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
	HAL060101	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH CHARLOTTE	5515 REA 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 and the Mecklenburg County Department of Social Services conducted an annual survey on 03/22/22- 03/23/22.	D 000	The following is the Plan of Correction For Brookdale South Charlotte regarding the Statement of Deficiencies dated March 23rd, 2022. The 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 line. 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 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure physician's orders were implemented for 1 of 5 sampled residents, with an order for daily blood pressure readings, and a medication that required blood pressure and heart rate monitoring before administering (Resident #3). The findings are: Review of Resident #3's current FL2 dated 02/14/22 revealed: -Diagnoses included hypertensive heart disorder, coronary artery disease (CAD) and chronic kidney disease (CKD). -There was an order dated 02/21/22 for Atenolol 50mg, (used to control high blood pressure), to be administered twice a day. Review of Resident #3's physician's order summary report dated 02/21/22 revealed:	D 276	Review FL2 and transcribe orders per new order tracking form. Ultimate verification by HWD/RCC or designee. Weekly audits of medication management to gurantee orders are followed. Retraining medication technicians on 13F 309021 and continued re-education around regular monitoring of skilled competencies. Medication Technician transcription verified by the HWD/RCC or designee. HWD/RCC trasnscription verified by one another or designee and alternates depending on which individual inputs the information. To assist with ongoing compliance, the HWD/RRC or designee will review eMar monthy for three (3) months to verify PCPs orders are transcribed correctly.	May 2, 2022 03/24/2022 03/24/2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Matt Pettyjohn 5/19/22

Reviewed and acknowledged 05/20/22
Brianna Jameson