### Statement of Deficiencies and Plan of Correction

**Maple Grove Health and Rehabilitation Center**

308 West Meadowview Road  
Greensboro, NC 27406

**Provider/Supplier/CLIA Identification Number:** 345448

**Date Survey Completed:** 03/09/2022

## Summary Statement of Deficiencies

- **ID**  
  **Prefix**  
  **Tag**  
  **Summary Statement of Deficiencies** (Each deficiency must be preceded by full regulatory or LSC identifying information)

---

**Initial Comments:**

The survey team entered the facility on 3/7/22 to conduct an unannounced on-site follow up survey and complaint investigation. The exit date was 3/9/22. 8 of the 8 complaint allegations were not substantiated. Event ID # R8NG11.

---

**Lab Director’s or Provider/Supplier Representative’s Signature:**

Electronically Signed  
03/10/2022

---

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.