

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

PRINTED: 09/26/2023
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 09/01/2023
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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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 08/29/23 through 09/01/23. Event ID# F71Q11. The following intakes were investigated NC00206402, NC00205552, NC00205524, NC00205485, NC00204129, NC00203035, NC00202975, NC00202346, NC00202091, NC00202012 and NC00201086.	F 000			
F 607 SS=D	28 of the 28 complaint allegations did not result in deficiency. Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)	F 607			

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

TITLE

(X6) DATE

Electronically Signed

09/18/2023

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 607	<p>Continued From page 1 (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff and resident interviews, the facility failed to implement their policy for immediately notifying the Administrator of an allegation of abuse for 1 of 4 residents reviewed for abuse (Resident #4).</p> <p>Findings included:</p> <p>The facility abuse policy, last revised 10/15/22, read in part, "Any employee who witnesses or suspects that abuse, neglect, exploitation, or misappropriate of property has occurred will immediately report the alleged incident to their supervisor, who will immediately report the incident to the Administrator. The Administrator will ensure for all allegation that involves abuse or results in serious bodily injury, the Division of Health Service Regulation, Health Care Personnel Section, and Adult Protective Services are notified immediately but no later than 2 hours after the allegation is received, and determination of alleged abuse is made."</p> <p>Resident #4 was admitted to the facility on 11/19/21 with diagnoses that included dementia, mild with other behavioral disturbances.</p> <p>The minimum data set dated 5/21/23 showed Resident #4 was moderately cognitively impaired.</p> <p>An interview was conducted with the hospice social worker on 8/31/23 at 2:30pm. She revealed</p>	F 607	Past noncompliance: no plan of correction required.		

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F 607	<p>Continued From page 2</p> <p>that while she was visiting Resident #4 on 6/6/23, Resident #4 reported an allegation of physical abuse but that it was not something that had occurred recently and that she had made Unit Manger #1 aware of the allegation that day.</p> <p>An interview was conducted with Unit Manager #1 on 8/31/23 at 3:37 PM. She revealed that she was notified on 6/6/23 by the hospice social worker that Resident #4 had made an allegation of physical abuse. Resident # 4 was immediately assessed and found no signs of abuse and that she did not tell the previous Administrator as she had thought the hospice social worker had already made her aware.</p> <p>Review of facility's 24-hour Initial Allegation Report to the state agency revealed that the Administrator was made aware of the incident on 6/9/23.</p> <p>An interview was conducted with the previous Administrator on 8/31/23 at 1:59 PM. She stated that she was made aware of the allegation on 6/9/23 and immediately initiated the investigation and the allegation was not substantiated.</p> <p>During an interview with the current Administrator on 8/31/23 12:05pm, she indicated that all staff members need to follow the facility abuse protocols and that the Administrator should be notified immediately when there is an allegation of abuse.</p> <p>The facility provided the following corrective action plan with a completion date of 6/13/23.</p> <p>On 5/30/23, an Inservice was started with all</p>	F 607			

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F 607	<p>Continued From page 3</p> <p>staff by the DON (Director of Nursing) on abuse, resident rights, and customer service emphasizing abuse reporting to the Administrator. On 6/9/23, it was decided by the Administrator to expand the education to hospice services due to a hospice employee's late reporting of an allegation that occurred on 6/6/23.</p> <p>On 6/13/23, quizzes were initiated by the SDC with all employees to ensure a successful understanding of the education on abuse, resident rights, and burnout. Any staff member who did not pass the quiz after 3 attempts was not allowed to work until they were reeducated and successfully passed. The quizzes were completed on 6/13/23. After 6/13/23, all staff that had not worked, taken and passed the quiz, completed it upon their next scheduled shift. The Administrator ensured all areas of concern were addressed.</p> <p>The decision to QAPI late reporting was made by the Administrator on 6/9/23. Starting 6/12/23, The IDT (Interdisciplinary Team) began reading progress notes 5x per week x 4 weeks during the Cardinal Meetings (the clinical meeting), including notes from the weekend, to identify any allegations of abuse. The purpose is to ensure appropriate interventions are in place and allegations are reported in a timely manner. The Administrator and DON are in attendance of the cardinal IDT meetings and will ensure the abuse process is followed and staff reeducated as necessary for all identified areas of concern.</p> <p>The QAPI committee met during the July QAPI and reviewed reportable allegations to determine trends and/or issues that may need further interventions and the need for additional</p>	F 607			

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F 607	Continued From page 4 monitoring. Completion Date: 6/13/23 The Corrective Action Plan was validated on 8/31/23 and concluded the facility had implemented an acceptable corrective action plan on 6/13/23. Interviews with current nursing staff including hospice staff revealed the facility had provided education and training on abuse, notification of supervisor immediately, ensure resident is safe and the Administrator is the Abuse Coordinator. The audits conducted starting on 5/31/23 revealed residents were asked about abuse and if they had been abused. Skin checks were completed for all non-alert and oriented residents on 5/29/23. The audits continued through the validation date. Staff quizzes related to abuse were also reviewed and completed. QAPI committee minutes reviewed, and the reportable allegations were reviewed at that time. On 8/31/23 there was sufficient evidence to support the facility's Corrective Action Plan was implemented and carried out by 6/13/23.	F 607			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or	F 757		9/23/23	

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F 757	<p>Continued From page 5</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and interviews with the consultant pharmacist, Nurse Practitioner, Medical Director, and a representative of the facility's contracted pharmacy, the facility failed to ensure there was an appropriate indication for prescribing an oral antibiotic shown to be ineffective against systemic infections for a resident with a surgical wound infection. This occurred for 1 of 4 residents (Resident #2) reviewed for the provision of care according to professional standards.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 4/27/23 from another skilled nursing facility. His cumulative diagnoses included a history of a myocardial infarction (heart attack) and status post coronary artery bypass graft (a surgical procedure used to treat coronary artery disease).</p> <p>The resident's electronic medical record (EMR) included a Nursing Progress Note dated 4/28/23 which reported Resident #2 was being seen by a wound clinic for treatment of a surgical wound to his sternum (breastbone). A culture of the</p>	F 757	<p>Maple Grove Nursing and Rehabilitation Center 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 quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Maple Grove Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Maple Grove Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F757 Drug Regimen is Free from</p>		

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F 757	<p>Continued From page 6</p> <p>surgical wound was obtained by the facility on 5/3/23 with the laboratory results reported on 5/5/23. The lab culture was positive for methicillin resistant staphylococcus aureus (MRSA).</p> <p>Resident #2 was sent out to the hospital Emergency Department (ED) on 5/9/23 for placement of a peripherally inserted central catheter (PICC) line for antibiotic therapy. A review of the resident's ED Provider Note dated 5/9/23 reported intravenous (IV) vancomycin (an antibiotic) was indicated to treat his MRSA wound infection.</p> <p>Resident #2's physician orders and May 2023 Medication Administration Record (MAR) documented the resident received IV vancomycin as ordered from 5/10/23 to 5/13/23. A Nursing Progress Note dated 5/26/23 at 9:49 PM reported his PICC line was removed on 5/26/23.</p> <p>A review of the resident's weekly Skin/Wound/Treatment Note dated 7/12/23 at 1:30 PM reported the area to Resident #2's chest wound was healed.</p> <p>Resident #2's EMR included a Nurse Practitioner (NP) Progress Note dated 7/26/23. The note indicated Resident #2 was seen for an acute visit due to the reopening of his sternal incision. It read, in part: "...He [Resident #2] reports he was taking a shower when he noticed scab removed from upper sternal incision in area of previous wound and noticed area had drainage. Review of chart revealed wound culture on [5/3/23] with MRSA growth from sternal incisional wound, which had 3 days IV tx [treatment] of vancomycin at that time and now same area has reopened; therefore will extend treatment of abx [antibiotic]</p>	F 757	<p>Unnecessary Drugs</p> <p>1.) Resident #2 is no longer in the facility. (Hazel, print out a copy of the D/C report, to prove he discharged.)</p> <p>2.) Corrective action for all residents having the potential to be affected, the Director of Nursing (DON)/Assistant Director of Nursing (ADON) will complete an audit of all residents on Vancomycin x 30 days from 8/1/23 to 9/1/23 to ensure Vancomycin is administered via the correct route, intravenously (IV) or orally (PO) for the identified infection. The audit will be completed on 9/21/23.</p> <p>3.) In-servicing will be conducted by the Staff Development Coordinator (SDC) for the Medical Director, Nurse Practitioner, DON, ADON, Nursing Supervisors and Licensed nursing staff to include agency and contracted nurses on notification to the DON/ADON when ordering/receiving an order for Vancomycin, to ensure the medication is administered via the correct route intravenously or orally. The DON/ADON will contact Neil Medical Pharmacy as needed for guidance on the correct route. The in-servicing will be completed by 9/22/23. After 9/23/23, any licensed nurses who have not worked or received the in-service will be in-serviced prior to next scheduled work shift. All newly hired nurses, to include agency or contracted nurses will be in-serviced during orientation regarding Vancomycin orders and notification to the DON/ADON.</p> <p>4.) Monitoring will be completed through the Interdisciplinary Team Meeting 5x's weekly x 4 weeks using the Antibiotic</p>		

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F 757	<p>Continued From page 7</p> <p>therapy to be sure infection resolved ..." The Assessment and Plan included #2 (of 3) which noted, "...Recurrent MRSA infection, sternal incision, reopening of skin, ordered vancomycin therapy; will repeat culture if no improvement to r/o [rule out] multiple organisms ..."</p> <p>A physician's order was received on 7/26/23 for 500 milligrams (mg) vancomycin to be given by mouth twice daily for MRSA wound infection for 10 days and new orders were initiated for daily wound treatments to the surgical incision. Resident #2's July 2023 and August 2023 MARs documented the resident received the oral formulation of vancomycin as ordered from 7/26/23 to 8/5/23.</p> <p>According to Lexi-Comp, a comprehensive medication database used by medical professionals, the indications for IV vancomycin therapy include the treatment of skin / soft tissue MRSA infections and surgical site MRSA infections. However, the oral administration of vancomycin was reported as, "Ineffective for treating systemic infections." Vancomycin was documented as being poorly absorbed into the body when it is taken orally. The full prescribing information for oral vancomycin from the National Library of Medicine of the National Institutes of Health (NIH) indicated vancomycin is administered orally only for the treatment of enterocolitis (inflammation that occurs throughout the intestine) caused by Staphylococcus aureus (including methicillin-resistant strains) and for the treatment of antibiotic-associated pseudomembranous colitis (a severe inflammation of the inner lining of the large intestine) caused by C. difficile (a specific type of bacteria). Orally administered vancomycin is not</p>	F 757	<p>Audit Tool. All orders for Vancomycin will be monitored for appropriate administration via IV or PO for the identified infection. The DON/ADON will present the findings of the Antibiotic Audit Tool to the Quality Assurance Performance Improvement (QAPI) committee monthly for 2 months. The QAPI Committee will meet monthly for 2 months and review the Antibiotic Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p> <p>5.) Alleged Date of Compliance is 9/23/23.</p>		

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F 757	<p>Continued From page 8 effective for other types of infection.</p> <p>A telephone interview was conducted on 8/31/23 at 9:50 AM with the Nurse Practitioner who prescribed the oral vancomycin for Resident #2 on 7/26/23. Although the NP no longer worked at the facility, she recalled Resident #2 and explained that she ordered oral vancomycin for this resident because she thought it would be a first-line choice based on his history. The NP stated she thought she had used the oral formulation of vancomycin prophylactically (as a preventative treatment) in the past and only a couple of times before for a localized infection. When asked if she was aware that oral vancomycin was not effective against systemic infections due to its poor absorption, the NP indicated she was not.</p> <p>A review of Resident #2's EMR included weekly Skin/Wound/Treatment Notes dated 8/2/23 and 8/9/23. These notes each revealed the resident's wound was "improving."</p> <p>The resident's most recent Minimum Data Set (MDS) assessment was a quarterly assessment dated 8/12/23. The assessment reported Resident #2 had intact cognition. He was independent with walking, locomotion, and eating. The resident required supervision only for the remainder of his Activities of Daily Living. The MDS reported Resident #2 had a surgical wound.</p> <p>A weekly Skin/Wound/Treatment Notes dated 8/16/23 reported Resident #2's wound continued to be described as "improving."</p> <p>On 8/17/23, the facility's consultant pharmacist authored a "Note to Attending</p>	F 757			

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F 757	<p>Continued From page 9</p> <p>Physician/Prescriber." The note read, in part: "Resident had order on 7/26/23 for oral vancomycin bid [twice daily] x [times] 10 days for the treatment of MRSA Wound infection. Please note that oral Vancomycin is not effective in the treatment of any infection other than c-difficile. An MRSA wound infection would require IV Vancomycin (or oral Zyvox [an antibiotic] as another option). Please evaluate current wound infection to see if re-treatment is necessary."</p> <p>Resident #2 was sent out to the hospital on 8/22/23. A review of his hospital History and Physical notes dated 8/22/23 reported the resident's chronic sternal wound did not appear to be acutely infected at that time.</p> <p>A telephone interview was conducted on 8/31/23 at 11:10 AM with the consultant pharmacist who assumed responsibility for reviewing Resident #2's medications each month. The pharmacist discussed her 8/17/23 "Note to Attending Physician/Prescriber." During the interview, the pharmacist reiterated the information documented in her communication to the provider, stating oral vancomycin would not be an effective treatment against any infections other than C. difficile.</p> <p>An interview was conducted with the facility's Medical Director (who was also a Medical Doctor or MD) on 8/30/23 at 5:00 PM. During the interview, the MD was asked if she had a concern related to the use of oral vancomycin for the treatment of a skin/wound infection when it was known to be ineffective against systemic infections. The MD adamantly stated she did not. The MD reported she much preferred using an oral antibiotic before escalating the treatment to</p>	F 757			

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F 757	<p>Continued From page 10</p> <p>an intravenous antibiotic. During a follow-up interview conducted on 8/30/23 at 5:15 PM, the MD again stated she did not think that an intravenous antibiotic was warranted when the oral vancomycin was prescribed. She reiterated her desire was to always use an oral antibiotic before opting to use an IV antibiotic formulation.</p> <p>A telephone interview was conducted on 8/31/23 at 12:11 PM with a Vice President (VP) of the facility's contracted pharmacy. During the conversation, the VP reported he had been made aware of the concern regarding oral vancomycin having been prescribed as treatment for a wound infection. The VP reported the pharmacy would need to conduct education with the healthcare professionals to increase their awareness of the differing indications for oral vancomycin versus intravenous vancomycin.</p>	F 757			