

Received 09/01/23

PRINTED: 08/21/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE ASHEVILLE WALDEN RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4 WALDEN RIDGE DRIVE ASHEVILLE, NC 28803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 000	Initial Comments The Adult Care Licensure Section and the Department of Social Services conducted an annual survey, follow-up and complaint investigation from August 2, 2023 - August 3, 2023. The Department of Social Services initiated the complaint investigation on August 2, 2023.	D 000	The following is the Plan of Correction for Brookdale Asheville Walden Ridge regarding the Statement of Deficiencies dated 08/03/2023. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.		
D 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 interviews and record reviews, the facility failed to hold a medication for 1 of 6 sampled residents (#6) related to a medication used to treat high blood pressure. The findings are: Review of the facility Medication and Treatment General Guide with a revision date of 06/2023 revealed medication should be administered within the parameters of the physician/health care provider orders. Review of Resident #6's current FL2 dated March 9, 2023 revealed: -Diagnoses included high blood pressure and	D 358	Executive Director or designee reinserviced all medication aide staff on medication administration policy ED or designee to monitor blood pressure medication administration with medication aides for the next 90 days with follow up documentation relayed to provider. HWD to monitor for the next 60 days that correct dose of medication and follow up communication is completed for all blood pressure parameters	8/7/23 11/30/2023 10/31/2023	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

0809

BH1811

If continuation sheet 1 of 3

Reviewed + Acknowledged

Executive Director
8/31/23

09/01/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE ASHEVILLE WALDEN RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 WALDEN RIDGE DRIVE ASHEVILLE, NC 28803			
(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 358	Continued From page 1 dementia. -An order for metoprolol succinate extended release (ER) 50mg (used to treat high blood pressure) daily. Review of Resident #6's physician orders dated March 9, 2023 revealed an order to hold metoprolol succinate ER 50mg if Resident #6's heart rate was below 60. Review of Resident #6's June 2023 electronic medication administration record (eMAR) revealed: -An entry for metoprolol succinate ER 50 mg tablet daily and to hold the dose if pulse was less than 60. -On June 27, 2023, Resident #6's pulse was documented as 50 on the eMAR. -On June 27, 2023, Resident #6's metoprolol succinate ER 50mg was documented as administered to Resident #6 on the eMAR. Review of Resident #6's July 2023 electronic medication administration record (eMAR) revealed: -An entry for metoprolol succinate ER 50 mg tablet daily and to hold the dose if pulse was less than 60. -On July 03, 2023, Resident #6's pulse was documented as 51 on the eMAR. -On July 03, 2023, Resident #6's metoprolol succinate ER 50mg was documented as administered to Resident #6 on the eMAR. Interview with the Memory Care Coordinator (MCC) on 08/03/23 at 9:04am revealed: -She administered medication to Resident #6 on June 27, 2023. -The metoprolol succinate ER 50mg should have been held since Resident #6's pulse was less	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE ASHEVILLE WALDEN RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4 WALDEN RIDGE DRIVE ASHEVILLE, NC 28803		
(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 358	Continued From page 2 than 60. -The metoprolol succinate ER 50mg should not have been given according to the parameters set in the physician's order. -They had recently changed providers and the previous provider did not have a "hold order" on the medication if the pulse was below 60. Interview with a medication aide (MA) on 08/03/23 at 9:19am revealed: -She administered medication to Resident #6 on July 03, 2023. -The metoprolol succinate ER 50mg should have been held since Resident #6's pulse was less than 60. -The metoprolol succinate ER 50mg should not have been given according to the parameters set in the physician's order. -She was unsure what happened. Telephone interview with the Primary Care Provider (PCP) on 08/03/23 revealed: -The metoprolol succinate ER dose Resident #6 is on was a low dose. -The medication did need to be held if Resident #6 had a pulse rate less than 60. -The PCP expected staff who administered medications to follow this protocol. Interview with the Administrator on 08/03/23 at 11:50am revealed: -Staff should be following physician's orders including parameters of when to hold a medication.	O 358			