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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345448	A. BUILDING ______ B. WING ______	05/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE GROVE HEALTH AND REHABILITATION CENTER	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 The facility was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Subpart B during a recertification survey. EVENT ID#6QZS11.	F 000		

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.

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

RECEIVED JUL 10 2013 CONSTRUCTION SECTION

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345448	A. BUILDING 01 - MAIN BUILDING 01 B. WING ____	06/25/2013

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
K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type V protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system. CFR#: 42 CFR 483.70 (a)	K 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.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/25/2013 the following item was observed as noncompliant, specific findings include: The facility had a buildup of dust and lint in the combustion chamber of the gas fired dryers in the laundry. CFR#: 42 CFR 483.70 (a)	~~K 029~~ K029	The dust and lint in the combustion chambers of the gas fired dryers in the laundry were cleaned out by the mainteance staff. The dryers were checked 7 days later and a small build-up of lint was found and removed. There are 4 gas fired dryers in the facility's laundry room. The combustion chambers of all 4 gas fired dryers were examined and dust and lint were removed from all 4 dryers. The 4 dryers will be inspected and any lint and dust found will be cleaned out on a weekly basis as part of the facility's on-going preventive maintenance program. Inspections and cleaning will be	6/25/2013 7/2/2013 6/25/2013 Week of 7/8/13 & thereafter.
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	~~K 147~~		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandra M. Pate
TITLE: Administrator
(X6) DATE: July 9, 2013

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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	345448	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	06/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE GROVE HEALTH AND REHABILITATION CENTER	308 WEST MEADOWVIEW ROAD GREENSBORO, NC 27406

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K 147 SS=E	Continued From page 1 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 generator annunciator panel in the older building did not communicate that the generator was suppling the load when tested. CFR#: 42 CFR 483.70 (a)	~~K 147~~	documented weekly on a Dryer Preventative Maintenance log. The Maintenance Manager will submit the Dryer Preventative Maintenance log to the Safety Committee monthly and to the Quarterly Quality Improvement Committee. The Executive committee will direct any further actions.	7/2013 Safety Cttee Mtg + 7/2013 QI Mtg.
		K147	Covington Diesel inspected the cited generator and repairs were made to include a new wire and new panel board. The generator enunciator panel in the older building now communicates that the generator is supplying the load when tested. There are 2 generators serving Maple Grove. The diesel one sited above and a generator run by natural gas in the newer building. The generator in the newer building is not affected.	7/9/13
			The maintenance staff will check the enunciator panel on the generator in the older building on a monthly basis when the generator is tested. This inspection will be on-going and will be documented on the same form as the monthly generator test.	Starting 7/2013
			The Maintenance Manager will submit the Generator testing log to the Safety Committee monthly and to the Quarterly Quality Improvement Committee. The Executive committee will direct any further actions.	7/2013 Safety + QI Mtg

MB

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RECEIVED
JUL 24 2013
CONSTRUCTION SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345448	A. BUILDING 02 - BUILDING 02 B. WING	06/25/2013

NAME OF PROVIDER OR SUPPLIER: MAPLE GROVE HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 308 WEST MEADOWVIEW ROAD, GREENSBORO, NC 27406

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type V protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system.	K 000		
K 029 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 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 resident room that is currently being used for storage is greater than 100 square feet and is not equipped with a door closure to prevent the door from being accidently left in the opened position.	K 029	This resident room is no longer being used for storage of resident belongings and other items. Items in this room have been re-organized, disposed of, or moved to another storage area. Other vacant resident rooms have been audited to ensure that resident belongings and other items are not being stored in these rooms. Rooms recognized as being deficient have been re-organized; items disposed of, or moved to another storage area. The Environmental Services Director or his designee will do weekly audits on vacant rooms to ensure that they are not being used for storage. Any rooms found with stored personal belongings and other items will be re-organized, disposed of, or moved to another storage area. The Environmental Services 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.	7/1/13 7/1/13 started week of 7/1/13 and ongoing next mtg. 7/24/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandra M Pate
TITLE: Administrator
(X6) DATE: 7-23-13

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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	345448	A. BUILDING 02 - BUILDING 02 B. WING ______	06/25/2013
NAME OF PROVIDER OR SUPPLIER: MAPLE GROVE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 308 WEST MEADOWVIEW ROAD, GREENSBORO, NC 27406	

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K 029	Continued From page 1 CFR#: 42 CFR 483.70 (a)	K 029		
K 147 SS=E	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)	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 will direct any further actions	6/26/13 6/26/13 started week of 7/23/13 next meeting 7/24/13