

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER Maple Grove Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 318 South East Main Street Lebanon, VA 24266	

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 0584 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (continued on next page)

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 0584 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident interviews, staff interviews, clinical record review, and facility document review, the facility staff failed to provide a safe, clean, homelike environment for 1 of 3 sampled residents, Resident #1. This failure resulted in Resident #1 sustaining several injuries from a rodent, which required emergent treatment and constituted harm. The findings included: For Resident #1, the facility staff failed to provide a safe, clean, homelike environment that was free of a rodent in the resident's bed. A mouse was found to be in Resident #1's bed that resulted in compromised skin to the resident's left lower leg, resulting in being transferred to a higher level of care, antibiotics, tetanus vaccine, and rabies vaccinations. Resident #1's diagnosis list indicated diagnoses that included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, atrial fibrillation, weakness, and chronic kidney disease-stage 3. The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 5/18/25, assigned the resident a brief interview for mental status (BIMS) summary score of 4 out of 15 for cognitive abilities, indicating the resident was severely impaired in cognition. A review of a Pest Control Service report dated 4/3/25 read in part, .Interior Service.CC=Crack & Crevice.Exterior Service. ST=Spot Treatment.Target Pest.Rats/Mice.Contrac-Blox [a rodenticide bait block used for pest control, primarily for eliminating rats and mice].14 blox [fourteen units].12 glue boards [a pest control device consisting of a flat tray coated with a strong adhesive, designed to trap and immobilize pests like rodents and insects when they step on it].Multiple rodent bait stations placed throughout problem area. A review of Resident #1's clinical record revealed the following documentation: A Discharge/Transfer Summary Note dated 4/7/2025 at 23:04 (11:04 PM) read in part, .Found mouse in bed with resident, resident has multiple open areas to back of left lower leg.Summary of physician interaction and notification regarding transfer: send to ER (emergency room at hospital) for evaluation and treatment. A review of an ED (emergency department at hospital) report dated 4/7/25 read in part, .Chief Complaint Animal Bite.Visit Diagnosis Animal bite.Patient presents from.nursing facility.accompanied by her grand daughter {sic}. A nurse from the facility called over to report that when they were doing checks on the patient tonight, they found a mouse beneath the covers, and noted that it had pooped in her bed, and had chewed on her left leg. Patient has a history of a stroke, has no sensation on the left side of her body. They were concerned about the bites, and sent her to the ER for evaluation.Patient denies any pain on that side. She has never been bitten by a mouse before, denies any prior history of any rabies vaccinations.LLE (left lower extremity)-multiple scattered excoriations and small superficial lacerations along L (left) calf. Bleeding has stopped.Patient was started on Augmentin 500 mg b.i.d. (twice daily) x 7 days (for seven days) for infection prophylaxis. We discussed the risks and benefits of rabies treatment given the bite from a mouse, patient and her granddaughter did want to go ahead with both rabies immune globulin and the rabies vaccine. Patient was given the 1st (first) dose of the vaccine today, she will need to return on April 11th, 15th, and 22st {sic} for doses 2, 3, and 4 of her rabies vaccine.Problem Addressed: Animal bite: complicated acute illness or injury.Wound care performed on pt (patient) left lower leg. A Nurse's Note dated 4/8/2025 at 03:29 (3:29 AM) read in part, .Resident returned to facility with new orders. Augmentin 500/125 (milligrams) take 1 tablet every 12 hours x 7 days (for seven days). Follow up April 11th, 15th, 22nd for doses 2, 3, and 4 of rabies vaccine. Resident received 1st dose this day. A review of a facility synopsis of events dated 4/8/25 read in part, .Incident date: 04/07/25.Resident is a [AGE] year old female, Resident was found on staff rounds to have scratches and bites on her Left leg on the calf muscle, a mouse was found in the resident's bed and appears to have bitten and scratched the resident.Resident was sent to the emergency room per MD (medical doctor) orders.Employee action initiated or taken, investigation to follow. Resident was assessed and sent to ER for evaluation. The facility synopsis of events file contained an LPN (licensed practical nurse) statement dated 4/7/25 which read in part, .Called to room by CNA, (certified nursing assistant) Mouse in bed with resident noted open area on lower back calf, mouse feces and urine noted at site. CNA #1 witness statement dated 4/8/25 read in part, .pulled the blanket down and her (Resident #1) gown up to check her brief.I seen the mouse on her calf and blood on the pillow sheet between her legs.We tried to catch the mouse as it was running around the room.(Resident #1) got sent out to the hospital and we set a mouse trap out and around an hour later caught the mouse on the trap and we disposed of it. We kept the door closed at all times so it couldn't scander {sic} off into the hallway. Another CNA witness statement dated 4/8/25 read in part we pulled the blanket back and saw a mouse that</p>		