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
	HAL060016	A. BUILDING: _____ B. WING _____	R 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CARRIAGE CLUB PROVIDENCE	5802 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226

(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, follow up survey and complaint investigation on 02/08/22-02/10/22 with an exit conference via telephone on 02/10/22.	D 000	I have enclosed the Plan of Correction for the Carriage Club Providence Assisted Living Facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.	
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 reviews, the facility failed to ensure 1 of 4 residents (Resident #5) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #5's current FL2 dated 08/06/20 revealed: -Diagnoses included osteoarthritis, essential hypertension and anxiety disorder. -There was no TB information on the FL2. Review of Resident #5's Resident Register revealed she was admitted on 08/25/17.	D 234	1.Resident Charts will be audited by the Health & Wellness Director or Designee by 3/26/22 for completion of the documentation of tuberculosis testing. Updated testing will be completed, as needed and placed in charts. Chart audits will be done quarterly by the Health and Wellness Director or designee for compliance. 2.Education will be provided to Clinical Leadership on tuberculosis testing requirements by the Assisted Living Director or designee and will be complete by March 30, 2022. 3.The Health & Wellness Director or designee will review the FL2 for completeness prior to admission, including testing for tuberculosis testing.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Reviewed and acknowledged 03/24/22
Brianna Jameson

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D 234	Continued From page 1 Review of Resident #5's record revealed one TB test that was read as negative on 08/18/17. Interview with the Health and Wellness Director (HWD) on 02/09/22 at 3:45pm revealed: -She could not find a second TB test for Resident #5. -Resident #5 was admitted to the facility from Independent Living and that facility did not require TB testing. -It was the HWD's responsibility to ensure that residents had 2 TB tests within the first year of living at the facility. -She was hired in September 2021 and had thinned the charts but had not audited the charts for completion. Interview with the Administrator on 02/09/22 at 4:53pm revealed: -The HWD started in September 2021 and was responsible for ensuring that all new residents had the required TB tests. -She was not aware that a chart audit had not been completed. -The HWD was responsible for ensuring residents' records were complete and up to date. -She did not follow up to ensure that a chart audit was completed.	D 234	4. .The Assisted Living Director or designee will review new admission charts for FL2 completion monthly for three months, and then quarterly x 3. Date of Completion : 02/15/2023	
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	D 358	1.Medication carts were audited on February 15, 2022 to verify PRN medications available as ordered by physician. 2.Medication Administration re-education will be done for nurses and medication technicians by the RN Clinical Education Manager on Wednesday March 23, 2022.	

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D 358	Continued From page 2 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: Based on observations, record review and interviews, the facility failed to administer medications as ordered for 2 of 5 sampled residents (#1 and #5) related to Hyoscyamine Sulfate (a medication used to control increased secretions) (#1), and lorazepam (a medication used to treat anxiety) (#5). The findings are: 1. Review of Resident #1's current FL2 dated 12/28/20 revealed a diagnosis of altered mental status, acute kidney failure, glaucoma and muscle weakness. Review of hospice orders dated 09/01/21 for Resident #1 revealed an order for Hyoscyamine 0.125 MG for excess secretions give one tablet under the tongue every 4 hours as needed. Review of Resident #1's October 2021 electronic medication administration record (eMAR) revealed: -An entry for Hyoscyamine Sulfate tablet 0.125 MG (give 1 tablet every 4 hours as needed for secretions). -There was no documentation Hyoscyamine Sulfate 0.125 MG was administered in October 2021. Review of Resident #1's November 2021 eMAR revealed: -An entry for Hyoscyamine Sulfate tablet 0.125 MG (give 1 tablet every 4 hours as needed for secretions).	D 358	3.Medication carts will be audited weekly by the Health & Wellness Director or Designee to verify PRN medications are available as physician ordered. 4.The Assisted Living Director or designee will review the results of the Weekly Medication Cart audit monthly for three months, and then quarterly x 3. Date of Completion: 2/15/2023	

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D 358	Continued From page 3 -There was documentation Hyoscyamine Sulfate 0.125 MG was administered on November 6, 2021 at 10:27am. Interview with a Medication Aide (MA) on 02/08/21 at 1:17pm revealed: -She did not recall the Hyoscyamine Sulfate being on the medication cart. -If the medication was a PRN medication and not needed, she would not have looked for it on the cart. -She had never been asked by anyone to check and see if the medication was on the medication cart. -She had not administered the Hyoscyamine Sulfate. Interview with a second MA on 02/08/21 at 1:30pm revealed: -She did not routinely check the medication cart to see if the PRN medications were available. -She only knew if it was not available if she went to give it and it was not on the cart. -She kept check on the medications that she gave on her shift. -She did not remember the Hyoscyamine Sulfate for Resident #1 ever being on the medication cart. -She had never been asked by anyone to check for the medication. -She had never administered the Hyoscyamine Sulfate. Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 02/10/22 at 9:30am revealed: -The pharmacy had sent Resident #1's Hyoscyamine Sulfate 0.125 MG as follows (15 tablets) in June 2021, (90 tablets) in August 2021, and (90 tablets) in October 2021.	D 358		

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D 358	Continued From page 4 -There was no record of any of the Hyoscyamine Sulfate ever being returned to the pharmacy. Interview with the Health and Wellness Director (HWD) on 02/08/21 at 1:05 pm revealed: -She started as the HWD in the facility in September 2021. -She did not complete a medication cart audit for Resident #1 because the hospice nurse did them for all the hospice residents. -The medication aides were responsible to make sure the medications were on the carts and notifying her when they were missing. -She had not been made aware of the Hyoscyamine Sulfate not being on the medication cart. -The facility has had problems with the pharmacy not sending medications when ordered. -The Hyoscyamine Sulfate had an active order on the medication administration record for Resident #1 until 11/10/21. -She did not know why the medication had not been on the medication cart, nor what had happened to it. -She had spoken with the hospice nurse about not ordering as needed (PRN) medications until they were needed because they usually expired before needing to be used. Telephone interview with Resident #1's responsible party on 02/09/10 at 9:45am revealed: -Prior to November 6, 2021 Resident #1 had not needed the Hyoscyamine sulfate. -The hospice nurse said she had been checking the medications and the Hyoscyamine sulfate was on the medications cart. -She had requested the Hyoscyamine sulfate on the morning of November 6, 2021 for Resident #1 at around 6:00am and was told it was not on the	D 358		

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D 358	Continued From page 5 medication cart. -She had to call the on-call hospice nurse to get it ordered from the backup pharmacy. Telephone interview with the Hospice Team Leader on 02/10/22 at 10:21am revealed: -The staff at the facility sent Resident #1's PRN medications back to the pharmacy after not being used for so many days. -Orders that were faxed to the facility often required multiple attempts until successful receipt. -It was the hospice nurse's responsibility to reconcile the hospice medications on the cart. -It would be unrealistic to expect that the medications are looked at every visit, it is possible the nurse asked the medication aide if the medications were available, and they said yes. -There would not be any way to tell if the Hyoscyamine was on the medication cart prior to November 6, 2021. -On the morning of November 6, 2021 at 7:48am the on-call nurse received a call from Resident #1's family member to report the Hyoscyamine was not on the cart. -The on-call nurse called the backup pharmacy at 8:00am and reordered the Hyoscyamine, the pharmacy did not open till 9:00am. -Resident #1's family member said she would send her spouse the pharmacy at 9:00am to pick up the medication. Refer to interview with the Administrator on 02/09/22 at 3:30pm. 2. Review of Resident #5's current FL2 dated 08/06/20 revealed a diagnosis of anxiety disorder.	D 358		

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D 358	Continued From page 6 Review of Resident #5's Physician orders dated 12/15/21 revealed an order for lorazepam 0.5mg (used to treat anxiety) administer every 6 hours as needed for anxiety. Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed: -An entry for lorazepam 0.5mg administer every 6 hours as needed. -There was documentation lorazepam 0.5mg was administered 10 times in December 2021. Review of Resident #5's January 2022 eMAR revealed: -An entry for lorazepam 0.5mg administer every 6 hours as needed. -There was documentation lorazepam 0.5mg was administered 2 times in January 2021. Review of Resident #5's February 2022 eMAR revealed: -An entry for lorazepam 0.5mg administer every 6 hours as needed. -There was no documentation lorazepam 0.5mg was administered in February 2022 as of 02/09/22. Observation of Resident #5's medications on hand on 02/09/22 at 3:30pm revealed lorazepam 0.5mg scheduled as needed was not available on the medication cart. Interview with the medication aide (MA) on 02/09/22 at 3:30pm revealed: -Today (02/09/22) was her first day at the facility. -She did not know where Resident #5's lorazepam was and inquired if it was in back up storage. -The medication was not in back up storage.	D 358		

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D 358	Continued From page 7 Interview with the Health and Wellness Director (HWD) on 02/09/22 at 4:03pm revealed: -If the lorazepam was not on the medication cart then it was not in the facility. -She did not know why the medication was not in the facility. Telephone interview with a pharmacy technician the facility's contracted pharmacy on 02/10/22 at 1:57pm revealed: -Lorazepam 0.5mg scheduled every 6 hours as needed was dispensed on 09/17/21 for 30 tablets. -The facility was able to request medication refills from the pharmacy via fax or through their eMAR system. Telephone interview with the Hospice Team Leader on 02/10/22 at 11:14am revealed: -Hospice was not aware the facility did not have Resident #5's lorazepam 0.5mg scheduled every 6 hours as needed available to administer. -The medication was prescribed to Resident #5 to decrease anxiety, restlessness and agitation. -If Resident #5 felt restless or agitated and did not receive the medication then she could try to get out of bed and fall or harm herself. Telephone interview with the HWD on 02/10/22 at 2:06pm revealed: -Staff that administer medication were allowed to request medication refills. -A request to refill could be faxed or called into the pharmacy. -If the resident was a hospice resident, the MA notifed the hospice nurse that more medication was needed then the MA would contact the pharmacy to the get medication refilled. -MA's should have audited their medication cart	D 358		

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D 358	Continued From page 8 each shift. Refer to interview with the Administrator on 02/09/22 at 3:30pm. Interview with the Administrator on 02/09/22 at 3:30pm with the Administrator revealed: -She expected all medications ordered should be on the medication carts for the residents. -The Health and Wellness Director was responsible for the management of the medications and medication aides. -She did not know why the medications were not on the medication carts. -She did not have a system in place to ensure the HWD had the medication aides complete the medication cart audits.	D 358		