

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 September 28-30, 2016.	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 observations, interviews, and record reviews, the facility failed to ensure referral and follow up for 1 of 7 sampled residents (Resident #7) who was experiencing respiratory difficulty and low oxygen saturations with exertion. The findings are: A. Review of Resident #7's current FL2 dated 9/09/16 revealed: -Diagnosis included acute hypoxic respiratory failure. -The FL2 did not include orders for oxygen. Review of Resident #7's Resident Register revealed she was originally admitted to the facility on 9/09/16 from a local hospital. Review of the Physical Therapy notes dated 9/19/16 at 4:52 pm revealed: -After three minutes of ambulation Resident #7's oxygen dropped to 78%, her heart rate was 110 and blood pressure was 97/63. (Normal oxygen saturation is 95% to 100%. Oxygen saturations	D 273		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Michael Wilson

STATE FORM

TITLE

Executive Director

(X6) DATE

10-28-16

6599

783211

If continuation sheet 1 of 11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 1 below 90% are considered low.) -The resident complained of dizziness and was "only able to take short, shallow breaths." -After 9 minutes, the oxygen saturations returned to 90%. -The PT contacted Resident #7's family member to inquire about oxygen use. -The family member told the therapist Resident #7 had been on oxygen while in the hospital, but it was discontinued. -The Physical Therapist (PT) reported to the wellness nurse regarding Resident #7's low oxygen, and the vital signs and symptoms. Review of Resident #7's record revealed: -A fax request from the facility to Resident #7's Primary Care Physician (PCP) dated 9/19/16, and faxed at 5:07 pm and received by the office at 5:08 pm, informing the PCP of Resident #7's oxygen saturations dropped to 78% and had complaints of dizziness while walking with PT. -The facility requested a chest x-ray (CXR) which was completed on the following morning, on 9/20/2016. Review of #7's CXR dated 9/20/16 at 10:11 am revealed: -Documentation there was increased density in the bases particularly on the left. -Documentation there was a superimposed active process, such a pneumonia, was implied and follow up was recommended. Interview with Resident #7's family member during the general tour on 9/28/16 at 11:15 am revealed: -His family member was recently hospitalized for pneumonia and was admitted to this facility so she could gain back her strength and hopefully return to her home.	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 2 -Resident #7 was only at the facility for 12 days. -The facility staff did get a mobile CXR result but his doctor never received the report. -The family member thought that the resident's decline in condition "should have been caught faster" and "someone did not follow up on the x-ray." -His family member had a CXR on Monday and was sent to the hospital on Thursday and she never had any treatment in response to the results. -On Thursday, 9/22/16 the resident was sent to the hospital for further evaluation and was subsequently admitted. Review of the record by the Manager of Resident #7's physician's office on 9/29/16 at 4:16 pm revealed: -The facility sent a fax dated 9/19/16 requesting a CXR and this request was approved by Resident #7's PCP. -The office did not receive any results of the CXR via fax on 9/20/16, 9/21/16 or 9/22/16. -The office did not receive any communication from the facility on 9/20/16 or 9/21/16 regarding the results. -It was documented that Resident #7's family member called 9/22/16 at 12:15 pm and reported Resident #7 experienced low oxygen saturation with exertion. -It was documented that Resident #7's family member stopped by the office at 1:11 pm because he wanted an explanation of Resident #7's CXR and it was reported to him that they did not have a copy. -The office staff instructed him that Resident #7 should be sent to the hospital due to her oxygen saturations dropping into the 70's. -It was documented that on 9/22/16 between 12:15 pm and 1:11 pm a verbal order was issued	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 3 to the facility to send Resident #7 to the hospital. -If a facility reported oxygen saturations in the 70's, even without the results of a CXR, the office would have sent the resident to the hospital. -There was always a physician on-call after hours that would have given direction. Review of Resident #7's progress notes dated 9/20/16 revealed: -A "late entry" at 10:45 am the facility had received the CXR results and faxed them to Resident #7's PCP office. -A "late entry" at 2:09 pm the facility placed a call to the Resident #7's PCP regarding the CXR results and waiting for a response from the PCP. Review of the Physical Therapy notes dated 9/20/16 at 4:10 pm revealed: -On 9/20/16, after walking 110 feet with PT, Resident #7's oxygen saturations dropped to 72% and heart rate was 119. -After 4 minutes and 54 seconds the oxygen recovered to 88%. -After continuing ambulation with PT for another 110 feet, Resident #7's oxygen saturations dropped to 72% and heart rate was 113. -Resident #7 required a "prolonged seated rest break" and 3 minutes and 55 seconds for oxygen to recover to 88%. -Resident #7 was short of breath and told the PT she was going to die. -The PT reported the episode to the nursing staff, who stated they had faxed CXR results after the previous episode and were awaiting further instructions from the physician. Review of facility progress notes dated 9/20/16 revealed there was no documentation the facility notified the physician of the two episodes of oxygen desaturation which occurred on 9/20/16.	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 4 Review of Resident #7's progress notes dated 9/21/16 revealed: -A "late entry" note that Resident #7 was sitting in wheelchair, no acute signs or symptoms of distress with unlabored respirations. -Her oxygen saturations were 95%, BP was 116/70, pulse 70 and respirations were 18. -The facility staff placed a call to Resident #7's PCP regarding the CXR results and left a message for a return phone call. Review of the Physical Therapy notes dated 9/21/16 at 4:10 pm revealed: -During ambulation with PT, Resident #7's oxygen saturations dropped to 71% and heart rate was 131. -Resident #7 required an extended recovery time and the facility staff was made aware. Review of facility progress notes revealed there was no documentation the facility notified the physician of the oxygen desaturation which occurred on 9/21/16. Review of the Physical Therapy notes dated 9/22/16 at 5:14 pm revealed: -On 9/22/16, Resident #7 was being assisted to the bathroom with PT and her oxygen saturation dropped to 68% and heart rate was 124. -After 4 minutes and 24 seconds her oxygen to recovered to 88%. -Resident ambulated for 75 feet with rolling walker and her oxygen saturations dropped to 74% and heart rate was 118 and took 5 minutes and 13 seconds. -After continuing ambulation with PT for another 75 feet her oxygen saturation dropped to 72% and heart rate increased to 72% and took 3 minutes and 58 seconds to recover to 88%.	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTON GARDENS OF GREENSBORO

**1208 NEW GARDEN ROAD
GREENSBORO, NC 27410**

(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 273	Continued From page 5 -The facility nurse inquired about Resident #7 saturations and called the physician's office and has not been able to contact PCP. -Resident #7 was seated in a recliner and oxygen saturations were 87% and heart rate was 90 at rest. -Resident #7 went to the bathroom and her oxygen saturations dropped to 68% and heart rate was 118. -Resident #7 required a seated break of 8 minutes and 46 seconds to recover to an oxygen saturation of 88%. -Resident #7 reported feeling like her heart was beating too much. -PT transported Resident #7 to lunch in wheelchair. -PT spoke with an LPN and the LPN reported to the PT she left a message about lowered oxygen saturations and elevated heart rate. -PT made LPN aware that the oxygen saturations dropped to 68% and heart rate was up to 124. -A care manager was present and reported the family member called and spoke with him about Resident #7 needing to be transported to the hospital and the care manager recommended the family member speak with the RN. Review of Resident #7's progress notes dated 9/22/16 revealed: -During ambulation with PT, Resident #7's oxygen saturations dropped to 72% and pulse was 118. -When Resident #7 was transferring to the bathroom the oxygen saturations dropped to 69% and pulse went up to 124. -Facility staff called Resident #7's PCP, who was not in, but the on-call physician ordered Resident #7 be sent to the hospital. -Facility staff spoke with Resident #7's family member and he was also told by the office to	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 6 send Resident #7 to the hospital. -Resident #7 was sent to the local hospital at 1:51 pm for low oxygen saturations and elevated pulse via ambulance. -At the time of transport Resident #7's oxygen saturation was documented as 96%. Review of the physician's History and Physical from the hospital dated 9/22/16 revealed: -Resident #7 was admitted to the hospital with diagnoses which included diastolic heart failure. -Resident #7 was diagnosed with a Type 2 NSTEMI. (Type 2 NSTEMI [non-ST elevation myocardial infarction] is a heart attack secondary to ischemia [inadequate blood supply to the tissues.]) A telephone interview with Resident #7's family member on 9/29/16 at 1:52 pm revealed: -On Saturday, 9/17/16 and Sunday, 9/18/16, Resident #7 started to have difficulty walking any distance on the walker and he asked the staff if she could have assistance with ambulation in a wheelchair. -On Sunday, 9/18/16, Resident #7 was very weak, tired and had a more "gray look" to her. He did not remember whether or not he had reported this to the nursing staff. -The facility staff notified the family member when they obtained a CXR. -The family member thought they would get an order for oxygen because her oxygen levels dropped. -On 9/22/16, the family member called the PCP's office and reported low oxygen levels with exertion. -After calling the physician's office, the family member drove to the PCP's office to get an explanation of the CXR and the office never received the results.	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 7 -The staff at the PCP's office did not know anything about the resident's condition at that time beyond issuing the order for the CXR. Interview with the Wellness Nurse, LPN, on 9/29/16 at 3:48 pm revealed: -On 9/19/16, it was reported to her that during the physical therapy session Resident #7's oxygen saturation dropped to 78% and she faxed the PCP this information, the vital signs and a request for a CXR. -She could not remember what the CXR results were but did remember faxing them to the PCP. -She did not report the abnormal oxygen saturations and vitals to the Resident Care Director (RCD) because she had reported to the physician's office. -Resident #7's PCP office was "not very responsive". -The wellness nurse did not send Resident #7 to the hospital because when she assessed Resident #7 she was not in distress and her oxygen and vitals were within normal limits on 9/19/16. -She was not aware of any subsequent drops in the resident's oxygen saturations after 9/19/16. Interview with a second Wellness Nurse, LPN, on 9/30/16 at 12:51 pm revealed: -She was not aware of Resident #7's low oxygen saturations until 9/22/16. -If low oxygen or abnormal vitals were reported to her she would assess the resident and contact the physician. -If the resident's oxygen returned to normal she would continue to monitor the resident. -On 9/22/16, after being informed about the resident's desaturation episode, she reported the abnormal vitals and low oxygen to the RCD. -The Wellness Nurse obtained orders from the	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 8 on-call physician to send Resident #7 to the emergency department. Interview with the Resident Care Director (RCD), an RN, on 9/29/16 at 5:13 pm revealed: -If it was reported to her staff that a resident had a low oxygen level or abnormal vitals she expected her staff to assess and monitor the resident and report these significant findings to her. -The facility staff did not report that Resident #7 had low oxygen saturations with exertion during physical therapy. -The facility staff did not inform the RCD that they requested and obtained an order for a CXR. -If she had she known on 9/20/16 that Resident #7's oxygen saturations dropped to 72%, her pulse was 19 and after 4-5 minutes her oxygen saturations only returned to 88% she would have sent Resident #7 to the emergency department. -The RCD was not aware of Resident #7's CXR results or the drop in her oxygen saturations until she instructed facility staff to send Resident #7 out to the hospital on 9/22/16. Interview with the Administrator on 9/30/16 at 12:44 pm revealed: -There were things that the Wellness Nurse could have done that were not done. -On 9/30/16, the PT informed the Administrator that Resident #7's oxygen dropped with exertion but the levels always recovered to normal ranges. -He was not aware of Resident #7's CXR results or the low oxygen levels at the time they were occurring. A Plan of Protection was provided by the facility on September 29, 2016 as follows: -Facility staff will immediately begin an audit of resident's records to identify any health care	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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 273	Continued From page 9 issues requiring referral or follow up. -All identified issues will be followed up immediately. -The leadership team will conduct 2-3 meetings per week to review resident changes and address any concerns with physicians and to ensure appropriate follow up is in place. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED October 30, 2016.	D 273		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding referral and follow up to the primary care physician. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow up for 1 of 7 sampled residents (Resident #7) who was experiencing respiratory difficulty and low oxygen saturations with exertion. [Refer	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1208 NEW GARDEN ROAD GREENSBORO, NC 27410		
(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	
D912	Continued From page 10 to Tag 273, 10A NCAC 13F .0902(b) (Type A2 Violation).]	D912			

Sunrise Senior Living Plan of Correction Template

Name of Community:	Brighton Gardens of Greensboro, NC
Address:	1208 New Garden Road, Greensboro, NC 27410
License number:	HAL-041-050
Inspection date(s):	September 28, 2016
Name and Title of Sunrise Representative Signing the Plan of Correction:	

Michael Wilson, Executive Director

Signature of Sunrise Representative: Michael Wilson

Date of Submission: 10-28-16

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F .0902(b) Health Care The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.	9-22-16	A. With respect to the specific resident/situation cited: Resident Care Director completed chart audit on resident #7. No other issues were identified as requiring follow up or interventions.
	10-6-16 10-6-16	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: For current residents an audit of their medical record was conducted by the Resident Care Director (RCD) and the Resident Care Director also reviewed the residents with the Wellness Team and their Designated Care Managers. No issues were identified as requiring family or physician notification, follow up or interventions.
		C. With respect to what systemic measures have been put into place to address the stated concern:

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	9-27-16	The Resident Care Director conducted refresher training with the Wellness Nurses regarding monitoring residents, physician notification, the referral process and follow up protocols.
	9/27/16	The Wellness nurses also received training from the Resident Care Director on scheduling chest x rays, following up to obtain results, reporting results to physicians and initiating any orders.
	10-12-16	As another means to identify residents who may require follow up or interventions the Interdisciplinary Team meets two or three times a month to discuss residents and to initiate action and provide direction and guidance to the care team members regarding these residents. This discussion includes reviewing physician orders and determining if additional contact is required. This meeting includes focused discussions regarding individual residents and changes of condition as needed.
	10-12-16	The Resident Care Director or designee will conduct weekly audits of resident changes in condition alerts, and chest x ray results to confirm appropriate follow up, including physician notification.
	10-12-16	The Resident Care Director or designee will present the findings of the weekly audits at Leadership meetings for three months.
	10-12-16	D. With respect to how the plan of correction will be monitored: Results of the audits and chest x ray results will be reviewed monthly for 3 months at the Leadership Meetings.
	10-12-16	After 3 months, the Leadership Team will re-evaluate and initiate any necessary action or extend the review period.
		A. With respect to the specific resident/situation cited:

Regulation	Target Date by Which Correction will be completed	Plan of Correction
131D-21 Declaration of Resident's Rights Every resident shall have the right to the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	9-22-16	Resident Care Director completed a chart audit on resident #7. No other issues were identified as requiring follow up or interventions.
	10-6-16 10-6-16	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: For current residents an audit of their medical record was conducted by the Resident Care Director (RCD) and the Resident Care Director also reviewed the residents with the Wellness Team and their Designated Care Managers. No issues were identified as requiring family or physician notification follow up or interventions
	9-27-16 10-12-16 10-12-16	C. With respect to what systemic measures have been put into place to address the stated concern: The Resident Care Director conducted refresher training with the Wellness Nurses regarding monitoring residents, physician notification, the referral process and follow up protocols. The Wellness Nurses also received training from the Resident Care Director on scheduling chest x rays, following up to obtain results, reporting results to physicians, and initiating any orders. The Resident Care Director or designee will conduct weekly audits of resident change in condition alerts, and chest x ray

Regulation	Target Date by Which Correction will be completed	Plan of Correction

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.