STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049020	A. BUILDING: _____ B. WING _____	R 04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2806 PEACHTREE ROAD STATESVILLE, NC 28625

(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 and follow-up survey on 4/19/16 and 4/20/16.	D 000		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow	D 278		

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D 278	Continued From page 1 crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice	D 278		

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D 278	Continued From page 2 Act and rules promulgated under that act in 21 NCAC 36. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure a Licensed Health Professional Support (LHPS) assessment was completed on 2 of 5 sampled residents for the identified tasks of finger stick blood sugars (FSBS), Nebulizer treatments, and compression hose. (Residents #2 and 3). The findings are: A. Review of Resident #3's current FL2 dated 7/7/15 revealed: -Diagnoses included dyspnea, hypertension, type II diabetes, chronic kidney disease and hypothyroidism. -Check blood sugar (BS) every day if BS below 60 give orange juice and recheck BS in 30 minutes. Call MD if BS below 60 or above 300. -Blood sugar check twice daily as needed for hyperglycemia and hypoglycemia. -An admission date of 7/9/13. Review of Resident #3's record revealed a Licensed Health Professional Support (LHPS) assessment dated 8/11/15 which noted: -Fingerstick blood sugars (no insulin). -Nebulizer treatment for shortness of breath. Review of Resident #3's record revealed a LHPS assessment dated 11/3/15 which noted: -Fingerstick blood sugars (no insulin). -Nebulizer treatment for shortness of breath. Review of Resident #3's Medication Administration Record revealed:	D 278		

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D 278	Continued From page 3 -Resident #3 had used his nebulizer six times in April 2016. -Resident had not been ordered insulin. Record review revealed no LHPS assessment completed after 11/3/15 in Resident #3's record. Interview with Resident #3 on 4/19/16 at 9:40am revealed: -The medication aides helped him with his nebulizer when he needed it. -The medication aides checked his BS every morning and sometimes when he asked them to. -The nurse who previously worked at the facility would come in and talk to him about his breathing and diabetes every couple of weeks. -He could not recall ever having a "real" low or high blood sugar (below 60 or over 300). -The medication aides were good at checking his blood sugar, and giving him his nebulizer treatments. Interview with the facility's Assistant Executive Director on 4/20/16 at 4:00pm revealed: -She could not find any documentation of an LHPS assessment on Resident #3 being completed after 11/3/15. -The facility's Registered Nurse (RN) and Licensed Practical Nurse (LPN) had both resigned and left the employment of the facility last week. -The RN was responsible for performing the LHPS assessments for the facility. B. Review of Resident #2's current FL2 dated 7/19/15 revealed: -Diagnoses included atrial fibrillation, weakness, and a history of falls.	D 278		

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D 278	Continued From page 4 -An order for physical therapy (PT) by licensed physical therapist. -An admission date of 7/18/15. Review of Resident #2's record revealed a Licensed Health Professional Support (LHPS) assessment dated 8/11/15 which noted: -PT twice a week providing therapeutic activities and exercises for strengthening bilateral lower extremities. -Used wheelchair most frequently for mobilize self. -Able to transfer self from bed to wheelchair to toilet. -No bilateral lower extremity edema. Review of Resident #2's record revealed a LHPS assessment dated 11/3/15 which noted: -No LHPS needs identified. (PT) had been completed. -2+ bilateral lower edema. -Used wheelchair to mobilize self. -Had cane for stabilization and transfer. Review of Resident #2's record revealed: -A physician's visit form dated 12/1/15 that noted, increased swelling of feet, no difficulity breathing, decreased blood flow in extremities, a build up of fluid in his feet and legs. -A physician's order on a signed physician's order sheet dated 3/10/16 for support hose knee high, on in the morning, and off at bedtime, with an original start date of 12/8/15. Record review revealed no LHPS assessment after the implementation of the LHPS task of application and removal of compression hose on 12/8/15 in Resident #2's record. Interview with Resident #2 on 4/19/16 at 3:05pm	D 278		

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D 278	Continued From page 5 revealed: -He does not need staff assistance for help with his activities of daily living. -The only assistance he needed from staff was putting on his compression hose. -Staff knew how to put on his compression hose and they never had any problem getting them on. -He did not like to wear the compression hose because they were uncomfortable and he occasionally refused them. Interview with the facility's Assistant Executive Director on 4/19/16 at 4:00pm revealed: -She could not find any documentation a LHPS assessment had been completed for Resident #2 after his order for compression hose on 12/8/15. -The facility's Registered Nurse (RN) and Licensed Practical Nurse (LPN) had both resigned and left the employment of the facility last week. -The RN was responsible for performing the LHPS assessments for the facility. Observation of Resident #2's bilateral lower extremities on 4/19/15 at 9:55am and 3:05pm revealed no evidence of edema (swelling).	D 278		