Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051024	A. BUILDING: _____ B. WING _____	C 01/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SMITHFIELD	830 BERKSHIRE ROAD SMITHFIELD, NC 27577

(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 and complaint investigation on December 30, 2019, December 31, 2019, January 2, 2020, and January 3, 2020. The complaint investigation was initiated by the Johnston County Department of Social Services on December 20, 2019.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 8 sampled staff (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256 upon hire. The findings are: Review of Staff A's (personal care aide (PCA)/ medication aide (MA)) personnel record revealed: -Staff's A date of hire was documented as 10/08/19. -There was no documentation of a HCPR check was completed when Staff A was hired on 10/08/19. -There was documentation of a HCPR check performed for Staff A on 11/04/19 and 12/19/19	D 137		

2/14/2020 Reviewed & accepted — Tiffany Sewell

This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0407(a)(5) Other Staff Qualifications

1. The Business Office Coordinator (BOC) or designee will verify the current HCPR status of current employees.
2. The BOC will verify HCPR checks are completed on each new hire prior to beginning of resident contact.
3. A report with the date verified will be printed and placed in the associate file and the verification date will be entered onto the perpetual staff log form for audit purposes.
4. The Executive Director (ED), Health and Wellness Director (HWD) or designee will verify the check has been completed prior to the new associate having resident contact.
5. The ED will monitor the perpetual staff requirement log form monthly.

The date of correction for this standard deficiency will not exceed February 17, 2020.

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

1. The HWD or designee will audit current records for residents with LHPS tasks.
2. Residents will be evaluated on admission for LHPS tasks.
3. Residents with LHPS tasks will have a current LHPS review completed.
4. A quarterly LHPS review will be completed on residents identified with LHPS tasks.
5. Dates of LHPS reviews will be entered on the compliance tracker by the HWD.
6. The ED will review the compliance tracker on a monthly basis.

The date of correction for this standard deficiency will not exceed February 17, 2020.

10A NCAC 13F .0904 (a)(1) Nutrition and Food Service

1. The Dietary Services Manager and Executive Director will create and maintain a cleaning schedule for the kitchen.
2. The kitchen will have sufficient staff and supplies to maintain the cleanliness on an ongoing basis.
3. The DSM and ED will verify that all equipment is in working order and that all needed supplies are present.
4. The staff will be trained in the proper cleaning procedures and will follow the cleaning schedule as posted.
5. The DSM or a designee will be responsible for inspecting the kitchen for cleanliness on a daily basis.
6. The ED will inspect the kitchen weekly to verify that the cleaning schedule is followed and the kitchen remains in a clean and sanitary condition.

The date of correction for this standard deficiency will not exceed February 17, 2020.

10A NCAC 13F .0904(a)(2) Nutrition and Food Service

1. The Dietary Services Manager and Executive Director will create and maintain a cleaning schedule for the kitchen.
2. The kitchen will have sufficient staff and supplies to maintain the cleanliness on an ongoing basis.
3. The DSM and ED will verify that all equipment is in working order and that all needed supplies are present.
4. The staff will be trained in the proper cleaning procedures and will follow the cleaning schedule as posted.
5. The DSM or a designee will be responsible for inspecting the kitchen for cleanliness on a daily basis.
6. The ED will inspect the kitchen weekly to verify that the cleaning schedule is followed and the kitchen remains in a clean and sanitary condition.

The date of correction for this Type B deficiency will not exceed February 17, 2020.

10A NCAC 13F .0904(d)(3) Nutrition and Food Services

1. Residents in AL will be offered one cup of milk at two meals, one to be breakfast, unless the resident has a documented allergy or physician order not to serve milk due to lactose intolerance or other medical concern. The resident has stated they do not want milk and this is documented in the service plan.
2. Residents in Memory Care will be served one cup of milk at two meals, one to be breakfast unless the resident has a documented allergy to milk/dairy or a physician order not to serve milk/dairy due to a lactose intolerance. If the resident is able to make the choice, this shall be documented in the service plan.
3. The Dietary Service Manager or designee will verify there is an adequate amount of milk to serve all residents in the community.
4. The DSM will verify that milk is offered or served at two meals per day based on the daily menu.
5. The Executive Director or designee will verify weekly there is an adequate supply of milk and that milk is offered per the plan of correction.

The date of correction for this standard deficiency will not exceed February 17, 2020.

10A NCAC 13F .1002(a)Medication Orders

1. The HWD/RCC/Designee will review resident eMARS and current medication orders for directions.
2. Physicians will be contacted for clarification as needed.
3. Medication aides will be retrained on New Order Tracking Forms and the forms will be implemented for all new orders.
4. The new order forms will be completed by the clinical staff transcribing and entering orders and then placed into a folder for daily review by the HWD/RCC or designee. These new order tracking forms will be maintained for three months.
5. The HWD/RCC/Designee will verify that entered orders are clear and appropriate.

6. The ED or designee will monitor the new order tracking forms on a weekly basis for four weeks and then monthly and on an as needed basis continuously.

The date of correction for this standard deficiency will not exceed February 17, 2020.

10A NCAC 13F .1005(a) Self-Administration of Medications

1. Record for residents currently self-administering will be audited for self-administration orders.
2. Residents who wish to self-administer will be assessed by the HWD or designee using the community assessment form for appropriateness.
3. Residents assessed as competent to self-administer will have an order requested from the provider and if the provider agrees, the order will be placed in the resident record.
4. Residents will be reassessed quarterly or with a change in condition.
5. Residents will follow the policy regarding medication storage.
6. Caregiver associates will be trained on the reporting of medication seen in resident rooms.
7. The HWD or Designee will enter the assessment date in the compliance tracker.
8. The ED or designee will monitor the compliance tracker monthly for three months and then quarterly for compliance.

The date of correction for this Type B Violation will not exceed February 17, 2020

10A NCAC 13F .1307 Special Care Unit Resident Profile and Care Plan

1. Special Care Unit resident records will be audited by the HWD or Designee and dates of the quarterly assessments will be entered into the compliance tracker
2. Residents found to be out of compliance with the regulation will have a quarterly profile completed and the date will be entered into the compliance tracker.
3. Residents will have a quarterly profile completed quarterly in addition to the yearly care plan.
4. The HWD or designee will be responsible for completing the profile and entering it into the compliance tracker.
5. The ED will monitor the compliance tracker monthly for three months and then quarterly thereafter.

The date of correction for this standard deficiency will not exceed February 17, 2020.

10A NCAC 13F .1308 (b) Special Care Unit Staffing

1. The staff will be trained to report care issues to the Clare Bridge Program Coordinator.
2. The CBPC will report care issues to the HWD/RCC or designee.
3. The CBPC will continue to meet weekly and as needed with the HWD to provide input to the resident's care plan.
4. The ED will verify that training has been completed
5. The ED will review the weekly CBPC/HWD meeting notes weekly for one month and monthly thereafter.

The Date of Correction for this standard deficiency will not exceed February 17, 2020

G. S. 131D-21(2) Declaration of Resident Rights

See Plan of Correction for Tag 375 10A NCAC 13F .1005(a) Self Administration

See Plan of Correction for Tag 283 10A NCAC 13F .0904(a)(2) Nutrition and Food Service

G. S. 131 D-4.5B Adult Care Home Infection Prevention Requirements

1. Staff Records for Medication Aides will be audited for compliance with training.

2. Medication Aides without the appropriate training will be removed from the Medication Cart until training is completed.

3. The Business Office Coordinator (BOC) will maintain training records for staff.

4. The HWD or designee will verify compliance with training prior to the Medication Aide administering medication.

5. The ED will monitor the training records monthly for three months and then quarterly thereafter.

The date of correction for this standard deficiency will not exceed February 17, 2020.

Andrew Wheeler III — 2/13/2020

Administrator Signature — Date