

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/23/2022
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
(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 and follow-up survey from June 22, 2022 to June 23, 2022.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization 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 testing for tuberculosis (TB) for 1 of 5 sampled residents (#3) upon admission in accordance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #3's current FL-2 dated 05/11/22 revealed diagnoses included congestive heart failure, chronic obstructive pulmonary disease, atrial fibrillation, and dementia. Review of Resident #3's Resident Register revealed an admission date of 05/14/22 from his home. Review of Resident #3's records revealed there	D 234		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

7/23/2022

STATE FORM

6899

77KN11

If continuation sheet 1 of 36

Reviewed and Acknowledged *Sharon Melvin*

08/02/22

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D 234	Continued From page 1 was no documentation of tuberculosis testing (TB) or screening. Based on observations, interviews, and record reviews, it was determined that Resident #3 was not interviewable. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 2:04pm revealed: -He was the facility nurse. -He was not aware TB screening and/or testing documentation was not in Resident #3's records. -He was aware that a TB test was required prior to admission to the facility and another TB test was to be completed within a year. -The Sales Manager received admission documents from prospective residents and referred them to the HWD for review. -It was his responsibility to ensure testing for TB was completed for residents. -It was important to test residents for TB prior to admission to the facility to prevent the spread of TB to other residents. Interview with the Administrator on 06/23/22 at 2:23pm revealed: -He was not aware TB testing documentation was not in Resident #3's records. -He was aware that a "2-part" TB test was to be completed on residents. -The first TB test was to be completed prior to admission to the facility. -Another TB test was to be administered within a year. -The Sales Manager provided the families of prospective residents with an admission packet with the requirements for admission to the facility. -The Sales Manager received the admission packet with requested documents and referred it to the HWD for review.	D 234		

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D 234	Continued From page 2 -It was the responsibility of the HWD, who was the facility nurse, to review the FL-2 and clinical information received to ensure TB testing was completed for Residentt #3 and placed in his record. -His expectation was for the TB testing policy to be followed. -It was important to test residents upon admission for TB to prevent the spread of TB in the facility.	D 234		
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 observations, interviews and record reviews the facility failed to ensure referral and follow-up for 2 of 5 residents sampled (#1 and #2) including notifying the primary care provider (PCP) of a large bump on the left leg that was red, swollen and white in the center (#1) and scheduling a PCP follow-up appointment that was ordered within one week of hospital discharge (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 07/02/21 revealed: -Diagnoses included dementia, traumatic brain injury, coronary artery disease and Parkinson's disease. -He was constantly disoriented and was ambulatory.	D 273		

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D 273	Continued From page 3 Review of an electronic progress note dated 04/02/22 at 4:37pm revealed: -A medication aide (MA) documented that Resident #1's left leg was swollen, and he had a large bump on the side of his leg below his knee that was red, swollen and white in the center. -The resident denied complaint of pain. -There was no documentation that she notified the primary care provider (PCP). Interview with a MA on 06/23/22 at 2:30pm revealed: -When a resident had a change in condition, MAs were expected to contact the primary care provider (PCP) to notify of the change. -MAs were expected to contact the PCP of any changes because the PCP may give new orders or want the resident transported to the emergency room for evaluation. -MAs were expected to update the Health and Wellness Director (HWD) at the facility of the change in status. Interview with the HWD on 06/23/22 at 1:57pm revealed: -MAs were expected to inform him of any change of condition in a resident and report it to the PCP. -The MA should have notified him and the PCP of the red, swollen area on Resident #1's leg. -He was concerned that the resident's leg could have been infected, he should have been seen by the PCP and probably needed an antibiotic to prevent the infection from spreading. Interview with Resident #1's PCP on 06/23/22 at 1:36pm revealed: -She was not notified by the facility on 04/02/22 that Resident #1's left leg was swollen with a large bump on the side of his leg below his knee that was red, swollen and white in the center.	D 273		

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D 273	Continued From page 4 -The MA should have notified her of Resident #1's change in condition so that she could have assessed the resident or sent him to a clinic. -She was concerned that Resident #1 could have had an infection or possibly an injury after an unwitnessed fall. -She was concerned that the area on his left that was red and swollen could have become infected and was not treated. Interview with the Administrator on 06/23/22 at 2:17pm revealed: -MAs were expected to notify the HWD and the PCP of any change in condition or status for a resident. -He was concerned that the MA did not notify the HWD or the PCP of the red, swollen are on Resident #1's leg because it could have been infected. -Resident #1 needed to be properly assessed to prevent a possible infection from spreading. 2. Review of Resident #2's current FL-2 dated 06/15/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD), stage 3 chronic kidney disease, and hyperlipidemia. Review of Resident #2's hospital discharge summary dated 06/08/22 revealed: -The resident presented to the emergency room on 06/04/22 with a cough and shortness of breath. -She was admitted for treatment of acute hypoxemic respiratory failure secondary to pneumonia and COPD exacerbation. -She was discharged to the facility on 06/08/22 with instructions to complete antibiotic treatment for pneumonia. -She was to follow up with her primary care provider (PCP) within 1 week.	D 273		

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D 273	Continued From page 5 Review of Resident #2's hospital physician discharge orders dated 06/08/22 revealed there was an order for the resident to follow up with their PCP within 1 week. Interview with Resident #2 on 06/23/22 at 8:15am revealed she had not seen her PCP since she was discharged from the hospital with pneumonia on 06/08/22. Interview with a medication aide (MA) on 06/23/22 at 11:10am revealed: -Resident #2 had not been seen by her PCP since her hospital discharge two weeks ago. -Resident #2's PCP comes to the facility every two weeks. -Resident #2's PCP was due to come to the facility this week, but she was not sure which day. -The Health and Wellness Director (HWD) received discharge orders and instructions from the hospital. -She was not sure who was responsible for making follow-up appointments for residents but Resident #2 was on the PCP's list to be seen when she came to the facility. Interview with the HWD on 06/23/22 at 1:45 pm revealed: -The Resident Care Coordinator (RCC) was out on medical leave for the last 6 weeks and she was normally responsible for ensuring hospital discharge orders including follow-up appointments were completed. -He was not aware that Resident #2 had orders for a one week follow up appointment with her PCP within 1 week. -He was not sure if Resident #2's PCP was notified of Resident #2's return from hospital or need for follow up appointment but he would	D 273		

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D 273	Continued From page 6 expect staff to document notification. Interview with the Administrator on 06/23/22 at 2:15pm revealed he expected discharge orders to be implemented upon return to the facility including follow up appointments. Attempted telephone interview with Resident #2's primary care provider (PCP) on 06/23/22 at 10:07am and 2:10pm were unsuccessful.	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: Based on observations, interviews and record reviews the facility failed to implement orders for 2 of 5 residents sampled (#1 and #2) including orders for compression stockings (#1) and every other day weights (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 07/02/21 revealed: -Diagnoses included dementia, traumatic brain injury, coronary artery disease and Parkinson's disease. -He was constantly disoriented and was	D 276		

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D 276	Continued From page 7 ambulatory. Observation of Resident #1 on 06/23/22 at 9:43am revealed he was on his bed and was not wearing compression stockings. Review of Resident #1's primary care provider (PCP) order dated 03/07/22 revealed compression stockings were ordered for both lower legs; wear daily and remove at night. Review of Resident #1's April 2022 electronic medication administration record (eMAR) revealed there was an entry for compression stockings apply in the morning and remove at bedtime. Review of Resident #1's May 2022 eMAR revealed there was an entry for compression stockings apply in the morning and remove at bedtime. Review of Resident #1's June 2022 eMAR revealed there was an entry for compression stockings apply in the morning and remove at bedtime. Review of Resident #1's electronic progress note dated 04/06/22 at 6:23am revealed: -Compression stockings to be applied to lower legs in the morning and removed at bedtime for edema. -A medication aide (MA) documented that Resident #1 was not wearing compression stockings. -Resident #1's sitter informed the MA that his compression stockings were dirty and in the laundry. -MA documented she would apply compression stockings once they were washed and dried.	D 276		

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D 276	Continued From page 8 Review of Resident #1's second PCP order dated 05/11/22 revealed he had bilateral leg swelling and should be wearing compression stockings on both legs every day and remove at night. Review of Resident #1's PCP visit note dated 05/23/22 revealed: -Resident #1 was seen after the facility reported he had lower extremity swelling. -Resident #1 was not wearing compression stockings at his visit with the PCP on 05/23/22. -The PCP reminded the staff person from the facility, his private sitter and Resident #1 that he needed to wear compression stockings daily to reduce swelling in his legs. Review of Resident #1's PCP order dated 05/23/22 revealed he had bilateral leg swelling and compression stockings should be applied to both legs each morning and removed at night. Interview with Resident #1's private sitter from a home health agency on 06/22/22 at 9:42am revealed: -She provided sitter services for Resident #1 from 8:00am-4:30pm Monday thru Friday and some weekends. -She had not observed staff from the facility put compression stockings on Resident #1 during the last three months. -There was one pair of compression stockings in Resident #1's top dresser drawer with two holes and were worn out at the bottom of each stocking. Interview with a MA on 06/23/22 at 2:30pm revealed: -Personal care aides (PCAs) and MAs were responsible for putting compression stockings on	D 276		

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D 276	Continued From page 9 residents. -PCAs usually put compression stockings on residents because they assisted residents with dressing. -She had not noticed that Resident #1 did not have on his compression stockings today. -He was supposed to wear them to help decrease the swelling in his legs. -There was an order from the PCP for Resident #1 to wear compression stockings daily. Interview with the HWD on 06/23/22 at 1:57pm revealed: -PCAs were responsible for putting Resident #1's compression stockings on each morning. -If a resident refused or they had a difficult time putting the compression stockings on; they were expected to notify the MA. -The MAs were supposed to ensure Resident #1 had on compression stockings each day. -Resident #1 should have been wearing compression stockings to help decrease the swelling in his legs. -He was not aware that Resident #1 did not have on compression stockings. Interview with Resident #1's PCP on 06/23/22 at 1:36pm revealed: -She was not aware that Resident #1 did not have on compression stockings. -She expected the MAs to follow her order for compression stockings to reduce the risk of resident falling and to decrease the swelling in his legs. -She was concerned that she had not been notified by the MA that Resident #1 was not wearing his compression stockings today and expected to be notified. Interview with the Administrator on 06/23/22 at	D 276		

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D 276	Continued From page 10 2:17pm revealed: -The MAs were expected to check behind the PCAs to be sure Resident #1 had on compression stockings each morning. -MAs were expected to follow PCP orders. -Resident #1 should have compression stockings on to reduce swelling in his legs, decrease problems with walking and to decrease the risk of falls. 2. Review of Resident #2's current FL-2 dated 06/15/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD), stage 3 chronic kidney disease, and hyperlipidemia. Review of Resident #2's hospital discharge summary dated 06/08/22 revealed: -The resident presented to the emergency room on 06/04/22 with a cough and shortness of breath. -She was admitted for treatment of acute hypoxemic respiratory failure secondary to pneumonia and COPD exacerbation. -She was discharged to the facility 06/08/22. Review of Resident #2's hospital physician discharge orders dated 06/08/22 revealed there was an order for the resident to be weighed every other day. Interview with Resident #2 on 06/23/22 at 8:15am revealed she was not being weighed every other day since she was discharged from the hospital with pneumonia on 06/08/22. Interview with the HWD on 06/23/22 at 1:45 pm revealed: -The Resident Care Coordinator (RCC) was out on medical leave for the last 6 weeks and she was normally responsible for ensuring hospital	D 276		

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D 276	Continued From page 11 discharge orders including orders for weights every other day were completed. -He was not aware that Resident #2 had orders for weights every other day. -It was ultimately his responsibility to ensure that orders were implemented for residents return from the hospital. -Monthly weights were documented in the electronic documentation system. Interview with the Administrator on 06/23/22 at 2:15pm revealed he expected discharge orders to be implemented upon return to the facility including orders for weights every other day. Attempted telephone interview with Resident #2's primary care provider (PCP) on 06/23/22 at 10:07am and 2:10pm were unsuccessful.	D 276		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure therapeutic diet menus were available for guidance of food service staff for 3 of 5 sampled residents (#2, #4, #5) with an order for a low sodium diet (#2), with an order for a textured modified diet with food that were soft and moist with ground meats and	D 296		

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D 296	Continued From page 12 poultry, and a carbohydrate controlled diet (#5). The findings are: 1. Review of Resident #2's current FL-2 dated 06/15/21 revealed diagnoses included chronic obstructive pulmonary disease, stage 3 chronic kidney disease, and hyperlipidemia. Review of Resident #2's hospital discharge orders dated 06/08/22 revealed there was an order for a low sodium diet. Observation of Resident #2's breakfast meal on 06/23/22 at 7:45am revealed she was served bacon, toast, and unsweet tea. Interview with Resident #2 on 06/23/22 at 8:15am revealed: -She was not aware if she was on a specialized diet or not. -She did not receive anything different than the other residents. -She was allowed bacon and salt. Attempted telephone interview with Resident #2's primary care provider (PCP) on 06/23/22 at 10:07am and 2:10pm were unsuccessful. Refer to interview with the lead cook (LC) on 06/22/22 at 12:30pm. Refer to interview with the Health and Wellness Director on 06/23/22 at 1:57pm. Refer to interview with the Administrator on 06/23/22 at 2:17pm. 2. Review of Resident #4's current FL-2 dated 03/03/22 revealed:	D 296		

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D 296	Continued From page 13 -Diagnoses included acute kidney failure, dehydration, dysphagia, and Meniere's disease. -He was intermittently disoriented. -He was deaf. -He had limited eye sight. -His diet was textured modified that included foods that were soft and moist and ground meats and poultry. Review of Resident #4's Resident Register dated 03/14/22 revealed an admission date of 03/03/22. Review of Resident #4's records revealed he was on hospice. Review of a physician order report dated 03/07/22 revealed Resident #4 was on a textured modified diet and to refer to diet type for texture. Observation of Resident #5's lunch meal on 06/22/22 at 12:22pm revealed he was served breaded chicken cordon bleu (which was cut in bite size pieces), green beans, peaches, cottage cheese, pecan pie, coffee, tea and water. Based on observations, interviews and record review, it was determined that Resident #4 was not interviewable. Refer to interview with the lead cook (LC) on 06/22/22 at 12:30pm. Refer to interview with the Health and Wellness Director on 06/23/22 at 1:57pm. Refer to interview with the Administrator on 06/23/22 at 2:17pm. 3. Review of Resident #5's current FL-2 dated 08/11/21 revealed diagnoses included diabetes	D 296		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
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D 296	Continued From page 14 mellitus and dyslipidemia. Review of Resident #5's physician orders dated 01/20/22 revealed there was an order carbohydrate control diet. Observation of Resident #5's lunch meal on 06/22/22 at 12:22pm revealed she was served breaded chicken cordon bleu, green beans, water, peaches and cottage cheese, coffee, water and pecan pie. Interview with Resident #5 on 06/23/22 at 8:20am revealed: -She was served the same meal as the other residents. -She was not aware if she was on a specialized diet or not. -She was not given the option of different desserts with meals. Telephone interview with a registered nurse at Resident #5's primary care provider's (PCP) office on 06/23/22 at 10:10am revealed it was expected that Resident #5 received the diet that was ordered by the PCP so that she did not experience hyperglycemia (high blood sugar levels). Refer to interview with the lead cook (LC) on 06/22/22 at 12:30pm. Refer to interview with the Health and Wellness Director on 06/23/22 at 1:57pm. Refer to interview with the Administrator on 06/23/22 at 2:17pm. _____ Interview with the lead cook (LC) on 06/22/22 at	D 296		

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D 296	Continued From page 15 12:30pm revealed: -The list of residents on a therapeutic diet were posted in the kitchen. -Personal care aides (PCAs) came to the kitchen window at each meal, picked up the resident's plate and delivered the meal to them at the dining room table. -Plates were not labeled with resident names. -The PCAs knew which residents were on a special diet. Interview with the Health and Wellness Director on 06/23/22 at 1:57pm revealed therapeutic diet menus should have been available in the kitchen so that the LC knew how to prepare therapeutic diets per primary care provider (PCP) orders. Interview with the Administrator on 06/23/22 at 2:17pm revealed: -There should have been therapeutic diet menus available for the LC in the kitchen in order to prepare therapeutic diets correctly. -He was not aware that the LC did not have therapeutic diet menus available in the kitchen.	D 296		
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 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:	D 358		

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D 358	Continued From page 16 Based on observations, interviews, and record reviews the facility failed to administer medications as ordered for 1 of 5 residents sampled (#2) including the full course of antibiotics ordered after hospital discharge and updating orders that were changed from scheduled to as needed for a sleep aide and stool softener. The findings are: Review of Resident #2's current FL-2 dated 06/15/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD), stage 3 chronic kidney disease, and hyperlipidemia. 1. Review of Resident #2's hospital discharge instructions on 06/08/22 revealed there was an order for Augmentin 875mg-125mg, 1 tablet every 12 hours for 3 days (Augmentin is an antibiotic used to treat infection). Review of Resident #2's hospital discharge summary dated 06/08/22 revealed: -The resident presented to the emergency room on 06/04/22 with a cough and shortness of breath. -She was admitted for treatment of acute hypoxemic respiratory failure secondary to pneumonia and COPD exacerbation. -She was discharged to facility 06/08/22 with instructions to complete antibiotic treatment for pneumonia. -She was to follow up with her primary care provider (PCP) within 1 week. Review of Resident #2's June 20222 electronic medication administration record (eMAR) from 06/01/22 to 06/22/22 revealed: -There was an entry for Augmentin	D 358		

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D 358	Continued From page 17 875mg-125mg with instructions to give one tablet every 12 hours for a bacterial infection for three days, scheduled for administration starting 06/09/22 at 8:00pm. -Augmentin 875mg-125mg was documented as administered on 06/09/22 at 8:00pm, 06/10/22 at 8:00am, 06/11/22 at 8:00am and 8:00pm, and 06/12/22 at 8:00am. -Augmentin was documented as not administered on 06/10/22 at 8:00pm with reason 'resident sleeping'. -Resident #2 received 5 of the 6 ordered doses of Augmentin 875mg-125mg. Observation of Resident #2's medications on hand on 06/23/22 at 11:15am revealed there was no Augmentin 875mg-125mg available for administration. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/23/22 at 9:40am revealed: -The pharmacy received an electronic prescription for Augmentin 875mg-125mg 1 tablet every 12 hours for 3 days on 06/08/22. -The pharmacy dispensed 6 tablets of Augmentin 875mg-125mg on 06/08/22 and it was received by the facility on 06/08/22 in the evening. -The pharmacy profiles the resident's prescriptions but does not place them on the eMAR. -It was important for the resident to receive the full course of antibiotics to ensure the infection was fully treated and prevent a possible readmission for continued infection. Interview with Resident #2 on 06/23/22 at 8:15am revealed she remembered receiving antibiotics at the facility after she was discharged from the hospital; but she cannot recall for how long she	D 358		

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D 358	Continued From page 18 received them. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 1:45pm revealed: -He was not aware that Resident #2 only received 5 of the 6 ordered doses of antibiotics. -He would expect the medication aide (MA) to wake the resident up to receive her antibiotics as ordered. -It was important for the resident to receive their full course of antibiotics to properly treat the infection. Refer to interview with the Administrator on 06/23/22 at 2:15pm. Attempted telephone interview with the MA that was working 06/10/22 evening shift on 06/23/22 at 10:14am was unsuccessful. Attempted telephone interview with Resident #2's primary care provider (PCP) on 06/23/22 at 10:07am and 2:10pm were unsuccessful. 2. Review of Resident #2's hospital discharge instructions on 06/08/22 revealed there was an order for Colace 100mg twice a day as needed for constipation (Colace is a stool softener). Review of Resident #2's June 2022 electronic medication administration record (eMAR) from 06/01/22 to 06/22/22 revealed: -There was an entry for Colace 100mg with instructions to give 1 capsule twice a day for constipation, scheduled for administration at 8:00am and 8:00pm. -Colace 100mg was documented as administered upon the resident's return from the hospital on 06/09/22 at 8:00am and 8:00pm, 06/10/22 at 8:00am and 06/11/22 from 06/21/22 at 8:00am	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/23/2022
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D 358	Continued From page 19 and 8:00pm. -Colace 100mg was documented as not administered on 06/10/22 at 8:00pm due to reason 'resident sleeping'. -The entry Colace was not changed from scheduled to as needed which was ordered on discharge from the hospital 06/08/22. Observation of Resident #2's medications on hand on 06/10/22 at 11:15 revealed there was Colace 100mg in a bubble packet with a pre-printed label from the pharmacy with instructions to administer 1 tablet twice a day for constipation on the medication cart. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/23/22 at 9:40am revealed they did not receive a discharge instruction sheet or discharge orders for Resident #2's 06/08/22 hospitalization so they were not aware that Colace 100mg was changed to twice a day as needed. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 1:45pm revealed: -He was not aware that Resident #2's Colace was changed to as needed upon discharge from the hospital on 06/23/22. -It was his responsibility to ensure that orders were updated on the eMAR and faxed to the pharmacy because the Resident Care Coordinator (RCC) was out of the facility on medical leave. Refer to interview with the Administrator on 06/23/22 at 2:15pm. Attempted telephone interview with the MA that was working 06/10/22 evening shift on 06/23/22 at 10:14am was unsuccessful.	D 358		

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D 358	Continued From page 20 Attempted telephone interview with Resident #2's primary care provider (PCP) on 06/23/22 at 10:07am and 2:10pm were unsuccessful. 3. Review of Resident #2's hospital discharge instructions on 06/08/22 revealed there was an order for Melatonin 3mg, give 2 tablets at bedtime as needed for insomnia (Melatonin is a hormone used to aide sleep). Review of Resident #2's June 20222 electronic medication administration record (eMAR) from 06/01/22 to 06/22/22 revealed: -There was an entry for Melatonin 3mg with instructions to give 2 tablets at bedtime for sleep, scheduled for administration at 8:00pm. -Melatonin 3mg 2 tablets was documented as administered upon the resident's return from the hospital on 06/09/22 and from 06/11/22 to 06/21/22 at 8:00pm. -Melatonin 3 mg 2 tablets was documented as not administered on 06/10/22 due to reason 'resident sleeping'. -The entry Melatonin was not changed from scheduled to as needed which was ordered on discharge from the hospital 06/08/22. Observation of Resident #2's medications on hand on 06/10/22 at 11:15 revealed there was Melatonin 3mg in a bubble packet 2 tablets in each bubble with a pre-printed label from the pharmacy with instructions to administer 2 tablets at bedtime for sleep on the medication cart. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/23/22 at 9:40am revealed they did not receive a discharge instruction sheet or discharge orders for Resident #2's 06/08/22 hospitalization so they were not	D 358		

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D 358	Continued From page 21 aware that Melatonin was changed to as needed. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 1:45pm revealed: -He was not aware that Resident #2's Melatonin was changed to as needed upon discharge from the hospital on 06/23/22. -It was his responsibility to ensure that orders were updated on the eMAR and faxed to the pharmacy because the Resident Care Coordinator was out of the facility on medical leave. Refer to interview with the Administrator on 06/23/22 at 2:15pm. Attempted telephone interview with Resident #2's primary care provider (PCP) on 06/23/22 at 10:07am and 2:10pm were unsuccessful. Interview with the Administrator on 06/23/22 at 2:15pm revealed he expected medications to be administered as ordered including medications ordered on discharge from the hospital.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of	D 367		

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D 367	Continued From page 22 medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure medication administration records (MAR) were accurate and complete for 2 of 5 sampled residents including an order for a steroid tapering dose that was left off the MAR (#2) and multiple medications that were left blank (#2 and #5). The findings are: 1. Review of Resident #2's current FL-2 dated 06/15/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD), stage 3 chronic kidney disease, and hyperlipidemia. a. Review of a Resident #2's physician orders dated 05/24/22 revealed there was an order for a 6-day Medrol dose pack with instructions for Day 1: take 2 tablets at breakfast, 1 tablet at lunch, 1 tablet at dinner, and two tablets at bedtime, Day 2: take 1 tablet at breakfast, 1 tablet at lunch, 1 tablet at dinner, 2 tablets at bedtime, Day 3: 1 tablet at breakfast, 1 tablet at lunch, 1 tablet at dinner and 1 tablet at bedtime, Day 4: 1 tablet at breakfast, 1 tablet at lunch, 1 tablet at bedtime, Day 5: 1 tablet at breakfast and 1 tablet at bedtime, Day 6: 1 tablet at breakfast (Medrol	D 367		

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D 367	Continued From page 23 dose pack is a tapering dose steroid used to treat inflammation). Review of Resident #2's May 2022 electronic medication administration records (eMAR) revealed there was no entry for Medrol dose pack. Telephone interview with a pharmacist at the facility's contracted pharmacy revealed: -The pharmacy received an order for a 6-day Medrol dose pack on 05/25/22 and dispensed 21 4mg tablets on 05/25/22 to the facility. -The pharmacy profiled and dispensed the medication, but they are not responsible for putting the medication on the eMAR. -The facility was responsible for entering the medication onto the eMAR. Interview with the medication aide (MA) on 06/23/22 at 11:15am revealed: -She was working when the order came in for Resident #2's Medrol dose pack. -She was not able to add the medication to the eMAR so she notified the HWD that she could not get the medication to pop up on the eMAR. -She administered the medication as ordered and did not use a written medication administration sheet; she just went by the instructions from the pharmacy. -She did not document administration of the Medrol dose pack. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 1:45pm revealed: -He remembered administering Resident #2's Medrol dose pack because he worked the medication cart while she was receiving it. -He was not sure why the Resident #2's Medrol dose pack was not listed on the eMAR.	D 367		

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D 367	Continued From page 24 Refer to the interview with the Administrator on 06/23/22 at 2:15pm. b. Review of Resident #2's physician orders dated 06/15/21 revealed: -There was an order for Amitriptyline 25mg at bedtime (Amitriptyline is used to treat chronic headaches). -There was an order for Aptiom 600mg daily (Aptiom is used to treat seizures). -There was an order for Lipitor 40mg at bedtime (Lipitor is used to treat high cholesterol). -There was an order for Zyrtec 10mg at bedtime (Zyrtec is used to treat nasal congestion). -There was an order for Melatonin 3mg 2 tablets at bedtime (Melatonin is a sleep aide used to treat insomnia). -There was an order for Nitrofurantoin Microcrystal 50mg at bedtime (Nitrofurantoin Microcrystal is used a prophylaxis for urinary tract infections). -There was an order for Protonix 40mg daily (Protonix is used to treat reflux disorders). -There was an order for Ropinirole 0.5mg at bedtime (Ropinirole is used to treat tremors). -There was an order for Colace 100mg twice a day (Colace is a stool softener used to treat constipation). -There was an order for Lasix 20mg twice a day (Lasix is a diuretic used to treat edema). -There was an order for Potassium Chloride 20mEq twice a day (Potassium Chloride is used to treat low potassium levels). -There was an order for Topiramate 50mg twice a day (Topiramate is used to treat chronic headaches). -There was an order for Ascorbic Acid 500mg twice a day (Ascorbic Acid is used to treat Vitamin C deficiency).	D 367		

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D 367	Continued From page 25 Review of Resident #2's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Amitriptyline 25mg at bedtime, scheduled for administration at 8:00pm. -There was no documentation of Amitriptyline 25mg at bedtime on 04/23/22 at 8:00pm. -There was an entry for Aptiom 600mg daily, scheduled for administration at 6:00am. -There was no documentation of Aptiom 600mg daily on 04/20/22 at 04/24/22 at 6:00am. -There was an entry for Lipitor 40mg at bedtime, scheduled for administration at 8:00pm. -There was no documentation of Lipitor 40mg at bedtime on 04/23/22 at 8:00pm. -There was an entry for Zyrtec 10mg at bedtime, scheduled for administration at 8:00pm. -There was no documentation of Zyrtec 10mg at bedtime on 04/23/22 at 8:00pm. -There was an entry for Melatonin 3mg 2 tablets at bedtime, scheduled for administration at 8:00pm. -There was no documentation of Melatonin 3mg 2 tablets at bedtime on 04/23/22 at 8:00pm. -There was an entry for Nitrofurantoin Microcrystal 50mg at bedtime, scheduled for administration at 8:00pm. -There was no documentation of Nitrofurantoin Microcrystal 50mg at bedtime on 04/23/22 at 8:00pm. -There was an entry for Protonix 40mg daily, scheduled for administration at 6:00am. -There was no documentation of Protonix 40mg daily on 04/01/22, 04/20/22 and 04/24/22 at 6:00am. -There was an entry for Ropinirole 0.5mg at bedtime, scheduled for administration at 8:00pm. -There was no documentation of Ropinirole 0.5mg at bedtime on 04/23/22 at 8:00pm.	D 367		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
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D 367	Continued From page 26 -There was an entry for Colace 100mg twice a day, scheduled for administration at 8:00am and 8:00pm. -There was no documentation of Colace 100mg twice a day on 04/23/22 at 8:00pm. -There was an entry for Lasix 20mg twice a day, scheduled for administration at 8:00am and 8:00pm. -There was no documentation of Lasix 20mg twice a day on 04/23/22 at 8:00pm. -There was an entry for Potassium Chloride 20mEq twice a day, scheduled for administration at 8:00am and 8:00pm. -There was no documentation of Potassium Chloride 20mEq twice a day on 04/23/22 at 8:00pm. -There was an entry for Topiramate 50mg twice a day, scheduled for administration at 8:00am and 8:00pm. -There was no documentation of Topiramate 50mg twice a day on 04/23/22 at 8:00pm. -There was an entry for Ascorbic Acid 500mg twice a day, scheduled for administration at 6:00am and 8:00pm. -There was no documentation of Ascorbic Acid 500mg twice a day on 04/23/22 at 8:00pm. Refer to the interview with the MA on 06/23/22 at 11:15am. Refer to the interview with the HWD on 06/23/22 at 1:45pm. Refer to the interview with the Administrator on 06/23/22 at 2:15pm. 2. Review of Resident #5's current FL-2 dated 08/11/21 revealed diagnoses included diabetes mellitus, dyslipidemia, ambulatory dysfunction and osteoarthritis.	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/23/2022
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW BERN		STREET ADDRESS, CITY, STATE, ZIP CODE 1336 SOUTH GLENBURNIE ROAD NEW BERN, NC 28562		
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D 367	Continued From page 27 Review of Resident #5's physician orders dated 01/20/22 revealed: -There was an order for Cardizem extended release (ER) 120mg daily (Cardizem is a medication used to treat high blood pressure). -There was an order for Flomax 4mg at bedtime (Flomax is used for urinary retention and overactive bladder). -There was an order for Humalog insulin 75/25 mix 10 units to be given in the evening (Humalog 75/25 is a mix of short and long acting insulin used to treat control blood sugar levels). -There was an order for Janumet 50-500mg daily (Janumet is a medication used to treat symptoms of diabetes). -There was an order for Lipitor 10mg at bedtime (Lipitor is a medication used to treat high cholesterol levels). -There was an order for Metoprolol ER 12.5mg daily (Metoprolol is a medication used to treat high blood pressure). -There was an order for Magnesium Oxide 400mg twice a day (Magnesium Oxide is a supplement used to treat low levels of magnesium). -There was an order for Poly-Iron Forte 150-25-1 twice a day (Poly-Iron Forte is a medication that contains iron, Vitamin B12 and folic acid for nutrient replacement). -There was an order for Vitamin C 500mg twice a day (Vitamin C is used to treat Vitamin C deficiency). Review of Resident #5's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Cardizem ER 120mg daily, scheduled for administration at 6:00am. -There was no documentation of Cardizem ER	D 367		

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D 367	Continued From page 28 120mg daily on 04/01/22, 04/20/22 and 04/24/22 at 6:00am. -There was an entry for Flomax 4mg at bedtime, scheduled for administration at 6:00pm. -There was no documentation of Flomax 4mg at bedtime on 04/23/22 at 6:00pm. -There was an entry for Humalog insulin 75/25 mix 10 units to be given in the evening, scheduled for administration at 7:00pm. -There was no documentation of Humalog insulin 75/25 mix 10 units on 04/23/22 at 7:00pm. -There was an entry for Janumet 50-500mg twice a day, scheduled for administration at 6:00am. -There was no documentation of Janumet 50-500mg twice a day on 04/01/22, 04/20/22, and 04/24/22 at 6:00am. -There was an entry for Lipitor 10mg at bedtime, scheduled for administration at 6:00pm. -There was no documentation of Lipitor 10mg at bedtime on 04/23/22. -There was an entry for Metoprolol ER 12.5mg daily, scheduled for administration at 6:00am. -There was no documentation of Metoprolol ER 12.5mg daily on 04/01/22, 04/20/22, and 04/24/22 at 6:00am. -There was an entry for Magnesium Oxide 400mg twice a day, scheduled for administration at 6:00am and 6:00pm. -There was no documentation of Magnesium Oxide 400mg twice a day on 04/01/22, 04/20/22, and 04/24/22 at 6:00am and on 04/23/22 at 6:00pm. -There was an entry for Poly-Iron Forte 150-25-1 twice a day, scheduled for administration at 6:00am and 8:00pm. -There was no documentation of Poly-Iron Forte 150-25-1 twice a day 04/01/22, 04/20/22, 04/24/22 at 6:00am and 04/23/22 at 8:00pm. -There was an entry for Vitamin C 500mg twice a day, scheduled for administration at 6:00am and	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/23/2022
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D 367	Continued From page 29 8:00pm. -There was no documentation of Vitamin C 500mg twice a day on 04/01/22, 04/20/22, and 04/24/22 at 6:00am and 04/23/22 at 8:00pm. Refer to the interview with the medication aide (MA) on 06/23/22 at 11:15am. Refer to the interview with the Health and Wellness Director (HWD) on 06/23/22 at 1:45pm. Refer to the interview with the Administrator on 06/23/22 at 2:15pm. _____ Interview with a medication aide (MA) on 06/23/22 at 11:15am revealed: -There should never be a blank on the electronic medication administration record (eMAR). -MAs are required to document a reason when they do not administer a medication. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 1:45pm revealed: -He expected the eMAR to be accurate and complete. -There was no formal audit process in place to review eMARs. -He was not aware of any computer issues in April 2022, but he thought that the medications were administered as ordered because he was not made aware that they were not given. -There were agency staff members working the medication carts and they might have not known how to document a reason not administered. Interview with the Administrator on 06/23/22 at 2:15pm revealed he expected MA to document accurate and completely and if there was a computer issue he expected staff to document on	D 367		

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D 367	Continued From page 30 a paper medication administration record.	D 367			
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations and interview, the facility failed to ensure infection control measures were implemented during the morning medication pass on 06/22/22 by 1 of 1 medication aides observed who failed to wash or sanitize her hands prior to preparing and after administering oral medications to multiple residents. The findings are: Request for a copy of facility's Medication Administration Infection Control policy on 06/22/22 at 3:30pm was denied due to the policy being proprietary property. Observation of a medication aide (MA) administering medications on 06/22/22 from 8:50am to 9:32am: -There was a bottle of hand sanitizer on top of the medication cart.	D 371			

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D 371	Continued From page 31 -The MA came out of a resident's room at 8:55am from administering medications and returned to the cart. -The MA did not sanitize or wash her hand prior to preparing the medications for the next resident. -The MA administered medications to the next resident at 8:57am and returned to the medication cart. -The MA used hand sanitizer that was on the cart. -The MA then started preparing medication for a second resident. -The MA administered the second resident's medication at 9:00am. -The MA went back to the medication cart, documented on the eMAR, touching the computer keys and mouse. -The MA then started preparing medication for a third resident. -The MA did not sanitize or wash her hands. -The MA administered the third resident's medications at 9:09am. -The MA went back to the medication cart at 9:10am, documented on the eMAR, touching the computer keys and mouse. -The MA then started preparing medication for a fourth resident. -The MA did sanitize her hands with the hand sanitizer on the medication cart. -The MA prepared 9 oral medications and a cup of water for the resident. -The MA administered the fourth resident's medication at 9:25am. -The MA went back to the medication cart, documented on the eMAR, touching the computer keys and mouse. -The MA then started preparing medication for a fifth resident. -The MA did not sanitize or wash her hands. -The MA administered the fourth resident's medication at 9:25am.	D 371			

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D 371	Continued From page 32 -The MA went back to the medication cart at 9:29am. -The MA did not sanitize or wash her hands. -The MA went back to the medication cart at 9:30am, documented on the e-MAR, touching the computer keys and mouse. -The MA then started preparing medication for a sixth resident. -The MA did not sanitize or wash her hands. Interview with the MA on 01/23/20 at 9:40am revealed: -The hand sanitizer was always on the medication cart. -She was supposed to sanitize her hands after each resident and after the third resident she was supposed to wash her hands. -She usually sanitized her hands, but she was nervous today. -It was important to sanitize her hands in between residents to prevent the spread of infection. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 8:00am revealed: -The facility's policy was that MAs should use hand sanitizer before and after administering medications to the resident or if visibly solid. -MAs were to wash their hands with soap and water every couple of residents. -He expected MAs to perform hand hygiene between residents to prevent the spread of infection. Interview with the Administrator on 06/23/22 at 2:15pm revealed he expected staff to follow facility policy on infection control while administering medications which included sanitizing between each resident.	D 371		

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D 378	Continued From page 33	D 378		
D 378	10a NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure medications were locked up when not under the direct physical supervision of staff in charge of medication administration including 1 of 2 medication carts and insulin left on top of a medication cart. The findings are: Request for a copy of facility's Medication Storage policy on 06/22/22 at 3:30pm was denied due to the policy being proprietary property. Observation of a medication cart on the 100 hallway outside on 06/22/22 from 8:50am to 9:32am: -The medication cart was unlocked and there were no staff members in the hallway. -There was a resident walking down the 100 hallway from the front of the facility at 8:52am. -The medication aide (MA) came out of a resident's room 101 at 8:55am from administering medications and returned to the cart to prepare medications for a second resident. -At 9:02am when the MA returned from administering medications to the second resident,	D 378		

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D 378	Continued From page 34 she left a vial of insulin on top of the medication cart. -The MA then started preparing medication for a third resident. -The MA entered room 107 to administer medications at 9:07am and did not lock the cart. -At 9:08am a staff member pushed a resident in a wheelchair down the 100 hallway past the unlocked medication cart. -The MA administered the third resident's medications at 9:09am. -The MA went back to the medication cart at 9:10am. Interview with the MA on 01/23/20 at 9:40am revealed: -The medication cart should be locked at all times, if the MA was not at the cart. -She was not aware that the medication cart was unlocked twice and that she left insulin on top of the medication cart. -She was not aware of any residents that stood at the cart or would attempt to get into the medication cart. -It was important to keep the medication cart locked for resident safety. Interview with the Health and Wellness Director (HWD) on 06/23/22 at 8:00am revealed: -The facility's policy was that the medication carts should remain locked when not in use. -He expected MAs to keep the medication carts locked. -He was not aware of any residents that stood at the cart or would attempt to get into the medication cart. Interview with the Administrator on 06/23/22 at 2:15pm revealed he expected staff to follow facility policy on medication storage including	D 378		

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D 378	Continued From page 35 keeping the medication cart locked when the MAs were not physically at the medication cart.	D 378			

This Plan of Correction is not to be construed as an admission of our 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.

.0703(a) TB Test, Medical Examination and immunizations

- Health and Wellness Director (HWD) or Designee will review resident records and Point Click Care (PCC) for compliance for immunizations.
- Residents without a two step PPD, IGRA or Chest XRay due to a positive PPD will have a PPD placed and read according to the NC TB Policy Manual.
- Administration and results for the PPD will be entered into PCC.
- Administration of immunizations including Covid and Flu will be entered into PCC upon administration.
- The Executive Director (ED) will review the immunization record monthly for compliance.

The date of correction for this standard deficiency will not exceed August 4, 2022.

10A NCAC 13F .0902(b) Health Care

- Review of current residents' records for referral / follow-up to health care needs, including weight gain, weight loss, laboratory tests and xrays, that require involvement of outside services will be conducted once by the clinical staff. Further review will occur with each new tracking order.
- Notification or contact with physicians or other health care providers concerning the needs that are unmet will be documented in the residents' records by the HWD or Designee.
- Training on New Order Tracking Forms will be conducted by the HWD/Designee. Training on reporting change of condition will be conducted by the HWD/Designee.
- Contacts and/or visits, with a prescribing practitioner, or other licensed health professional, will be documented in residents' records.
- The HWD or designee will review the new tracking orders on a daily basis and document interventions and exceptions in the residents' records.
- New tracking orders will be maintained for 30 days.
- Associate transporting the resident will report following all provider visits, appointment changes or cancellations for each occurrence and ensure that orders are provided to the HWD/Designee. The HWD/ED will document visits, changes and cancellations and assure follow up as needed.

- The Executive Director will review a sample of resident records and new order tracking forms on a weekly basis to assure referral and follow-up for health care needs are met for four weeks and then monthly for six months and then randomly ongoing.
- The date of correction for this deficiency will not exceed August 4, 2022.

10 NCAC 13F .0902(c)(3-4) Health Care (Documentation and Implementation)

- Medication Aides will be retrained by the Health and Wellness Director (HWD), Health and Wellness Coordinator (HWC), or designee in utilization of New Order Tracking Forms for provider orders.
- Medication Aides will be retrained in documentation of new orders and acute charting.
- Medication Aides or designee will enter orders and place tracking form in a central location to be verified by a second associate each day for accurate transcription.
- The Health and Wellness Director (HWD) will review orders and maintain a copy of the order for three months.
- The HWD, HWC, or designee will utilize PCC (Point Click Care) reports daily to verify documentation of implementation of orders.
- The Executive Director (ED) will monitor tracking forms and Point Click Care for documentation and to verify implementation bi-weekly for three months and then randomly as needed.
- The date of correction for this Standard Deficiency will not exceed August 4, 2022

10A NCAC 13F .0904(c)(7) Nutrition and Food Service

- The Dietary Services Coordinator (DSC) and kitchen staff will receive retraining in Therapeutic menus.
- Community will review resident orders for current diet orders.
- The Health and Wellness Director (HWD) or designee will verify diet orders are entered into the Point Click Care (PCC) system.
- The HWD or designee will generate a diet list (Nutrition Tracker) for the Dietary Service Coordinator (DSC) on a monthly basis or with a new move in or diet change.
- The DSC will post the diet list in the kitchen by the serving table for reference while plating meals.
- The Executive Director (ED) will generate the therapeutic menus for ordered diets and the DSC will post in the kitchen.
- The DSC or designee will monitor the kitchen daily to confirm the menu and diet list are posted.
- The ED will monitor the kitchen weekly to confirm the menu and diet list are posted.
- The HWD or designee will observe three meals per week for six weeks to verify the correct meals are being served.

The date of correction for this standard deficiency will not exceed August 4, 2022.

10A NCAC 13F .1004(a) Medication Administration

- Medication Aides will be retrained in company policy and procedure for preparation and administration of medications including but not limited to unavailable medications.
- The HWD or designee will generate and review a missed medication administration report daily.
- Medications noted to not be administered due to unavailability will be followed up within 12 hours.
- The HWC (Health and Wellness Coordinator) or designee will monitor medication carts on a weekly basis to verify medications are available times six weeks and then monthly midway the batch cycle.
- The date of correction for this standard deficiency will not exceed August 4, 2022.

10A NCAC 13F .1004(j) Medication Administration

- The HWD (Health and Wellness Director) or Area Nurse Manager will complete training with Medication Aides in the area of Medication Administration Basics to include but not limited to: documentation, review of routes of medication and treatments/ dosages of medication and treatments.
- The HWD/RCC (Resident Care Coordinator) /Designee will review resident eMars and current medication orders for accuracy. These will be compared to the medication labels. Physicians will be contacted for clarification as needed.
- The HWD/Licensed RCC will observe medication aides administering medications on a weekly basis x 4 weeks and then monthly and maintain documentation of the observation for 90 days.
- The ED (Executive Director) will review the observation forms monthly for three months and then quarterly as needed.
- The date of correction for this standard deficiency will not exceed August 8, 2022.

10A NCAC 13F .1004(n) Medication Administration

- The Area Nurse Manager (ANM) or Acting Health and Wellness Director (HWD) will provide retraining in Infection control to the medication aides.
- The HWD/Licensed RCC will observe medication aides administering medications for compliance with infection control on a weekly basis x 4 weeks and then monthly and maintain documentation of the observation for 90 days.
- The ED (Executive Director) will review the observation forms monthly for three months and then quarterly as needed.

- The date of correction for this standard deficiency will not exceed August 8, 2022.