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BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 on 07/20/22 and 07/21/22.	D 000		
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 record reviews and interviews, the facility failed to ensure referral and follow-up to meet the health care needs for 1 of 5 sampled residents (#3) who had orders for weekly in international normalized ratio (INRs). The findings are: Review of Resident #3's current FL2 dated 07/07/22 revealed: -Diagnoses included thrombocytopenia, congestive heart failure, chronic obstructive pulmonary disease, atrial fibrillation, pacemaker, hypertension, anemia and sinusitis. -There was an order for coumadin (used to prevent blood clots in veins and arteries) 5mg on Wednesday and 7.5mg Monday, Tuesday, Thursday, Friday, Saturday and Sunday. -There were no orders on the FL2 for INRs. Review of Resident #3's current physician order sheet dated 04/15/21 revealed: -An order to "perform INRs weekly self (Resident #3). -There were no additional orders to perform INRs.	D 273		

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D 273	Continued From page 1 Review of the INR values in Resident #3's meter monitor testing roche coaguchek on 07/21/22 revealed: -There were 14 INR values from 07/20/22 through 05/03/22 as follows: -On 07/12/22 INR was 3.7 -On 07/05/22 INR was 1.6 -On 06/28/22 INR was 3.2 -On 06/21/22 INR was 3.0 -On 06/14/22 INR was 2.7 -On 06/07/22 INR was 6.1 -On 05/30/22 INR was 3.7 -On 05/22/22 INR was 2.6 -On 05/23/22 INR was 6.8 -On 05/10/22 INR was 3.3 -On 05/05/22 INR was 4.0 -On 05/03/22 INR was 6.3 Review of Resident #3 May 2022 electronic medication administration record (eMAR) revealed: -There was an entry for coumadin 5mg was scheduled on Wednesday at 7:00pm. There was an entry for coumadin 7.5mg was scheduled on Monday, Tuesday, Thursday, Friday, Saturday and Sunday at 7:00pm. -There documentation coumadin 7.5mg was held and not administered as ordered on 05/03/22, 05/24/22 and 05/30/22. -There was no documentation on the eMAR why coumadin 7.5mg was held on 05/03/22, 05/24/22 and 05/30/22. Review of Resident #3's physician provider visits notes, progress notes and eMARs revealed: -A physician's provider visit form dated 05/26/22 documenting the purpose of the visit and concern was an INR that was 6.2 on Monday (no specific date listed).	D 273		

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-There was no documentation with specific orders to hold the coumadin and/or retest the INR.
-There was no documentation the PCP was made aware of the INRs on the dates obtained: 05/03/22, 05/05/22, 05/10/22, 05/23/22, 05/26/22 and 05/30/22.
-There was no physician's provider visit forms, progress notes, documentation or orders from 05/01/22 through 05/31/22 documenting Resident #3's PCP had been contacted and provided instructions related to the INRs and coumadin not being administered on 05/03/22, 05/24/22, and 05/30/22.

Review of Resident #3's June 2022 eMAR revealed:
-There was an entry for coumadin 5mg on scheduled on Wednesday at 7:00pm.
-There was an entry for coumadin 7.5mg scheduled on Monday, Tuesday, Thursday, Friday, Saturday and Sunday at 7:00pm.
-There was documentation coumadin 7.5mg was held and not administered on 06/07/22, 06/19/22, 06/28/22 and 06/30/22.
-There was no documentation on the eMAR why coumadin was not administered.

Review of Resident #3's physician provider visits notes, progress notes and eMARs revealed:
-There was no documentation with specific orders to hold the coumadin and/or retest the INR.
-There was no documentation the PCP was made aware of the INRs on the dates obtained: 06/07/22, 06/14/22, 06/21/22 and 06/28/22.
-There was no physician's provider visit forms, progress notes, documentation or orders from 06/01/22 through 06/30/22 documenting Resident #3's PCP had been contacted and provided instructions related to the INRs and coumadin not being administered on 06/07/22, 06/19/22,

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D 273	Continued From page 3 06/28/22 and 06/30/22. Attempted interview with Resident #3 on 07/20/22 at 2:40pm and on 07/21/22 at 11:00am was unsuccessful. Interview with the medication aide (MA) on 07/21/22 at 3:31pm revealed: -Resident #3's INRs were checked weekly. -The INRs were supposed to be called in to the PCP. -The PCP gave instructions what to do. -The instructions were usually to hold the coumadin for 1 to 2 days and to recheck the INR. -Sometimes the PCP did not hold the coumadin. -All the PCP orders were verbal, and she had to write them down. -The orders were put in a folder and given to the PCP when she came to the facility. -Resident #3's PCP was in the facility every Friday and she signed the verbal orders. -She was unable to explain why there was no orders when coumadin was held. -She did not know why there was no documentation that the PCP had been notified about Resident #3's INRs. Telephone interview with Resident #3's PCP on 07/21/22 at 9:44am revealed: -Resident #3's INRs should be checked weekly. -Resident #3 checked his own INRs using an INR checker machine. -The resident gave the results to someone at the facility. -The facility staff were supposed to call her with the INR results. -When facility staff called her, it was usually on her personal cell phone. -She gave verbal orders and instructions based on the INR result.	D 273		

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-If the INR was greater than 3.00, she usually held the coumadin for one day.
-Sometimes depending on the INR, she might hold the coumadin for a couple of days.
-She did not write anything down any communications with the facility staff because staff were supposed to prepare verbal orders, which she signed when she visited the facility.
-She visited the facility every Friday but was not sure if each time she signed an order related to Resident #3's coumadin and/or her aware of the INR results.
-She had no documentation that showed facility staff had contacted her because she was usually not at her office.

Interview with the Resident Care Coordinator (RCC) on 07/21/22 at 9:33am revealed:
-Resident #3's INRs were done weekly by the resident or his family member.
-The family member showed the results to MA.
-The MA was supposed to contact the PCP directly.
-The PCP gave verbal instructions what the MA was supposed to do, either hold or administer coumadin.
-The INRs were not written down anywhere.
-If the PCP gave instructions to hold the coumadin, then the MA was supposed to prepare a physician's provider visit form to be signed by the PCP when visited the facility.
-There was a folder to put in all verbal and paperwork for the PCP to review and sign when she came to the facility.
-Resident #3's PCP was in the facility weekly.
-She searched and checked for orders and paperwork that was not filed for Resident #3 but unable to find anything related to the resident's INRs and coumadin.

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D 273	Continued From page 5 Interview with the Executive Director/Administrator on 07/21/22 at 4:15pm revealed: -The facility did not keep a record of Resident #3's INRs. -If the PCP gave a verbal order to hold coumadin based on an INR, then the MA was supposed to create paperwork for a verbal order. -The order should be put in a folder for the PCP to sign when she came to the facility. -If Resident #3's coumadin was held there should be an order showing the PCP was contacted and gave instructions to hold the medication. -Currently, there was no system to ensure the MA documented the communication with the PCP and to ensure there were orders related Resident #3's coumadin not administered. -She will set-up the eMAR system to ensure INRs were documented and ensure her or the RCC checked for corresponding orders for medications not administered.	D 273		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence;	D 278		

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D 278	Continued From page 6 (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube	D 278		

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D 278	Continued From page 7 feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that a Licensed Health Professional Support (LHPS) evaluation was reviewed and completed by an appropriate licensed health professional for 5 of 5 sampled residents (#1, #2, #3, #4, #5). The findings are: 1. Review of Resident #4's current FL2 dated 01/25/22 revealed: -Diagnoses that included hyperlipidemia, Type 2 diabetes mellitus, fibromyalgia, osteoarthritis and arteriosclerotic heart disease. -Resident #4's ambulatory status was marked as	D 278		

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D 278	Continued From page 8 "ambulatory" with rollator walker. Review of Resident #4's LHPS review dated 02/13/22 revealed: -Tasks listed included collecting and testing of fingerstick blood samples (FSBS) and oxygen administration and monitoring. -The LHPS review was not signed by a licensed professional. -The LHPS review was signed by the Resident Care Coordinator (RCC). -There was not a more recent LHPS review available for review. -Ambulation using assistive devices was not listed on Resident #4's LHPS review. -There were no recommendations. Interview with Resident #4 on 07/21/22 at 3:20pm revealed: -She wore TED hose daily per her doctor's orders. -She needed staff assistance with putting the TED hose on. -She used oxygen as needed (PRN) at night. -She managed her oxygen and did not normally require staff assistance with it. -She used a walker for ambulation and was able to ambulate without assistance most of the time. -Her FSBS was checked by staff once per week on Wednesday mornings. Interview with a medication aide (MA) on 07/21/22 at 2:47pm revealed: -She was aware that Resident #4 had orders to check FSBS. -She checked Resident #4's FSBS per her doctor's orders. -Resident #4 managed her oxygen herself. -Resident #4 ambulated without staff assistance using her walker most of the time.	D 278		

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D 278	Continued From page 9 Interview with a second medication aide (MA) on 07/21/22 at 3:05pm revealed: -She was aware that Resident #4 had orders to check her FSBS. -She checked Resident #4's FSBS per her doctor's orders. -Resident #4 managed her oxygen on her own unless she asked for help. -Resident #4 mostly ambulated with a walker on her own, but sometimes asked for help from staff with transferring. Refer to interview with the Resident Care Coordinator (RCC) on 07/20/22 at 11:20am. Refer to interview with the Administrator on 07/20/22 at 12:00pm. 2. Review of Resident #5's current FL2 dated 01/18/22 revealed diagnoses included Type 2 diabetes mellitus with diabetic chronic kidney disease, chronic obstructive pulmonary disease and cerebral infarction due to an unspecified occlusion. Review of a signed physician's order dated 04/14/22 revealed there was an order for "Accu-checks" (collecting of fingerstick blood samples) before meals. Review of Resident #5's Licensed Health Professional Support (LHPS) review dated 03/01/22 revealed: -The collecting and testing of fingerstick blood samples was not listed as a LHPS task. -The LHPS review was not signed by a licensed professional. -There was not a more recent LHPS review available for review.	D 278		

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D 278	Continued From page 10 Interview with Resident #5 on 07/21/22 at 3:54pm revealed staff collected her finger-stick blood sugar (FSBS) samples. Interview with a medication aide (MA) on 07/21/22 at 2:48pm revealed: -She was aware that Resident #4 had orders to check her FSBS. -She checked Resident #4's FSBS per her doctor's orders. Interview with a second medication aide (MA) on 07/21/22 at 3:06pm revealed: -She was aware that Resident #4 had orders to check her FSBS. -She checked Resident #4's FSBS per her doctor's orders. Refer to interview with the Resident Care Coordinator (RCC) on 07/20/22 at 11:20am. Refer to interview with the Administrator on 07/20/22 at 12:00pm. 3. Review of Resident #1's current FL2 dated 04/20/22 revealed: -Diagnoses included type II diabetes, neuropathy, thrombocytopenia, osteoarthritis and malignant neoplasm of the colon. -There were orders for Humalog 12 unit subcutaneously two times a day, Tresiba 75 units subcutaneously at bedtime and Trulicity 0.5ml subcutaneously every Tuesday. -She was indicated as ambulatory and no assistive device was listed. Review of Resident #1's physician's order dated 05/12/22 revealed: -There were orders for subcutaneous insulins;	D 278		

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Humalog 20 units two times a day, Tresiba 85 units at bedtime and Ozempic 0.5mg every Tuesday.
-There was an order for finger stick blood sugar (FSBS) before meals.
-There was an order for compression stockings (TED) as needed for edema.

Review of Resident #1's LHPS review dated 02/13/22 revealed:
-Medication administration through injection and collecting and testing of fingerstick blood samples were listed as LHPS tasks.
-The LHPS review was completed by the Resident Care Coordinator (RCC) not a registered nurse.
-Compression stockings and ambulation using assistive device were not listed as LHPS tasks.
-There were no recommendations.
-There was no documentation that a LHPS review had been completed for the past five months for Resident #1 since 02/13/22.

Interview with the medication aide (MA) on 07/20/22 11:50am revealed:
-Resident #1 was ordered FSBS 3 times a day and had 3 different subcutaneous insulins, 2 insulins were administered daily and she received 1 insulin once a week.
-She had an order for thrombo-embolic deterrent (TED) hoses, but she did not want to wear them and had not needed them for a few months since her legs had not been swollen.
-The staff helped her put the compression hoses on when she needed them.
-She had a rollator walker but did not need staff assistance with transfers. She was very independent, even driving her own car to appointments and visiting in the community.

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Interview Resident #1 on 07/21/22 at 11:40am revealed:
-She had FSBS 3 times a day and 3 different kinds of insulin shots.
-She had TED hoses but had not needed to use them for 2 or 3 months because her fluid pill was taking care of swelling in her legs.
-The MA and PCA helped with her compression hoses if she needed to put them on.
-She used a walker and did not need staff assistance getting from the chair to stand with the walker.
-She was fairly independent and drove herself to appointments and to town to shop and visit.

Refer to interview with the Resident Care Coordinator (RCC) on 07/20/22 at 11:20am revealed:

Refer to interview with the Administrator on 07/20/22 at 12:00pm.

4. Review of Resident #3's current FL2 dated 07/07/22 revealed:
-Diagnoses included thrombocytopenia, congestive heart failure, chronic obstructive pulmonary disease (COPD), atrial fibrillation, pacemaker, hypertension, anemia and sinusitis.
-Medication orders included ipratropium albuterol 0.5-25% solution every six hours as needed for shortness of breath and brovana nebulization 15mg twice daily as needed (used to treat COPD).

Review of Resident #3's physician's order dated 07/07/22 revealed an order for DuoNeb's inhale every four hours as needed for shortness of breath.

Review of Resident #3's LHPS dated 04/28/22

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revealed:
-The last LHPS evaluation was completed on 01/26/21.
-The tasks listed were occupational therapy, inhalations medication by machine and collecting and testing of fingerstick blood samples for INR's.
-There were no recommendations.
-There was no documentation that a LHPS review had been completed for the past one and one-half years for Resident #3.

Interview with the Resident Care Coordinator (RCC) on 07/20/22 at 11:20am revealed:
-She completed the LHPS.
-She was new to her position.
-She was not a Registered Nurse.
-She did not know why Resident #3's LHPS review had not been completed since 01/26/21.
-She thought LHPS reviews had to be done twice a year.
-She though maybe the LHPS review was not completed because the resident self-administered his medications.

Interview with the MA on 07/20/22 at 11:50am revealed:
-Resident #3 had several medications for shortness of breath and wheezing.
-The resident had orders to self-administer the medications, but she always watched when the resident did the nebulizer treatments.

Attempted interview with Resident #3 on 07/20/22 at 2:40pm and on 07/21/22 at 11:00am was unsuccessful.

Refer to interview with the Resident Care Coordinator (RCC) on 07/20/22 at 11:20am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 278	Continued From page 14 Refer to interview with the Administrator on 07/20/22 at 12:00pm. 5. Review of Resident #2's current FL2 dated 04/11/22 revealed diagnoses included type II diabetes mellitus, atrial fibrillation and abnormalities with gait and mobility. -There was an order for fingerstick blood sugars (FSBS) once daily in the morning and as needed for signs and symptoms of hypoglycemia. Review of Resident #2's physician's order dated 06/16/22 revealed an order for compression stockings as tolerated on in the morning and off at bedtime. Review of Resident #2's LHPS review dated 04/21/22 revealed: -The LHPS review was completed by the Resident Care Coordinator (RCC) not a Registered Nurse. -The only task listed was the FSBS. -Compression stockings were not listed as an LHPS task. Interview with Resident #2 on 07/20/22 at 9:41am revealed: -He was a diabetic. -Facility staff were supposed to check his FSBS every morning. -He currently had on compression stockings. -The facility staff did not assist him with putting the compression stockings on. -When he was initially admitted to the facility, the staff helped every day, then they stopped. -Some days the compression stockings were difficult to get on. -When he was admitted to the facility, the Administrator and the RCC talked with him about services the facility was going to provide.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	07/21/2022

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BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

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D 278	Continued From page 15	D 278		

-He did not call an assessment being completed, only questions being asked.
-Last month, he was ordered the compression stockings due swelling in the lower part of his legs and ankles.

Interview with a medication aide (MA) on 07/21/22 at 3:31pm revealed:
-Resident #2's FSBS were checked every morning by the third shift MA.
-If the resident had compression stockings, they were put on by the third shift staff.
-The compression stockings were not on the eMAR, so the MA did not document if the compression stockings were on the resident or that the compression stockings were taken off at bedtime.
-The third shift MA should at least asked the resident if he needed assistance with putting the compression stockings on.

Interview with the RCC on 07/20/22 at 11:20am revealed:
-She completed the LHPS reviews.
-She was not a Registered Nurse.
-She did not know the LHPS reviews had to be completed by a Registered Nurse.
-She had not done a LHPS review that included Resident #2's compression hose because she did not know one had to be completed within 30 days of the development of a new task.

Attempted interview with the third shift MA on 07/21/22 at 1:30pm was unsuccessful.

Refer to interview with the Resident Care Coordinator (RCC) on 07/20/22 at 11:20am revealed:

Refer to interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	07/21/2022

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D 278	Continued From page 16 07/20/22 at 12:00pm. _____ Interview with the RCC on 07/20/22 at 11:20am revealed: -She completed the LHPS reviews. -She was new to her position. -She was not a Registered Nurse. -She was told that LHPS reviews only had to be completed twice a year. -The LHPS were not completed quarterly. -Her and Executive Administrator talked with the residents and did an assessment of the residents together. -The Administrator gave her the LHPS form and she filled out the form and signed it. -She did not fill out for the Administrator's assessment; she filled out from her knowledge of the residents. -She did not know the LHPS review had to be done quarterly. -She did not know the LHPS review had to be completed by a Registered Nurse. Interview with the Administrator on 07/20/22 at 12:00pm revealed: -The LHPS reviews not being done was her fault. -She told the RCC the LHPS reviews had to be completed every six months. -She was with the RCC when she did LHPS reviews but the RCC prepared the report. -She did not document her assessment of the residents anywhere. -She wanted to know what tasks should be addressed when completing an LHPS review.	D 278		