADDRESS, CITY, STATE, ZIP CODE 3 WEST MEADOWVIEW ROAD REENSBORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs  und to be in compliance with	FC	000			
	the Medicare/Medic Regulations 42 CFI	caid Long Term Ċare R Part 483, Subpart B during a ey. EVENT ID#6QZS11.					
LABORATOR	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		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.

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IM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 8QZS21

Facility ID: 923458

If continuation sheet Page 1 of 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/01/2013 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES	1			. 0938-039 TE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XX) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			
		345448	B. WING			06/25/2013	
	PROVIDER OR SUPPLIER GROVE HEALTH AND	REHABILITATION CENTER	S	TREET ADDRESS, CITY, STATE. ZIP CODE 308 WEST MEADOWVIEW ROAD GREENSBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D 8E	COMPLETION DAYE	
K 147 SS≃E		•	+ <del>K 14</del>	documented weekly on a Dryer Preventative Maintenance log.			
	with NFPA 70, Nation of the NFPA 70, Nation o	equipment is in accordance onal Electrical Code, 9.1.2  not met as evidenced by; vations and staff interviews lowing Life Safety item was		The Maintenance Manager will su Dryer Preventative Maintenance le Safety Committee monthly and to Quarterly Quality Improvement Committee, The Executive comm will direct any further actions.	g to the the	7/2013 Safety CHEEN + 7/20 OI Mt	
	observed as noncon include: The general older building did not	ved as noncompliant, specific findings le: The generator annunciator panel in the building did not communicate that the ator was suppling the load when tested.	K14	Covington Diesel inspected the cirgenerator and repairs were made to include a new wire and new panel. The generator chunciator panel in tolder building now communicates generator is supplying the load who tested.	board. he that the	7/9/13	
				There are 2 generators serving May Grove. The diesel one sited above a generator run by natural gas in the building. The generator in the new building is not affected.	and a newer	·	
				The maintenance staff will check the chunciator panel on the generator is older building on a monthly basis with generator is tested. This inspect will be on-going and will be document the same form as the monthly generator test.	the then tion	нает Ng 7/2013	
	-			The Maintenance Manager will sub Generator testing log to the Safety Committee monthly and to the Quai Quality Improvement Committee. Executive committee will direct any further actions.	terly The	1/2013 Safety QI M	

336-230-1585

					PRINTED:	07/22/2013
200103	AIGHT OF HEALTH	AND HUMAN SERVICES			DECE BANGE	APPROVED
DEPART	OCCOD MEDICARE	& MEDICAID SERVICES			10 3 G 1 M 10	SURVEY
CENTER	OF DEFICIENCIES	IAAN DOODINERISUPPUCAVUUA - I	(X2) MU	LTIPLE	E CONSTRUCTION (X3) DATE COM	QURVEY PLETED
NO PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A BUILI	oing (	02-BUILDING 02 1111 JUL 2 4 2013	
	•			_	) Joe   net	25/2013
		345448	B. WING	<u>:</u> -	TOTOLOGOTI	<u>ON I</u>
VALUE OF B	ROVIDER OR SUPPLIER			STR	EET AOORESS, CITY, STATE, ZITE ROETION SECTION SECTIONS	21.1
		MELLA DU DEATION CENTER	•	[ 30	On Ab Well 111 mg An an an annual and an	
MAPLE (	GROVE HEALTH AND	REHABILITATION CENTER		G	REENSBORO, NC 27406	(X6)
	CIRRIARY STA	TEMENT OF DEFICIENCIES	10		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION,
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TAG	REGULATORY OR L	60 IDENTIFYING INFORMATION)	1		DEFICIENCY)	
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K 000	INITIAL COMMEN	IS	, ,			
					!	
	This Life Safety Co	ode (LSC) survey was				
	conducted as per	he Code of Federal Register				
	al 42 CFR 483.70(	a); using the 2000 Existing n of the LSC and its referenced				
:	Health Care section	acility is Type V profected				
	publications, this	g North Carolina Special		1		`
	Collegiacinon dollari	nts, and is equipped with a				
	complete automati	c sprinkler system.			This resident room is no longer being used	7/110
	Complete determine		1	[	for storage of resident belongings and	'   '
	CFR#: 42 GFR 48	3.70 (a)	,	029	other items. Items in this room have been	
K 029		VETY CODE STANDARD	^	020	re-organized, disposed of, or moved to	
SS≃D	1				another storage area.	
<b>~~</b>	One hour fire rated	construction (with 1/2 hour	1		Other vacant resident rooms have been	7/111
	المحمد السند ما	an andiguid sulphidhy my			audited to ensure that resident belongings	7/1/13
	extinguishing syste	in accordance with 8.4.1 min accordance with	•		and other items are not being stored in	1 1
	and/or 19.3.5.4 pro	matic fire extinguishing system		•	these rooms. Rooms recognized as being	1 .
					deficient have been re-organized; nems	
	- the contract by CT	PUKE LEZIZIHA BALARONO ANA	{	ļ	disposed of, or moved to another storage	
	1 handen own i	POIL PROGRAM AND HOUSE AND			area.	
	Lead posited protec	THE DIRECT THAT OUT HOLD CANDON				-1 -1
	48 inches from the	DOLLOW OF the done are			The Environmental Services Director or	Stark
	permitted. 19.3.	2.1			his designee will do weekly audits on	week
•			1		vacant rooms to ensure that they are not	0f7/1
	,				being used for storage. Any rooms found	arra.
			-		with stored personal belongings and other	04 00 (
	Thin OTANINAPH	is not met as evidenced by:			items will be re-organized, disposed of, or	origon
	In also the obe	aniations and Statt Illustriens			moved to another storage area.	
	I cucmnia lho f	Phymiud File Osiera ireni area			The Environmental Services Manager wil	next
	is a secondary	amaniant shediio iliuliise			submit documentation of weekly audits to	inta.
					the Safety Committee monthly and to the	Thillia
	17-4-010-000-00-15	WASSIER HINE TOO SUUSID 1994	1		Quarterly Quality Improvement	1/4/13
	1 12 A AMINONA	a nim a mor doode w e	1		Committee. The Executive committee	/ -
	the door from bein	g accidently left in the opened			will direct any further actions.	
l	position.				Will office and amount	
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AROPATO	BY DIRECTOR'S OR PROV	DERISUPPLIER REPRESENTATIVES SIG	INATUR	· /	1. 79	ろーノネー
~000,000	_	h Darto		(16	Immistrator 7-de	<del></del>

Any deficiency statement ending with an acterisk (?) 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 of 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 following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

336-230-1585

PRINTED: 07/22/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  MAPLE GROVE HEALTH AND REHABILITATION CENTER  MAPLE GROVE HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PACH DEFICIENCY)  K 029 Continued From page 1  CFR#. 42 CFR 483.70 (a)  NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/25/2013 the following Life Safety item was observed as noncompliant, specific findings include. The solarium on the West hall did not have a unitary light on the emergency circuit that could not be switched off. This condition could leave this size of refuge in darkness as there are blinds in the space that were closed at the time of the survey.  STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST MEADOWYIEW ROAD GREENSBORO, NC 27406  STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST MEADOWYIEW ROAD GREENSBORO, NC 27406  GREENSBORO, NC 27406  PROVIDERS PLAN OF CORRECTION GROUD BE CROSS-REFERENCED TO THE APPROPRIATE CARS TO SHOULD BE CROSS-REFE	TATELENT OF DERICISICIES NO PLAN OF CORRECTION  345448  346448	DEPART	WENT OF HEALTH	MIND HOMMA OF CALCALOTE			1		0850-0551
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    SUMME OF PROVIDER OR SUPPLIER   STATE OF DEFICIENCIES (EACH DEPICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	The Electrical wining and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 8252013 the following Life Safety term was observed as noncompliant, specific findings include: The solarium on the west hail was no easy that were closed at the time of the survey.  CFR#: 42 CFR 483.70 (a)  OFR 483.70 (a)  The lighting in the solarium on the West hall was not wired to the emergency circuit. Both ballasts in the lighting were revired so that a light is left on when the switch to off.  The Maintenance Manager and/or his documentation of weekly audit to the marry Quality Improvement Committee. The Executive committee will direct any further actions.	CENTER	S FOR MEDICARE	& MEDICAID SERVICES	COMIL	ITIPI	E CONSTRUCTION	(X3) DATE	SURVEY
NAME OF PROMOBER OR SUPPLIER  MAPLE GROVE HEALTH AND REHABILITATION CENTER  (CA) ID PREFIX TAGS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY AUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  K 029  Continued From page 1  CFR#: 42 CFR 483.70 (a)  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 8/25/2013 the following Life Safety item was observed as noncompliant, specific findings include: The solarium on the West hall did not have a unitary light on the emergency circuit that could not be switched off. This condition could leave this area of refuge in darkness as there are blinds in the space that were closed at the time of the survey.  CFR#: 42 CFR 483.70 (a)  STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST MEADOWNIEW ROAD GREENOED IN CORPORATE  STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST MEADOWNIEW ROAD GREENOED IN CARGON ROAD GREENOED IN CORPORATE  SUBMARY STATEMENT OF DEFICIENCIES (PROMOBERS), IT CORPORATE (PROMOBERS), CITY, STATE, ZIP CODE 308 WEST MEADOWNIEW ROAD GREENOED IN CARGON ROAD GREENOED IN CORPORATE (PROMOBERS) FLAN OF CORRECTIVE ACTION ROULD BE EACH ORDER TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CRO	STREET ADDRESS, CITY, STATE, ZIP CODE 398 WEST MEADOWILEW ROAD GREENSBORD, NO. 27406  SUMMARY STATEMENT OF DEFICIENCIES GROVE HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES GREENSBORD, NO. 27406  GREENSBORD, NO. 27406  SUMMARY STATEMENT OF DEFICIENCIES GREENSBORD, NO. 27406  GREENSBORD, NO. 27406  FROUDER'S ALD OF CORRECTION FROM STATEMENT OF DEFICIENCY  AND FRETX TABLE  FROM DEFINE AND PROPERTY CROSS REFERENCE TO THE APPROPRIATE CROSS REFERENCE			(AA BOAMBEDISHPPHERUCIUS	A, BUILI	DING	02 - BUILDING 02	COM	7
MAPLE GROVE HEALTH AND REHABILITATION CENTER  MAPLE GROVE HEALTH AND REHABILITATION CENTER  C49 ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 029 Continued From page 1  CFR#: 42 CFR 483.70 (a)  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 67.25/2013 the following Life Safety item was observed as noncompliant, specific findings include: The solarium on the West have a unitary light on the emergency circuit that could not be switched off. This condition could leave this area of refuge in darkness as there are blinds in the space that were closed at the time of the survey.  CFR#: 42 CFR 483.70 (a)  WHAPLE GROVE HEALTH AND REHABILITATION CENTER  GREENSBORO, NC 27406  FRAFIX (A07) PROMOST PIAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CANSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  K 029  Continued From page 1  CFR#: 42 CFR 483.70 (a)  K 147  The lighting in the solarium on the West hall was not wired to the emergency circuit. Both ballasts in the lighting were rewired so that a light is left on when the switch is off.  Other common areas were audited. Those areas identified without a unitary light that could not be switched off were repaired.  The Maintenance Manager and/or his designee will do a weekly audit of common areas for 4 weeks; a monthly audit for 3 months and quarterly thereafter to ensure that we remain compliant.  The Maintenance Manager will submit documentation of weekly audits to the Safety Committee monthly and to the Quarterly Quality Improvement Committee. The Executive committee	ARPLE GROVE HEALTH AND REHABILITATION CENTER  MAPLE GROVE HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCIES) (PACH DEFICIENCY)  SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY)  REGULATORY OR USE DENTIFYING INFORMATION)  K 029  Continued From page 1  CFR#: 42 CFR 483.70 (a)  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/25/2013 the following Life Safety item was observed as noncompliant, specific findings include: The solarium on the West hall did not have a unitary light on the emergency circuit that could not be switched off. This condition could leave this area of refuging in darkness as there are bilinds in the space that were closed at the time of the survey.  CFR#: 42 CFR 483.70 (a)  GREENBERORO, NC 27466  PACMORES PLANOF CORRECTION SHOULD BE CARSS-REFERENCED TO THE APPROPRIATE  PACMORES PLANOF CORRECTION SHOULD BE CARSS-REFERENCED TO THE APPROPRIATE  SECOND THE APPROPRIATE  AND THE SPACE OF AB3.70 (a)  K 147  The lighting in the solarium on the West hall did not a weekly active to the care; and the switch is off.  Other coxomon areas were audited. Those areas identified without a unitary light that could not be switched off. This condition could designe will do a weekly audit of common areas for 4 weeks; a monthly audit for 3 months and quarterly thereafter to ensure that we remain areas for 4 weeks; a monthly audit for 3 months and quarterly thereafter to ensure that we remain compliant.  The Maintenance Manager will submit documentation of weekly audits to the Safety Committee monthly and to the Quarterly Quality Improvement Committee. The Executive committee will direct any further actions		•	345448	B. WING			06/2	5/2013
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CAND PROPERLY TAS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 029 Continued From page 1  CFR#: 42 CFR 483.70 (a)  K 147 NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/25/2013 the following Life Safety item was observed as noncompliant, specific findings include: The solarium on the West hall did not have a unitary light on the emergency circuit that could not be switched off. This condition could leave this area of refuge in darkness as there are blinds in the space that were closed at the time of the survey.  CFR#: 42 CFR 483.70 (a)  FROVIDERS PLAN OF CORRECTIVE ACTONS FLAN OF CORRECTION EACHORS.  REGULATORY OR LSC IDENTIFYING INFORMATION)  K 029  K 147  The lighting in the solarium on the West hall was not wired to the emergency circuit. Both ballasts in the lighting were rewired so that a light is left on when the switch is off.  Other common areas were audited. Those areas identified without a unitary light that could not be switched off. This condition could leave this area of refuge in darkness as there are blinds in the space that were closed at the time of the survey.  CFR#: 42 CFR 483.70 (a)  FROVIDERS PLAN OF CORRECTIVE ACTONS CORNECTION.  The lighting in the solarium on the West hall was not wired to the emergency circuit. Both ballasts in the lighting were rewired so that a light is left on when the switch is off.  Other common areas were audited. Those areas identified without a unitary light that could not be switched off were repaired.  The Maintenance Manager will submit documentation of weekly audits to the Safety Committee monthly and to the Quarterly Quality Improvement Committee. The Executive committee	SUMMARY STATEMENT OF DEFICIENCES PART PROPERTY RESULTATOR OR LSC DENTIFY MINE OF PROCESS PART PLAN OF CONNECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OF LSC DENTIFY MINE OF PROCESS PART PROPERTY OF LSC DESTRICTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OF LSC DESTRICTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OF LSC DEFICIENCY OF LS	MAPLE G	ROVE HEALTH AND	REHABILITATION GENTER		G	REENSBORO, NC 27406		~~
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