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 _____	R 12/15/2015

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 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 a follow-up survey December 10-11, 2015 and December 14-15, 2015	(D 000)		
D 255	10A NCAC 13F .0801(c)(1) Resident Assessment 10A NCAC 13F 0801Resident Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule For the purposes of this Subchapter, significant change in the resident's condition is determined as follows (1) Significant change is one or more of the following. (A) deterioration in two or more activities of daily living, (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects, (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic, (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher, (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being such as initial diagnosis of Alzheimer's disease or diabetes,	D 255		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kristen Flores

TITLE: ED

(X6) DATE: 2/5/16

STATE FORM 5899 X2P112 If continuation sheet 1 of 153

Plan of Correction Reviewed & accepted -See attached-

12.02/23/16

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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 .0801(c)(1) Resident Assessment

All current Resident Service Plans (Assessments) to be reviewed for accuracy and updated.

The Health and Wellness Director (HWD)/Designee will update resident service plans within ten (10) days following a change in condition.

All current residents will have service plans reviewed quarterly for one year and thereafter at least every six (6) months or as needed by HWD/Designee.

Interventions for assessed needs will be entered on the resident service plan

Dates of assessments will be entered on the compliance tracker by the HWD/Designee.

Compliance tracker will be monitored by the Executive Director (ED) weekly for six (6) months and thereafter at least monthly for an additional six (6) months.

The date of correction for this standard deficiency will not exceed January 29, 2016.

Change of condition and reporting of change of condition policy training was presented at an all staff meeting on 1/28/16. All staff members are responsible for reporting changes to the Supervisor in Charge (SIC)/ED/HWD/Resident Care Coordinator (RCC) or Manager on Duty (MOD). The HWD/Designee will make the change in the Personal Service Plan (PSP) and new assignment plans will be generated.

10 NCAC 13F .0901(b) Personal Care and Supervision

Risk assessments have been completed for identified residents and will be completed for all residents.

All current residents are assessed for risk of falls at the time of move in, at six (6) month intervals, and after falls.

Interventions for current residents with increased personal care and supervision needs will be entered on the resident service plan and added to the assignment sheet. These interventions may include but are not restricted to increased monitoring, PT/OT, medication reviews, and consults with other providers.

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Documentation of interventions will be entered in the resident record. Documentation for increased supervision needs will be entered on the "Hot Box" (acute charting) tracking form and documentation will be completed on each shift for 72 hours or until resolved.

To assist with compliance, the HWD/Designee will monitor the Hot Box tracking form and review charting daily.

To assist with compliance, the ED will monitor the Hot Box tracking form and review random charts weekly for accuracy for six (6) months.

The date of correction for this Violation will not exceed January 14, 2016

Direct care staff was trained on the falls policy during the all staff meeting on 1 28

The HWD and ED make twice daily rounds to observe the residents.

10A NCAC 13F .0902(b) Health Care (Referral and Follow Up)

Residents with health care needs identified during care such as podiatry, weight gain, falls, will be referred to the appropriate provider.

Residents requiring shower assistance will have toe nails monitored weekly with their shower

The community will create a separate clinical folder for new orders.

The Medication Technicians will make a copy of new orders (including but not limited to physician orders, discharge orders, consults) and place a copy in the clinical folder

The HWD/Designee will review the clinical folder twice a day and assure new orders are implemented.

The ED will monitor the clinical folder weekly and prn.

The date of correction for this deficiency will not exceed January 29, 2016.

The community has hired a transporter.
Appointments can be made by an MT, RCC or the HWD. Family members may also make appointments.
Appointments are written in the appointment book and on the calendar. Third shift prepares the information for the residents. The transporter comes in and checks the calendar. Appointments are discussed in the morning meeting (stand up). Upon return from the appointment the staff will highlight the appointment as completed. The SIC will monitor the appointments and report to the HWD/RCC/Designee if an appointment is not kept.
The HWD/RCC will make random checks to follow up weekly.
Providers are communicated with by fax, phone and on site.

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Communication between the community and the provider will be documented in the records by the community associate who participated in the communication. If the communication with the provider was completed by the resident's responsible party this will not be documented.
Residents responsible for their own personal care monitor their own toenails.
Care provided to residents by the community is monitored by the community associates. The associates notify the HWD/RCC/Designee use a skin integrity monitoring sheet if a resident's toe nails may need care. If necessary, residents will then be referred to a podiatrist or other professional to provide the service.
Diabetic toenails are monitored by the community through the personal care service provided to the resident and a referral to a podiatrist is done as needed.

10A NCAC 13F .0902 (c)(3-4) Health Care (Documentation and Implementation)

The community will create a separate clinical folder for new orders.

The Medication Technicians will make a copy of new orders (including but not limited to physician orders, discharge orders, consults) and place a copy in the clinical folder

The HWD/Designee will review the clinical folder twice a day and assure new orders are implemented.

The ED will monitor the clinical folder weekly and prn.

Medication technicians will be trained in "Hot Box" (acute charting) guidelines

Implementation of new orders will be documented in the resident record. Documentation will be entered on the "Hot Box" tracking form and documentation will be completed for 72 hours or until resolved.

The HWD/Designee will monitor the Hot Box tracking form and review charting daily.

The ED will monitor the Hot Box tracking form and review random charts weekly for accuracy.

The date of correction for this violation will not exceed January 29, 2016

New medications treatments are documented on the MAR and in the resident record. Documentation is completed by the community associate providing the service, generally the medication tech. A new order tracking form is used to verify completion of new orders.

10A NCAC 13F .0903(c) Licensed Health Professional Support

Residents will be evaluated on admission for LHPS tasks. Residents with LHPS tasks will have a review completed.

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LHPS reviews will be completed quarterly for identified tasks.

Residents with new tasks identified will have an LHPS review completed within 30 days and then quarterly thereafter.

Dates of LHPS reviews will be entered on the compliance tracker by the HWD

The ED will review the compliance tracker weekly for 6 months and thereafter at least monthly

The date of correction for this standard deficiency will not exceed January 29, 2016

A physical assessment related to the task is completed with each review
These are completed by an RN, either the HWD or a contracted nurse.
Tasks are communicated via new order tracking.
To assist with compliance, the ED will review LHPSs to verify the assessments are being completed as well as reviewing the compliance tracker on a monthly basis for six months.

10A NCAC 13F .1004(a) Medication Administration

Medication technicians received training via the pharmacy r/t diabetes; insulin administration and timing of medication administration (with food/empty stomach/before meals/after meals)

All new orders are reviewed daily by the HWD/Designee via the clinical folder

MARs will be reviewed weekly by the HWD/Designee and documented on the Brookdale Audit Tool (Me & U).

The audit tool will be reviewed monthly by the ED and quarterly by the DDCS

The date of correction for this Type B violation will not exceed January 29, 2016.

MAR, med cart and chart audits were completed by the ED and the RCC
The pharmacy completed a cart audit on 2/10/16. The pharmacy also performed a medication administration pass review.
New orders are transcribed by the clinical associate receiving the orders. This is done at the time the community receives the new order. Clarifications to new orders are handled immediately.
To assist with compliance, the HWD/RCC/designee will conduct med pass audits weekly for six months.

10A NCAC 13F .1501 (a) Use of Physical Restraints and Alternatives

Staff will receive additional training in restraints, restraint alternatives and the reporting of a resident's ability to move being hampered by any device/furniture/positioning

The ED has completed the assistive device inventory.

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The ED/HWD/Designee will complete the assistive device inventory quarterly

The date of correction for this is January 29, 2016

Fall interventions include restraint alternatives which are documented on the PSP and on our assignment plans.
The community does not use restraints. The staff has been educated to identify possible restraints.
To assist with compliance, the ED and clinical management conduct checks to verify no restraints are in use.
There is no additional use of a recliner at the community. This was an isolated occurrence. If any device or action appears to be a restraint, it will be reported pursuant to community policy and community management will respond according to community policy, which includes the removal of the device.

GS 131D-25 Implementation

A NC Certified Assisted Living Administrator will be on site weekly.
A NC Certified Assisted Living Administrator will be available by telephone 24 hours per day
An Executive Director will be on site at least 40 hours per week.
The Executive Director is in the process of being scheduled for the NC Certified Administrator Course.
The Executive Director will undergo training in Rule GS 131D-25 Implementation
The date of this plan of correction will not exceed January 14, 2016.

The ED has completed the AIT classwork at NCALA.
There has been a certified administrator in the community at least twice weekly
The ED is using a community specific tool to check for follow up and compliance.
The certified administrator has a checklist that is followed on each visit for compliance
Training on this rule was completed with the ED on 1/14/16.

GS 131D-21 (2) Declaration **of Resident Rights**
Refer to POC for Tags D 980, D 273, D 276

GS 131D-21(4) To be free of mental and physical abuse and exploitation
Refer to POC for Tag 270 10A NCAC 13F .0901(b)
Resident Rights training was completed at the all staff meeting on 1/28/16 with all associates