

PRINTED: 02/11/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043			
(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 survey on 01/28/25-01/29/25.	D 000	The following is the plan of correction for Brookdale Forest City regarding the statement of deficiencies dated 2/14/2025. 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 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 the 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 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain an accurate therapeutic diet list for guidance of food service staff for 2 of 4 sampled residents (#1 and #3) with an order for a carbohydrate controlled diet (#1) and texture modified regular diet, ground meat, no gravy (#3). The findings are: 1. Review of Resident #1's current FL2 dated 08/19/24 revealed: -Diagnoses included diabetes mellitus type 2. -The diet ordered was a carbohydrate controlled diet. Observation in the kitchen on 01/28/25 at 10:18am revealed there was a therapeutic diet list posted on the wall and there was no	D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service Health and Wellness Director and/or Designee and Dining Service Coordinator will review diet orders making sure all therapeutic diets are correct per physician order and documented correctly in Point Click Care as well as providing the Dining Service Coordinator with a copy of any new diet orders. The Dining Service Coordinator will verify that the Therapeutic Diet List is accurate and Posted in the Kitchen. The Dining Service Coordinator or designee will review the Therapeutic Diet List weekly for 60 days and monthly for three months. The Dining Service Coordinator or designee will print the nutrition tracker weekly and verify it is accurate. Dining Service Coordinator conducted and retrained dietary staff on 1/29/2025. The Dining Service Coordinator or designee will utilize the Dining and Care Partner therapeutic review form each shift. Health and Wellness Director and/or designee and Dining Service Coordinator will meet after a diet is changed or when a new resident is admitted.	02/28/2025	

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

TITLE

(X6) DATE

STATE FORM

6299

729 Z11

If continuation sheet 1 of 18

Reviewed and acknowledged *Julie Grooms* 03/04/25

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D 309	Continued From page 1 documentation Resident #1 was to be served a carbohydrate controlled diet. Interview with the cook on 01/28/25 at 12:40pm revealed: -Resident #1 was not on the therapeutic diet list posted in the kitchen to receive a carbohydrate controlled diet. -She referenced the therapeutic diet list when preparing meals for the residents. -The Dietary Manager was responsible for updating the therapeutic diet list posted in the kitchen. Interview with the Health and Wellness Director (HWD) on 01/29/25 at 10:40am revealed: -She was responsible for copying new diet orders and giving the orders to the Dietary Manager. -The Dietary Manager was responsible for updating the therapeutic diet list in the kitchen. -She did not know why the Dietary Manager did not have Resident #1's diet order for a carbohydrate controlled diet dated 08/19/24 because she did not work at the facility when the diet was ordered. Refer to the interview with the Dietary Manager on 01/29/25 at 8:35am. Refer to the interview with the Administrator on 01/29/25 at 10:20am. 2. Review of Resident #3's current FL2 dated 07/02/24 revealed: -Diagnoses included type 2 diabetes mellitus and hyperlipidemia. -There was no documentation provided for the type of diet. Review of Resident #3's physician's orders dated	D 309	On 2/7/2025 Resident #1 PCP changed diet order back to a Carb Controlled diet.. On 1/29/25 the PCP for Resident #3 verified a regular diet. All dietary staff were re-trained by the Dining Manager on diet orders.	

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D 309	Continued From page 2 01/06/25 revealed an order for a texture modified regular diet, ground meats, no gravy. Observation in the kitchen on 01/28/25 at 10:18am revealed there was a therapeutic diet list posted on the wall and there was no documentation Resident #3 was to be served a texture modified diet with ground meat, no gravy. Interview with the cook on 01/28/25 at 12:40pm revealed: -Resident #3 was not on the therapeutic diet list posted in the kitchen to receive a ground meat diet, no gravy. -Resident #3 used to be served a ground meat diet but she thought the diet order changed to a regular diet. -She referenced the therapeutic diet list when preparing meals for the residents. -The Dietary Manager was responsible for updating the therapeutic diet list posted in the kitchen. Interview with the Health and Wellness Director (HWD) on 01/29/25 at 10:40am revealed: -She was responsible for copying new diet orders and giving the orders to the Dietary Manager. -She missed the diet order dated 01/06/25 for Resident #3's ground meat, no gravy because it was on the physician's order sheet and she was still using the diet order sheet dated 04/15/24 as the most current diet order. Refer to the interview with the Dietary Manager on 01/29/25 at 8:35am. Refer to the interview with the Administrator on 01/29/25 at 10:20am. Interview with the Dietary Manager on 01/29/25 at	D 309			

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D 309	Continued From page 3 8:35am revealed: -She was responsible for updating the therapeutic diet list posted in the kitchen for staff's guidance to prepare meals for residents. -The HWD or RCC were responsible for giving her a copy of new diet orders so that she could update the therapeutic diet list in the kitchen. -The therapeutic diet list posted in the kitchen was up to date with the most current orders that were given to her. -She last updated the therapeutic diet list in the kitchen about 4 weeks ago. Interview with the Administrator on 01/29/25 at 10:20am revealed: -The HWD or RCC were responsible to give the Dietary Manager a copy of diet orders. -The Dietary Manager was responsible for updating the therapeutic diet list posted in the kitchen for staff's guidance to prepare meals for the residents. -She did not know the therapeutic diet list posted in the kitchen was not accurate. -The residents' primary care provider (PCP) visited weekly and if any new diet orders were given, the therapeutic diet list should also be updated weekly. -She expected any new diet orders to be given to the Dietary Manager and for the Dietary Manager to update the therapeutic diet list in the kitchen so that the residents were served the appropriately ordered diet.	D 309		
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	D 310		

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D 310	Continued From page 4 supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to serve a therapeutic diet as ordered for 3 of 3 sampled residents (#3, #4, and #5) with orders for a regular diet with ground meat (#3, #4, and #5). The findings are: Review of the facility's diet order policy dated 05/2013 revealed: -Each resident must have a diet order prescribed by a physician or primary care provider (PCP). -Each diet order should match the diet terminology approved by the facility. -The Health and Wellness Director (HWD) or designee will communicate all diet orders to dining services via the computer system used by the facility and/or a copy of the physician's diet order. Review of the facility's posted menu for lunch on 01/28/25 revealed it included beef stew, carrots, peas, potatoes, side salad, and cake. Review of the facility's therapeutic diet menu for texture modified ground meat revealed the beef must be ground and dispensed with two #10 scoops and served with 2 ounces of beef gravy or other gravy. 1. Review of Resident #5's current FL2 dated 04/22/24 revealed: -Diagnoses included Alzheimer's disease and	D 310	10A NCAC 13F. 0904 (e)(4) Nutrition and Food The Health and Wellness Director y received clarification on diets from PCP and updated in Point Click Care. The Health and Wellness Director and/or designee met with Dining Service Coordinator and reviewed all textured modified diets. The Dining Service Coordinator updated the diet list in the kitchen and retrained the dietary staff on textured modified diets. The Health and Wellness Director and Dining Service Coordinator created a binder with all residents current diets. The Dining Service Coordinator will print off, weekly, a copy of all residents diets and verify the order is accurate with the Health and Wellness Director or designee. The Health and Wellness Director or designee will verify, with the Dining Service Coordinator, or designee, receives any new diet orders that are received from a resident's PCP. To assist with ongoing compliance, the Health and Wellness Director or designee will verify all documented resident diets are accurate with the Dining Service Coordinator or designee weekly for 3 months. On 1/29/2025 the PCP verified the regular diet for Resident #3. Resident #4 had a textured modified diet put in place by PCP per order and Point Click Care. Resident #5 had a clarified diet order per PCP for a textured modified diet To assist with ongoing compliance, the Health and Wellness Director or designee will verify all diet orders monthly for six (6) months. All dietary staff have been re-trained by the Dining Services Coordinator on preparation of textured modified diets on <u>1/29/2025</u>	2/28/2025

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D 310	Continued From page 5 gastroesophageal reflux disease. -Level of care was documented as Special Care Unit (SCU). -Diet was documented as texture modified. Review of Resident #5's current physician's order dated 01/06/25 revealed an order for a texture modified diet including regular liquids consistency and ground meats. Review of Resident #5's physician's order dated 11/26/24 revealed an order for a speech therapy consult for swallowing safety because Resident #5 got choked on water the evening of 11/25/24. Observation in the kitchen on 01/28/25 at 10:18am revealed there was a texture modified diet list posted on the wall with documentation Resident #5 was to be served a ground meat diet. Observation of the lunch meal service on 01/28/25 from 11:55am through 12:31pm revealed: -Resident #5 was served a bowl of beef stew containing potatoes, carrots, peas, and chunks of beef about 1-inch by 1-inch sized pieces along with a side of potato wedges and corn bread. -The SCU Activities Director was informed by the surveyor that Resident #5's beef stew meat was not ground before Resident #5 began eating. -Resident #5 ate 75% of the lunch meal provided. Interview with the SCU Activities Director on 01/28/25 at 12:05pm revealed: -She helped the other staff in the SCU with feeding assistance provided to residents in the SCU at mealtimes. -Resident #5 was supposed to be served a ground meat diet. -She noticed the chunks of beef in the beef stew	D 310		

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D 310	Continued From page 6 were not ground and asked the cook about it before serving it to Resident #5 and the cook told her that the meat was tender enough and did not need to be ground. -She served Resident #5 beef stew with the chunks of beef. Interview with the cook on 01/28/25 at 12:40pm revealed: -Resident #5 was on the therapeutic diet list posted in the kitchen to receive a ground meat diet. -Resident #5 received beef stew for the lunch meal service on 01/28/25. -She usually prepared Resident #5's meat by using a commercial grade food grinder. -She did not grind the beef for the beef stew because she thought the meat boiled long enough to make the beef tender enough to eat without grinding it up. Interview with a personal care aide (PCA) on 01/28/25 at 12:24pm revealed: -Resident #5 was normally served a ground meat diet. -She did not notice that the beef stew meat was not ground in Resident #5's beef stew. -The meat in the beef stew was "really soft". Interview with a second PCA on 01/28/25 at 12:30pm and 01/29/25 at 8:05am revealed: -Resident #5 had issues in the past with getting choked on food. -The meat in the beef stew served to Resident #5 on 01/28/25 for the lunch meal service was not ground. -The cook told her the meat was not ground in the beef stew because it was soft and in small chunks.	D 310			

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D 310	Continued From page 7 Interview with the Dietary Manager on 01/28/25 at 3:00pm revealed: -She did not know why the cook did not grind the meat in the beef stew on 01/28/25 before serving it to the residents with orders for a ground meat diet. -She instructed the cook to grind the meat in the beef stew before serving it to the residents. -The kitchen staff including the cook completed an online training course about 6 months ago on preparing therapeutic diets including ground meats. -She gave the kitchen staff a certificate for completing the online course but did not keep a record of who completed the training. Interview with the SCU Activities Director on 01/29/25 at 8:10am revealed: -Resident #5 used to cough and get choked while eating due to issues with swallowing but had not had any issues since Resident #5 was changed to a ground meat diet. -Resident #5 was ordered a speech consult by a Hospice provider and a ground meat diet after the consultation was completed. Telephone interview with Resident #5's primary care provider (PCP) on 01/29/25 at 11:18am revealed: -Resident #5 got choked while drinking water and she ordered a speech therapy consult on 11/26/24 due to swallowing difficulties. -Resident #5 was ordered to have a regular diet with ground meat after a swallow study was completed. -Resident #5 could choke due to not chewing up meal properly and aspirate (breathing in food into the lungs) if she was not served a ground meat diet. -She expected the facility to serve Resident #5 a	D 310		

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D 310	Continued From page 8 ground meat diet as ordered. Interview with the Administrator on 01/28/25 at 4:34pm revealed: -She was not aware Resident #5 was not served ground meal for the lunch meal service on 01/28/25. -The cook was trained to prepare meals by using the therapeutic diet menu provided by the facility's company. -She expected the cook to follow the directions on the facility's therapeutic diet menu when preparing meals for residents according to the PCP diet orders. Based on observations, record reviews, and interviews it was determined Resident #5 was not interviewable. 2. Review of Resident #4's current FL2 dated 11/18/24 revealed: -Diagnoses included dementia and gastroesophageal reflux disease. -The current level of care was documented as special care unit (SCU). -There was no documentation provided for the type of diet. Review of Resident #4's physician's order dated 01/06/25 revealed an order for a texture modified diet, regular liquids consistency, and ground meats. Observation in the kitchen on 01/28/25 at 10:18am revealed there was a texture modified diet list posted on the wall with documentation Resident #4 was to be served a ground meat diet. Observation of the lunch meal service on 01/28/25 from 11:55am through 12:31pm	D 310		

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D 310	Continued From page 9 revealed: -Resident #4 was served a bowl of beef stew containing chunks of beef about 1-inch by 1-inch sized pieces. -The SCU Activities Director was informed by the surveyor that Resident #4's beef stew meat was not ground before Resident #4 began eating. -Resident #4 ate 100% of the lunch meal provided. Interview with the SCU Activities Director on 01/28/25 at 12:05pm revealed: -She helped the other staff in the SCU with feeding assistance provided to residents in the SCU at mealtimes. -Resident #4 was supposed to be served a ground meat diet. -She noticed the chunks of beef in the beef stew were not ground and asked the cook about it before serving it to Resident #4 and the cook told her that the meat was tender enough and did not need to be ground. -She served Resident #4 beef stew with the chunks of beef. Interview with the cook on 01/28/25 at 12:40pm revealed: -Resident #4 was on the therapeutic diet list posted in the kitchen to receive a ground meat diet. -Resident #4 received beef stew for the lunch meal service on 01/28/25. -She usually prepared Resident #4's meat by using a commercial grade food grinder. -She did not grind the beef for the beef stew because she thought the meat boiled long enough to make the beef tender enough to eat without grinding it up. Interview with a personal care aide (PCA) on	D 310			

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D 310	Continued From page 10 01/28/25 at 12:24pm revealed: -Resident #4 was normally served a ground meat diet. -She did not notice that the beef stew meat was not ground in Resident #4's beef stew. -The meat in the beef stew was "really soft". Interview with a second PCA on 01/28/25 at 12:30pm revealed: -Resident #4 was served ground meat at meals. -The meat in the beef stew served to Resident #4 on 01/28/25 for the lunch meal service was not ground. -The cook told her the meat was not ground in the beef stew because it was soft and in small chunks. Interview with the Dietary Manager on 01/28/25 at 3:00pm revealed: -She did not know why the cook did not grind the meat in the beef stew on 01/28/25 before serving it to the residents with orders for a ground meat diet. -She instructed the cook to grind the meat in the beef stew before serving it to the residents. -The kitchen staff including the cook completed an online training course about 6 months ago on preparing therapeutic diets including ground meats. -She gave the kitchen staff a certificate for completing the online course but did not keep a record of who completed the training. Telephone Interview with Resident #4's primary care provider (PCP) on 01/29/25 at 11:18am revealed: -Resident #4 previously had orders for a pureed diet but would not eat the food so she ordered a regular diet with ground meat on 01/06/25. -She expected the facility to serve Resident #4 a	D 310			

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D 310	Continued From page 11 ground meat diet as ordered. Interview with the Administrator on 01/28/25 at 4:34pm revealed: -She was not aware Resident #4 was not served ground meat for the lunch meal service on 01/28/25. -The cook was trained to prepare meals by using the therapeutic diet menu provided by the facility's company. -She expected the cook to follow the directions on the facility's therapeutic diet menu when preparing meals for residents according to the PCP diet orders. Based on observations, record reviews, and interviews it was determined Resident #4 was not interviewable. 3. Review of Resident #3's current FL2 dated 07/02/24 revealed: -Diagnoses included type 2 diabetes mellitus and hyperlipidemia. -There was no documentation provided for the type of diet. Review of Resident #3's physician's orders dated 01/06/25 revealed an order for a regular diet, ground meats, no gravy. Observation in the kitchen on 01/28/25 at 10:18am revealed there was a texture modified diet list posted on the wall and there was no documentation Resident #3 was to be served a therapeutic diet. Observation in the assisted living (AL) dining room on 01/29/25 at 8:15am revealed: -Resident #3 was sitting at a table with a plate containing scrambled eggs, toast, and 2 slices of	D 310			

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D 310	Continued From page 12 bacon were sitting on a napkin next to the plate. -Resident #3 had not taken any bites of the bacon. -A personal care aide (PCA) was informed by the surveyor that Resident #3 had orders for ground meat and had 2 pieces of bacon on the napkin in front of him. Interview with a PCA on 01/29/25 at 8:15am revealed the cook told her that Resident #3's diet was changed to a regular diet. Interview with the cook on 01/29/25 at 8:28am revealed: -Resident #3 was not on the therapeutic diet list posted in the kitchen to be served ground meat. -The Dietary Manager updated the therapeutic diet list in the kitchen when orders for diets changed. -Resident #3 used to get ground meat because he liked to "mash" his food up before eating it but was changed back to a regular diet. Interview with the Dietary Manager on 01/29/25 at 8:35am revealed: -The Health and Wellness Director (HWD) or Resident Care Coordinator (RCC) were responsible for giving her new diet orders for the residents. -She updated the therapeutic diet list in the kitchen when a new order was received for a therapeutic diet. -She last updated the therapeutic diet list for guidance of kitchen staff about 4 weeks ago. -She had not received any new orders for a ground meat diet for Resident #3. -She was able to run a report from the computer system with all the residents diet orders and normally checked the report every other day to see if there were any changes to diet orders.	D 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043		
(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 310	Continued From page 13 -She could see on the computer screen in the report where Resident #3 was supposed to have ground meat, no gravy diet but did not remember seeing it on the report before. -She knew Resident #3 was ordered ground meat previously as a preference because Resident #3 liked to "mash" his food up before eating it except Resident #3 wanted whole pieces of bacon. -She thought the order was changed back to a regular diet because Resident #3 did not want to pay extra money to have the meat ground up. Interview with the HWD on 01/29/25 at 10:40am revealed: -She was responsible for reviewing new orders for residents. -She missed Resident #3's order for ground meat, no gravy on the physician's orders dated 01/06/25. -She thought Resident #3's diet order for a regular diet dated 04/15/24 was the most current order. -She was responsible for copying new diet orders and giving them to the Dietary Manager to make sure the diets were served as ordered. Telephone interview with Resident #3's primary care provider (PCP) on 01/29/25 at 11:18am revealed: -Resident #3 asked her for a modified diet due to difficulty with chewing food and she ordered a speech consult and ground meat diet on 08/01/23. -She ordered Resident #3 a ground meat diet on 01/06/25 due to Resident #3's preference. -The facility did not call or notify her to see if Resident #3's diet order could be changed back to a regular diet. -She expected the facility to serve Resident #3 a ground meat diet as ordered or call to get the	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043			
(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 310	Continued From page 14 order clarified or changed. Interview with the Administrator on 01/29/25 at 10:20am revealed: -The Dietary Manager was responsible for updating the therapeutic diet list in the kitchen for kitchen staff to use as a guide for preparing meals for residents. -The HWD or RCC were responsible for copying new orders for diets and giving them to the Dietary Manager. -Resident #3 originally had orders for a ground meat diet but was changed to a regular diet. -She did not know Resident #3 was ordered a ground meat, no gravy diet on 01/06/25 or if the order was given to the Dietary Manager. -She met with Resident #3's family several times because Resident #3's family was "cost conscious" and did not want to pay the extra money to have Resident #3's meat ground up. -Resident #3's responsible person could sign a negotiated risk form if they refused to follow the diet Resident #3's PCP ordered. -She did not have Resident #3's responsible person sign a negotiated risk form for Resident #3 to eat a regular diet. -She expected the facility to prepare and serve diets as ordered or for the HWD to call the PCP to see if the order could be changed. The facility failed to ensure ground meat was served to Resident #5 who had a history of getting choked while drinking water, a swallow study was completed and a regular diet with ground meat diet was ordered. This failure increased the risk of aspiration and was detrimental to the health, safety and welfare of Resident #5 and constitutes a Type B Violation. The facility provided a plan of protection in	O 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043			
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D 310	Continued From page 15 accordance with G.S. 131D-34 on January 29, 2025. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 28, 2025.	D 310			