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
	HAL034027	A. BUILDING: _____ B. WING _____	10/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WINSTON-SALEM	275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104

(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 09/30/21 and 10/01/21.	D 000		
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 observations, interviews and record reviews the facility failed to ensure a Licensed Health Professional Support (LHPS) assessment was completed within 30 days of admission to the	D 280		

POC reviewed and acknowledged 11/08/21 at 3:40pm

Sharon Dustin RN

10-29-2021

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D 280	Continued From page 1 facility and quarterly thereafter for 3 of 5 sampled residents (#2, #3, #4) with LHPS tasks of catheter care (#2), collecting and testing of fingerstick blood samples and medication administration through injection (#3), application of thrombo-embolus deterrent stockings (stockings used to reduce the risk of blood clots in the legs) and assistance with transfers (#4). The findings are: 1. Review of Resident #2's current FL2 dated 05/12/21 revealed: -Diagnoses included dementia, acute kidney failure and benign prostate hypertrophy. -He had an indwelling catheter. Review of Resident #2's resident register revealed he was admitted to the facility on 05/12/21. Review of Resident #2's current care plan dated 05/17/21 revealed he needed limited assistance with toileting. Review of Resident #2's LHPS assessment dated 10/01/21 revealed: -Tasks included emptying a urinary catheter bag and staff competency was validated. -There was documentation the facility nurse completed the LHPS assessment after the survey was initiated the previous day. Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable. Refer to the interview with the corporate Registered Nurse (RN) on 10/01/21 at 11:40 am.	D 280		

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D 280	Continued From page 2 Refer to the interview with the Administrator on 10/01/21 at 3:45pm. 2. Review of Resident #3's current FL2 dated 05/04/21 revealed: -Diagnoses included dementia, diabetes and hypertension. -Her finger stick blood sugar (FSBS) was to be checked before dinner. -There was an order for Humalog 75/25, inject 8 units twice daily (a medication used to treat elevated blood sugar levels). Review of Resident #3's current care plan dated 06/01/21 revealed she had diabetes and required FSBS and insulin injections. Review of Resident #3's LHPS assessments revealed: -There was an assessment dated 03/04/21 and tasks included collecting FSBS and insulin injections. -There was documentation the facility nurse completed a LHPS assessment on 09/30/21, the day the survey was initiated. Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable. Refer to the interview with the corporate Registered Nurse (RN) on 10/01/21 at 11:40 am. Refer to the interview with the Administrator on 10/01/21 at 3:45pm. 3. Review of Resident #4's current FL2 dated 06/01/21 revealed: -Diagnoses included Alzheimer's dementia, major depressive disorder and pressure injury to her left	D 280		

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D 280	Continued From page 3 heel. -She was non-ambulatory. Review of Resident #4's Resident Register revealed she was admitted to the facility on 05/18/21. Review of Resident #4's primary care physician (PCP) order dated 09/20/21 revealed thrombo-embolus deterrent stockings (TED) were to be applied each morning and taken off in the evening. Review of Resident #4's current care plan dated 06/25/21 revealed she required physical assistance related to the inability to stand independently. Review of Resident #4's LHPS assessment dated 10/01/21 revealed: -Tasks included application of TED stockings and assistance with transfers. -There was documentation the facility nurse completed the LHPS assessment after the survey was initiated the previous day. Based on observations, interviews and record reviews it was determined Resident #4 was not interviewable. Refer to the interview with the corporate Registered Nurse (RN) on 10/01/21 at 11:40 am. Refer to the interview with the Administrator on 10/01/21 at 3:45pm. Interview with the corporate RN on 10/01/21 at 11:40am revealed: -The facility's LHPS nurse position was currently	D 280		

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D 280	Continued From page 4 vacant and it was her responsibility to perform the LHPS assessments until the facility hired a nurse. -She was reviewing resident charts to determine which resident's did not have a current LHPS assessment but she had not yet completed reviewing all resident medical records. Interview with the Administrator on 10/01/21 at 3:45pm revealed: -The facility was without a LHPS nurse since the beginning of August 2021. -Corporate nurses were filling the role until she was able to hire a new LHPS nurse. -The corporate RNs were responsible to complete the LHPS assessments as needed.	D 280		

Brookdale Winston Salem

Plan of Correction

Annual Survey Completed-9/30/2021-10/1/2021

The following is the Plan of Correction for Brookdale Winston Salem regarding the Statement of Deficiencies dated **10/1/2021.** This Plan of Correction is not to be construed as an admission of or 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. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

D 280 10A NCAC 13F .0903 (c) 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 ad at least quarterly thereafter, and includes the following:

1) performing a physical assessment of 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 observations, interviews and record reviews the facility failed to ensure a Licensed Health Professional Support (LHPS) assessment was completed within 30 days of admission to the facility and quarterly thereafter 3of 5 sampled residents with LHPS tasks of catheter, collecting and testing of finger stick blood samples and medication administration through injection, application of thrombo-embolus deterrent stockings.

- The Health and Wellness Director, Health and Wellness Coordinator and the Executive Director or designee will review each resident chart and update LHPS as needed on a monthly basis. If the community does not have a Health and Wellness Coordinator or a Health and Wellness Director a designee of Brookdale Senior Living such as a District RN or Clinical Specialist will complete the LHPS and FL2 on a monthly basis so the community stays in compliance.

The findings are:

1) Review of Resident #2 current FL2 dated for 5/12/21 revealed:
-Diagnosis included dementia, acute kidney failure and benign prostate hypertrophy.
-He had an indwelling catheter
Review of Resident #2 register revealed he was admitted to the facility on 5/12/21
Review of Resident #2 current care plan dated for 5/17/21 revealed he needed limited assistance with toileting
Review of resident #2's LHPS assessment dated for 10/1/21 revealed:
-Tasks included emptying a urinary catheter bag and staff competency was validated
-There was documentation the facility nurse completed the LHPS assessment after the survey was initiated the previous day.

Based on observations, interviews and record reviews it was determined that Resident #2 was not interviewable.

Refer to the interview with the corporate Registered Nurse (RN) on 10/1/2021 at 11:40am.
Refer to the Administrator on 10/1/2021 at 3:45pm.

2) Review of Resident #3's current FL2 dated 5/4/21 revealed:
- Diagnoses included dementia, diabetes and hypertension.
- Her finger stick blood sugar (FSBS) was to be checked before dinner.
- There was an order for Humalog 75/25, inject 8 units twice daily (a medication used to treat elevated blood sugar levels)

Review of Resident #3's current care plan dated for 6/1/21 revealed she had diabetes and required FSBS and insulin injections.

Review of Resident #3's LHPS assessments revealed:

- There was an assessment dated on 3/4/21 and tasks included collecting FSBS and insulin injections.
- There was documentation that the facility nurse completed the LHPS assessment on 9/30/21, the day the survey was initiated.

Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.

Refer to the interview with corporate RN on 10/1/21 at 11:40am.

Refer to the interview with the Administrator on 10/1/21 at 3:45pm.

3) Review of resident #4's current FL2 dated on 6/1/21 revealed
- Diagnosis included Alz dementia, major depressive disorder and pressure injury to her left heel.
- She was non-ambulatory.

Review of Resident #4's Resident Register revealed she was admitted to the facility on 5/18/21

Review of Resident #4's primary care physician (PCP) order dated 9/20/21 revealed thrombo-embolus deterrent stockings (TED) were to be applied each morning and taken off in the evening.

Review of Resident #4's current care plan dated 6/25/21 revealed she required physical assistance related to the inability to stand independently.

Review of Resident #4's LHPS assessment dated 10/1/21 revealed:

- Tasks included application of TED stockings and assistance with transfers.
- There was documentation the facility nurse completed the LHPS assessment after the survey was initiated the previous day.

Based on observations, interviews and record reviews it was determined Resident #4 was not interviewable.

Refer to the interview with the corporate Registered Nurse (RN) on 10/1/21 at 11:40am.

Revealed:

- The facility's LHPS nurse position was currently vacant and it was her responsibility to perform the LHPS assessments until the facility hired a nurse.

- She was reviewing resident charts to determine which resident's did not have current LHPS assessment but she had not yet completed reviewing all resident medical records.

Refer to the interview with Administrator on 10/1/2021 at 3:45pm

Revealed:

- The facility was without a LHPS nurse since the beginning of August 2021.
- Corporate Nurses were filling the role until she was able to hire a new LHPS nurse.
- The corporate RN's were responsible to complete the LHPS assessments as needed.

- The community has hired a new Health and Wellness Director and Health and Wellness Coordinator to review each resident LHPS and FL2 upon or before admission and will continue to review on a monthly basis. If the community does not have a Health and Wellness Coordinator or a Health and Wellness Director a designee of Brookdale Senior Living such as a District RN or Clinical Specialist will complete the LHPS and FL2 on a monthly basis so the community stays in compliance. Community to complete all chart audits by December 10th, 2021.

Sommer Prestianni

Executive Director
10/29/2021