Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025012	A. BUILDING: _____ B. WING _____	08/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW BERN	1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on August 19-21, 2015.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observation, record review, and interview, the facility failed to notify the physician of increased leg swelling and redness around a leg wound until at least 8 days after swelling and pain were documented; failed to schedule a follow-up appointment related to an emergency room visit for leg swelling, redness, and weeping; and failed to make a dermatology appointment for excessive dry skin/flaking and warts on left arm and hand for 1 of 5 residents (#1) sampled for health care. The findings are: A. Review of Resident #1's current FL-2 dated 10/13/14 revealed diagnoses included congestive heart failure, essential hypertension, osteoporosis, asthma, hypercholesterolemia, muscle weakness, difficulty walking, and closed fracture of three ribs. Review of Resident #1's assessment and care plan dated 05/29/15 revealed: - She required extensive assistance with toileting, dressing, and transferring.	D 273		

Executive Director 10/7/15

10/21/15 KG

Revised 10/8/15 KG

The following is the Plan of Correction **Brookdale New Bern.** This Plan of Correction is in regards to the **Type A2 rule violation and Type B violation** from **8-21-15.** This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0902(b) Healthcare and 131D-21 Resident Rights

The Executive Director has completed re-training to all associate's on the community's policy regarding Resident's Rights. Documentation of training is on file in the community and available upon request.
The Health and Wellness Director, Resident Care Coordinator, designee have completed an audit of resident records to assure that change in conditions with follow up have been communicated to the Primary Care Provider.
The Health and Wellness Director completed retraining for Med-Techs communication of changes in condition. Documentation of training is on file in the community and available upon request.
Staff will report changes of condition to the Med Tech/SIC. Med Tech/SIC will follow up with primary care provider. This will be noted on the 24 hour Shift Report. The Executive Director/Health and Wellness Director/Resident Care Coordinator/ and designee will review the 24 hour shift report daily for resident change in condition and follow up related to the change in condition to ensure

process has been completed. In an emergent situation, the Health and Wellness Director/designee will be notified immediately. In a non emergent situation, changes will be noted on the 24 hour Shift Report. The Primary Care Provider will be notified of any change in condition prior to the end of their shift either by phone call or fax. Associates will report changes in condition to the SIC/Med-Tech. SIC/Med-Tech will follow up regarding changes in condition/treatments/ and vital signs out of parameter with primary care provider. If on a weekend, the SIC will follow up with Nurse On Call to review changes, resident will be sent out to the emergency room if change is an urgent matter. Follow up with Provider will also be made on Monday. ED/HWD/RCC/Designee will ensure follow up has been completed.

For the residents that the community makes appointments for the SIC/Med Tech/designee schedules appointments with providers and schedules transportation when needed. HWD/RCC/Designee will review scheduled appointments for that day during daily meeting.

Follow up appointments and referral appointments will be made by SIC/Med Tech/designee as ordered by provider.

HWD/RCC/Designee will review new orders to ensure follow up appointments and referral appointments have been made Monday through Friday. Any weekend follow up appointments will be reviewed on Monday.

13F. 1004(a) Medication Administration

The Executive Director/Health and Wellness Director/Resident Care Coordinator/and District Director of Clinical Services have completed re-training for all Med-Techs regarding transcription of Medication Orders and treatments/follow up of orders requiring clarification/and Medication Administration Basics to include but no limited to: review of routes of medication and treatments/ dosages of medication and treatments/and best practice to discontinue an

order. Documentation of training is on file in the community and available upon request.

The Executive Director/Health and Wellness Director/Resident Care Coordinator/and District Director of Clinical Services will complete re-training for all Med-Techs regarding new orders and treatments, to include orders received from ER visits, primary care provider visits and specialty provider visits to be completed by October 30th.

Med Tech/SIC will receive new medication/treatment orders and transcribe on the MAR. Upon completion of transcription of orders, the Executive Director/Health and Wellness Director/Resident Care Coordinator/designee will review and verify accuracy daily Monday through Friday. Any new orders received on Saturday or Sunday will be reviewed by ED/HWD/RCC/designee on Monday.

Med Tech/SIC will notify providers of any medication/treatment refusal or omitted dose prior to the end of their shift.

Resident Care Coordinator, Health and Wellness Director/designee will conduct random Medication Pass and treatments observation 3 times per week for one month to end October 23, 2015. At the end of one month, weekly random audits will continue. The Executive Director will audit completion weekly.

Resident Care Coordinator, Health and Wellness Director/designee will conduct Medication Administration Record and Medication Cart audits 3 times per week and as needed MAR and cart audits for one month to end October 23, 2015 . At the end of one month, weekly random audits will continue. The Executive Director will audit completion weekly.

Kristen Floreno, ED

Kristen Floreno, Executive Director
October 21, 2015

Type A2 violation 10A NCAC 13F .0902 (b) Health Care and and G.S 131D-21 Resident Rights corrected by September 20, 2015.

Type B violation 10A NCAC 13F .1004(a) Medication Administration and G.S 131D-21 Resident Rights corrected by October 5, 2015.

Deficiency 10A NCAC 13F .0902 (c)(3-4) Health Care corrected by October 5, 2015.