					M APPROVED
		& MEDICAID SERVICES			D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TE SURVEY MPLETED
		345506	B. WING	03	C 8/08/2014
NAME OF F	PROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	
			, 1	700 SOUTH HOLDEN ROAD	
WHILES	IONE A MASONIC A	ND EASTERN STAR COMMUNITY	r (	GREENSBORO, NC 27407	
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	S	F 000		
	conducted on 1/31/ on 2/4/14, after furti unannounced onsite	omplaint survey was 14 with a follow-up phone call her review of the findings an e extended survey with further complaint was conducted on			
	identified on 3/6/14. removed on 3/8/14. compliance at the E Potential for More t Immediate Jeopard	y began on 1/27/14 and was Immediate jeopardy was The facility remains out of I level (No Actual Harm with han Minimal Harm that is not y), in order to continue he process and monitor			
F 323 SS=J	deleted F 309 J.		F 323		3/14/14
	environment remain as is possible; and	sure that the resident hs as free of accident hazards each resident receives on and assistance devices to			
	by: Based on staff and representative inter document review th resident fall, caused failing to have a aut	NT is not met as evidenced resident interviews, service view, observation and e facility failed to prevent a d by a mechanical failure, by omated mechanical ramp for		These allegations of compliance and plan of correction are in response to deficiencies cited in the survey ending March 8, 2014. Preparation and submission of this plan of correction	
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE
Electron	ically Signed				04/04/2014

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.

DEDADTMENT OF LIEALTH AND LUMANN SEDVICES

		& MEDICAID SERVICES				0938-039	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	COM	E SURVEY IPLETED	
		345506	B. WING			C 08/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI		00/2014	
		ND EASTERN STAR COMMUNITY	(	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE	
F 323	Continued From pa	ae 1	F 33	23			
F 323	a resident transport known incidents of residents (Resident manufacturer ' s sc automated mechan transportation vans fall for 1 of 1 reside Immediate Jeopard identified on 3/6/14 removed on 3/8/14 compliance at the I Potential for More t Immediate Jeopard implementation of t systems. The findings include According to the Op A) "Maintenance is trouble free (brand General preventativ inspecting your (bra along with cleaning should be part of yo "Regular preventativ will increase the se ramp), as well as e	tation van serviced when it had working improperly for 1 of 1 t #1) and failed to follow the hedule for maintenance of the hical ramp for 2 of 2 resident , which resulted in a resident nts (Resident #1). ly began on 1/27/14 and was . Immediate jeopardy was . The facility remains out of D level (No Actual Harm with han Minimal Harm that is not ly), in order to continue he process and monitor	F 32	<ul> <li>does not constitute an ad agreement by Masonic ar Home ("WhiteStone") of t alleged or of the correction conclusions set forth in th deficiencies or in correspondent of the alth and Human Ser Health Service Regulation plan of correction and the documents are prepared, submitted solely to complime the electronic signate WhiteStone's representate WhiteStone received the statement of deficiencies of correction submitted heat this signature does not in acceptance by WhiteStone allegations contained in the deficiencies or the manner alleged deficiencies were</li> <li>F323</li> <li>483.25(h) Accidents. The facility must ensure t (1) The resident environm free from accident hazard</li> </ul>	nd Eastern Star the truth of facts ess of the statement of ondence from or olina Department rvices, Division of n, or CMS. This e attached executed, and y with the d federal law. ure of tive signifies that CMS-2567 and that the plan erein is accurate. ndicate the of the the statement of er in which the cited.		
	(Page 47). "Prever inspections and lub take the place of th Maintenance and L in the (brand name	y 4 weeks or 100 cycles" ntative maintenance visual rication procedures do not e procedures specified in the ubrication Schedule provided of ramp) Service Manual. tion in the Maintenance and		<ul> <li>and</li> <li>(2) Each resident receives supervision and assistant prevent accidents.</li> <li>A. How the deficient pra corrected for those resider</li> </ul>	ce devices to ctice will be		

TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DAT	0938-039	
ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			PLETED	
		245506	B. WING			С	
		345506	B. WING	STREET ADDRESS, CITY, STATE, ZIP		08/2014	
NAME OF 1	PROVIDER OR SUPPLIER			700 SOUTH HOLDEN ROAD	CODE		
WHITES	FONE A MASONIC AI	ND EASTERN STAR COMMUNITY	(	GREENSBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLETION DATE	
F 323	Continued From pa	ae 2	F 32	3			
	<ul> <li><sup>2</sup> 323 Continued From page 2 authorized (name of manufacturer) service representative" (Page 48). "If there is any sign of damage, wear, abnormal condition or improper operation, discontinue (brand name of ramp) use immediately" (page 48).</li> <li>Resident #1 was admitted on 12/10/13 for aftercare following a hip replacement secondary to a hip fracture and was readmitted on 1/13/14. She also was on dialysis three days a week. Review of the Admission Minimum Data Set (MDS) revealed Resident #1 was cognitively intact and used a walker or wheelchair for mobility.</li> <li>Review of the Event Report dated 1/27/14 at 5 PM revealed that Resident #1 had an attended fall while on the mechanical ramp in her wheelchair: "Van Driver/Nursing Assistant #1 (VD/NA #1) was in the process of getting (Resident #1) into a transportation van and the lift on the van started to go up without VD/NA #1 engaging any buttons causing (Resident #1) to fall backwards in her wc (wheelchair) ", "(Resident #1) sustained a bump on her head that did not bleed nor did she loose (sic) consciousness". The incident occurred at the dialysis clinic. Resident #1's condition prior to the incident was documented as alert, oriented and calm and after the incident it was alert, agitated and anxious. The report also indicated that the</li> </ul>		1 52	taken out of commission of 2014 until an authorized so technician could endorse t in proper working condition B. How other residents w	ervice he vehicle was n.		
				<ul> <li>who have the potential to have the potential to have the potential to have this deficient practice;</li> <li>1) The remaining transportation were characterized from the potential of the potential to have the pot</li></ul>	be affected by ortation van and ecked on eStone Plant tive d ramps will		
				<ul> <li>WhiteStone Plant Operation</li> <li>2) The ramp was cleaned per manufacturerNs recomper manufacturerNs recomper manufacturerNs recomper manufacturerNs recomper manufacturerNs recomper manufacturerNs recomperation staff.</li> <li>3) All ramps/lifts were se authorized service provide February 24, 2014 and will every six months per manurecommendations.</li> <li>C. What changes/process initiated to ensure the definition of recur;</li> </ul>	ons staff for d and lubricated nmendations on l be cleaned WhiteStone rviced by the er on or prior to l be serviced ufacturerNs ses will be		
	van was taken out of the incident. A written statement 1/27/14 revealed "C after picking up (Re appointment I proce	signed by VD/NA #1, dated On Mon Jan 27 about 5 pm esident #2) from her doctors eeded on New Garden Rd to (1) from Dialysis. I had		<ol> <li>All home Care transport and any staff with the pote transport residents receive reporting vehicle problems order system on February</li> <li>All maintenance staff on a) immediately taking transport</li> </ol>	ntial to ed training on s via the work 28, 2014. received training		

		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	OMB NO.	<u>0936-039</u> E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				COMPLETED	
		345506	B. WING			08/2014	
IAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
VHITES	TONE A MASONIC AN	ND EASTERN STAR COMMUNIT	Y	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE	
F 323	Continued From pa	ae 3	F 3	23			
	Resident #2 in a wh (Resident #1) could to be seated in the front of the door. Li Gray van. Proceed asking her if she fel my help to sit her in said yes. I proceed sideways positionin up throwing both of ramp was folding up wheelchair and mys ramp, I got twisted in cuts on her, no bloc very upset but she in Telephone Interview 4 PM was consisten statement from VD/ 1/27/14 the van was keys on her wrist w VD/NA#1 said she in remote button at the automatically lower stated that she push wheelchair onto the at the side of the will Resident #1 transfe seat on the van, wh on its own (the van accommodate a wh taken by Resident # the ramp started to resident's wheelchair time, and Resident	neelchair, knowing that I stand up from her wheelchair van seat. I pulled up in the ifted down the ramp of the ed into get (Resident #1) It comfortable standing up with the chair of the van. She led up the ramp reaching over g her to stand, the ramp came us her falling backward, the pward she fell backward in her self twisting and jumped off the myself, there was no open od. She was very shaken and never lost consciousness " . w with VD/NA#1 on 1/31/14 at nt with the above written /NA#1. She stated that on s turned off and she had the hen the incident occurred. had already pushed the e side door of the van to the ramp for use. She also hed the resident in her e middle of the ramp, and was heelchair getting ready to help er from her wheelchair, to a uen the ramp started to fold up only had one spot that could heelchair which was already #2). VD/NA#1 said that when move she reached for the air, but could not reach it in #1 fell backward in her her head. VD/NA#1 also mp was not meant to move		<ul> <li>vehicles out of service and documenting such, b) seel service technicians for me and c) monitoring/maintair service from authorized set technicians only, and d) m appropriate documentation performed on March 3, 20</li> <li>3) Mandatory staff educat training done by the Admir Director of Plant Operation Care transportation aides a with the potential to transploading and unloading resivehicle ramp on February</li> <li>D. How the community prmonitor its performance to aforementioned solutions at The NHA and/or Director of Operations will audit vehic records weekly for four (4 monthly for six (6) months via QAPI. Since March 8, weekly audits have been conducted.</li> <li>Dates when the corrective completed N March 14, 20</li> </ul>	king authorized chanism issues ing routine ervice aintaining n of services 14. tion and histrator and histrator histrato		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM	APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345506	B. WING _				C 08/2014
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE		
WHITES	TONE A MASONIC AN	ND EASTERN STAR COMMUNITY	ſ	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD THE APPROPF	BE	(X5) COMPLETION DATE
F 323	deploy or store the ramp was used for wheelchairs into an residents into and on not a mechanical life During the 1/31/14 VD/NA#1 said she resident so she had incident get help an clinic came out and wheelchair. VD/NA Nurses did an asse Resident #1 up. VE Resident #1 up. VE Resident #1 was ve ground had been se her family member. phone and notified said the Dialysis Nu should go to the Em Resident #1 refused member told her to family member arriv incident and wanted ER. Emergency Me took Resident #1 to Also during the 1/3 <sup>-</sup> PM, VD/NA#1 said and transport Resid their supervisor to r also stated that she came to get Van #1 VD/NA#2 arrived th Van #1 by pushing ramp that was back	ramp. She added that the pushing residents in their d out of the van or for walking put of the van; the ramp was it. telephone interview at 4 PM, knew she should not move the d a man who had seen the d 3 Nurses from the Dialysis got Resident #1 back in her w#1 did not know if these essment before they got D/NA#1 indicated that ery upset and while on the earching for her phone to call . The resident did find her her family member. VD/NA#1 urses told the resident she nergency Room (ER) but d to go until her family get there. VD/NA#1 said the ved about 10 minutes after the d the resident assessed in the edical Services was called and o the ER about 5 minutes later. 1/14 telephone interview at 4 she called VD/NA#2 to come dent #2; VD/NA#2 then called report the incident. VD/NA#1 e called the Maint Dir and he . She added that when hey both got Resident #2 off of her in her wheelchair down the c in its lowered position and np did not move while they	F 32				

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		BERTHIO, CHOR NOWBER.	A. BUILDI	NG_			C
		345506	B. WING			03/0	08/2014
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
WHITES	TONE A MASONIC A	ND EASTERN STAR COMMUNITY	ſ		00 SOUTH HOLDEN ROAD REENSBORO, NC 27407		
(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 SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 323	Review of the Hosp Discharge Record of Resident #1 was dia mid/lower back pair Resident #1 had a 0 which revealed " no and stable atrophy addition the report r injury was " rolled b fell backwards " . F to the hospital and y facility. Review of the elect Notes for 1/27/14 re written that day. A Post Fall Assess 1/28/14 revealed "s resident into the var the ramp began to r equipment". The F as "ramp on van ma resident and staff to A 1/28/14 update to revealed "fall backy transfer to seat, kee transport/transfer". Review of the elect a 1/28/14 note at 11 discomfort from fall Review of the 72 He hand written Medica on 1/28/14 at 5 PM were within normal	vital Emergency Services dated 1/27/14 revealed scharged with a diagnosis of h. While in the hospital CT scan of her head and spine o acute inter-cranial process " of the resident ' s spine. In noted that the nature of the backwards down ramp and w/c Resident #1 was not admitted was discharged back to the ronic and hand written Nursing evealed no Nursing Notes ment/Summary of Fall dated staff member was assisting in at the dialysis center when rise. Malfunction of the Root Cause of Fall was listed alfunctioned causing both o fall from ramp". • the resident ' s care plan vard during load to van, do not ep in w/c during ronic Nursing Notes revealed I:10 AM "no pain no c/o	F 3.	23			

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TATEMENT	OF DEFICIENCIES	KMEDICAID SERVICES     (X1) PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DA	). 0938-039 TE SURVEY MPLETED	
			A. BUILDING				С	
		345506	B. WING				03/08/2014	
NAME OF I	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CC	DE		
WHITES <sup>.</sup>	TONE A MASONIC A	ND EASTERN STAR COMMUNIT	Y		SOUTH HOLDEN ROAD ENSBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 323	Continued From pa	ige 6	F 3	23				
	scheduled Norco (r	narcotic pain medication)". e remainder of the 72 hours						
		ronic Nursing Notes revealed :39 PM "no c/o pain as result						
	further post fall ass	gh 1/31/14 there were no essment notes in either the written medical record.						
	the Service Repres was taken to be se at the shop to be se She stated that the appointment made	PM telephone interview with entative (SR #1) where Van #1 rviced revealed the van arrived erviced on 1/31/14 at 3PM. re had not been an so the ramp of the van could til 2/3/14. SR #1 said that the						
	service was Novem November she told the vehicle in, that recommended that	d been in their shop for ober 2013. She added that in the staff member who brought the manufacturer the ramp should have routine 6 months and that a one time,						
	complimentary, rou been done on the r stated that the rout entailed a checklist not limited to, chec	tine maintenance service had amp at that time. SR #1 ine maintenance service of service items including, but king for abnormal noises,						
	switches and check and remotes. She brought in on 1/31/	all bolts, ramp pivots and king the operation of switches added that when Van #1 was 14 the staff member who the ramp opened up on its own						
	one time and did it said that the facility ramp operating on	with a resident on it. She also staff member stated that the its own had happened before. f the ramp had a weight						

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		E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLI	E CONSTRUCTION		0938-039 E SURVEY
ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:				COM	PLETED
						С	
		345506	B. WING			03/08/2014	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
WHITES <sup>-</sup>	FONE A MASONIC A	AND EASTERN STAR COMMUNITY	Y		00 SOUTH HOLDEN ROAD BREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROINDEFICIENCY)	D BE	(X5) COMPLETIC DATE
F 323	Continued From p	age 7	F 3	23			
. 020		ded the name of the	1.5	25			
		brand name of the ramp.					
		he mechanics in her shop also					
		o people were on the ramp					
		ned and tried to store itself, the					
		burned itself from the weight of f while two people were actually					
		ndicated that the motor was not					
	burned out.						
	Interview with the	Maintenance Director (Maint					
		5:18 PM revealed that he had					
		ervice in November 2013					
		een told there was a problem					
		stated that VD/NA #1 and ined to him that the ramp was					
		and down (deploying) by itself.					
		en he checked the ramp he					
		ing wrong with it but then he					
		park it and when he shut off the					
		or opened on its own and the he Maint Dir stated that he had					
		amp by pushing the remote					
		rated on its own. He also said					
	that he immediate	ly took the van out of service					
		er he took it into the shop					
		vans like Van #1 were serviced. that the shop he took Van #1					
		id they could not find anything					
		np, so they performed a					
		utine maintenance service on					
		is, Van #1 was again used for					
		ation at the facility. The Maint eing told by SR#1 that the					
		ommended that the ramp should					
		tenance every 6 months. He					
	also revealed that	the ramp for Van #1 had been					
	also revealed that serviced in Februa						

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345506	B. WING				C 08/2014
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WHITES	TONE A MASONIC AN	ND EASTERN STAR COMMUNITY	r		00 SOUTH HOLDEN ROAD REENSBORO, NC 27407		
(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES           PREFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL           TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 323	he took it for service he had never taken maintenance of the worked at the facilit else had either. He same type of ramp said that after Nove called twice about t to store itself, when pushed. On one of Van Driver (#1 or #' had already started stowed before he g occasion the ramp there and he had to Dir said that he did the automated mec the post November not stow mechanica informed the Admin November 2013 ind stowing. On 1/31/14 at 6:30 there were no servi provided copy of the the ramp of Van #1 invoice revealed: "o (inoperable), installe kneel accuator comple were no charges fo During an interview at 6:30 PM, she sai	ge 8 e at that time. He stated that Van #1 or Van #2 for routine ramp in the 5 years he y and did not believe anyone noted that Van #2 had the as Van #1. In addition, he ember 2013 he recalled getting he ramp of Van #1 not closing the remote to close it was ecasion he went to assist the 1 not specified) but the ramp operating and was able to be ot there. On the other was still down when he got o stow it manually. The Maint not take Van #1 for service to hanical ramp after either of 2013 incidents when it would ally. He added that he had not istrator of these post idents of the Van #1 ramp not PM the Maint Dir indicated ce invoices for Van #2 but e Invoices for Van #2 but e Invoices for the service to . Review of the 3/11/13 customer states that lift inop ed new control board and opleted ". The 11/21/13 customer states ramp won't go come down at times and door 6. Could not duplicate this". mentary first service". There r the service on 11/21/13.	F 3	23			

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	OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MULTI	PLE CONSTRUCTION		0. 0938-039 TE SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	. ,	G		MPLETED	
						С	
		345506	B. WING			8/08/2014	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
WHITES	TONE A MASONIC A	ND EASTERN STAR COMMUNITY	r	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 323	Continued From pa	ige 9	F 32	3			
	Resident #1 said th the front of the ram #1 said it looked lik her (Resident #1) s someone else (Res one wheelchair spo stated that she did if she felt capable of van. She said that had her hands on t (Resident #2) whee presumed that VD/ to move Resident # room for her (Resid a seat in the rear of for sure as VD/NA# it. Resident #1 said inside the van, and ramp started movin (Resident #1) back head. She added t sustained a bump. VD/NA#1 repeated wheelchair from flip wheelchair in time. VD/NA#1 repeated incident. Resident Dialysis clinic got h and the nurse there Emergency Room wanted to wait for h Resident #1 had ca	er (Resident #1) backwards. hat VD/NA#1 wheeled her onto p but then stopped. Resident e VD/NA#1 was going to have it in a seat in the van because sident #2) was already in the but. When asked, Resident #1 not recall VD/NA#1 asking her of transferring to a seat in the VD/NA#1 entered the van and he arms of the other resident's elchair. Resident #1 said she NA#1 had stepped into the van #2 over so there would be dent #1) to be assisted to sit in f the van, but she did not know #1 did not say anything about d that while VD/NA#1 was not standing on the ramp, the ng on its own and threw her wards with her legs over her hat she hit her head and Resident #1 said that out to try and stop the oping but could not reach the According to Resident #1, Ily said "it's broken" after the #1 stated that staff from the er back into her wheelchair e said she needed to go to the (ER), but she (Resident #1) her family member to arrive. alled her family member and mber arrived Resident #1 went					
	#1 said she sustain of her head and ha	cy Medical Services. Resident led a large bump on the back d a headache from the ed to the facility without being					

Facility ID: 923331

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CENTERS FOR MEDICARE & MEDICAID SERVICES       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         NAME OF PROVIDER OR SUPPLIER       345506       B. WING       03/08/2014         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       03/08/2014         WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY       STREET ADDRESS, CITY, STATE, ZIP CODE       700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       (X5) COMPLETION DATE
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 345506 B. WING 03/08/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (x5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE
345506     B. WING     03/08/2014       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     700 SOUTH HOLDEN ROAD       WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY     STREET ADDRESS, CITY, STATE, ZIP CODE     700 SOUTH HOLDEN ROAD       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION     (X5)       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION     (X5)       PREFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTION SHOULD BE     COMPLETION       TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE     DATE
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY       STREET ADDRESS, CITY, STATE, ZIP CODE         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID         PREFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX         TAG       REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG       CROSS-REFERENCED TO THE APPROPRIATE
WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY     700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID FREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE     (x5) COMPLETION DATE
WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY       GREENSBORO, NC 27407         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID FREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       (X5) COMPLETION DATE
PREFIX TAG(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATECOMPLETION DATE
TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE     DATE
DEFICIENCY)
F 323 Continued From page 10 F 323
Resident #2 was not interviewable and was
therefore not interviewed regarding the incident.
Telephone interview with the Administrator on
2/4/14 at 11:30 AM revealed that she had not been informed of the 2 incidents when the ramp
for Van #1 would not close (stow itself)
mechanically which occurred after the
maintenance service in November. She also
indicated that after finding this out on 1/31/14, she interviewed both VD/NA #1 and VD/NA#2
and that VD/NA#2 had said she recalled at least
one incident when the ramp would not close
mechanically which she had reported to
maintenance (post November 2013) but she was uncertain if she had witnessed and reported a
second incident. The Administrator said
VD/NA#1 denied being aware of any incidents of
the ramp for Van #1 not closing mechanically.
The Administrator was notified on 3/8/14 of the
Immediate Jeopardy that began on 1/27/14.
The facility presented a credible allegation of compliance on 3/8/14 which included:
The van involved (#1) was immediately taken out
of service on 1/27/14. The van was taken for repair and service on
1/31/14; it was not used following this date. Two
wiring problems were repaired and the remote
was disabled, however, this did not fix the
problem. The van is now being traded in towards a new van and continues to be out of service until
sold. A new van is being purchased.
Both transportation aides have been educated by
the Administrator to utilize our work order system for any vehicle problems and not to just call for

If continuation sheet Page 11 of 18

TATEMENT	OF DEFICIENCIES OF CORRECTION	KMEDICAID SERVICES     (X1) PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DA	0. 0938-039 TE SURVEY MPLETED	
		345506	B. WING			C 03/08/2014	
	PROVIDER OR SUPPLIER	ND EASTERN STAR COMMUNIT	r	STREET ADDRESS, CITY, STATE, ZIP COD 700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETIC DATE	
F 323	system and these v week day by the Dir They were also inst Home Care of any b Both transportation given authority to ta They are to pull all written notice and th Operations, or if he Center Administrato All maintenance sta Director of Plant Op involving the mecha lifts on the vehicles authorized service vehicle to remain of completed. They w procedures for takin Additional training of ramp operation, set loading and unload the transportation a identified to potentia on Friday, February and Director of Plant Weekly vehicle insp implemented for bo checking the opera Monthly preventativa and been schedule to clean and lubrica manufacturerNs ins Each vehicle has bo service provider for servicing. This is n	ets the problem into our vork orders are reviewed every rector of Plant Operations. tructed to notify the Director of vehicle problems. aides were also educated and ake a vehicle out of service. keys for the vehicle and give he keys to the Director of Plant is not available, the Health or. aff were educated by the perations that any issues anical ramps or mechanical are to be taken to the provider for repair and the ut of service until repair vere also educated on ng a vehicle out of service. On transportation to include the curing wheelchairs, and ing residents will be done with ides as well as other staff ally assist with transportation v 28, 2014 by the Administrator nt Operations. Dections have been th vehicles which include tion of the mechanical ramps. re maintenance has been done d for all vehicle ramps and lifts ite the equipment per the structions. een serviced by the authorized the recommended six-month ow scheduled in our enance system as a recurring	F 32	3			

Facility ID: 923331

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		AND HUMAN SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345506	B. WING				C
NAME OF F	PROVIDER OR SUPPLIER	0+0000		ST	IREET ADDRESS, CITY, STATE, ZIP CODE	03	/08/2014
					00 SOUTH HOLDEN ROAD		
WHITEST	FONE A MASONIC AN	ND EASTERN STAR COMMUNITY	(		REENSBORO, NC 27407		
(X4) ID		TEMENT OF DEFICIENCIES	ID	Т	PROVIDER'S PLAN OF CORRECT		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		COMPLETION DATE
IAG					DEFICIENCY)		
F 323		•	F 32	23			
		cility's credible allegation was					
		14. Review of the facility					
		as conducted and there were cident on 1/27/14. Additional,					
		observation of staff driver 's					
	license, facility prov	vided cell phone, review of					
	<b>U U</b>	ement with Whitestone for					
		ices, policy on transporting					
		ncy procedures, emergency prtation and reporting vehicle					
		rehicle out of service forms,					
	vehicle maintenanc						
		klist and staff education on					
		sues utilizing work order					
		icle problems. The observation onstrating the proper					
		the van ramp and securing					
	residents in the veh						
		lls (100, 200, 300, 400, 500					
		e facility records were rvations were conducted on					
		changes in conditions. The					
		led interventions associated					
	with falls, skin cond	litions, staff					
		cation process from shift to					
		ntation of observed changes in					
		ance with the facility newly es/tools (05/20/13). The					
		ackground, Assessment and					
	Recommendation/F	Request)/Change in Condition					
		for all residents from					
	5/17/13-5/31/13 wa	s reviewed.					
	Reviews of mainter	nance checklist and invoices					
		verify the implementation of					
		ols and the functional process					
		ting problems with the					
	condition of the van	i between drivers.					

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		AND HUMAN SERVICES		FOF	D: 12/03/2014 MAPPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345506	B. WING		C 3/08/2014
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	
WHITES <sup>-</sup>	TONE A MASONIC AI	ND EASTERN STAR COMMUNITY	<b>Y</b>	00 SOUTH HOLDEN ROAD REENSBORO, NC 27407	
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From pa	ge 13	F 323		
F 456 SS=D	Continued From page 13 Staff interviews were conducted with the Whitestone maintenance staff and drivers to verify the implementation of the newly developed weekly vehicle checklist, utilization of the work order system for vehicle problems, out of service notification forms, policy on transporting clients and emergency procedures. The completion date for all in-services for maintenance and van drivers became effective 3/7/14. The Quality Assurance Audit reports dated 3/6/14 was reviewed along with all the supportive documentation of the Credible Allegation of Compliance, to verify the implementation of the facility's Credible Allegation of Compliance. 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on staff interviews, service representative interview and document review the facility failed to have routine maintenance service, as recommended by the manufacturer, for 2 of 2 automated mechanical ramps (Entervan ramps) in resident transportation vans (Van # 1 and Van #2) and failed to have an automated mechanical ramp (Entervan ramp) for a resident transportation van serviced when it had known incidents of working improperly. The findings included:		F 456	These allegations of compliance and pla of correction are in response to deficiencies cited in the survey ending March 8, 2014. Preparation and submission of this plan of correction does not constitute an admission or agreement by Masonic and Eastern Star Home ("WhiteStone") of the truth of fact alleged or of the correctness of conclusions set forth in the statement of deficiencies or in correspondence from or actions by the North Carolina Department	S

Event ID: ZZ4Y11

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TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MULTIF	PLE CONSTRUCTION	OMB NO. (X3) DAT	E SURVEY
IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
					(	C
		345506			03/	08/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WHITES	TONE A MASONIC A	ND EASTERN STAR COMMUNITY	r	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 456	Continued From pa	ge 14	F 450	6		
	Continued From page 14 According to the BraunAbility Operator 's Manual (30117 Rev A) "Maintenance is necessary to ensure safe and trouble free Entervan operation. General preventative maintenance consisting of inspecting your Entervan systems along with cleaning and lubricating procedures should be part of your routine " (Page 47). "Regular preventative maintenance procedures will increase the service life of the Entervan, as well as enhancing safety " (Page 47). "Clean and lubricate the specified points approximately every 4 weeks or 100 cycles " (Page 47). " Preventative maintenance visual inspections and lubrication procedures do not take the place of the procedures specified in the Maintenance and Lubrication Schedule provided in the Entervan Service Manual. The procedures outlines in the Maintenance and Lubrication Schedule must be performed at the recommended scheduled intervals by an authorized Braun Corporation service representative " (Page 48). " If there is any sign of damage, wear, abnormal condition or improper operation, discontinue Entervan use immediately " (page 48).			of Health and Human Services, Health Service Regulation, or C plan of correction and the attack documents are prepared, execu- submitted solely to comply with requirements of State and feder The electronic signature of WhiteStone's representative sig WhiteStone received the CMS-2 statement of deficiencies and the of correction submitted herein is This signature does not indicate acceptance by WhiteStone of the allegations contained in the state deficiencies or the manner in we alleged deficiencies were cited. F456 483.70(c)(2) Essential equipme operating condition. The facility must maintain all es mechanical, electrical, and patie equipment in safe operating cor	MS. This ned ted, and the al law. nifies that 2567 at the plan accurate. e ement of nich the nt, safe sential ent care	
	the Service Repress was taken to be set at the shop to be set She stated that the appointment made not be looked at un last time Van #1 ha service was Novem November she told the vehicle in, that to recommended that maintenance every	so the ramp of the van could til 2/3/14. SR #1 said that the d been in their shop for ber 2013. She added that in the staff member who brought		<ul> <li>A. How the deficient practice w corrected for those residents ide</li> <li>The vehicle in question was immated taken out of commission on Jan 2014 until an authorized service technician could endorse the verification proper working condition.</li> <li>B. How other residents will be who have the potential to be affect this deficient practice;</li> <li>1) The remaining transportation</li> </ul>	entified; nediately uary 27, hicle was identified ected by	

	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUUTI			0938-039 E SURVEY
IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			PLETED	
						С
		345506	B. WING			08/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
WHITES	TONE A MASONIC A	ND EASTERN STAR COMMUNITY	r	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 456	Continued From pa	age 15	F 45	6		
	stated that the rout entailed a checklist not limited to, chec cleaning, checking switches and check and remotes. SR # her records, the las maintenance prior February 2005. SF #1 was brought in o who dropped it off s own one time and o also said that the fa the ramp operating before. SR#1 was weight capacity but was Braun and that Entervan. She wer in her shop said that not have the power own weight and that	amp at that time. SR #1 ine maintenance service of service items including, but king for abnormal noises, all bolts, ramp pivots and king the operation of switches #1 indicated that according to st time the ramp for Van #1 had to November 2013 was in R #1 also said that when Van on 1/31/14 the staff member said the ramp opened up on its did it with a resident on it. She acility staff member stated that on its own had happened unsure if the ramp had a stated that the manufacturer t the ramp was a Braunability nt on to say that the mechanics at the motor of the ramp did to lift much more than it 's at if two people were on the lift		<ul> <li>ramp in operation were checked February 7, 2014 by WhiteStor Operations staff and all active transportation vehicles and rar continue to be checked weekly WhiteStone Plant Operations a proper operation.</li> <li>2) The ramp was cleaned an per manufacturerNs recomme February 12, 2014 and will be and lubricated monthly by Whi Plant Operation staff.</li> <li>3) All ramps/lifts were service authorized service provider on February 24, 2014 and will be every six months per manufact recommendations.</li> <li>C) What changes/processes initiated to ensure the deficient will not recur;</li> </ul>	ne Plant nps will / by staff for d lubricated ndations on cleaned teStone ed by the or prior to serviced turerNs will be t practice	
	both. SR #1 also s records indicating t #2 had ever been s Interview with the M Dir) on 1/3/14 at 5: taken Van #1 for se	ed itself out trying to lift them aid that she did not have any hat the Entervan ramp for Van serviced. Maintenance Director (Maint 18 PM revealed that he had ervice in November 2013 to before he took it in, he had		<ol> <li>All home Care transportation and any staff with the potential transport residents received transport residents received transporting vehicle problems via order system on February 28,</li> <li>All maintenance staff received on a) immediately taking transport vehicles out of service and pro- documenting such, b) seeking</li> </ol>	to aining on the work 2014. ived training portation ocedures for	
	heard there was a p stated that VD/NA a to him that the ram itself. He added the he couldn ' t find ar he moved the van t the engine the side	problem with the ramp. He #1 and VD/NA #2 complained p was going up and down by at when he checked the ramp hything wrong with it but then to park it and when he shut off door opened on its own and tself. The Maint Dir stated that		service technicians for mechan and c) monitoring/maintaining service from authorized servic technicians only, and d) mainta appropriate documentation of performed on March 3, 2014. 3) Mandatory staff education training done by the Administra	nism issues routine e aining services and	

TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE	0938-039
		A. BUILDING			COMPLETED	
		B. WING _			03/08/2014	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
WHITES	TONE A MASONIC A	ND EASTERN STAR COMMUNITY	r 🛛	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 456	Continued From pa	age 16	F 45	6		
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Director of Plant Operations Care transportation aides at with the potential to transpo- loading and unloading resid vehicle ramp on February 2 1) How the community pro- monitor its performance to r aforementioned solutions at The NHA and/or Director of Operations will audit vehicle records weekly for four (4)v monthly for six (6) months t via QAPI. Since March 8, 2 weekly audits have been co- documented. Dates when the corrective a completed N March 14, 201	nd any staff rt residents on ents utilizing 8, 2014. poses to make sure the re sustained; Plant e service weeks, hen quarterly 014, four mpleted and action will be	
	there were no servi	PM the Maint Dir indicated ice invoices for Van #2 but e Invoices for the service to				

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		AND HUMAN SERVICES			FORM	12/03/2014 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345506	B. WING		03/08/2014	
NAME OF I	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
WHITES	TONE A MASONIC A	ND EASTERN STAR COMMUNITY	1	00 SOUTH HOLDEN ROAD GREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 456	invoice revealed: " (inoperable), install kneel accuator com invoice revealed: " go up at times, wor door won ' t close a this. " " Performed" " There were no c 11/21/13. Telephone interview 2/4/14 at 11:30 AM been informed of th ramp for Van #1 no incident involving a maintenance servic indicated that after she interviewed bot and that VD/NA#21 one incident of the which she had repor November 2013) bu witnessed and repor	nge 17 . Review of the 3/11/13 customer states that lift inop ed new control board and npleted " . The 11/21/13 customer states ramp won 't n't come down at times and at times. Could not duplicate d complementary first service. harges for the service on w with the Administrator on revealed that she had not ne incidents of the Entervan at working properly prior to the resident, and post the ce in November. She also finding this out on 1/31/14, th VD/NA #1 and VD/NA#2 had said she recalled at least ramp not working properly orted to maintenance (post ut she was uncertain if she had orted a second incident. The VD/NA#1 denied being aware the Entervan ramp for Van #1	F 456			

Facility ID: 923331

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