| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and a follow up survey on August 13-14, 2024. | D 000 | | |
| D 113 | 10A NCAC 13F .0311(d) Other Requirements<br><br>10A NCAC 13F .0311 Other Requirements<br>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimal of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 10 of 10 sinks in resident bathrooms and common bathroom.<br><br>The findings are:<br><br>Observation of water temperatures on 11/13/24 from 8:10am to 9:00am in resident bathrooms revealed:<br>-In room A1 the hot water temperature of the sink was 120°F.<br>-In room B5 the hot water temperature of the sink was 120.2°F.<br>-In room B6 the hot water temperature of the sink was 117.1°F.<br>-In room C1 the hot water temperature of the sink was 120.7°F.<br>-In room C7 the hot water temperature of the sink | D 113 | | |

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|---|---|---|---|
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|---|---|---|---|---|
| D 113 | Continued From page 1 | D 113 | | |

was 119.5°F.
-In room F7 the hot water temperature of the sink was 123.8°F.
-In room F3 the hot water temperature of the sink was 122.7°F.
-In room E5 the hot water temperature of the sink was 122.9°F.
-In room D2 the hot water temperature of the sink was 122.3°F.

Observation of water temperatures on 11/13/24 at 8:45am in the common bathroom in the main lobby revealed the hot water temperature of the sink was 122.9°F.

Interview with the family member of the resident residing in room B1 on 11/13/24 at 9:00am revealed:
-The family visited once to two times a week with the resident.
-She had noticed that the water in the resident bathroom could get very hot to touch.
-The facility had problems with the hot water at times, but she did not know why the water temperature would get so hot that it would need to be fixed.
-She could not recall how often the water became extremely hot.
-When it got too hot she would report it to the maintenance staff.

Interview with a maintenance manager on 11/13/24 at 2:30pm revealed:
-He came from another facility to adjust the hot water.
-The facility's maintenance manager was on vacation.
-The water heater needed to be adjusted in order to lower the temperature of the hot water in the facility.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

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|---|---|---|---|---|
| D 113 | Continued From page 2<br><br>Recheck of the hot water temperature with the maintenance manager after the water heater was adjusted on 11/13/24 at 2:45pm revealed:<br>-In room B6 the hot water temperature of the sink was 110.4°F.<br>-In room C1 the hot water temperature of the sink was 109.1°F.<br>-In room C7 the hot water temperature of the sink was 111°F.<br>-In room E7 the hot water temperature of the sink was 109.4°F.<br>-In room B6 the hot water temperature of the sink was 111.3°F.<br>-In room D2 the hot water temperature of the sink was 113.6°F.<br>-In room F7 the hot water temperature of the sink was 114.1°F.<br><br>Review of the facility's monthly water temperature logs dated 08/03/24 to 11/02/24 revealed water temperatures ranged from 109.1°F - 111.3°F.<br><br>Interview with a housekeeper on 11/3/24 at 10:45am revealed she was not aware of any residents having problems or complaining about the hot water.<br><br>Interview with a personal care aide (PCA) on 11/13/24 at 10:50am revealed:<br>-The majority of the residents in the facility needed assistance with showering and washing hands.<br>-She was not aware of hot water temperatures being too hot in the facility.<br>-She was not aware of any residents getting burned by hot water in the facility.<br><br>Interview with the Resident Care Coordinator (RCC) on 11/13/24 at 11:00am revealed: | D 113 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 113 | Continued From page 3 | D 113 | | |

-She was not aware of hot water temperatures being too hot in the facility.
-The majority of the residents in the facility needed assistance with washing hands and showering.
-PCAs assisted residents and adjusted water temperatures in sinks and showers.
-The maintenance manager was responsible for ensuring water temperatures were within the correct range in the facility.

Interview with the Health and Wellness Director (HWD) on 11/13/24 at 1:25pm revealed:
-She knew the hot water temperature should be 110°F - 116°F.
-She was not aware of hot water temperatures exceeding 116°F in the facility.
-The maintenance manager was on vacation.
-The maintenance manager was responsible for ensuring water temperatures were within the correct range in the facility.
-She was concerned that residents could burn their hands if the water temperatures in their sinks were too hot.

Interview with the Administrator on 11/13/24 at 1:40pm revealed:
-She knew the hot water temperature should have been 110°F - 116°F.
-She was not aware of hot water temperatures exceeding 116°F in the facility.
-The maintenance manager checked water temperatures in the facility weekly.
-The maintenance manager was responsible for ensuring water temperatures were within the correct range in the facility.
-Maintaining correct water temperatures in the facility was important because the residents had thin skin and could be burned easily.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 234 | Continued From page 4 | D 234 | | |
| D 234 | 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio<br><br>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations<br>(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 Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure 2 of 5 residents sampled (#1, #3) were tested for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services.<br><br>The findings are:<br><br>Review of the facility's Tuberculosis Screening/Testing Policy dated 07/01/23 revealed:<br>-Testing should be performed on each new resident within three months prior to admission, or within one week of admission or per state regulation.<br>- Testing methods may include Mantoux skin test using the two-step method, chest x-ray, whole blood assay, or physician/healthcare provider certification that includes verification of the test results. | D 234 | | |

| 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 234 | Continued From page 5<br><br>1. Review of Resident #1's current FL2 dated 09/11/23 revealed diagnoses included Parkinson's disease and lewy body dementia.<br><br>Review of Resident #1's Resident Register revealed an admission date of 09/11/23.<br><br>Review of Resident #1's record revealed:<br>-There was documentation for a tuberculosis (TB) skin test read on 09/10/23 as negative but no administration date.<br>-There was no documentation of a second TB skin test for Resident #1.<br><br>Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable.<br><br>Refer to the interview with the Health and Wellness Director (HWD) on 11/14/24 at 11:55am.<br><br>Refer to the interview with the Executive Director (ED) on 11/14/24 at 12:15pm.<br><br>2. Review of Resident #3's current FL2 dated 03/28/24 revealed diagnoses included hypertension, hyperlipidemia, anxiety, and dementia.<br><br>Review of Resident #3's Resident Register revealed an admission date of 03/28/24.<br><br>Review of Resident #3's record revealed:<br>-There was documentation of a tuberculosis (TB) skin test administered on 03/29/24 and read on 04/01/24 as negative.<br>-There was no documentation of a second TB | D 234 | | |

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|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

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|---|---|---|---|---|
| D 234 | Continued From page 6<br>skin test for Resident #3.<br><br>Based on observations, interviews, and record reviews, it was determined that Resident #3 was not interviewable.<br><br>Refer to the interview with the Health and Wellness Director (HWD) on 11/14/24 at 11:55am.<br><br>Refer to the interview with the Executive Director (ED) on 11/14/24 at 12:15pm.<br><br>_____<br><br>Interview with the Health and Wellness Director (HWD) on 11/14/24 at 11:55am revealed:<br>-She was not aware that Resident #1 and Resident #3 were missing a second tuberculosis (TB) test.<br>-She was aware that residents should have their first TB skin test administered prior to admission and the second TB test should be administered after being admitted to the facility.<br>- The previous HWD was responsible for ensuring the completion of the second TB skin test after admission.<br>-She began weekly chart audits on 08/21/24 and looked for noncompliance such as TB tests not being up to date but could not say why or how she missed Resident #1's and Resident #3's charts.<br><br>Interview with the ED on 11/14/24 at 12:15pm revealed:<br>-She was not aware that the second TB test was not completed for Resident #1 or Resident #3.<br>-The HWD used a compliance tracker to inform staff of any noncompliance issues and shared this information with her, but she could not say | D 234 | | |

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|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 234 | Continued From page 7<br>how staff missed the second TB test needed.<br>-The HWD was responsible for ensuring the second step TB test was completed. | D 234 | | |
| D 235 | 10A NCAC 13F .0703 (b & c) Tuberculosis Test, Medical Exam & Immunizatio<br><br>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations<br>(b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the facility and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident.<br>(c) The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility, except in the case of emergency admission.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure 1 of 5 sampled residents (#1) had an FL2 that was updated annually.<br><br>The findings are: | D 235 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| D 235 | Continued From page 8<br><br>Review of Resident #1's current FL2 dated 09/11/23 revealed diagnoses included Parkinson's disease and lewy body dementia.<br><br>Review of Resident #1's Resident Register revealed an admission date of 09/11/23.<br><br>Review of Resident #1's record revealed there was not an updated FL2 completed or signed by the primary care provider (PCP) after 09/11/23.<br><br>Interview with the Health and Wellness Director (HWD) on 11/14/24 at 11:55am revealed:<br>-She was aware that Resident #1's FL2 had not been updated.<br>-The FL2 was attached to the PCP order summary on 11/08/24 when she sent it to the PCP but when the paperwork returned, the two pieces of paper were not together, and she did not realize this issue until 11/13/24 when it was brought to her attention.<br>-The HWD was responsible for ensuring the FL2 was updated.<br><br>Interview with the ED on 11/14/24 at 12:15pm revealed:<br>-She was not aware that Resident #1's FL2 had not been updated.<br>-The HWD and the ED were responsible for ensuring the FL2 was updated annually. | D 235 | | |
| D 263 | 10A NCAC 13F .0802 (e) Resident Care Plan<br><br>10A NCAC 13F .0802 Resident Care Plan<br><br>(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the | D 263 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE CARY | 7870 CHAPEL HILL ROAD CARY, NC 27513 |

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|---|---|---|---|---|
| D 263 | Continued From page 9 | D 263 | | |

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 interviews and record reviews, the facility failed to ensure 2 of 5 sampled residents (#1, #2) had an accurate care plan that was signed by a provider within 15 days of the residents' being assessed (#1) and had an assessment and care plan updated annually (#2).

The findings are:

Review of the facility's Service Plan Process Policy dated 03/01/20 revealed:
-Individual resident service plans are developed through the evaluation process or other identified systems and provided information about resident needs to the care associates.
-Service plans are implemented and maintained for each resident to address these needs.
-The Health and Wellness Director (HWD), Assisted Living Director (ALD), or designee will generate a service plan for each resident and should be reviewed and revised as necessary by the community care team under the direction of the Executive Director (ED), or designee, or nurse periodically thereafter, and following a change in the condition of the resident that result in altered care needs over a period of greater than two weeks.
-The service plan should be completed and reviewed by the community care team and the resident/legally responsible party within 14-30

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 263 | Continued From page 10 | D 263 | | |

days after move-in of the resident or as required by state regulations.

1. Review of Resident #1's current FL2 dated 09/11/23 revealed:
-Diagnoses included Parkinson's disease and lewy body dementia.
-Resident #1's recommended level of care was the Special Care Unit (SCU).
-He was constantly disoriented and needed assistance with bathing and dressing.

Review of Resident #1's Resident Register revealed an admission date of 09/11/23.

Review of Resident #1's undated care plan revealed:
-The care plan assessment was dated 10/13/23.
-Resident #1 required physical assistance with bathing, dressing, and grooming.
-Resident #1's care plan was not signed by the physician.

Interview with the Health and Wellness Director (HWD) on 11/14/24 at 11:55am revealed:
-She was aware that Resident #1 care plan had not been signed for almost one year.
-The previous HWD was responsible for ensuring the care plan was signed.
-She began weekly chart audits on 08/21/24, and looked for noncompliance such as the care plan not being up to date.
-She sent Resident #1's care plan to the primary care provider (PCP) to be signed and had not heard back and did not follow up.

Interview with the Executive Director (ED) on 11/14/24 at 12:15pm revealed:
-Resident #1 care plan was signed because she was at that care plan meeting, but staff could not

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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| (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 263 | Continued From page 11 | D 263 | | |

find the signed paperwork.
-The medication aide (MA) filed all paperwork in the resident's chart including care plans, she did not know what happened to Resident #1's signed care plan.
-She expected staff to file all paperwork in the appropriate place in a timely manner.
-The HWD and the ED were responsible for ensuring Resident #1's care plan was completed and filed correctly.

2. Review of Resident #2's current FL2 dated 10/24/24 revealed:
-Diagnoses included cystitis and acute encephalopathy.
-She was constantly disoriented and non-ambulatory, and needed assistance with bathing, feeding, and dressing.

Review of Resident #2's Resident Register revealed an admission date of 11/11/21.

Review of Resident #2's care plan dated 07/18/23 revealed Resident #2 required physical assistance with bathing, dressing, and grooming.

Review of Resident #2's record revealed there was not a care plan after 07/18/23.

Interview with the Health and Wellness Director (HWD) on 11/14/24 at 11:55am revealed:
-She was not aware that Resident #2 care plan had not been updated.
-She was aware that care plans were to be completed annually, and more often if change in conditions.
- The HWD was responsible for ensuring the care plan was updated.

Interview with the ED on 11/14/24 at 12:15pm

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE CARY | 7870 CHAPEL HILL ROAD CARY, NC 27513 |

| (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 263 | Continued From page 12<br>revealed:<br>-She was not aware that Resident #2 care plan had not been updated.<br>-The HWD and the ED were responsible for ensuring the care plan was updated annually. | D 263 | | |
| D 306 | 10A NCAC 13F .0904(d)(4) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service<br>(d) Food Requirements in Adult Care Homes:<br>(4) Water shall be served to each resident at each meal, in addition to other beverages.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews the facility failed to ensure water was served at each meal for residents in addition to other beverages.<br><br>The findings are:<br><br>Observation of the breakfast meal on 11/14/24 between 8:15am and 9:15am revealed:<br>-There were 40 residents in the two dining rooms.<br>-Residents were served milk and orange juice only.<br>-There was no water served to the residents.<br>-Staff did not offer the residents water.<br><br>Interview with the dietary aide on 11/14/24 at 9:15am revealed:<br>-The PCAs and dietary aides prepared and served the residents beverages during meals. | D 306 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE CARY | 7870 CHAPEL HILL ROAD CARY, NC 27513 |

| (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 306 | Continued From page 13<br>-For breakfast the resident's were served milk and juice.<br>-Water was not served for breakfast unless a resident asked for it.<br><br>Interview with the lead cook on 11/14/24 at 9:30am revealed:<br>-The PCAs and dietary aides prepared and served the residents beverages during meals.<br>-Residents should have been served milk, juice and water with each meal.<br><br>Interview with a personal care aide (PCA) on 11/14/24 at 9:40pm revealed:<br>-For breakfast residents were served milk and juice.<br>-Water was only served to resident's during lunch and dinner meals.<br>-During breakfast water was served to residents who asked for it.<br><br>Interview with the Resident Care Coordinator (RCC) on 11/14/24 at 10:05am revealed:<br>-She was not aware that water was supposed to be served with each meal.<br>-For breakfast milk and juice were served to the residents.<br>-Some residents were served water for breakfast when they asked for it.<br>-Water was served for lunch and dinner.<br><br>Interview with the Administrator on 11/14/24 at 11:10am revealed:<br>-She was aware that water was supposed to be served with each meal according to nutritional requirements.<br>-She expected water to be served with each meal.<br>-PCAs were responsible for serving beverages during meals. | D 306 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092023 | A. BUILDING: _____ B. WING _____ | R 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BROOKDALE CARY | 7870 CHAPEL HILL ROAD CARY, NC 27513 |

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|---|---|---|---|---|
| D 306 | Continued From page 14<br>-PCAs were responsible for ensuring water was served at each meal.<br>-She was not sure why residents were not served water for breakfast. | D 306 | | |