STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 08/29/18-08/31/18.	D 000	Training was conducted on 3 separate dates and all Med Techs attended. Dates of training were 09/09/18, 09/11/18 and 09/14/18 and were conducted by the Health and Wellness Director (HWD). The HWD reviewed documentation of orders and treatment for residents. To assist with compliance, daily for one month, the HWD or designee will review new orders within 48 hours to verify follow up. Additional training and or coaching will be provided to Med Techs as needed as determined by HWD or designee. This will be completed by 10/31/2018. This will be reviewed on a monthly basis by AED or designee to insure compliance.	
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: Based on observations, interviews, and record reviews, the facility failed to assure physician notification for 1 of 7 residents (#7) observed during the medication passes regarding not administering ipratropium-albuterol nebules. The findings are: Review of Resident #7's current FL2 dated 12/21/17 revealed diagnoses included dementia, hypertension, and rheumatoid arthritis. Review of Resident #7's record revealed a physician's order dated 08/23/18 for ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution, inhale contents of one vial via nebulizer every 6 hours for 7 days. (Ipratropium-albuterol is used to improve breathing by dilating airway openings.) Observation of the 11:00 am medication pass on 08/29/18 revealed: -At 11:15 am, Resident #7 was administered one oral medication by the medication aide (MA).	D 273		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 10/24/2018

POC "Reviewed and Accepted"
10/25/18
DDR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 -Ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution was not administered. Review of Resident #7's August 2018 electronic medication administration record (eMAR) revealed: -There was no entry for ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution, inhale contents of one vial via nebulizer every 6 hours for 7 days transcribed on the eMAR. -Ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution was not documented as administered from 08/23/18 to 08/29/18. Interview on 08/30/18 at 8:10 am with the Resident Care Coordinator (RCC) revealed: -The facility entered the physician orders for medications into the computer electronic medication administration record. -The facility released orders to show up for medication aides to administer when the medication was available, and in the case of Resident #7's ipratropium-albuterol nebules, and when the apparatus for administering the nebules was available; however, the nebulizer apparatus to administer the nebules was not in the facility. -There was a computer generated note to the prescriber (smart note) on 08/25/18 alerting the prescriber regarding no nebulizer apparatus was available for Resident #7. (The provider requested correspondence be by smart notes for quicker response). -The prescribing Nurse Practitioner (NP) came to the facility every week. -The RCC decided to wait until the NP returned to the facility (due 08/30/18) to inform her the nebulizer was not ordered for Resident #7. -The RCC did not inform the NP, prior to	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 08/29/18, that Resident #7 was not receiving ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution as ordered on 08/23/18. Telephone interview on 08/29/18 at 3:45 pm with a representative for the contract pharmacy revealed: -The contract pharmacy dispensed 30 of the 3 ml ipratropium-albuterol nebulizer solution (nebules) for Resident #7 on 08/24/18 when the order was received. -The contract pharmacy did not supply nebulizer apparatus to the facility (the facility was responsible to arrange for a nebulizer from the facility's durable medical equipment provider). Interview on 08/30/18 at 3:35 pm with the Nurse Practitioner (NP) revealed: -She was contacted on 08/29/18 by the Health and Wellness Director (HWD) regarding Resident #7's ipratropium-albuterol nebules not being administered because the resident did not have a nebulizer apparatus. -She did not receive information sent by the facility on 08/25/18 regarding needing an order for the nebulizer apparatus. -The information sent by facilities was sometimes reviewed by on-call staff for after hour and week-end notification. -The facility had a phone number to reach the NP as well as the computer messages. -If the facility had not heard back from the computer message, they should have called her phone and left a message. -She should have been notified Resident #7 did not receive medication as ordered. -She wanted Resident #7 to have the medication due to thick mucus building up in her chest. -Resident #7 still needed the medication to help clear her chest.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 Interview on 08/31/18 at 11:30 am with the HWD revealed: -The HWD or the RCC would be responsible to assure medications were administered as ordered, including obtaining Resident #7's nebulizer apparatus. -She was not aware Resident #7 was not receiving ipratropium-albuterol nebules as ordered until 08/29/18 when she was questioned about Resident #7's nebulizing apparatus by the RCC. -She did not notify the NP until 08/29/18 regarding Resident #7 not receiving ipratropium-albuterol nebules when she requested an order to hold the nebules until Resident #7 received a nebulizer apparatus. Interview on 08/31/18 at 5:00 pm with the Executive Director (ED) and Assistant Executive Director (AED) revealed: -The RCC and HWD were responsible to assure medications were administered as ordered including obtaining and devices needed for administration. -The RCC or HWD would be responsible to notify the prescriber if a medication was not administered as ordered. Based on observation, interviews, and record reviews it was determined Resident #7 was not interviewable.	D 273		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 282	Continued From page 4 (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the kitchen and food storage areas to include the shelves of a metal storage rack, refrigerator and freezer door gaskets and a rolling can holder were kept clean and protected from contamination. The findings are: Review of the sanitation report dated 01/08/18 revealed: -There were clean pans stored on rusty shelves that could not be cleaned and sanitized properly. -Replacement of the "corroded shelves was indicated under corrective actions. -The rolling can holder was indicated as not cleaned and needed to be cleaned. Review of documentation provided by the Dietary Manager (DM) revealed: -There was an order placed on 08/29/18 for twelve new metal shelves. -There was a refrigeration repairman scheduled on 08/30/18 to examine the refrigerator and freezer gaskets. Observations of the freezer on 08/29/18 at 11:03 am revealed: -The freezer had three doors that opened into three areas of the freezer. -There were black stains and evidence of cracking along the side and top of the first door gasket. -There were black stains and evidence of cracking along the side and top of the middle	D 282	Dining Services Coordinator or designee will conduct a weekly walk-through of the kitchen to verify cleanliness, orderliness and protection from contamination. To assist with compliance, AED or designee will review the sanitation report within 72 hours of completion to insure plans are in place to address any issues noted by the inspector. This will be completed by 10/31/2018. This will be reviewed on a monthly basis by AED or designee to insure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 282	Continued From page 5 door gasket. -There were black stains and evidence of cracking along the top of the third door gasket. -There were brown stains along the side of the third door gasket. -There was condensation above the outside of the freezer doors. Observations of the refrigerator on 08/29/18 at 11:10 am revealed: -There were three doors to provide access into the refrigerator. -The gasket on the inside of the first door of the refrigerator was lightly stained with black stains. -The gasket on the middle door of the refrigerator was lightly stained with brownish stains along the top portion. -There were no significant stains on the third door of the refrigerator. -There was condensation above the outside of the refrigerator doors. Observations of the dry storage area on 08/29/18 at 11:12 am revealed: -There was a metal four shelf rack behind the dry storage area door. -The lower two shelves had a layer of rust. -The lower two shelves were used to store clean silver mixing bowls, pots, canned beans, boxes of condiments, plastic container with unused trash bags, and large plastic bag of cereal. -There was a rolling large can holder beside the metal four shelf rack. -There were crumbs and dust on the silver flat portion of the can holder rack that held the top and bottom portions of the can. Review of the monthly dietary cleaning schedule revealed: -The can racks were to be cleaned weekly on	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 282	Continued From page 6 each Wednesday of the month. -The refrigerator and freezer were to be cleaned weekly on each Wednesday of the month. Interview with the lead cook on 08/29/18 at 11:20 am and 08/30/18 at 9:40 am and 4:25 pm revealed: -She and the DM were responsible for the cleanliness of the kitchen. -She and a dietary aide who worked second shift cleaned the kitchen. -There was a monthly cleaning schedule and deep cleaning was done on each Wednesday of the week. -She checked to ensure the cleaning was completed both daily and once a week. -She checked the sinks, stove, ovens, floors, and food preparation counters on a daily basis. -She checked the items on the cleaning schedule to ensure the assigned task were complete. -The last time she completed a weekly check was 08/22/18. -She was given the sanitation report in January by the county inspector and she did review the report. -She gave a copy to the Business Office Manager and kept a copy. -She told the DM about the items listed on the sanitation report. -She did notice the condensation above the doors of the freezer and the refrigerator. -She did know about the black stains along the refrigerator and freezer door gaskets. -She thought that if the gaskets were sufficiently scrubbed the black stains would be removed. -She did not know the freezer gaskets were cracked and appeared to be dry rotted. -She did know about the dust on the can holder rack and that it was dusted on a weekly basis. -She did not know the metal rack had two shelves	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1554 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 282	Continued From page 7 which were rusted. -She did know that the rusted metal shelves was noted on the sanitation report, but due to budget constraints another metal rack was not purchased right away. Interview with the DM on 08/29/18 at 1:00 pm and 08/30/18 at 9:45 am revealed: -He was responsible for the kitchen at the facility and another adjacent facility. -He had given a cleaning schedule to the kitchen staff. -He checked to ensure the assigned tasks on the cleaning schedule were completed daily and weekly. -He was able to check daily if his schedule allowed, based on the events and activities he was responsible for overseeing for the week. -The second shift dietary aide and the lead cook performed the tasks on the dietary cleaning schedule. -He did know about the black and brown stains along the refrigerator and freezer door gaskets. -He had reported the need for more gaskets to the former maintenance person at the end of May 2018. -He thought the former maintenance person would determine if he could address the repair or if another repair company needed to address the repair. -The former maintenance person no longer worked at the facility and he did not enter a new work order for the refrigerator and freezer door gaskets. -He did know about the dust on the can holder rack. -The can holder rack was an item that needed cleaning and it was placed on the weekly cleaning schedule. -He did know about the rust on the metal rack	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 282	Continued From page 8 shelves in the dry storage area. -This was not addressed after the 01/08/18 sanitation report because the kitchen stove hood had to be repaired and this used the available money in the budget at the time for the kitchen. -He expected to order two metal racks at one time depending upon the budget for the kitchen. -The former maintenance person had taken the metal rack and painted it in February 2018 after the sanitation report but it rusted again. -He did not know that the metal rack lower shelves were rusted again until 08/29/18. -He planned to order a new metal rack and request a refrigerator repair man to come and examine the door gaskets. Interview with the Administrator on 08/30/18 at 12:20 pm revealed: -She visited the kitchen and kitchen staff daily, to taste test the food, inquire if the staff need anything, and determine if there was anything she needed to address. -The DM reported directly to her and sometimes the lead cook reported issues to her as well. -The DM was responsible for the kitchen and dietary services. -She did not know about the findings from the 01/08/18 sanitation report. -The DM told her about the refrigerator and freezer gaskets, dust on the can holder and the rusty shelves on the metal rack on 08/29/18. -She expected the kitchen and dining area to be clean and dust free. -The kitchen staff were expected to follow the cleaning schedule that was provided to them. -New shelves were ordered to replace the rusty shelves in the dry storage area and a refrigerator repairman was coming to examine the refrigerator and freezer gaskets on 08/30/18 in the afternoon.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 282	Continued From page 9 Interview with the refrigerator repairman on 08/30/18 at 4:20 pm revealed: -All three door gaskets for the refrigerator and all three door gaskets for the freezer needed to be replaced. -They were worn and had mold in some spots. -There was condensation above the doors on the refrigerator and freezer because the gaskets were no longer effective.	D 282		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure a resident had 4 ounces of wine available as ordered by the provider, as needed at hour of sleep for Resident #5. The findings are: Observation of medications on hand on 08/30/2018 at 10:17 am revealed there was no wine in the locked fridge in the medication room. Review of documentation revealed no documentation could be located about contacting	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 338	Continued From page 10 the Responsible Party (RP) of the resident to provide more wine. Review of the July 2018 Medication Administration Record (MAR) of Resident #5 revealed the wine was documented as administered on 7/20/2018. Interview with a medication aide on 08/30/2018 at 10:23 am revealed: -It had been a while since she had seen wine in the fridge, and she could not recall specifics. -She only worked first shift, and the wine was administered on second shift. Interview with Resident #5 on 08/30/2018 at 12:20 pm revealed: -She would like wine every night, but had not had any for a while since it had been gone. -She was unable to recall the last time she had wine. -She had asked about it in the recent past. Interview with Executive Director (ED) on 08/30/2018 at 1:02 pm revealed: -She expected any missing as needed medications for the medication aides to notify the pharmacy or family, depending on who supplied the item. -She specified in the case of an as needed wine order the wine was to be supplied by the family; therefore, the family had to be notified. Telephone Interview with Resident #5's RP on 08/30/2018 at 2:17 pm revealed: -She was unaware the resident was out of wine. -She had been called in the past by medication aides when the resident was getting low on wine. -She was unable to recall a specific time she was last notified, except it had been quite some time	D 338	HWD, Health and Welness Director, AED, Associate Executive Director or designee will conduct weekly walk through to verify Resident Rights are being honored and in compliance with rule area. This will be reviewed monthly to insure compliance. On 09/09/18, 09/11/18 and 09/14/18 trainings were conducted with all of the Med Techs by the HWD, which addressed the noted deficiency. All Med Techs attended this meeting. Additional training will be offered as appropriate as determined by the AED or HWD or their designee. This will be reviewed on a monthly basis by AED or designee to insure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 338	Continued From page 11 ago. - A family member had several bottles delivered in April 2018. Interview with Health & Wellness Director on 08/30/2018 at 3:05 pm revealed: -She was not aware that the wine supply was empty. -She expected the medication aides to notify the Resident's RP when more wine was needed and document in the shift notes the notification. Interview with another medication aide on 08/30/2018 at 3:35 pm revealed: -She worked second shift when the as needed wine order was to be administered. -When something from the MAR is empty and the family brings in a supply she lets her supervisors (Associate Executive Director or Health & Wellness Director) know and records it in the 24 hour shift note. -Last week there was no wine left; then stated "let me correct that there was a little bit left and I let the 3rd shift medication aide know there was only a little left." -When shown that the wine had not been documented as given on the August 2018 MAR she said "I documented the way I was trained. I don't know why it's not on there." Interview with Associate Executive Director on 08/30/2018 at 3:55 pm revealed: -She was aware that Resident #5 had an as needed wine order. -She expected the medication aide to contact the family and let the Health & Wellness Director know she had contacted the family.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 12	D 358		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered for 2 of 7 residents (Residents #6 and #7) observed during the medication passes including errors with ipratropium-albuterol nebules (#7) and citalopram (#6); and 1 of 5 sampled residents for record review (Resident #3) including errors with Humalog insulin administration. The findings are: 1. The medication error rate was 8% as evidenced by 2 errors out of 25 opportunities observed during the medication passes on 08/29/18 at 11:15 am and 08/30/18 at 9:04 am. a. Review of Resident #7's current FL2 dated 12/21/17 revealed diagnoses included dementia, hypertension, and rheumatoid arthritis. Review of Resident #7's record revealed a	D 358	Training of all Med Techs was completed over 3 days on 09/09/18, 09/11/18 and 09/14/18 by the HWD who reviewed Medication administration and diabetes education. To assist with compliance, HWD or designee will observe two med passes a week, for one month to verify compliance. Additional training or coaching will be provided to med tech as determined appropriate by the HWD or designee. HWD or designee will run and review the administration of medications report daily for thirty (30) days, then weekly thereafter. The HWD or designee will provide additional training. The ED or designee will monitor reports ran by HWD to verify compliance for one month. This will be completed by 10/31/18. This will be reviewed on a monthly basis by AED or designee to insure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 13 physician's order dated 08/23/18 for ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution, inhale contents of one vial via nebulizer every 6 hours for 7 days. (Ipratropium-albuterol is used to improve breathing by dilating airway openings.) Observation of the 11:00 am medication pass on 08/29/18 revealed: -At 11:15 am, Resident #7 was administered one oral medication by the medication aide (MA). -Ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution was not administered. Review of Resident #7's August 2018 electronic medication administration record (eMAR) revealed: -There was no entry for ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution, inhale contents of one vial via nebulizer every 6 hours for 7 days transcribed on the eMAR. -Ipratropium-albuterol 0.5 mg-3 mg per 3 milliliters nebulization solution was not documented as administered from 08/23/18 to 03/29/18. Review of Resident #7's medication on hand for administration on 08/29/18 at 3:00 pm revealed a box of 30 of 3 milliliter vials dispensed on 08/24/18 with 30 vials remaining. Review of documentation for Resident #7 revealed a computer message was sent to the prescriber on 08/25/18 regarding a nebulizer apparatus was not available for Resident #7 to administer the ipratropium-albuterol nebules. Interview on 08/29/18 at 3:35 pm with the Resident Care Coordinator (RCC) revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 14 -The facility entered the physician orders for medications into the computer electronic medication administration record. -The facility faxed the physicians' orders to the pharmacy. -The facility released orders to show up for medication aides to administer when the medication was available, and in the case of Resident #7's ipratropium-albuterol nebules, and when the apparatus for administering the nebules was available; however, the nebulizer apparatus to administer the nebules was not in the facility. Telephone interview on 08/29/18 at 3:45 pm with a representative for the contract pharmacy revealed: -The contract pharmacy did not generate the eMARs for the facility. -The contract pharmacy entered orders sent by the facility or prescriber into the pharmacy computer system for building a medication profile for the residents. -The contract pharmacy's computer system did not completely interface with the facility's computer system, therefore the facility's staff was responsible to review the residents' orders and release the orders in order for them to appear for the medication aides to know what to administer. -The contract pharmacy dispensed medications for residents based on the orders received for residents. -The contract pharmacy dispensed 30 of the 3 ml ipratropium-albuterol nebulizer solution (nebules) for Resident #7 on 08/24/18 when the order was received. -The contract pharmacy did not supply nebulizer apparatus to the facility (the facility was responsible to arrange for a nebulizer from the facility's durable medical equipment provider).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 15 Interview on 08/30/18 at 1:40 pm with the medication aide (MA) administering Resident #7's medications on 08/29/18 at 11:15 am revealed: -She administered medications according to the eMAR. -She did not know Resident #7 had an order for ipratropium-albuterol nebules because the order did not appear on the eMAR. -Either the RCC, the Health and Wellness Director (HWD), or the MA on duty when the order was received could enter orders in the facility' eMAR system, however the order had to be approved and released before it showed up for MA staff to administer. The RCC or the HWD routinely approved and released orders. Interview on 08/30/18 at 3:35 pm with the Nurse Practitioner (NP) revealed: -She was contacted on 08/29/18 by the HWD regarding Resident #7's ipratropium-albuterol nebules not being administered because the resident did not have a nebulizer apparatus. -She did not receive information sent by the facility on 08/25/18 regarding an order for the nebulizer apparatus. She wanted Resident #7 to have the medication due to thick mucus building up in her chest. -Resident #7 still needed the medication to help clear her chest. Interview on 08/31/18 at 11:30 am with the HWD revealed: -The HWD or the RCC would be responsible to assure medications were administered as ordered. -The facility did not have a system in place to routinely audit the eMARs compared to the physicians' orders for accuracy. -She was not aware Resident #7 was not receiving ipratropium-albuterol nebules as	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 16 ordered until 08/29/18 when she was questioned about Resident #7's nebulizing apparatus by the RCC. Based on observations, interview, and record reviews it was determined Resident #7 was not interviewable. b. Review of Resident #6's current FL2 dated 11/01/17 revealed: -Diagnoses included dementia with behavioral disturbance, and benign essential hypertension. -There was an order for Celexa 10 mg daily. (Celexa is used to treat depression). Review of Resident #6's record revealed a physician's order dated 07/18/18 for Celexa 10 mg one and one-half tablets (15 mg) every morning. Observation of the 8:00 am medication pass on 08/30/18 revealed: -The medication aide (MA) reviewed the electronic medication administration record (eMAR) computer screen, and prepared medications for Resident #6. -At 9:04 am am, Resident #6 was administered seven oral medications by the medication aide (MA). -Resident #6 received one-half tablet of Celexa 10 mg. Interview on 09/30/18 at 9:05 am with the MA revealed: -She had prepared all the oral medications due for Resident #6 at this time. -She clicked on the medications as administered and the computer marked the medications as administered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 17 Review of Resident #6's August 2018 eMAR revealed: -Citalopram (generic for Celexa) 10 mg give 1.5 tablets one time daily for depression, total of 15 mg daily was listed on the eMAR. -The medication was scheduled for administration at 8:00 am daily. -Citalopram 10 mg give 1.5 tablets one time daily was documented as administered on 08/30/18 at 8:00 am. Observation of Resident #6's citalopram on hand for administration on 08/30/18 at 12:45 pm revealed: -There was a bingo card of citalopram 10 mg one-half tablet in the bubbles dispensed on 08/27/18 for 30 tablets with 29 tablets remaining. -There was a bingo card of citalopram 10 mg one tablet in the bubbles dispensed on 08/27/18 for 30 tablets with 30 tablets remaining. -There was no additional citalopram 10 mg available for administration for Resident #6. Interview on 08/30/18 at 12:45 am with the MA revealed: -She was training a new medication aide in addition to being observed for medication administration on 08/30/18. -Resident #6 had a bingo card with one citalopram 10 mg in the bubble, and another bingo card with one-half tablet in the bubble. -She had shown the MA she was training both of the cards prior to the medication pass observation. -She overlooked administering a half tablet from the one card and a whole tablet from the other card when she was being observed. -She documented the administration of 1.5 tablets when she clicked on the eMAR administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 18 -She would notify Resident #6's physician for not administering 10 mg of citalopram and request to administer the dose late. Interview on 08/30/18 at 12:45 pm with the Health and Wellness Director (HWD) revealed: -Medication aides should administered medications as ordered on the eMARs. -The MAs should read the orders completely before documentation of administration. -She would contact Resident #6's mental health Nurse Practitioner (NP) for information regarding the administration of the additional 10 mg of citalopram (perhaps there was still time for today but late). -The MA overlooked the additional card of citalopram. Interview on 08/30/18 at 3:30 pm with Resident #6's mental health NP revealed: -She would expect the facility to administer medications as ordered. -The facility notified her via computer notes around 12:30 pm on 08/30/18 that Resident #6 had only received 5 mg of citalopram at 9:04 am; she authorized the administration of the 10 mg around 2:15 pm. -The resident should not experience any medication side effects since the medication was administered close enough to the scheduled dose on the same day. Interview on 08/31/18 at 5:00 pm with the Executive Director (ED) and Assistant Executive Director (AED) revealed: -The RCC and HWD were responsible for assuring medications were administered as ordered. -The ED and the AED did not know residents were not receiving medications as ordered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 19 2. Review of Resident #3's current FL2 dated 08/01/18 revealed: -Diagnoses included dementia, type 2 diabetes, hypertension, and anemia. -There was an order for Lantus (long acting) insulin 55 units (subcutaneously) at bedtime. -There was an order for Humalog (rapid acting insulin) KwikPen insulin. Review of Resident #3's Resident Register revealed an admission date of 08/02/18. Review of Resident #3's record revealed orders from Resident #3's Endocrinology Nurse Practitioner (NP) dated 08/02/18 and 08/03/18 for Humalog KwikPen inject into the skin 3 times daily. Inject 10 units with breakfast and lunch, plus 2-10 units per sliding scale (> 300 add 10 units). Inject 12 units with supper, plus 2-10 units per sliding scale (> 300 add 10 units). Continued review of Resident #3's record revealed an order from the facility dated 08/06/18 faxed to the NP as follows: -"Please review, sign, and return sliding scale order. DHHS requires parameters for when to notify the MD". -"Humalog KwikPen. Inject 10 units with breakfast and lunch. If FSBS (fingerstick blood sugar) ^ [higher than sp] 300–400 add 10 units. Inject 12 units with supper. If FSBS ^ 300–400 add 10 units." Contact MD if FSBS lower than 60 or higher than 400. -The order was not signed. -There was a physician's order dated 08/29/18 for Humalog KwikPen insulin, discontinue sliding scale insulin, and inject 10 units subcutaneously (SQ) with breakfast and lunch, and 12 units at supper. (No sliding scale insulin was documented	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 20 as administered after 08/29/18). a. Review of Resident #3's August 2018 electronic medication administration record (eMAR) revealed: -An entry for Humalog KwikPen insulin inject 10 units subcutaneously two times a day related to Type 2 Diabetes Mellitus, inject 10 units subcutaneously at breakfast and at lunch was preprinted on the eMAR and scheduled for 8:00 am and 12:00 noon. -An entry for Humalog KwikPen insulin inject 12 units subcutaneously one time a day related to Type 2 Diabetes Mellitus, inject 12 units subcutaneously at dinner was preprinted on the eMAR and scheduled for 5:00 pm (1700). -There was a separate entry preprinted on the eMAR for Humalog KwikPen insulin Inject as per sliding scale if 301-400+ =10 units. 401+ = 10 units if FSBS is over 400 give additional 10 units and notify MD preprinted for each time 8:00 am, 12:00 noon, and 5:00 pm daily. -There was an entry for FSBS 3 times a day before meals. Notify MD if FSBS is under 60 or over 400 was preprinted on the eMAR with times of documentation listed at 6:30 am (changed to 7:30 am 08/18/18), 11:30 am, and 4:30 pm daily. Continued review of Resident #3's August 2018 eMAR revealed: -There were 87 opportunities for FSBS checks from 08/03/18 to 08/31/18 and 87 opportunities for scheduled Humalog KwikPen insulin injections. -There were 10 doses of scheduled Humalog insulin not documented as administered; 4 doses at 8:00 am (8/8/18, 08/16/18, 08/24/18, and 08/27/18) and 5 doses at 12:00 noon (08/13/18, 08/19/18, 08/24/18, 08/27/18 and 08/28/18), and one dose (08/07/18) at 5:00 pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 21 -There were two doses of Humalog insulin documented as held at 12:00 noon per company policy for a low FSBS value of 68 on 08/9/18 at 11:30 am, and a low FSBS value of 54 on 08/29/18 at 11:30 am. -There were 2 opportunities when FSBS value were greater than 400 and it could not be determined the amount of sliding scale insulin that should have been administered as follows: On 08/20/18 at 4:30 pm FSBS was 509 and 10 units of Humalog sliding scale insulin was documented administered at 5:00 pm, and on 08/21/18 at 4:30 pm FSBS was 417 and 10 units of Humalog sliding scale insulin was documented administered at 5:00 pm. Interview on 08/31/18 at 11:30 am with the Health and Wellness Director HWD) revealed: -She did not know medication aides were not administering Resident #3's scheduled Humalog insulin as scheduled. -She looked for documentation in the Resident's progress notes regarding administration of Humalog insulin in case there was documentation for late entries or missed documentations on the eMAR. -The HWD and the Resident Care Coordinator (RCC) were responsible to assure medications were administered as ordered. -She did not have a system in place to routinely audit the residents' eMAR for missed medications or incomplete documentation. -There was not a system in place for corporate audits of residents' records and eMAR for accuracy and completeness. -Resident #3 was the only resident receiving a fast acting insulin before meals. Interview on 08/31/18 at 12:00 noon with the RCC revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 22 -She was not aware Resident #3 had missed doses of scheduled Humalog insulin. -She had not audited Resident #3's eMAR for accuracy of insulin administration. -She worked as a medication aide to assist with scheduling shortages and was not aware of missed insulin doses. -Medication aides were trained to administer medications, including insulin according to the scheduling on the eMAR. Interview on 08/31/18 at 4:00 pm with a evening shift medication aide (MA) revealed: -She had worked at the facility for 4 weeks. -She worked the evening shift as the only MA for several days of her shift. -She may not have administered insulin as ordered to Resident #3 because she did not have time to administer the insulin before the one hour after scheduled time of administration had passed. She may have not have properly documented the missed doses on the eMAR. Interview on 08/31/18 at 5:00 pm with the Executive Director (ED) and Assistant Executive Director (AED) revealed: -The RCC and HWD were responsible to assure medications were administered as ordered. -The ED or the AED did not know residents were not receiving medications as ordered. -The RCC and HWD were supposed to use computer generated audits for administration of medications to monitor administration. b. Review of Resident #3's electronic medication administration record (eMAR) for August 2018 revealed Humalog (rapid acting) insulin was not administered according to the physicians' orders dated 08/02/18, 08/03/18, and 08/06/18 for 10 units with breakfast and lunch and 12 units with	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 23 dinner. (Medications ordered to be administered with a meal should be administered with the first bite of food up to one hour after eating.) (The manufacturer of Humalog insulin recommends administration within 15 minutes of a meal or immediately after a meal). Interview with the Dietary Manager on 08/29/18 at 11:00 am revealed the residents were served dinner at 5:00 pm daily. Interview on 08/30/18 at 4:45 pm with an evening shift medication aide (MA) revealed: -She had administered Resident #3's Humalog insulin around 4:15 pm. -The resident's order for FSBS (fingerstick blood sugar) checks was scheduled for 4:30 pm and started appearing on the eMAR at 3:30 pm which was one hour before the scheduled time. -The facility policy was medications could be administered starting one hour before scheduled time up to 1 hour after the scheduled time and still be within the administration parameters of the regulations. -She checked the FSBS and administered Resident #3's Humalog insulin dose of 12 units because it was scheduled for administration at 5:00 pm and started appearing on the eMAR screen at 4:00 pm. -She did not administer the insulin according to the directions on the eMAR with regards to "with dinner" because she was taught that insulin could be administered like other medications when she was trained on the medication cart. Continued review of Resident #3's August 2018 eMAR revealed: -Humalog insulin 12 units with dinner was scheduled for administration at 5:00 pm and documented as administered 27 times from	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 24 08/03/18 to 08/30/18. -Humalog insulin was documented as administered more than 30 minutes before dinner (prior to 4:30 pm) on 18 days. -Humalog insulin was documented as administered more than 1 hours after dinner (after 5:00 pm) on 12 days. -Humalog insulin was documented as administered as ordered with dinner (within 20 minutes of dinner) on 7 days. Examples of Humalog insulin administration more than 30 minutes before dinner were as follows: -On 08/04/18, 12 units documented administered at 4:00 pm, -On 08/06/18, 12 units documented administered at 4:00 pm, -On 08/11/18, 12 units documented administered at 4:23 pm, -On 08/12/18, 12 units documented administered at 4:20 pm, -On 08/22/18, 12 units documented administered at 4:20 pm, and -On 08/24/18, 12 units documented administered at 4:02 pm. Examples of Humalog insulin administration more than 60 minutes after dinner were as follows: -On 08/05/18, 12 units documented administered at 6:21 pm, -On 08/08/18, 12 units documented administered at 6:39 pm, -On 08/09/18, 12 units documented administered at 8:17 pm, -On 08/16/18, 12 units documented administered at 10:00 pm, -On 08/18/18, 12 units documented administered at 8:01 pm, and -On 08/19/18, 12 units documented administered at 8:32 pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 25 Review of Resident #3's record, including progress notes, revealed no documentation the resident was treated for low blood sugar values after receiving Humalog insulin injections outside the ordered administration parameters. Interview on 08/31/18 at 11:07 am with the Health and Wellness Director (HWD) revealed: -She started her current position in March 2018. -She had not started providing training for the medication aides (MA). -MAs received training which was incorporated in the medication aide training class conducted by the training nurse at a different building on the same campus as the facility. -The MA staff should be giving insulin as scheduled. -The HWD and the Resident Care Coordinator (RCC) were responsible to audit the eMARs for accuracy of medication administration. -The HWD had not started the audit process. -The HWD had not discussed insulin administration times with the MAs. -The HWD will start looking at the eMAR more closely to assure medications are being administered according to the scheduled and ordered times. -She did not know MAs were not administering Resident #3's Humalog insulin according to physician's orders. Telephone interview on 08/31/18 at 12:10 pm with Resident #3's Endocrinologist's office staff revealed: -The facility should be administering rapid acting insulin with a meal as ordered. -Not administering the insulin correctly could cause hypoglycemia (low blood sugar).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 26 Interview on 08/31/18 at 4:00 pm with an evening shift MA revealed: -She had been working at the facility in early August 2018. -She was the only MA on the evening shift. -The MA staff were required to assist with serving dinner in the dining room, and she was not able to complete medication administration prior to the dinner meal. -She routinely worked the medication cart in room order starting on the front side of the hall where Resident #3's room was located. -Resident #3 was at the end of the hall and would not receive medications before the MA had to stop passing medications and assist with dinner meal. -She was aware Humalog was a short acting insulin with rapid onset. -She was able to obtain the Resident #3's FSBS before dinner. -She administered several of the late Humalog insulin injections because she did not have an opportunity to administer the insulin before the resident ate dinner. -After the dinner meal, she continued to pass medications all the way through the medications scheduled for administration in the evening. -She had received diabetic training at a previous facility. -She had primarily worked as the only evening shift medication aide since she was trained on the cart. -The HWD had instructed her yesterday to be sure to administer Resident #3's dinner Humalog insulin first, then work the residents' medications in order of the rooms. Attempted telephone interview with Resident #3's Power of Attorney (family member) on 08/31/18 was unsuccessful.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1554 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 358	Continued From page 27 The failure of the facility to administer medications as ordered to 2 of 7 residents observed during medication passes related to ipratropium-albuterol nebules (Resident #2), increasing the risk for difficult breathing, citalopram (Resident #6), increasing the risk of depression symptoms; and one sampled resident related to administration of Humalog insulin (Resident #3) which placed the resident at risk for dizziness, falls, low blood sugar levels, and loss of consciousness, was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/31/18 for this violation. CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 15, 2018.	D 358		
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	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 28 federal and state laws and rules and regulations related to medication administration. The findings are: Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered for 2 of 7 residents (Residents #6 and #7) observed during the medication passes including errors with ipratropium-albuterol nebules (#7) and citalopram (#6); and 1 of 5 sampled residents for record review (Resident #3) including errors with Humalog insulin administration. [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation).]	D912	A training was conducted by the HWD on three separate dates (09/09/18, 09/11/18, and 09/14/18) on Medication Administration and all Med Techs attended. The assist with compliance, the HWD or designee will observe two med passes a week, for one month, to verify compliance. This will be reviewed on a monthly basis by AED or designee to insure compliance.	