

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 06/19/2016
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 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to: 1) maintain a clean and odor free bathroom for 1 of 3 resident rooms (Room 123); 2) keep doors in good repair on 3 of 3 halls (North, South and, East Hall); 3) keep floor tiles clean and in good repair in 1 of 3 resident bathrooms (Room 123); 4)keep walls in good repair on 3 of 3 halls (North, South and East Hall) and 3 of 3 resident rooms (123, 212, and 225 ' s bathroom wall); 5) keep resident furniture in good repair in 1 of 3 resident rooms (Room 123); and 6) keep floor tiles clean and in good repair on 1 of 3 halls (South Hall). Findings included: 1) During a tour of the facility on 6/19/16, which began at 11:00 AM and ended at 12:30 PM a strong odor resembling urine was noted at the threshold to Room 123. Upon opening the bathroom door, the odor became stronger and more pronounced in the hallway. No soiled linens were observed. The resident appeared to be asleep in the bed, but no odors of incontinence were noted. An interview was conducted with the Housekeeping Supervisor on 6/19/16 at 12:45 PM. He stated resident bathrooms were cleaned daily. If an odor was noticed after cleaning the bathroom was cleaned again. If there were still odors present he communicated with the Maintenance Director to find the source of the</p>	F 253	<p>Maple Grove Health and Rehabilitation 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 is 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. Maple Grove Health and Rehabilitation 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 Health and Rehabilitation 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>F – 253 Room 123 bathroom was cleansed by the housekeeping supervisor upon notification of odor 6/19/2016. No lingering odor once bathroom was cleanse, thus no bathroom tile replacement required. The doors to room 101, 104, 203, 205,</p>	7/7/16	

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

TITLE

(X6) DATE

Electronically Signed

07/07/2016

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 253	Continued From page 1 odor and worked together to fix the problem. He stated, " I don ' t know why the bathroom in Room 123 smells so bad. I don ' t see anything, so we may need to replace the tiles. " 2) During a tour of the facility on 6/19/16, which began at 11:00 AM and ended at 12:30 the doors to Rooms 101, 104, 203, 205, 125, 123, activities, staff lounge, 225, and 231 were observed to be marred, scratched, chipped, or had rough edges. The doors to Room 101, 103 and 104 appeared sanded but were unpainted. The doors to rooms 203, 205, 123, 125, 225, 231, the activities room, and the staff lounge were marred, chipped, and had rough edges. The fires doors on the East Hall appeared marred with black streaks, and the fire door between rooms 113 and 111 had a sharp metal protrusion at the base of the door. 3) During a tour of the facility on 6/19/16, which began at 11:00 AM and ended at 12:30 PM the bathroom floor tiles in Room 123 were observed to have an accumulation of a black substance around the base of the commode. 4) During a tour of the facility on 6/19/16, which began at 11:00 AM and ended at 12:30 PM, the walls on North, South, and East Hall were observed with multiple areas of peeling wallpaper, holes, black streaks, and glue. Room 123 had holes and black horizontal streaks on the wall directly opposite bed A, Room 225 had holes and black streaks on the entrance wall, and Room 212 had peeling wallpaper and marred walls. 5) During a tour of the facility on 6/19/16, which began at 11:00 AM and ended at 12:30 PM, the closet in Room 123B had missing veneer to the upper and lower doors, and exposed, unfinished rough wood. 6) During a tour of the facility on 6/19/16, which began at 11:00 AM and ended at 12:30 PM, a circular hole was observed in the floor tile at the	F 253	125, 123,225,231, the activity room door, staff lounge door were marred, scratch, chipped or had rough edges. The facility ordered FRP board for the door repair to be deliver on 7/11/16. Completion of repair by 7/25/16. The fire door on the East hall that appeared marred with black streaks was painted by the maintenance director on 7/7/16, and the fire door between room 113 and 111 had a sharp metal protrusion at the base of the door was repaired by screw placement on 6/20/16 by the maintenance director. The bathroom tiles in room 123 that had accumulated a black substance around the base of the commode was addressed by the house keeping supervisor with stripping and waxing of the floor that removed the black substance on 6/19/16. The walls on the North, South and East halls that had multiple areas of peeling wall papers with holes, black streaks and glue in rooms 123, 225 and 212. Hillco Construction Company in facility for the repair of peeling wall papers, holes , black streaks and glue. The closet in room 123B with missing veneer to the upper and lower door and exposed unfinished rough edge was painted by the maintenance director 7/7/16 A circular hole in the floor tile at the threshold of 207 and the multiple cracks in the floor tiles that extended the width of the hallway outside of 237 was addressed by soliciting quotes from two companies for tile replacements. Got You Floored Inc. with an acceptable bid for repair of		

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F 253	Continued From page 2 threshold to Room 207 and multiple cracks were observed in the floor tiles, extending the width of the hallway, outside of Room 237. A record review of the maintenance audits revealed room numbers entered into columns marked " walls " , " floors " , and " bathrooms " . The audits contained a signature of the Maintenance Director. An interview was conducted with the facility Administrator on 6/19/16 at 12:40 PM. She stated, " I guess we were concentrating on the rooms that were cited during our recertification survey. I thought he (the Maintenance Director) had a schedule to be able to complete the maintenance of the building. I thought the repairs were made by the allegation of compliance date. I do smell something bad in the bathroom of room 123, but we concentrated on the areas that were cited on the 2567. I believe maintenance has completed what was listed. His audits show other areas he identified as needing repairs, and he is in the process of making those repairs. " An interview was conducted with the Maintenance Director on 6/19/16 at 2:30 PM. He stated, " I am in the process of completing my plan of correction. I fix 4 rooms per week with holes in the walls. With the bathroom floors I ' m trying to do 1 floor per week. I had a lot of rooms to finish in a month. It ' s fair to say I ' m in the process of making the repairs, but haven ' t finished them. Issues are brought to my attention through work orders from the staff. I look through them and triage them based on severity. Fixing holes in the walls would come before scratches. With odors, I work with housekeeping to see if the odor is related to a maintenance issue, like a leaky toilet. "	F 253	circular hole and multiple cracks in the floor tiles by 7/25/2016. Housekeeping supervisor and district manager of Healthcare Services completed an audit to identify rooms with lingering odors. On 6/20/16 Healthcare Services district manager demonstrated the proper techniques of toilet bowel cleaning. Housekeeping staff retrained on 7/1/2016 on using Healthcare Services 7 step comprehensive cleaning method of resident bathrooms to avoid odors. Maintenance Director completed an audit to identify additional marred with black streaks and sharp metal protrusion at the base of the doors. An audit for peeling wall papers, holes, black streaks and glue was completed by the Maintenance Director on 6/23/16. Hillco Construction Company in to repair the peeling wall papers, holes, black streaks and glue identified in audit to be completed by 7/25/16. An Audit of the circular hole and multiple cracks of floor tiles was completed by Maintenance Director on 6/23/16. Bid accepted from the Got You Floored Inc. to repair the circular holes and multiple cracks of the floor tiles identified by the Maintenance Director by 7/25/2016. Healthcare Services housekeeping supervisor and assistant supervisor will inspect all bathrooms by rounding building daily 8:30AM, 11:30AM, and 4:30PM to		

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F 253	Continued From page 3	F 253	<p>ensure bathrooms are odor free and clean. Audit tool will be completed on 3 bathrooms, times 5 housekeepers 5 times weekly X 16 weeks , then 3 times a weeks for 8 weeks . Healthcare Services district manager will visit 2 times a week (one full day and one half day) to review audit tools and bathrooms for accuracy. Healthcare Services regional manager will visit 1 time weekly to review housekeeping supervisor and district manager's audit tools and inspections along with a detailed assessment of the facility.</p> <p>Maintenance Director audits to be done weekly for 16 weeks, then every other week for 4 weeks, then monthly of every room for doors, floors and walls.</p> <p>The Quality Improvement Committee will review weekly X 16 weeks Healthcare Services and Maintenance Director audit tools. The Committee consist of Maintenance director, Director of Nursing, ADON's, QI nurse, medical records supervisor dietary manager, housekeeping supervisor. Any identified infractions will be reported to the Administrator immediately.</p> <p>The Administrator will review this plan with the executive board quarterly X 2 quarters. The executive board consist of medical directors, maintenance director Director of Nursing, ADON's QI nurse, dietary managers, assistant dietary manager, activity director and social worker. The executive committee will discuss recommendations to continue</p>		

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