Recieved via email on 02/07/23.

The following is a summary of the Plan of Correction for Brookdale High Point. This Plan of Correction is in regards to the Corrective Action Report dates January 5, 2023. This Plan of Correction is not to be constructed as an admission of or agreement with the findings and conclusions in the State 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

10A NCAC 13F. 1004 Medication Administration

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.

- The Health & Wellness Director/Nurse/Executive Director or designee will ~~in-service~~retrain medication aids & LPN's on the 7 rights of medication administration.~~; along~~ The Health & Wellness Director/Nurse/Executive Director or designee will~~th~~ conduct an eMAR to medication cart audit to ~~ensure~~ verify that physician orders and eMAR match. To assist with ongoing compliance, the Health & Wellness Director/Nurse/Executive Director or designee will review the New Order Tracking forms to verify accuracy and transcription of physician orders twice weekly for 6 weeks~~ and then randomly thereafter~~. Plan of correction to be completed by February 20, 2023.

Tracie Mize

Tracie Mize, Associate Executive Director

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: _____ B. WING _____	R 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	201 WEST HARTLEY DRIVE HIGH POINT, NC 27265

(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 a follow-up survey on January 5, 2023.	{D 000}		
{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: Based on observations, interview, and record reviews, the facility failed to administer medications as ordered for 1 of 5 residents (#4) for record review including errors with a medication used to regulate heart rate. The findings are: Review of Resident #4's current FL-2 dated 06/14/22 revealed: -There was a diagnosis of atrial fibrillation. -There was an order for diltiazem 180mg daily. Review of Resident #4's November 2022 electronic medication administration record (eMAR) revealed: -There was an entry for diltiazem 180mg daily with an administration time of 8:00am. -There was documentation that diltiazem was administered daily at 8:00am from 11/01/22 to 11/30/22. -There were daily blood pressure readings	{D 358}		

Reviewed and acknowledged on 02/10/23. P.D.

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{D 358}	Continued From page 1 ranging from 106/64 to 151/87 from 11/01/22 to 11/30/22. There were daily heart rate readings ranging from 60 to 92 beats per minute from 11/01/22 to 11/30/22. Review of Resident #4's December 2022 eMAR revealed: -There was an entry for diltiazem 180mg daily with an administration time of 8:00am. -There was documentation that diltiazem was administered daily at 8:00am from 12/01/22 to 12/31/22. -There were daily blood pressure readings ranging from 113/76 to 157/86 from 12/01/22 to 12/31/22. There were daily heart rate readings ranging from 63 to 80 beats per minute from 12/01/22 to 12/31/22. Review of Resident #4's January 2022 eMAR from 01/01/23 to 01/04/23 revealed: -There was an entry for diltiazem 180mg daily with an administration time of 8:00am. -There was documentation that diltiazem was administered daily at 8:00am from 01/01/23 to 01/04/23. -There were daily blood pressure readings ranging from 124/78 to 140/80 from 01/01/23 to 01/04/23. There were daily heart rate readings ranging from 73 to 78 beats per minute from 01/01/23 to 01/04/23. Observation of medications on hand for Resident #4 on 01/04/22 at 3:20pm revealed: -There was a bottle of diltiazem 240mg available for administration. -There was no diltiazem 180mg available for administration.	{D 358}		

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{D 358}	Continued From page 2 Telephone interview with the Pharmacist at the facility's contracted pharmacy on 01/04/22 at 2:58pm revealed: -The facility's contracted pharmacy was not Resident #4's primary pharmacy. -The pharmacy would profile the new orders faxed to them and send a week of medications to the facility until Resident #4 received her mail order medications. -The pharmacy received an order on 11/17/22 for diltiazem 180mg daily. The pharmacy dispensed 10 tablets of diltiazem 180mg on 11/18/22. Telephone interview with the Pharmacist at Resident's #4's mail order pharmacy on 01/04/22 at 3:15pm revealed: -The pharmacy has an order for diltiazem 240mg daily. -They did not receive an order for diltiazem 180mg daily. -The pharmacy dispensed 90 tablets of diltiazem 240mg, a 90 supply, on 11/17/22. -The pharmacy accepts prescriptions; they do not accept FL-2's or hospital discharge summaries as orders. Interview with Resident #4 on 01/05/22 at 10:33am revealed: -She took diltiazem daily but did not know what dose should took. -She knew diltiazem helped with her heart rate. -The facility staff checked her blood pressure and heart rate daily. -She did not have any episode of a low blood pressure or low heart rate. Interview with a Medication Aide (MA) on 01/05/23 at 8:03am revealed:	{D 358}		

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{D 358}	Continued From page 3 -She compared the medications to Resident #4's eMAR. -She prepared and administered the medication to Resident #4. -She documented on the eMAR after the medications was administered. -She administered diltiazem to Resident #4. -She had not noticed diltiazem 240mg was on the medication cart instead of diltiazem 180mg. -She should have noticed Resident #4 did not have the correct dosage of medication. Interview with another MA on 01/05/22 at 10:09am revealed: -When administering medication, she compared the medication to the eMAR for accuracy. -She prepared the medication for administration and then administered the medication to the resident. -She would document on the eMAR the medication was administered. -She had not noticed Resident #4 had diltiazem 240 medication on the medication cart and diltiazem 180 was entered on the eMAR. -She needed to be more careful when administering medication. -Resident #4 did not use the facility's contracting pharmacy. -The order for diltiazem should have been faxed to Resident #4's personal mail order pharmacy. Interview with Resident #4's Primary Care Provider (PCP) on 01/05/23 at 12:58am revealed: -She managed medications for Resident #4. -Resident #4 had an order for diltiazem 180mg daily. -Diltiazem was administered to control heart rate. -Resident #4 could experience a low blood pressure reading or a low heart rate reading if she received too much diltiazem.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{D 358}	Continued From page 4 -She had not been notified of any low blood pressure readings or a low heart rate reading in the past several months.- Interview with the nurse from Resident #4's cardiologist on 01/05/23 at 4:30pm revealed: -Resident #4 had an order for diltiazem 180mg daily. -Diltiazem was used to maintain Resident #4's heart rate. -The facility staff had not notified the office of issues with Resident #4's blood pressure or heart rate being too low. Interview with the Health Wellness Director (HWD) on 01/05/23 at 10:33am revealed: -The facility has a tracking order form that should be used with each new order. -The Health Wellness Coordinator (HWC) was responsible for faxing orders to Resident #4's primary pharmacy. -She expected new and changed medication orders to be faxed to the pharmacy the same day the order was received. -The HWC audited a medication cart every week. -The HWC should have compared Resident #4's orders with her medications on hand. -She expected the HWC to compare medications on hand with Resident #4's current orders during the medication cart audit. Interview with the Associate Executive Director on 01/05/22 at 3:02pm revealed: -Resident #4's mail order pharmacy only took prescriptions for medication orders; they did not take FL-2's, hospital discharge summaries. -She expected the MAs, HWC, and the HWD to fax orders to the pharmacy in order to receive the medications for administration. -The MAs should have compared the medications	{D 358}		

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{D 358}	Continued From page 5 with the eMAR prior to administration of the medication. -The MAs should have notified the HWD the wrong dosage of diltiazem was on the medication cart. -She expected the MAs to administer medications as ordered, and if the correct medication was not on the medication cart, she expected the MA to notify the HWC or HWD. -The HWC audited the medication carts weekly. -She would have expected the HWC to have noticed the wrong dosage of diltiazem was on the medication cart. Attempted telephone interview with the HWC on 01/05/23 at 9:35am was unsuccessful.	{D 358}		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Electronic Mail

January 17, 2023

Lucinda Baier, Executive Officer
Southern Assisted Living, LLC, Licensee
Brookdale High Point
201 West Hartley Drive
High Point, NC 27265

email address: csmith176@brookdale.com

Re: Follow-up Survey completed January 5, 2023 (QPZE12)

Facility:	**Brookdale High Point**
Licensure Number:	**HAL-041-030**
County:	**Guilford**

Dear Ms. Baier:

Thank you for the cooperation and courtesy extended during the survey completed January 5, 2023 by staff with the Adult Care Licensure Section.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

The Type A2 violation(s) in the rule areas of 10A NCAC 13F .0902(b) Health Care was abated as of the correction date, October 16, 2022. Information regarding the penalty impositions(s) for the violations(s) identified during the survey completed January 5, 2023 will be mailed to you separately.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again

- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to dispute cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **February 7, 2023**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **February 7, 2023**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at **984-202-1221**. Questions regarding submission of staff training to be considered in lieu of some or all of a penalty should be directed to DHSR.AdultCare.QualityandCompliance@dhhs.nc.gov. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Pamela Dailey

Pamela Dailey, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies
Revisit Report

cc: Ryan Smith, Administrator w/Enclosures
Ursula Harris, Supervisor/Designee, Guilford County Department of Social Services
Bridget Rackley Branch Manager, Central Region, Adult Care Licensure Section

Carolyn Harrison, Team Supervisor, Central Region, Adult Care Licensure Section
Victor Orija, State LTC Ombudsman, Division of Aging and Adult Services
Star Rating, Adult Care Licensure Section
Quality and Compliance Unit, Adult Care Licensure Section
Facility File

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
HAL041030 Y1	A. Building B. Wing Y2	1/5/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	201 WEST HARTLEY DRIVE HIGH POINT, NC 27265

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0270	Correction	ID Prefix D0273	Correction	ID Prefix D0276	Correction
Reg. # 10A NCAC 13F .0901(b)	Completed	Reg. # 10A NCAC 13F .0902(b)	Completed	Reg. # 10A NCAC 13F .0902(c) (3-4)	Completed
LSC	01/05/2023	LSC	10/16/2022	LSC	01/05/2023
ID Prefix D0298	Correction	ID Prefix D0451	Correction	ID Prefix D912	Correction
Reg. # 10A NCAC 13F .0904(c) (7)	Completed	Reg. # 10A NCAC 13F .1212(a)	Completed	Reg. # G.S. 131D-21(2)	Completed
LSC	01/05/2023	LSC	01/05/2023	LSC	01/05/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Pamela Dailey	DATE 01/05/23
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
9/16/2022	☐ YES ☐ NO

STATE FORM: REVISIT REPORT (11/06) EVENT ID: QPZE12