

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345448</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAPLE GROVE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 WEST MEADOWVIEW ROAD GREENSBORO, NC 27406</b>	
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and physician interview the facility failed to obtain lab orders as requested by physician for 1 of 3 sampled residents (Resident #1). The findings included: Resident #1 was admitted to the facility on 8/28/15 with a diagnoses that included depression, hypertension, and septicemia. The most recent MDS assessment dated 9/4/15 indicated Resident #1 was cognitively intact. Review of Physician progress note dated 9/2/15 indicated Resident #1 was being seen for a chief complaint of, "manage acute renal failure and leukocytosis." The physician documented that acute renal failure was a worsening problem. On 9/1/15 Resident #1's blood urea nitrogen (BUN) was 45, Creatinine 1.58. On 8/28/15 BUN was 37 and Creatinine was 1.32. On 9/1/15 Resident #1's white blood cells 16.7 and on 8/28/15 Resident #1's white blood count (WBC) was 15.5. The assessment and plan stated, "Acute renal failure worsening problem." The physician indicated that unfortunately she was not able to discontinue Lasix given Resident #1's lower extremity edema and would continue vasotec as well. The physician note continued with "recheck</p>	F 309	<p>Maple Grove Health 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 the applicable rules and provisions of quality of care of residents . Maple Grove Health 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 administrative or legal proceedings.</p> <p>F-309 Resident # 1 with laboratory orders requested by physician on 9/2/2015 were not obtained Resident was discharged 9/5/2015 without laboratory request</p>	11/2/15

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

TITLE

(X6) DATE

Electronically Signed

10/23/2015

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 309	<p>Continued From page 1</p> <p>renal function in two days." The assessment further revealed leukocytosis was a worsening problem. It stated, "She is having fever or worsening of her panniculitis or other signs of symptoms of infection. Therefore recheck [labs/renal function] in two days."</p> <p>Review of Resident #1's physician order dated 9/2/15 stated complete blood count (CBC) with differential, blood urea nitrogen (BUN) and creatinine on 9/4/15. The signature on the physician order indicated Nurse #1 had received the order.</p> <p>Review of Resident #1's labs revealed no labs on 9/4/15. Resident #1 was discharged from the facility to the emergency department for evaluation on 9/5/15.</p> <p>Interview with Nurse #1 on 10/8/15 at 12:00pm revealed he had signed the physician order on 9/2/15. Nurse indicated that he observed the order written by the physician to have a lab collection date of 9/9/15 and not 9/4/15. He stated that he thought the 9 looked like a 4 to him. Although the date number looked written over he indicated he did not get clarification from the physician about the date.</p> <p>Interview with the Director of Nursing (DON) on 10/8/15 at 12:14 pm, revealed the noted dated 9/2/15 had a requested lab date of 9/4/15. The DON stated she saw no discrepancy in the date on the physician order. The DON stated the date did look written over but in the instance the nurse was unsure of the date the nurse should have gained clarification from the physician who wrote the note. The DON indicated it was her expectation that the nurse ask for clarification in the instance the date was in question. The lab draw should have been completed as the physician requested.</p> <p>Interview with the physician on 10/8/15 at</p>	F 309	<p>obtained on 9/4/2015 as ordered.</p> <p>On 10/22/2015 an in service was initiated by the director of nursing for all licensed nurses that receive an order from the physician requesting a lab to be obtained. The in service included: physician orders for obtaining labs must be followed. Lab request forms are to be completed by the nurse taking the order off. Completion of the lab request forms are then placed in the appropriate folder located at each nurses station. The phlebotomist and / or nurse will obtain the ordered lab. The in service will be completed by 10/27/2015. All new hired licensed nurses will be in serviced by the director of nursing, assistant director of nursing and/ or staff facilitator.</p> <p>On 10/22/2015 an in service was initiated by the director of nursing with licensed nurses to clarify any and all orders with question. No orders are to be left to anyone's interpretation if unclear. Labs ordered will require a 2nd initial by the ADON's to verify lab orders are received and noted. The in service will be completed on 10/27/2015 All new hired licensed nurses will be in serviced by the director of nursing, assistant director of nursing and/ or staff facilitator.</p> <p>On 10/22/15 an in serviced was initiated by the administrator for licensed nurses that work the night shift ( 11pm-7am or 7pm- 7am) to check all charts to ensure all laboratory orders requested by a physician have been carried out and anything in question will be clarified to</p>		

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F 309	Continued From page 2 12:18pm, revealed that she had written the order on 9/2/15 for labs to be drawn on 9/4/15 due to the residents worsening condition. The physician stated it was her expectation that the facility draw the requested labs on 9/4/15.	F 309	ensure accuracy of laboratory orders. All new hired licensed nurses will be in serviced by the director of nursing, assistant director of nursing and/ or staff facilitator.  All duplicate sheets from orders obtained will be presented by the director of nursing, assistant director of nursing and MDS nurse at the daily meeting 5 X weekly to ensure all orders for laboratory are being. The duplicated sheets will be reconciled with the laboratory print out of laboratory test that have been obtained by the MDS nurse, director of nursing, assistant director of nursing and / or staff facilitator. The audience at the daily meetings consist of administrator, DON, ADONs, staff facilitator, QI nurse, MDS nurses, dietary manager, activity director, maintenance director, medical records director, rehab manager, environmental manager , social workers and bookkeepers. There have been no discrepancies in lab orders being obtained since quality improvement monitoring began on 9/4/2015. The 'Lab Log Tool' initiated on 9/4/2015 to monitor that laboratory requested by a physician are obtained will continue. This log will be completed by the MDS nurse and in her absence the duplicated orders will be obtained by the Director of nursing 5X weekly times 8 weeks, then 3X weekly times 2 weeks, then once weekly X 2 weeks, then monthly X 3 months. The director of nursing will report to the QI Committee 5X weekly X 8 weeks then 3X weekly X 2 weeks then once weekly X 2		

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

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F 309	Continued From page 3	F 309	<p>weeks, then monthly X 3 months.</p> <p>The QI Committee consist of the director of nursing, assistant director of nursing, quality assurance nurse, and staff facilitator. . Any inconsistencies identified will be reported to the Administrator immediately for modification of the quality improvement monitoring process.</p> <p>The Executive Committee will meet quarterly X3 quarters to discuss the quality improvement process and evaluate the effectiveness of requested laboratory orders being obtained. First scheduled quarterly meeting will be 10/27/2015.</p> <p>Recommendations to continue, alter or modify the quality improvement will be discussed at that time:</p> <p>The Executive Committee consist of the Medical Director, Director of Nursing, pharmacy consultant, dietary manager, activity director, medical record director and facility administrator.</p>		