STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013019	A. BUILDING: _____ B. WING _____	R 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CONCORD PARKWAY	2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027

(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 Cabarrus County Department of Social Services conducted an annual and follow-up survey on July 24, 2024 through July 25, 2024.	D 000		
D 263	10A NCAC 13F .0802 (e) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment: (1) the resident is under the physician's care; and (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 5 sampled residents (Resident #5) care plan was signed and dated by the primary care physician (PCP) within 15 calendar days of completion of the assessment. The findings are: Review of Resident #5's current FL2 dated 11/05/23 revealed: -An admission date of 11/04/21. -Diagnoses included Alzheimer's disease- late onset, vitamin B12 deficiency Anemia, chronic kidney disease stage 3, and unspecified abnormality of gait. -An order for a regular diet.	D 263		

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D 263	Continued From page 1 Review of Resident #5's care plan dated 05/08/24 revealed: -The care plan was signed and dated by the Health and Wellness Coordinator (HWC) on 04/11/24. -The care plan was signed by the resident's PCP on 05/08/24. -The resident's care plan was not signed within 15 calendar days of the assessment. Health & Wellness Director (HWD) on 07/25/24 at 5:30pm revealed: -The facility's policy was to complete resident care plans upon admission, every 6 months, and if the resident had a change in their condition. -The HWC was responsible for assessing and completing the resident's care plan. -The PCP was to sign off on the care plan within 15 calendar days of it being completed. -The care plans were placed in a book for the PCP to sign weekly. -She kept a list of the resident who needed their care plan completed and when they needed to be done. -The residents' care plans were not tracked within the facility's computer tracking program. Interviews with the Administrator on 07/25/24 at 5:30pm revealed: -The facility's policy was to complete resident care plans upon admission, every 6 months, and if the resident had a change in their condition. -The HWC was responsible for assessing and completing the resident's care plan. -The PCP was to sign off on the care plan within 15 calendar days of it being completed. -The care plans were placed in a book for the PCP to sign weekly. -The HWD was to follow-up behind the HWC regarding completion of care plans.	D 263		

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D 263	Continued From page 2 -The HWD was responsible for reviewing and making sure the PCP sign care plans within the 15-calendar day window.	D 263		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure 2 of 3 sampled residents (Resident's #2 and #5) received therapeutic diets as ordered related to a texture modified diet. The findings are: 1. Review of Resident #2's current FL2 dated 04/18/24 revealed diagnoses including other vertebral disc degeneration, dysphagia (oropharyngeal phase), failure to thrive, paralysis of vocal cords and larynx, repeated falls and paroxysmal atrial fibrillation. Review of Resident #2's Primary Care Provider (PCP) order dated 07/15/24 revealed a change from pureed, nectar thickened diet to mechanical soft (texture modified) diet and nectar/mildly thickened liquids. Review of the posted dietary menu for the lunch meal on 07/24/24 for the Assisted Living (AL) revealed a mini-Caesar salad, crab cake, chicken salad, veggie burger, ham and cheese croissant	D 310		

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sandwich, rice pilaf and creamed green peas with beverage of choice.

Review of the textured modified therapeutic diet menu for the lunch meal service for 07/24/24 revealed tomato juice was to be served to residents instead of the Caesar salad.

Review of the facility's special diet list posted on the kitchen bulletin board for the AL on 07/24/24 revealed there were two AL residents on a textured modified diet, with no resident names listed.

Observation of the lunch meal and beverage services on 07/24/24 at 12:28pm to 1:30pm revealed:
-Resident #2 received his lunch in the AL dining room.
-Resident #2 was served a Caesar salad with croutons and dressing, crab cakes, creamed green peas, rice pilaf, chocolate brownie, water and lemonade.
-A personal care aide (PCA) served Resident #2 a Caesar salad with approximately 3-4 croutons and Caesar salad dressing.
-Resident #2 had approximately 1-2 bites of the salad before a different PCA removed the salad stating that he was not supposed to have salad.
-Resident #2 ate 80% of the rice pilaf and 100% of the rest of his meal.

Interview with a PCA on 07/24/24 at 1:00pm revealed:
-She had served Resident #2 the salad.
-She did not know Resident #2 could not have a salad.
-She did not know what type of diet Resident #2 was ordered.
-She thought Resident #2's diet order had

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recently changed and remembered him being on a pureed diet.
-She did not know if Resident #2's diet order had been posted anywhere.
-The dietary staff told the floor staff what diets the residents were on but did not remember if she was told what diet Resident #2 was on.

Attempted telephone interview with the facility's Licensed Dietitian/Nutritionist on 07/25/24 at 12:29pm, 12:49pm, 12:51pm, 2:54pm, and 2:56pm was unsuccessful.

Attempted telephone interview with Resident #2's PCP on 07/25/24 at 12:50pm and at 2:50pm was unsuccessful.

Interview with the Dietary Manager (DM) on 06/24/24 at 12:40 revealed:
-He knew Resident #2 had an order for a textured modified diet.
-A salad was not appropriate to be served to residents on a textured modified diet.
-He did have a list posted in the kitchen with the number of residents in AL on therapeutic diets, but no resident names listed.
-There was a therapeutic diet menu substitution list for textured modified diets posted under the menu.
-He and the dietary staff were responsible for ensuring therapeutic diets were served as ordered to the residents by communicating with all staff serving residents in the dining room.
-Resident #2 should not have been served a salad.

Interview with Administrator on 07/25/24 at 05:35 pm revealed:
-He was aware that Resident #2 was on a texture modified diet with nectar thickened liquids.

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-He expected residents to receive the correct diets.
-He understood the process for resident diet orders included order review by the DM, who communicates with staff at daily all-staff meetings and places the diets on the staff assignment sheets daily.
-He expected new staff to be shown the location of the resident's therapeutic diet orders their mentors.

2. Review of Resident #5's current FL2 dated 11/05/23 revealed:
-An admission date of 11/04/21.
-Diagnoses included Alzheimer's disease- late onset, vitamin B12 deficiency Anemia, chronic kidney disease stage 3, and unspecified abnormality of gait.
-An order for a regular diet.

Review of Resident #5's primary care physician's (PCP) notes revealed:
-Resident #5 was seen by their PCP on 07/01/24 due to concerns of spitting up clear mucus before and during meals.
-Her diet was changed from a regular diet to a texture modified diet.

Review of the posted dietary menu for the lunch meal on 07/24/24 for the Special Care Unit (SCU) revealed a mini-Caesar salad, crab cake, chicken salad, veggie burger, ham and cheese croissant sandwich, rice pilaf and creamed green peas with beverage of choice.

Review of the facility's SCU therapeutic diet list posted on the kitchen bulletin board on 07/24/24 at 9:16am revealed Resident #5 was on a textured modified diet.

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D 310	Continued From page 6 Review of the textured modified therapeutic diet menu for the lunch meal service for 07/24/24 revealed tomato juice was to be served to the residents instead of the Caesar salad. Observation of Resident #5 during the lunch meal on 7/24/24 from 12:15 pm to 1:30 pm revealed: -Resident #5 received her lunch meal in the SCU dining room. -Resident #5 was served a Caesar salad with dressing, crab cakes, creamed green peas, rice pilaf, chocolate brownie, water and lemonade. -She ate 90% of her rice pilaf and 100% of the rest of her meal which included her Caesar salad. Interview with the SCU medication aide (MA) on 07/24/24 at 1:05pm revealed she knew that dietary sends the food over and that the SCU staff didn't know different diets for residents and that the staff "mostly focus on the meat being textured modified. " Interview with the Dietary Manager on 06/24/24 at 1:10pm revealed: -He knew Resident #5 hand an order for a textured modified diet. -A salad was not appropriate to be served to residents on a textured modified diet. -He did have a therapeutic diet list posted in the Kitchen for the SCU residents. -SCU resident meals were prepared in the AL kitchen and then delivered to the SCU. -He and the dietary staff were responsible for ensuring therapeutic diets were served as ordered to the residents by communicating with staff and he expected staff to look at the therapeutic diet list posted in the SCU. -Resident #5 should not have been served a salad.	D 310		

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D 310	Continued From page 7 Interview with Special Care Coordinator (SCC) on 07/24/25 at 1:25 pm revealed: -The dietician or dining specialist, informs her what diets the resident are ordered. -She would intervene if a resident was served the wrong diet. -There was no resident diets posted on the SCU food cart. -The SCU staff depend on the DM to notify them of resident diets. -No dietary staff worked on the SCU when meals were served. Interview with Resident #5's PCP on 07/24/24 at 1:10 pm revealed: -Resident #5 was recently placed on a texture modified diet "because she recently had several episodes of choking or near choking." -Her recommendations were "an extra step needed to be done to make sure the staff knows salads are to be shredded" for residents on a texture modified diet. -She stated that Resident #5 "doesn't need to eat salads at all; she has a history of CVA and dementia". Interview with the Administrator on 07/25/24 at 5:30pm revealed: -The clinical team advised dietary staff of residents with therapeutic diets during morning standup meetings. -SCU residents therapeutic diets were posted in the cabinet located in the SCU for confidentiality. -New staff on the SCU were assigned a mentor and were directed to the cabinet to refer to the list of names of residents on therapeutic diets. -He did not know how Resident #2 and #5 were given incorrect diets because there were three managers in the SCU on 07/24/24. -The SCU will house an additional therapeutic	D 310		

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D 310	Continued From page 8 diet menu for review of substitute menu items to ensure what is on the menu is given to residents with therapeutic diets.	D 310		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, selfhelp abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled residents (#3) had Special Care Unit (SCU) resident profiles updated on a quarterly basis. The findings are: Review of Resident #3's current FL2 dated	D 464		

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D 464	Continued From page 9 08/03/22 revealed: -Diagnoses included dementia and Pick's disease and expressive language disorder. -The recommended level of care was SCU. Review of Resident #2's Resident Register revealed an admission date of 12/18/23. Review of Resident #3's record on 07/24/24 revealed: -There were SCU quarterly profiles completed on 01/14/24 and 02/22/24. -There was no additional documentation that SCU quarterly profiles were completed after 02/22/24. Interview with the Health and Wellness Director (HWD) on 07/25/24 at 5:45 pm revealed: -She was responsible for completing the SCU resident profiles. -SCU resident profiles were to be completed on a quarterly basis. -She was responsible for keeping a schedule of when SCU resident profiles were due. -She had missed completing Resident #3's SCU resident profile. Interview with the Administrator on 07/25/24 at 5:40pm revealed: -He did not know Resident #3's SCU resident profile had not been completed. -The resident profile was to be completed upon admission and quarterly thereafter. -The HWD was responsible for ensuring all SCU resident profiles were completed. -He did not have a process for tracking when the SCU profiles were due and it might be something that needs to be added to a tracking report because he could only see when the last SCU profile was completed.	D 464		

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