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
	HAL049019	A. BUILDING: _____ B. WING _____	06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST BROAD	2441 EAST BROAD STREET STATESVILLE, NC 28677

(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 Iredell County DSS conducted an annual and follow-up survey from 06/14/22- 06/15/22.	D 000	7/6/2022 The following is the Plan of Correction for Brookdale East Broad regarding the Statement of Deficiencies dated 6/15/2022. 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 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine and acute health care needs for 1 of 3 sampled residents (#1) related to not receiving a medication to treat a cough and a medication to treat an infection. The findings are: Review of Resident #1's current FL2 dated 02/25/22 revealed diagnoses included dementia and hypertension. Review of a communication document from Resident #1's Primary Care Provider's (PCP) office dated 05/04/22 revealed: -A staff member from the facility called the PCP's office because Resident #1 was coughing "a lot" and was coughing up mucous (secretions from the lungs). -The PCP ordered a Z-Pak, azithromycin, (a medication to treat an infection) and benzonatate (a medication to treat a cough) 100mg three times daily for seven days. -The certified medical assistant (CMA) in the PCP's office sent the prescription to Resident	D 273	10A NCAC 13F. 0902(B) HEALTHCARE A Medication Administration Audit completed by Southern Pharmacy on June 23rd 2022 to identify any others that may have been affected. The Health and Wellness Director and/or designee will re-train the appropriate staff members June 22nd, 2022 on the new order tracking form, documentation and following the resident Plan of Care. The Health and Wellness Director and/or designee will audit resident records to verify policy compliance as well as reviewing the medication administration audit report. To assist with compliance, the HWD/ or designee will monitor this process by auditing 10 resident's records weekly for the first month, then bi-weekly for the next month and then randomly thereafter.	Medication Administration Audit completed 6/23/22 by Omnicare. Re-training completed 6/22/22 by Area Nurse Manager, RCC and ED.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Steven R. Ashby | TITLE: Executive Director | (X6) DATE: 7/6/2022

Reviewed and acknowledged 07/08/22
Brianna Jameson

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D 273	Continued From page 1	D 273		

#1's pharmacy, faxed the order to the facility, and spoke to the Resident Care Coordinator (RCC) at the facility about the medication.

Review of Resident #1's May 2022 and June 2022 electronic Medication Administration Records (eMAR) revealed there were no entries for azithromycin or benzonatate.

Interview with the RCC on 06/15/22 at 2:20pm revealed:
-She did not recall being contacted by Resident #1's PCP's office regarding the azithromycin and benzonatate order.
-The communication document from the PCP's office containing the new medication orders was faxed to the facility.
-It was her responsibility, the Health and Wellness Director (HWD), and the medication aides (MA) to monitor the fax machine for new orders throughout their shift.
-When Resident #1's PCP communication document was received, it should have been followed up on at that time with the Resident #1's pharmacy and PCP.
-She thought the communication document was filed in the resident's chart by accident and no tracking form was initiated.
-She usually placed new orders on the residents' eMARs if she was working, but the HWD or the MAs could also do it.
-After new medication orders were received, a tracking form was to be started to ensure the medication was received and started as ordered.

Interview with Resident #1's PCP on 06/15/22 at 12:11pm revealed:
-Outcomes of Resident #1 not receiving the antibiotic and benzonatate included increased coughing.

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D 273	Continued From page 2 -He expected medications to be given as ordered and to be notified if residents did not receive medications as prescribed. Interview with the Administrator on 06/15/22 at 3:10pm revealed: -The HWD, RCC, and the MAs were responsible for monitoring the fax machine periodically throughout their shift for physician orders and entering them into the eMAR system. -New orders were to be placed on the resident's eMAR as soon as received and the order tracking form initiated. -The tracking orders, once initiated, were placed in a folder in the medication room and reviewed by the HWD or RCC until the order is completed. Attempted telephone interview with Resident #1's pharmacy on 06/15/22 at 12:52pm was unsuccessful. Based on observation, interviews, and record reviews it was determined Resident #1 was not interviewable.	D 273		
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:	D 276	The following is the Plan of Correction for Brookdale East Broad regarding the Statement of Deficiencies dated 6/15/2022. 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.	

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D 276	Continued From page 3 Based on interviews, observations and record reviews the facility failed to ensure orders were implemented in an appropriate time frame related to obtaining vital signs, temperature and oxygen saturations on every shift (Resident #2) and of medications used to treat allergy symptoms (Resident #3). The findings are: 1. Review of Resident #2's current FL2 dated 05/19/22 revealed: -Diagnoses included hypertension and hyperparathyroidism. -An order to take vital signs, temperature and oxygen saturations every shift. Review of Resident #2's June 2022 electronic medication administration record (eMAR) revealed there was not an entry for the documentation of the resident's vital signs, temperature or oxygen saturation. Review of Resident #2's orders on the facility's electronic documentation system on 06/14/22 revealed there was not an entry to check Resident #2's vital signs, temperature or oxygen saturation at every shift. Review of Resident #2's June 2022 progress notes revealed vital signs, temperature and oxygen saturations were not recorded every shift. Interview with a medication aide (MA) on 06/14/22 at 4:20pm revealed the Resident Care Coordinator (RCC) was responsible for checking Resident #2's vital signs and documenting them. Interview with the RCC on 06/14/22 at 4:22pm revealed:	D 276	10A NCAC 13F. 0902(C) (3-4) HEALTH CARE A Medication Administration Audit completed by Southern Pharmacy on June 23rd, 2022 to identify any others that may have been affected. The Health and Wellness Director and/or designee will re-train appropriate staff members June 22nd, 2022 on the new order tracking form, documentation and following resident's Plan of Care. The Health and Wellness Director and/or designee will audit resident records to verify policy compliance as well as reviewing the medication administration audit report. To assist with compliance, the HWD/ or designee will monitor this process by auditing 10 resident's records weekly for the first month, then bi-weekly for the next month and then randomly thereafter.	Medication Administration Audit completed 6/23/22 by Omnicare. Re-training completed 6/22/22 by Area Nurse Manager, RCC, and ED.

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D 276	Continued From page 4	D 276		

-She obtained the residents' weights once a month.
-None of the residents at the facility required daily vital signs more than once a month.
-If a resident had an order for daily vital signs then the MAs would have been responsible for obtaining them.
-The vital signs for Resident #2 should have been recorded in the facility's electronic documentation system but she did not see any recorded for him or an order prompting staff to obtain his vital signs every shift.
-The Health and Wellness Director (HWD) entered Resident #2's admission orders and should have entered the order for his vital signs, temperature and oxygen saturation to be taken every shift in the electronic documentation system.

Interview with Resident #2 and his family member on 06/15/22 at 9:45am revealed:
-He moved into the facility at the beginning of June 2022.
-His family member observed the staff check his vital signs a couple of times since he was admitted but it did not happen on a daily basis.

Interview with the RCC on 06/15/22 at 11:17am revealed:
-When a new resident was admitted the RCC or HWD was responsible for sending the FL2 to the pharmacy and the resident's Primary Care Provider (PCP).
-An order tracking form was filled out with the date that the orders were received and the date the orders were sent to the pharmacy.
-The HWD was responsible for checking the order tracking forms to ensure that the orders were sent to the pharmacy.

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D 276	Continued From page 5 Interview with the Administrator on 06/15/22 at 3:00pm revealed: -The HWD was primarily responsible for processing orders on new admissions but the RCC was trained on how to process new admissions as well. -Whoever processed the orders for the new admission would have also been responsible for entering the orders into the facility's electronic documentation system. -After the order was processed the staff member should have entered a note in the electronic documentation system, filed the fax confirmation in the resident's record or filled out an order tracking form. -If the RCC processed a new order then the HWD was responsible for ensuring that was completed and vice versa. -The Administrator or Area Nurse Manager was responsible for ensuring orders were processed in the absence of the HWD or RCC. -He expected orders to be processed within 24-48 hours of obtaining them. -Residents records were audited by the Area Nurse Manager, HWD and District Director of Clinical Services on a monthly basis for compliance. 2. Review of Resident #3's current FL2 dated 01/10/22 revealed diagnoses included Parkinson's Disease, and bronchitis. Review of Resident #3's April 2022 physician orders revealed an order to start Claritin (a medication to treat seasonal allergies) 10mg daily and Flonase (a medication to treat environmental allergies) two sprays in each nostril daily. Review of Resident #3's April 2022 electronic Medication Administration Record (eMAR)	D 276		

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D 276	Continued From page 6	D 276		

revealed:
-An entry for Claritin 10mg to start 04/29/22.
-An entry for Flonase two sprays in each nostril to start 04/29/22.

Telephone interview with a pharmacy technician from the facility contracting pharmacy on 06/15/22 at 10:09am revealed:
-The order for Claritin 10mg and Flonase spray 16 grams were received on 04/28/22.
-It was filled for a 30 day supply and refilled again on 05/31/22.
-The facility received the medications on 04/28/22.

Interview with the Resident Care Coordinator (RCC) on 06/15/22 at 12:06pm revealed:
-New orders were sent to the pharmacy by the Medication Aide (MA), RCC or the Health Wellness Director (HWD).
-An order tracking sheet was used for all medication orders, which tracked the date the order was received, when it was sent to the Pharmacy, and when the medication was received at the facility.
-The facility had gotten away from using the tracking sheet lately and the RCC was not sure why.
-The HWD was responsible for checking the tracking sheet and to make sure all orders were sent to the pharmacy.
-No tracking sheet was found for the Claritin 10mg or the Flonase spray.
-The RCC did not think there was a HWD during the time the Claritin and Flonase was ordered and thought the tracking sheets were being checked by the area nurse manager with the company.

Interview with the family nurse practitioner (FNP)

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D 276	Continued From page 7 on 06/15/22 at 3:48pm revealed: -She was not aware the resident did not receive the medications until 04/29/22. -She did not see any issues with the resident medications not started until 04/29/22. -She expected the medications to be started within 24-48 hours Interview with the Administrator on 06/15/22 at 3:00pm revealed: -The tracking sheet was supposed to be started by the MA, RCC or HWD when the order was taken off the fax machine. -He did not know it was not being used routinely. -He expected medication turn around time to be within 24 hours even though the company said 24-48 hours. -The RCC, MA and HWD were all trained to do the tracking sheet. -The Administrator or the area director were trained to do the tracking sheet if needed. -The HWD audited the charts for clinical compliance.	D 276	7/6/2022 The following is the Plan of Correction for Brookdale East Broad regarding the Statement of Deficiencies dated 6/15/2022. 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. 10A NCAC 13F. 0902(B) HEALTHCARE A Medication Administration Audit completed by Southern Pharmacy on June 23rd 2022 to identify any others that may have been affected. The Health and Wellness Director and/or designee will re-train the appropriate staff members June 22nd, 2022 on the new order tracking form, documentation and following the resident Plan of Care. The Health and Wellness Director and/or designee will audit resident records to verify policy compliance as well as reviewing the medication administration audit report. To assist with compliance, the HWD/ or designee will monitor this process by auditing 10 resident's records weekly for the first month, then bi-weekly for the next month and then randomly thereafter.	