STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074012	A. BUILDING: _____ B. WING _____	06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE W ARLINGTON BOULEVARD	2105 W ARLINGTON BOULEVARD GREENVILLE, NC 27834

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey, follow-up survey and two complaint investigations from 06/23/21 to 06/25/21. The complaint investigations were initiated by the Pitt County Department of Social Services on 03/08/21 and 06/16/21.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure 1 of 3 sampled residents (Resident #2) was tested for tuberculosis (TB) disease upon admission in compliance with the control measures adopted by the Commission for Health Services. The findings are: Review of Resident #2's current FL-2 dated 11/02/21 revealed diagnoses included	D 234		

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D 234	Continued From page 1	D 234		

Parkinson's disease, hypertension, major depressive disorder, anemia and edema.

Review of Resident #2's Resident Register dated 05/31/16 revealed:
-Resident #2 was admitted 05/31/16.
-Resident #2 was admitted from her home residence.

Review of Resident #2's record revealed there was no tuberculosis (TB) skin test or TB screening.

Interview with the Director of Clinical Specialty on 06/25/21 at 9:05am revealed:
-She was brought to the facility earlier this week (06/21/21) because the facility no longer had a nurse.
-She was acting as the facility's nurse until they replaced the position.
-When a resident was admitted, it was the marketing department's responsibility to collect all the resident's clinical documents.
-It was the facility's nurse's responsibility to review the documents and ensure that all the appropriate documents were complete upon admission.
-The facility had a compliance tracker to help the nurse manage required documents including the tuberculosis (TB) test.
-Resident #2 had a chest x-ray completed on admission but it did not specifically address TB status.
-She was not sure why there was no follow up done by the facility's nurse related to Resident #2's TB status on admission.

Interview with the Executive Director (ED) on 06/25/21 at 10:25am revealed:
-It was the responsibility of the facility's nurse to

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D 234	Continued From page 2 complete TB screening for residents upon admission. -It was her expectation that the facility's nurse would ensure residents had TB requirements on admission to the community.	D 234		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record reviews, the	D 280		

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facility failed to ensure a quarterly Licensed Health Professional Support (LHPS) evaluation was completed for 2 of 3 sampled residents (Residents #1 & #2) with LHPS task of collecting and testing of fingerstick blood samples (#1), transferring of semi-ambulatory or non-ambulatory residents (#1 & #2) and applying and removing braces (#2).

The findings are:

1. Review of Resident #1's FL-2 dated 08/05/19 revealed:
-Diagnoses included type 2 diabetes, insomnia, osteoarthritis, intervertebral disc degeneration, and coronary artery disease.
-He was non-ambulatory.
-There was an order for fingerstick blood sugar checks twice a day.

Review of Resident #1's Resident Register revealed he was admitted to the facililty on 04/25/18.

Review of Resident #1's Licensed Health Professional Support (LHPS) evaluation dated 09/26/19 revealed:
-There was documentation that included the tasks collecting and testing of fingerstick blood samples and transferring of semi-ambulatory or non-ambulatory residents.
-There was no documentation of additional LHPS tasks listed.
-There was no documentation for quarterly LHPS reviews and evaluations after 09/26/19.

Review of Resident #1's record revealed he was discharged from the facility on 12/27/20.

Refer to the interview with the Director of Clinical

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D 280	Continued From page 4 Specialty on 06/25/21 at 9:05am. Refer to the interview with the Executive Director (ED) on 06/25/21 at 10:25am. 2. Review of Resident #2's current FL-2 dated 11/02/21 revealed: -Diagnoses included Parkinson's disease, hypertension, major depressive disorder, anemia and edema. -She was semi-ambulatory. Review of Resident #2's Resident Register revealed she was admitted to the facility on 05/31/16. Review of Resident #2's physician order sheet dated 06/19/21 revealed: -Resident #2 had a collarbone fracture. -There was an order to have Resident #2 wear a sling while she was awake. Review of Resident #1's Licensed Health Professional Support (LHPS) evaluation dated 01/11/21 revealed: -There was documentation that included the tasks of ambulation using assistive device that required physical assistance. -There was no documentation of additional LHPS tasks listed. -There was no documentation for quarterly LHPS reviews and evaluations after 01/11/21. Interview with a personal care aide (PCA) on 06/24/21 at 7:48am revealed: -Resident #2 required transfer assistance from the bed to her wheelchair. -Resident #2 wore a left arm sling since she had her fall on 06/16/21.	D 280		

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D 280	Continued From page 5 Based on observations, interviews and record reviews, it was determined that Resident #2 was not interviewable. Refer to the interview with the Director of Clinical Specialty on 06/25/21 at 9:05am. Refer to the interview with the Executive Director (ED) on 06/25/21 at 10:25am. Interview with the Director of Clinical Specialty on 06/25/21 at 9:05am revealed: -She was brought to the facility earlier this week (06/21/21) because the facility no longer had a nurse. -She was acting as the facility's nurse until they replaced the position. -The facility had a compliance tracker to help the nurse manage required documents including the Licensed Health Professional Support (LHPS) evaluations. -She was not sure why the previous nurse had not completed the LHPS quarterly reviews. Interview with the Executive Director (ED) on 06/25/21 at 10:25am revealed: -She did not have access to the facility's compliance tracker to know what residents were due for LHPS review until today (06/25/21). -It was the facility's nurse's responsibility to ensure that LHPS reviews were completed. -She was not sure why the resident's LHPS reviews were not up to date.	D 280		
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	D 282		

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D 282	Continued From page 6 Homes: (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, interviews, and record reviews, the facility failed to ensure the kitchen and food storage areas were clean and free of contamination related to food items that were expired including milk, bread items and refrigerated vegetables. The findings are: Review of the local Environmental Health Inspection report for the kitchen dated 02/02/21 revealed an inspection score of 96. Observation of the dairy refrigerator in the kitchen on 06/23/21 at 2:44pm revealed: -There were 2 two-gallon jugs of Vitamin D milk with an expiration date of 06/22/21. -One of the jugs of milk was 2/3 empty and the second jug of milk was full. Observation of the produce refrigerator in the kitchen on 06/23/21 at 2:50pm revealed: -There was a fully sealed, clear bag of lettuce with an expiration date of 06/17/21. -There was a second fully sealed, clear bag of lettuce with an expiration date of 06/21/21. -There was a fully sealed, clear bag of shredded carrots with a "best if used by" date of 06/10/21. -There was a half full, clear bag of shredded carrots with a "best if used by" date of 06/10/21. Observation of the bread storage area in the	D 282		

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D 282	Continued From page 7 kitchen on 06/23/21 at 2:59pm revealed: -There was a full loaf of bread with a "best if used by" date of 06/14/21. -There was a full load of bread with a "best if used by" date of 06/16/21. -There was a full package of 12 sandwich buns with a "best if used by" date of 06/20/21. Interview with a cook on 06/23/21 at 2:39pm revealed: -The facility went through approximately 2 gallons of milk per day. -Food deliveries came every Wednesday and bread deliveries came on Friday. -The facility has been without a Dietary Manager (DM) for about 2 weeks. -The cook was now responsible for all meal preparations, cooking, and ensuring all food items were not expired or past the best by date because there was no DM. -It was a lot to keep up with all the tasks assigned to the cook since there was no DM. -She did not realize that there were expired items in the refrigerator or bread storage area. -She "tried her best" to keep up with the expiration dates and attempted to check dates on food items daily. Interview with the Executive Director on 06/23/21 at 3:10pm revealed: -There has not been a DM for 1-2 months. -She is overseeing the kitchen and dietary staff until a new DM is hired. -It was the DM's responsibility to ensure that stock was rotated, and that expired food was discarded but it was now the cook's responsibility. -There should not be any expired food items in the kitchen. -She was not aware there was any expired food items in the kitchen.	D 282		

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