STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345448	A. Building B. Wing	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Grove Health and Rehabilitation Center	308 West Meadowview Road Greensboro, NC 27406

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on medical record review and staff interviews the facility failed to complete a significant change in status assessment for 1 of 1 resident reviewed for significant change (Resident #70). Findings included: Resident #70 was admitted to the facility on [DATE] with diagnoses of dementia. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #70 required supervision with eating, upper body dressing, lower body dressing partial /moderate staff assistance for oral hygiene, toileting hygiene, putting on/taking off footwear, and personal hygiene. Resident #70 was independent in the mobility areas of roll left and right, sit to lying, lying to sit, sit to stand, chair and bed transfer. Resident #70 had no weight loss. Review of the quarterly MDS dated [DATE] revealed Resident #70 was dependent on staff in the following areas of mobility: eating, oral hygiene, toileting, shower/bathing, upper body dressing, lower body dressing, putting on and taking off footwear, and personally hygiene. In the area of Mobility, Resident #70 required substantial/maximal assistance to roll left and right and was dependent on staff for sit to lying, lying to sit, sit to stand, chair/bed to chair transfer, and tub shower transfer. Resident #70 was assessed to have had weight loss and was not on a physician-prescribed weight loss regimen. A review of Resident #70's MDS assessments revealed a Significant Change in Status Assessment had not been completed after the noted decline in activity of daily living in eating, dressing, personal hygiene, chair and bed transfers and weight loss. An interview on 5/17/23 at 1:30 PM the MDS Nurse #1 stated that a Significant Change in Status Assessment should be done whenever there is a change in two or more areas of improvement or decline. MDS Nurse #1 further revealed that a Significant Change in Assessment should have been completed on 1/18/23 assessment and must have been overlooked. An interview on 2/29/24 at 1:18 PM with the Administrator revealed that a Significant Change in Assessment should be completed per MDS guidelines.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on record reviews and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area hearing, speech and vision for 1 of 1 resident reviewed for communication. (Resident #96). The findings included: Resident #96 was admitted to the facility on [DATE] with diagnosis of hearing deficit. A review of Resident #96's electronic medical record (EMR) included Pace of the Triad Primary Comprehensive Assessment progress note dated 11/9/23. This assessment revealed a chronic medical condition of severe hard hearing. The Pace Nurse Practitioner (Pace NP #1) indicated in this note that Resident #96's was severely hard of hearing, and the hearing loss was chronic and ongoing. Resident #96's most recent Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had moderately impaired cognition and coded the resident as not having a hearing deficit. Resident #96's care plan revised on 12/14/23 by MDS Nurse #1 revealed a focus area for inability to express emotion, listen and share information; auditory alteration/deficit characterized by decreased lack of hearing related to hearing deficit, uses hearing amplifier. The interventions included use of pocket talker to hear. An interview was conducted with MDS nurse #1 on 02/28/24 11:08 AM. She revealed that she completed this assessment, and she thought Resident #96 could hear adequately. She further indicated that she did not realize he had been previously assessed to have hearing impairment at the time of the assessment nor was she aware of having access to hearing amplifier/pocket talker. MDS Nurse #1 then confirmed that she was the MDS Nurse that revised the hearing care plan on 12/14/23 which indicated that Resident #96 had a hearing deficit and the intervention of the use of a hearing amplifier. The MDS Nurse #1 then indicated that she might have coded this section incorrectly. An interview on 2/29/24 at 1:19 PM with the Administrator revealed that Resident #96's hearing should be assessed per MDS guidelines.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41579 Based on observations, record review, and interviews with resident and staff, the facility failed to provide nail care to a resident who needed extensive assistance from staff for Activities of Daily Living (ADL). This deficient practice affected 1 of 7 residents (Resident # 90) reviewed for ADLs. Findings included: Resident #90 was admitted to the facility on [DATE] with diagnoses of hemiplegia (paralysis of one side of the body). Review of the annual Minimum Data Set (MDS), dated [DATE], revealed Resident #90 was cognitively intact and required extensive assistance with personal hygiene. Review of Resident #90's care plan revised 01/25/24 revealed a need for Activities of Daily Living (ADL)/Personal Care with the following intervention including the resident required assistance for personal hygiene, and grooming. During observation and interview on 02/26/24 at 12:03 pm, Resident #90 was observed lying in bed with fingernails on both hands that were about 1/2 inch long. Resident #90 stated he wanted his nails clipped and would ask the staff. An observation was conducted on 02/27/24 at 12:41 pm of Resident #90 lying in bed and his nails remained long. Resident #90 stated he did not ask to have his nails clipped and would ask his nurse today. On 02/28/24 at 10:25 am an observation was made of Resident #90 and his nails remained long on both hands. Resident #90 stated he had asked the Nurse to clip his nails on 02/27/24, however he did not remember what nurse he had asked. An interview was conducted on 02/28/24 at 10:59 am with the MDS Nurse and she indicated residents' nails were usually clipped when the Nursing Assistant (NA) provided ADL care, unless they had diabetes. The MDS Nurse was in the room and verified with Resident #90 he asked to have his fingernails clipped on 02/27/24 by the nurse, and the nurse he asked said okay, but never clipped them. A review of Resident #90's Activities of Daily Living documentation from December 2023 to present revealed no documentation that showers had been provided and no refusals noted. Attempt to contact NAs who were assigned to work with Resident #90 on 02/26/24 and 02/27/24 was unsuccessful. An interview was conducted 02/29/24 at 11:16 am with the Nurse (Nurse #2) who was assigned to Resident #90 on 02/26/24 and 02/27/24 and she indicated the Resident did not request to have his nails clipped. She indicated staff had not informed her Resident needed his nails clipped. Nurse #2 stated she did not notice Resident #90 needed his nails clipped or she would have clipped them. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with the Administrator and Director of Nursing (DON) on 02/29/24 at 3:08 pm. The DON indicated Resident #90's fingernails were clipped on 02/28/24 and his nails should be clipped if he requested them to be clipped.

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F 0685 Level of Harm - Actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725 Based on observation, record review and interviews with the resident and staff, the facility failed to provide a cognitively dependent resident with access to a hearing amplifier to accommodate a hearing deficit. This deficient practice occurred for 1 of 1 resident reviewed for accommodation of needs (Resident #96). The reasonable person concept was applied for Resident #96 due to his inability to hear what was happening around him. A reasonable person would feel social isolation, loneliness, and frustration. Findings included: Resident #96 was admitted to the facility on [DATE] with the diagnosis of Alzheimer's disease. A review of the most recent comprehensive Minimum Data Set (MDS) dated [DATE] revealed Resident #96 had moderately impaired cognition and moderately impaired hearing with the use of a hearing device. Resident #96's care plan revised on 12/14/23 revealed a focus area for inability to express emotion, listen and share information; auditory alteration/deficit characterized by decreased lack of hearing related to hearing deficit, uses hearing amplifier. The interventions included use of pocket talker to hear. On 2/26/24 at 9:49 AM an observation and interview were conducted with Resident #96. He was observed sitting on the side of the bed in a quiet room. Resident #96 indicated that he had a hard time hearing and could not recall when he last had access to a hearing amplifier but thought he had one at one time. A review of the Pace of the Triad Primary Comprehensive Assessment progress note dated 11/9/23 revealed a chronic medical condition of severe hard of hearing. The Pace Nurse Practitioner (Pace NP #1) indicated in this note that Resident #96's was severely hard of hearing, and the hearing loss was chronic and ongoing. Pace NP #1 revealed that Resident #96 was examined using a pocket talker which was effective and without the pocket talker, hearing loss did appear to significantly affect Resident #96's ability to communicate and/or perform Activities of Daily Living (ADL's). Pace NP #1 further revealed that in previous notes hearing aides were not tolerated however hearing loss was adequately addressed using the pocket talker which Resident #96 tolerated well and was at his bedside for as needed use. A review of psychiatric note dated 1/26/24 indicated that during Resident #96's treatment visit he was observed to be hard of hearing and repeatedly said I don't know, and I can't hear you. On 2/28/24 at 9:07 AM an interview was conducted with the Activity Director. She indicated that Resident #96 was hard of hearing and that she must raise her voice for him to hear her. She further revealed that she was not aware of any available hearing devices and had not used or offered any hearing devices such as a hearing amplifier during activities. (continued on next page)

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F 0685 Level of Harm - Actual harm Residents Affected - Few	On 2/28/24 at 9:19 AM an interview was conducted with Nursing Assistant (NA) #1, and she indicated that she was familiar with Resident #96 and that he had a hard time hearing but was able to hear if she raised her voice. She further indicated that she was not aware if he had hearing aids or a hearing amplifier available. On 2/28/24 at 9:27 AM an interview was conducted with Resident 96's assigned medication aide (Medication Aide #1) and she indicated that Resident #96 was hard of hearing and that she had to raise her voice for him to hear but he was able to hear. She further revealed that she could not recall if Resident #96 had hearing aids or hearing amplifier available. On 2/28/24 at 9:39 AM an interview was conducted with Social Worker #1, and she revealed that Resident #96 was hard of hearing, and she had to raise her voice for him to hear her and she did not use any hearing devices when speaking with him. A follow up interview was conducted on 2/28/24 at 10:06 am and she indicated that she went to Resident #96's room and located a hearing amplifier in his room inside the drawer of his bedside table. On 2/28/24 at 3:27 PM a follow up visit was made to Resident #96 with Unit Manager #1 present. Unit Manger #1 was able to locate the hearing amplifier in the bedside table drawer and asked Resident #96 while using a raised voice if he would allow the use of the hearing amplifier so she could talk with him. Resident #96 responded by nodding head yes and reached hand out to hold the base of the amplifier. Unit Manager #1 then offered the headset to Resident #96, and he leaned his head toward Unit manager #1 to accept the hearing device but Unit Manager #1 realized that the left earpiece of the amplifier was dangling loose. Unit Manager #1 attempted to reattach it, but attempts were not successful. Unit Manager #1 explained to Resident #96 that the amplifier was broken, and she would have to get him a new one and he agreed by nodding his head yes. A follow up interview was conducted with Resident #96 on 2/29/24 at 1:56 PM and he indicated that he would like for staff to use the hearing amplifier so that I can hear better. On 2/29/24 an interview was attempted with the Pace of the Triad Medical Director as DNP #1 was not available. Attempts to interview the Pace of the Triad Medical Director were not successful. An interview was conducted with the Administrator on 2/29/24 at 1:19 PM. She indicated that the hearing amplifier was listed as an intervention on Resident #96's care plan and care guide but that it was up to the staff to determine if they felt they needed the device to effectively communicate with Resident #96. She further revealed that she was not made aware by Unit Manager #1 that the hearing amplifier was broken at that time.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 41579 Based on observations, resident and staff interviews and record review, the facility's Quality Assurance and Performance Improvement committee (QAPI) failed to maintain implemented procedures and monitor interventions the committee put into place following the annual recertification and complaint surveys dated 1/18/22 and current survey 3/06/24 in the area of accurately coding Minimum Date Set (MDS). The facility also failed to maintain implemented procedures and monitor interventions the committee put in place following the annual recertification and complaint surveys conducted on 1/18/22, 1/27/23 and the current survey 03/06/24, in the area of Activity of Daily Living (ADL) care provided for dependent residents. The continued failure during three federal surveys of record showed a pattern of the facility's inability to sustain an effective QAPI program. Findings included: This citation is cross referenced to: 1 F 641 Based on record reviews and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area hearing, speech, and vision for 1 of 1 resident reviewed for communication. (Resident #96). During the previous recertification and complaint survey date 1/18/22 the facility failed to accurately code the nutrition section of the minimum data set (MDS) for 2 of 5 residents reviewed for Nutrition 2 F 677 Based on observations, record review, and interviews with resident and staff, the facility failed to provide nail care to a resident who needed extensive assistance from staff for Activities of Daily Living (ADL). This deficient practice affected 1 of 7 residents (Resident # 90) reviewed for ADLs. During the previous recertification and survey on 1/27/23 the facility failed to provide showers, nail care, and mouth care to residents who needed extensive and/or were dependent on staff for Activities of Daily Living (ADL). During the previous recertification and complaint survey on 1/18/22, the facility failed to provide a haircut (Resident #71) for 1 of 3 activity of daily living dependent residents reviewed. During an interview on 2/29/24 at 3:23 PM, the Administrator stated the Quality Assurance (QAPI)) committee, regarding the repeated deficiencies the Administrator stated the old plan of correction would be revisited and analyzed to see where the failures and breakdowns happened. This would help analyze the cause of repeat deficiency. The Administrator indicated once the plan was put in place, audits and the monitoring phase would be completed. She further indicated that sporadically monitoring and auditing throughout the year should be continued to ensure the repeated deficiencies do not recur. Repeated concerns were also discussed in QAPI meeting and the QAPI committee would see how the approach can be changed if needed. This could be education and training of staff or revision of the approach or new approach if needed.