Sunrise Senior Living
Plan of Correction

Name of Community: Brighton Gardens of Greensboro
Address of Community: 1208 New Garden Road, Greensboro, NC 27410
License number: HAL-041-084
Inspection date(s): April 28 - 29, 2021
Name/Title of Legal Entity Representative Signing the Plan of Correction:

Signature of Sunrise Representative: Nilsa Ortiz Rose
Date of Submission: 5/18/2021

Regulation	Target Date by Which Correction will be completed	Plan of Correction
D 375 10A NCAC 13F .1005 (a) Self-Administration of Medications		***A. With respect to the specific resident/situation cited:***
	4/29/2021	Resident Care Director (RCD) confirmed the medication orders with Resident #6 and Resident #7 physicians. Medications with orders were confirmed to be in medication cart, on the resident's eMAR and on the FL-2. A room check was completed, and medications were removed from residents rooms.
	4/29/2021	RCD and Assisted Living Coordinator (ALC) held a meeting with Resident #6 and representative, and a meeting with Resident #7 and representative to review the community policy and regulatory requirements for self-administration of medications.
	4/29/2021	Medication Tech was counseled by RCD about procedures of administering medications for residents and only self-administering residents may administer their own medication if there is an order from physician and assessment by nurse.
		B. With respect to how the facility will identify residents/situations for the identified concerns:
	5/3/2021	RCD or designee reviewed the records of self-administering residents to confirm medications are secured in rooms and resident record has documentation of monthly assessment.
	4/29/2021	RCD or designee conducted room checks of new resident move-ins within the month to confirm no medications are in room of those not assessed to self-administer medications.
	5/5/2021	RCD or designee performed a med cart to eMAR audit to confirm medication orders are in the cart and have administration documentation.

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
		C. With respect to what systemic measures have been put into place to address the stated concern:
	5/19/2021	RCD, Director of Sales, and Operations reviewed the procedures for new resident move-in and collecting medications from resident or responsible party to confirm they are ordered by physician and on resident records.
	4/29/2021	RCD held an in-service with care team, coordinators, and housekeeping to include room check for medications during the transition to the community period. Medication Techs were re-trained on the procedures to observe and check resident rooms for medications during a medication pass.
	5/5/2021	Medication Techs will perform weekly/monthly medication cart to eMAR audits correcting and escalating missing medications or documentation to RCD or designated nurse.
		D. With respect to how the plan of correction will be monitored:
	6/9/2021	Results of the med cart to eMAR audits will be reviewed at the QAPI program meeting for 6 months to confirm completion and escalation/correction of identified items. The QAPI committee will be responsible for the monitoring of the POC and determine additional correction actions.

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
	HAL041084	A. BUILDING: _____ B. WING _____	R 04/29/2021

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 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 04/28/21 through 04/29/21.	D 000		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to ensure 2 of 7 sampled residents (#6 and #7) had orders to self-administer medications related to medications were kept in the residents' rooms including an inhaler, a nasal spray, an eye drop, and a medication used to treat allergies (#6); an inhaler and an antifungal medication (#7). The findings are: Review of the facility's Self-Administration Medication policy revealed: -The policy was not dated.	D 375		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nilsa [signature] | TITLE: Executive Director | (X6) DATE: 5/18/2021

Received and accepted Catherine Prater 05/20/21