STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 March 2-3, 2016.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews the facility failed to keep floor coverings clean in the hallways, activity room and 13 of 29 resident rooms (#1, 3, 4, 5, 7, 9, 12, 16, 19, 20, 21, 28, and 30). The findings are: Observations of the floors in the lobby, corridors to right, left and center of the facility and the activity room near the dining room on 03/02/16 beginning at 9:30am through 10:30am revealed: -The floors were covered with a multicolored carpet of blue/brown/mauve. -Numerous dark splotches, stains, smears and spots covered the carpet throughout all areas. Observations of the floors in resident rooms #1, 3, 4, 5, 7, 9, 12, 16, 19, 20, 21, 28, and 30 on 03/02/16 beginning at 9:30am through 10:30am revealed: -Rooms #5, 9, and 19, were covered with medium blue carpet. -All other rooms were covered with a light beige carpet.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 074	Continued From page 1 -Each floor had numerous dark splotches, stains, smears and spots throughout each room in various places. Confidential interviews with residents revealed: -The housekeeper had been out sick for a few days. -The facility overall was kept clean. -The carpet had been shampooed but unsure when or how often. -The stains would not come out of the carpet. -"These stains [pointed to dark pink stains] have been here over a year." -The carpet was cleaned "at least one time a month". -"I have never seen anyone shampoo the carpet". Interview on 03/02/16 at 11:10am with the Housekeeper revealed: -She was the only housekeeper in the facility. -Her responsibilities included vacuuming the floors and shampooing the carpets when she had time. -Shampooing the carpets was not a priority unless it was a hazard. -It had been over a month since she shampooed any carpet. -There was an outside company who came every 3 or so months to clean the hallways, and common areas, but it had been a while since they were here. -Most of the stains on the carpet had been here for years. -The residents ate and drank in their rooms and had spills. Interview with the Associate Executive Director on 03/03/16 at 1:00pm revealed: -She concurred the carpet needed cleaning. -The facility had a contract with a professional	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 074	Continued From page 2 carpet cleaner who came every quarter. -The carpets were last cleaned the end of December 2015. -Normally, only the common areas were cleaned (hallways, living room and lobby). -If a specific resident room needed to be cleaned, this had to be requested separately with the routine cleaning. -The carpet in Room 16 needed cleaning and was cleaned on a regular basis but unsure when or if other rooms had been cleaned. -The carpet in Room 30 had just been replaced in November 2015. -The facility had a carpet extractor that was shared between other facilities in the corporation. -The facility had carpet cleaners to be used on spots and individual rooms when needed and housekeeping's schedule should allow time for this.	D 074		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to notify the County Department of Social Services (DSS) of accidents that required emergency medical evaluation for 3 of 4 residents with injuries after incidents (Residents #2, #3, and	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 451	Continued From page 3 #4). The findings are: Review of the facility's Incident Reporting Policy, last revised October 2012, revealed in part: - The Incident Report must be completed with all the requested information. -A healthcare incident is reviewed by the nurse or designee. -I & A resulting in referral for emergency medical evaluation or medical treatment other than first aide shall be reported to the DSS within 48 hours of the incident. A. Review of Resident 2's most current FL2 dated 05/06/15 revealed diagnoses included dementia. Review of Resident Log note dated 02/26/16 at 7:40am revealed: -Resident fell in room at 6:10am going to bathroom. -Staff was in the hall and heard fall. -Resident was very tearful and complaining of left shoulder pain. -Resident was sent to ED for evaluation. -Nurse, family and doctor were notified. Review of an Incident & Accident (I & A) Report dated 02/26/16 at 6:00am revealed: -Resident #2 had an unwitnessed fall when coming out of the bathroom. -The resident was transferred to the Emergency Department (ED) and diagnosed with shoulder fracture. -The resident's responsible party was notified. -The resident's physician was notified. -The facility nurse was notified. -No documentation that the County DSS was	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 451	Continued From page 4 notified. Refer to interview with DSS on 03/03/16 at 12:30pm. Refer to joint interviews with Associate Executive Director and Health and Wellness Director on 03/03/16 at 1:00pm. B. Review of Resident 3's most current FL2 dated 08/04/15 revealed diagnoses included high blood pressure. Review of a Resident Log note dated 02/074/16 at 12pm revealed: -Another resident fell in dining room and his chair hit Resident #3's leg. -Resdient #3's leg hit the table, causing a laceration. -The resident was sent to the ED. -The laceration was closed "with glue". Review of an Incident & Accident (I & A) Report for Resident #3 dated 02/07/16 at 8:00am revealed: -Resident #3 had hit her leg on a table in the dining room causing a laceration. -The resident was transferred to the Emergency Department (ED) and received steri-strips to close the wound. -The resident's family member was notified. -The resident's physician was notified. -The facility nurse was notified. -No documentation that the County DSS was notified. Refer to interview with DSS on 03/03/16 at 12:30pm. Refer to joint interviews with Associate Executive	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 451	Continued From page 5	D 451		

Director and the Health and Wellness Director on 03/03/16 at 1:00pm.

C. Review of Resident 4's most current FL2 dated 11/15/15 revealed diagnoses included difficulty walking.

Review of a Resident Log note dated 12/27/15 at 8:00pm revealed:
-Resident #4 was found on the floor.
-Resident stated he hit his head and was sent to ED.
-The resident came back to facility with no injury.

Review of an Incident & Accident (I & A) Report dated 12/27/15 at 7:30pm revealed:
-Resident #4 had an unwitnessed fall in his room that involved "skull/scalp".
-The resident was transferred to the Emergency Department (ED) and no follow-up entries noted.
-The resident's responsible party was notified.
-The resident's physician was notified.
-The facility nurse was notified.
-No documentation that the County DSS was notified.

Refer to interview with DSS on 03/03/16 at 12:30pm.

Refer to joint interviews with Associate Executive Director and the Health and Wellness Director on 03/03/16 at 1:00pm 4:00pm.

Interview with the County's DSS staff on 03/03/16 at 12:30pm revealed:
-The facility seldom sent I & A reports.
-The last I & A report received from the facility was 11/22/15.
-DSS had not received I & A regarding Residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049019	A. BUILDING: _____ B. WING _____	03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 451	Continued From page 6 #2, #3, or #4. Joint interviews were conducted with Associate Executive Director and the Health and Wellness Director (HWD) on 03/03/16 at 1:00pm and revealed: -The HWD reported I & A to DSS. -When an incident or accident occurred the facility's protocol was to notify the physician, family member and facility nurse. -DSS was only notified for injuries, elopement or behavioral altercations. -There had been some confusion regarding reporting of incidents and accidents to DSS. -Resident #3's incident was not reported to DSS because it was only a skin tear. -Resident #4's incident was not reported to DSS because there was no injury. -Resident #2's incident had occurred on a Friday and the nurse was not at the facility when the incident occurred.	D 451		