Received via email on 05/21/25

PRINTED: 04/16/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 and annual and follow-up survey on 03/25/25 to 03/26/25.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide a clean and orderly environment free from obstructions and hazards related to unsecured oxygen tanks in a resident's room. The findings are: According to guidance from the National Fire Protection Association (NFPA), compressed oxygen (O2) cylinders must be secured in a rack or stand to prevent tipping over. Observations of resident room 23 on 03/25/25 at various times from 8:14am to 12:30pm :::::::::::::::: revealed there were five large oxygen cylinders and two small oxygen cylinders unsecured on the floor in the resident's room; one of the small oxygen cylinders was behind the door to the room.	D 079		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Catherine Armstrong
TITLE: Campus Executive Director
(X6) DATE: 5-10-25

STATE FORM 6899 TJ5411 If continuation sheet 1 of 22

Reviewed and acknowledged.

PD 05/22/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 079	Continued From page 1 Review of the facility's oxygen cylinder safe handling policy dated March 2001 revealed: -Oxygen cylinders were to be provided with chains, sturdy portable carts, or approved stands to prevent tipping exposure. -Oxygen cylinders were stored in secured areas where they could not be knocked over or damaged by passing associates, residents or visitors. -Empty oxygen cylinders were stored separately from full cylinders and labeled as to which cylinders were full and which cylinders were empty. Telephone interview with a representative for the oxygen supply company on 03/26/25 at 11:50am revealed: -The oxygen supply company had delivered five large oxygen cylinders for the first time to the resident who resided in room 23 on 12/18/24. -They did not supply stands for the oxygen cylinders when they delivered them on 12/18/24. -The facility had not requested racks or stands for the oxygen cylinders until yesterday, 03/25/25. -A stand to secure the oxygen cylinders was delivered on 03/26/25. -She was not sure what could happen to an oxygen cylinder that was not secure and was knocked over. Interview with a family member of the resident who resided in room 23 on 03/26/25 at 10:40am revealed: -She did not do anything with the resident's oxygen cylinders. -She was scared of the oxygen cylinders because they were under pressure, and she did not know what they would do. -She visited the resident who resided in resident room 23 every day.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 079	Continued From page 2 -The resident had three small and five big oxygen cylinders in her room. -The oxygen cylinders were normally just sitting on the floor lined up against a wall near the door to the room. -Today, 03/26/25, when she came to visit was the first time she had seen the oxygen cylinders in a stand. Interview with a medication aide (MA) on 03/26/25 at 1:15pm revealed: -She had not been told what to do if she saw oxygen cylinders sitting directly on the floor in a resident's room. -She had not paid attention to the cylinders in resident room 23. -She did not know if she had ever seen the oxygen cylinders unsecured and on the floor in resident room 23. -She thought they were always in a stand. Interview with the Maintenance Director on 03/26/25 at 10:35am revealed: -He monitored the oxygen cylinders to make sure they were secured in stands. -He contacted the oxygen supply company when he noticed an oxygen cylinder that was not secure. -He did not check the delivery of oxygen cylinders to the facility to ensure they had a way of securing them. -He did not know who checked in the oxygen cylinders when they were delivered. -He checked oxygen cylinders in residents' rooms about once a week. -He had not checked the oxygen cylinders in resident room 23 because the family would let him know if the cylinders needed a stand. -The personal care aides (PCAs) and the MAs also looked to see if the oxygen cylinders were	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 079	Continued From page 3 secure. -No one had reported to him about the unsecured oxygen cylinders in resident room 23. -The oxygen cylinders needed to be secured and in stands so they would not get knocked over and possibly explode. Interview with the facility nurse on 03/26/25 at 1:50pm revealed: -The resident who resided in resident room 23 had multiple oxygen cylinders in her room. -She thought there were 6 to 8 cylinders in the room. -She did not recall seeing the oxygen cylinders on the floor in room 23. -If a MA saw an oxygen cylinder sitting on the floor, they should notify her or the Resident Care Coordinator (RCC). -The oxygen cylinders should have been stored in a stand or a rack; they were more stable in a rack or stand. -If an oxygen cylinder was not secured in a stand, it could be knocked over or fall over. -She was not sure exactly what could happen if an oxygen cylinder were to fall over but she felt it had to potential to explode. -For the resident and everyone's safety the oxygen cylinders should always been secured. Interview with the RCC 03/26/25 at 3:18pm revealed: -The maintenance director was responsible for monitoring oxygen cylinders in the facility to ensure they were secured. -She checked oxygen cylinders about every week to check the supply and to make sure they were secure. supply -Oxygen cylinders needed to be secured because they were compressed gas and if they were to fall over, they could shoot off like rockets.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 079	Continued From page 4 -The last time she had looked at the oxygen cylinders in resident room 23 was about two weeks ago. -She noticed about four to five oxygen cylinders were not secure so she contacted hospice to let them know so they could contact the oxygen supply company. -She would give the supply company about a week to provide stands. -She had noticed one day this week the oxygen cylinders in room 23 were still not secured so she called hospice again to get stands for the cylinders. Interview with the Administrator on 03/26/25 at 3:18pm revealed: -Oxygen cylinders should have been secured; she did not want them to get knocked over and explode. -It was all staff's responsibility to monitor oxygen cylinders to make sure they were in a secure stand. -The RCC had called the oxygen supply company to get stands for the cylinders in resident room 23. -She did not know how many oxygen cylinders were not in stands and she did not know when the RCC called to request the stands. Attempted telephone interview with the resident's contracted hospice on 03/26/25 at 2:40pm was unsuccessful. Based on observations and interviews it was determined the resident who resided in resident room 23 was not interviewable.	D 079		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 5 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 review, the facility failed to ensure for 1 of 1 sampled residents (#4) received a thicken liquids as ordered. The findings are: Review of Resident #4's current FL-2 dated 12-05-24 revealed: -Diagnoses included hypertension, idiopathic epilepsy, and dysphasia. -There was an order for nectar thick liquids. Observation of the kitchen on 03/25/25 at 10:05am revealed there were cartons of individual portions of nectar thickened apple juice, water and milk in the walk-in cooler. Review of the resident diet list posted in the kitchen on 03/25/26 at 8:51am revealed Resident #4 was not listed as having an order for nectar thicken liquids. Review of the facility's lunch menu for 03/25/25 revealed tomato soup, taco salad, coleslaw, lettuce and tomato, chocolate cake, milk, water, tea and assorted juices were to be served. Observation of the lunch meal on 03/25/25 from 12:15pm to 12:42pm revealed: -Resident #4 was served a grilled cheese	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 6	D 310		

sandwich, canned diced peaches in syrup, chocolate cake, thin water and thin tea with ice cubes.
-She ate 100 percent of her peaches, 75 percent of her grilled cheese sandwich, 50 percent of her cake, drank 50 percent of her iced tea and 25 percent of her water.
-Resident #4 did not cough, clear her throat or strangle while eating or drinking.

Observation of Resident #4 at the breakfast meal on 03/26/25 from 8:05am to 8:35am revealed:
-She was served thin consistency tea with ice cubes.
-She drank over 75 percent of the tea.
-She did not cough, strangle or clear her throat while drinking.

Interview with the speech therapist on 03/26/25 at 9:40am revealed:
-Resident #4 wanted to drink thin liquids.
-She always strangled while she was observed drinking that was why she was still on a nectar thick consistency.
-Thicken liquids should not have ice in them because when the ice melted it diluted the beverage and thinned the consistency.
-Resident #4 liked iced tea and had been told about not asking for or putting ice in her thickened tea.
-She had concerns for aspiration if Resident #4 was given thin liquids and not given nectar thick beverages.

Interview with Resident #4's primary care provider (PCP) on 03/26/25 at 11:00am revealed:
-Resident #4 had an order for nectar thicken liquids after a hospital stay.
-She ordered a speech evaluation with a swallow test for Resident #4 and continued the order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 7 -She was not aware of any coughing or strangling. -She had ordered another speech evaluation and swallow test for Resident #4 but wanted her to remain on the nectar thick liquids. -Resident #4 had cardiovascular issues, seizure and dysphasia which put her more at risk for strangling while eating or drinking. -Resident #4 needed supervision at meals; she needed staff around her in case they noticed her coughing or strangling. -She expected Resident #4 to be served nectar thicken liquids as ordered. Interview with Resident #4 on 03/26/25 at 11:35am revealed: -She had an order from the PCP for nectar thick liquids. -She had been drinking nectar thick liquids for too long and wanted to drink thin liquids again. -She knew she had swallowing problems; she guessed she had choked at one time. -She was not allowed to have ice in her water in the dining room. -She drank apple juice and iced tea in the dining room. -She liked ice in her tea; sometimes the staff would give her ice in her tea and sometimes they would not. -Her liquids were not thickened yesterday, 03/25/25. -She did not have any problems drinking her beverages yesterday or today, 03/26/25. Interview with a medication aide (MA) on 03/26/25 at 1:15pm revealed: -Resident #4 was served nectar thickened liquids in the dining room. -She had never seen Resident #4 served thin liquids.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 8 -She did not always pour Resident #4 her beverages; the staff took turns. -She had seen Resident #4 cough while drinking; she did it all the time. -She was told Resident #4 was going to be reevaluated for swallowing but was told to serve thicken liquids until then. Interview with a second MA on 03/26/25 at 1:40pm revealed: -The residents were served their beverages after they were seated in the dining room. -She thought she had served Resident #4 her beverages at lunch the day before. -She could not remember if she served Resident #4 thin or thickened liquids. -She knew Resident #4 liked her beverages cold. -She had served Resident #4 nectar thick apple juice for breakfast that morning. -She had not put ice into Resident #4's apple juice for breakfast; she did not know how Resident #4 got ice for her apple juice. Interview with the Dietary Manager on 03/25/25 at 8:51am revealed none of the residents had orders for thickened liquids. Second interview with the Dietary Manager on 03/26/25 at 2:45pm revealed: -When she was asked the day before about residents with thickened liquids orders she had forgotten about the order for Resident #4. -She knew Resident #4 had an order for nectar thickened liquids. -She ordered nectar thickened tea, apple juice, cranberry juice, orange juice, water and milk for Resident #4. -Ice was not allowed in any thicken beverages because it would thin the liquid as it melted. -The MAs poured the beverages for the residents	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 9 in the dining room. Interview with the facility nurse on 03/26/25 at 1:50pm revealed: -She usually was in the dining room for meals, but she was not in the dining room the day before at lunchtime or for breakfast that morning. -She knew Resident #4 had an order for nectar thickened liquids. -Ice should not be put into a thickened liquid because it would thin out the consistency. -She had not observed Resident #4 coughing or clearing her throat while in the dining room. -Her concern with the incorrect consistency being served to a resident would be the risk of aspiration. Interview with the Resident Care Coordinator (RCC) on 03/26/25 at 3:18pm revealed: -Resident #4 had swallowing difficulties in the past. -She had a speech therapy evaluation, and she was continued on nectar thick liquids. -Staff were instructed to serve nectar thicken liquids to Resident #4. -Staff should not put ice into a thickened beverage because it would change the consistency by thinning it. -Her concern with a thinner consistency was the resident could aspirate. -Resident #4 rarely coughed during meals. Interview with the Administrator on 03/26/25 at 2:55pm revealed: -The MAs assisted the residents in the dining room and provided beverage services. -The facility nurse also monitored the dining room during mealtimes. -Resident #4 had an order for nectar thick liquids and whoever served her beverages should know	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 10 her diet order. -She had never seen ice in any thickened liquids including Resident #4. -She expected the staff to serve the correct liquids to Resident #4.	D 310		
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, interviews, and record reviews, the facility failed to ensure medication was administered as ordered for 1 of 5 sampled residents (#2) related to vitamin supplement. The findings are: Review of Resident #2's current FL-2 dated 05/09/24 revealed diagnoses included aortic aneurism, osteoarthritis, and degenerative disc disease of the lumbar spine. Review of Resident #2's physician's order dated 02/26/25 revealed an order for ergocalciferol (used to treat a vitamin D deficiency) 1250mcg/50,000units scheduled once weekly. Review of Resident #2's February 2025 electronic	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 11 medication administration record (eMAR) revealed there was no entry for ergocalciferol 1250mcg/50,000units scheduled once weekly. Review of Resident #2's March 2025 eMAR from 03/01/25 to 03/25/25 revealed: -There was an entry on Fridays at 6:00am. -There was documentation Resident #2 was administered his ergocalciferol on 03/07/25, 03/14/25, and 03/21/25. Observation of Resident #2's medication on hand on 03/25/25 at 2:42pm revealed: -There was a bubble package of ergocalciferol 1250mcg; four tablets of were dispensed on 02/26/25. -There were four tablets of ergocalciferol available for administration in the bubble package. Telephone interview with the pharmacist from the facility's contracted pharmacy on 03/25/25 at 3:18pm revealed: -Resident #2 had an order for ergocalciferol 1250mcg scheduled once weekly; the order was dated 02/26/25. -Four tablets of ergocalciferol 1250mcg were dispensed on 02/26/25. -Ergocalciferol was a vitamin D supplement. Interview with Resident #2's primary care provider (PCP) on 03/26/25 at 10:50am revealed: -Resident #2 was ordered ergocalciferol because his levels were low after she reviewed blood test results from 02/24/25. -Resident #2's vitamin D levels were 25.3ng/mL (nanograms per milliliter) on 02/24/25; below 30mg/mL was considered low. -Vitamin D levels were only tested every six months.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 12 -She was not sure how long it would take Resident #2's vitamin D levels to improve. -Low levels of vitamin D would cause fatigue, muscle weakness, and put Resident #2 at risk for falling. -Resident #2 had not complained of fatigue or muscle weakness. -She expected the facility to follow her orders as written. Interview with Resident #2 on 03/26/25 at 11:45am revealed: -He did not know what medications he took. -He knew he took a lot of tablets in the morning. -He did not know if he had a vitamin deficiency. -He had not been tired, dizzy or had muscle weakness. Interview with a medication aide (MA) on 03/26/25 at 1:15pm revealed: -Weekly medication administrations would only be visible computer screen on the date they were scheduled. -She compared the medication label on the bubble package to the eMAR and when they matched, she would pop the tablet from the package. -She documented the medication as administered after the resident took the medication. -The MAs did not do cart audits. -She had not noticed the unused bubble package of ergocalciferol for Resident #2 on the medication cart. Interview with a second MA on 03/26/25 at 1:40pm revealed: -Medications that were ordered only once a week would come up on the eMAR on the day they were scheduled to be administered. -She looked at medication packages and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 13 compared them to the eMAR one at a time. -She would put the pills she removed from the bubble packs into a cup and administer them to the resident. -After the resident took the medication, she would document the medication as administered on the eMAR. -She did not know if Resident #2 had a once weekly medication. Interview with the facility nurse on 03/26/25 at 1:50pm revealed: -When a resident had a medication scheduled for administration once weekly the pharmacy would send four tablets in a bubble pack with the day of the week the medication was to be administered on the label. -The medication would only show on the eMAR on the day of the week it was scheduled to be administered. -The MA should always compare the medication on the eMAR screen to the medication label before removing it from the bubble package. -If a medication was not administered it would show up as not administered on a dashboard and on a report. -She and the Resident Care Coordinator (RCC) conducted weekly cart audits and periodically followed MAs as they administered medications. -She looked for expired medications, removed discontinued medications and she looked to see what medications needed to be reordered. -She did not look for unused medications when she conducted cart audits. Interview with the RCC on 03/26/25 at 3:18pm revealed: -The MA would check the medication orders on the eMAR to the medication order on the medication card.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 14 -The MAs highlighted the once a weekday on the medication cards for medications that were only administered once a week. -The eMAR screen would display the medication only on the day of the week it was scheduled to be administered. -The MA should always follow the schedule on the eMAR for medication administration. Interview with the Administrator on 03/26/25 at 3:18pm revealed: -The MAs were supposed to follow correct medication administration procedures to ensure the correct medication was administered. -The facility nurse and the RCC did spot checks on the MAs and cart audits to ensure medications were administered correctly. -She expected the MAs to follow the procedures for administering medications and to not skip or miss doses.	D 358		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 375	Continued From page 15 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 5 sampled residents (#1) who self-administered medications had orders to self-administer medications for a nasal spray and eye drops. The findings are: Review of the facility's Self-Administration of Medications Policy dated March 2008 and last reviewed March 2019 revealed: -A nurse must complete a "Self-Administration of Medications Data Collection" form and obtain an order from a personal care provider (PCP) for residents who desire to self-administer medications. -A nurse should review the resident's capability to self-administer medications quarterly and as needed. Review of Resident #1's current FL-2 dated 10/09/24 revealed: -Diagnoses included diabetes, hypertension and myopathy. -There was an order for latanoprost solution (medication used to treat glaucoma) 0.005% Instill 1 drop in both eyes at bedtime. Review of Resident #1's signed physicians orders revealed an order dated 11/22/24 for fluticasone nasal spray (allergy medication) 2 sprays each nostril once daily. Observation of Resident #1's room on 03/25/25 at 8:23am and 11:35am revealed: -He was not in his room and the door was not locked.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 375	Continued From page 16 -There was a bottle of used fluticasone nasal spray and latanoprost eye drops sitting on a chair side table. Review of Resident #1's record on 03/25/25 revealed: -There was no self-administration evaluation available for review. -There was no current order for self-administration of latanoprost eye drops and fluticasone nasal spray. Interview with Resident #1 on 03/25/25 at 11:50am revealed: -He had kept his latanoprost and fluticasone in his room for months now. -He did not like anyone around his face and eyes, so the medication aides (MAs) left the medication in his room for him to administer himself. -He instilled Latanoprost at night to prevent swelling in his eyes due to diabetes. -He sprayed fluticasone 2 sprays each side of his nose for his seasonal allergies in the morning. -He had never had an assessment at the facility by a nurse or his primary care provider (PCP) to see that he knew his medications and how to take them. Interview with Resident #1's PCP on 03/26/25 at 10:25am revealed: -Resident #1 had not been evaluated for self-administration of his own medications. -She had not signed a self-administration order for any of Resident #1's medications. -Resident #1 could manage his some of his own medications safely. -She was not aware Resident #1 had been keeping any medications in his room and self-administering.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 375	Continued From page 17 Interview with a first shift (7:00am-3:00pm) MA on 03/25/25 at 11:50am revealed: -Resident #1 Did not self-administer any of his own medications. -She did not see his latanoprost eye drops and fluticasone nasal spray in Resident #1's room. -Resident #1 should not have any medications in his room. -Resident #1's eye drops were due at night so she would not have administered them to him. -She did not administer Resident #1's fluticasone that morning so it must have been scheduled at night also. Interview with a third shift (11:00pm-7:00am) MA on 03/26/25 at 6:00am revealed: -Resident #1 Did not self-administer any of his own medications. -She did not see his latanoprost eye drops and fluticasone nasal spray in Resident #1's room. -Resident #1's eye drops and fluticasone were not during third shift so she would not have administered them to him. -Only residents with self-administration orders could keep medications in their room. Interview with the Resident Care Coordinator (RCC) on 03/26/25 at 9:50am revealed: -Resident #1 did not have an order to self-administer medications. -She was not aware Resident #1 had latanoprost and fluticasone in his room and was self-administering both. -She and the facility nurse were responsible to conduct self-administration assessments for residents to take their own medications if their PCP agreed the resident was safe administering their own medications. -The staff should administer medications to residents who do not have a self-administer	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 375	Continued From page 18 order. Interview with the facility nurse on 03/25/25 at 3:00pm revealed: -Resident #1 did not have an order for self-administration of any medications. -Staff should administer residents' medications unless they have a self-administration order. -She and the RCC were responsible for conducting self-administration assessments on residents the PCP feels could have administered their own medications. Interview with the Administrator on 03/26/25 at 12:00pm revealed: -Residents could not self-administer medications unless they had been evaluated by the facility nurse or RCC and the PCP signed a self-administration order. -Resident #1 knew his medications but did not have self-administer orders for any of his medications. -She was not aware Resident #1 had his latanoprost and fluticasone in his room and was administering them to himself. -Staff should have administered his latanoprost and fluticasone.	D 375		
D 377	10A NCAC 13F .1006(a) Medication Storage 10A NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures. This Rule is not met as evidenced by: Based on observations, record reviews, and	D 377		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 377	Continued From page 19 interviews, the facility failed to ensure that the residents' medications were stored safely and securely for 1 of 3 sampled residents (#1). The findings are: Review of the facility's Medication and Treatment Storage Policy dated October 2006 and last reviewed October 2018 revealed: -Medications and treatments stored by the community are to be stored in designated locations that must be locked when not in use or when unattended. -Residents who self-administered medications may store and secure their non-controlled medications in their apartment by locking the apartment door each time upon departure. Review of Resident #1's current FL-2 dated 10/09/24 revealed: -Diagnoses included diabetes, hypertension and myopathy. -There was an order for latanoprost solution (medication used to treat glaucoma) 0.005% Instill 1 drop in both eyes at bedtime. Review of Resident #1's signed physicians orders revealed an order dated 11/22/24 for fluticasone nasal spray (allergy medication) 2 sprays each nostril once daily. Observation of Resident #1's room on 03/25/25 at 8:23am and 11:35am revealed: -He was not in his room and the door was not locked. -There was a bottle of used fluticasone nasal spray and latanoprost eye drops sitting on a chair side table. Interview with Resident #1 on 03/25/25 at	D 377		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 377	Continued From page 20 11:50am revealed: -He had kept his latanoprost and fluticasone in his room for months now. -He did not like anyone around his face and eyes, so the medication aides (MAs) left the medication in his room for him to administer himself. -He did not know all medications had to be behind a locked door or cabinet/box. Interview with Resident #1's PCP on 03/26/25 at 10:25am revealed: -Resident #1 had not been evaluated for self-administration of his own medications. -She was not aware Resident #1 had been keeping any medications in his room and self-administering. Interview with a first shift (7:00am-3:00pm) medication aide (MA) on 03/25/25 at 11:50am revealed: -She did not see his latanoprost eye drops and fluticasone nasal spray in Resident #1's room. -Resident #1 should not have any medications in his room. Interview with a third shift (11:00pm-7:00am) medication aide (MA) on 03/26/25 at 6:00am revealed: -Resident #1 Did not self-administer any of his own medications. -She did not see his latanoprost eye drops and fluticasone nasal spray in Resident #1's room. -Resident #1 should not have any medications in his room. Interview with the Resident Care Coordinator (RCC) on 03/26/25 at 9:50am revealed: -She was not aware Resident #1 had latanoprost and fluticasone in his room and was self-administering both.	D 377		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001024	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BURLINGTON AL (NC)	3615 SOUTH MEBANE STREET BURLINGTON, NC 27215

(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 377	Continued From page 21 -The staff should have removed any medications in residents' rooms. -If Resident #1 was assessed to self-administer medications, he would have been required to lock his door when he left his room. Interview with the facility nurse on 03/25/25 at 3:00pm revealed: -Resident #1 did not have an order for self-administration of any medications. -Staff should have removed any medications found in a resident's room. -Residents who can self-administer medications must keep them secure in locked box or cabinet or locking their apartment door when they leave the room. Interview with the Administrator on 03/26/25 at 12:00pm revealed: -She was not aware Resident #1 had his latanoprost and fluticasone in his room and was administering them to himself. -Any resident that did self-administer medications would have to keep them locked in their rooms. -Staff should have removed any medications found in resident rooms who do not have self-administer orders.	D 377		

Received Via email 5-21-25

The following is a summary of the Plan of Correction for Brookdale Burlington AL. This Plan of Correction is in regards to the Corrective Action Report dates March 26, 2025. 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 each allegation, nor have we identified mitigating factors.

10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings

(a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;

This Rule shall apply to new and existing facilities.

- The Maintenance Director/Health and Wellness Director/Executive director or designee will complete weekly oxygen audits of all rooms and ensure all oxygen tanks are secured in a rack or stand for 6 weeks and randomly thereafter. To assist with ongoing compliance the LPNs/Medication technicians/ caregivers/Maintenance staff will be re-in serviced on the community's oxygen cylinder/tanks safe handling policy. Plan of correction to be completed by June 20, 2025.

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 re-in-service medication aids & LPN's on medication administration for orders that are weekly or monthly; along with an eMAR to medication cart audit to ensure that physician orders and eMAR match. To assist with ongoing compliance the Health & Wellness Director/Nurse/Executive Director or designee will review weekly, biweekly and monthly medications to verify accuracy and administration of physician orders weekly for 6 weeks and then randomly thereafter. Plan of correction to be completed by June 20, 2025.

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.

- The Dietary Manager/Health and wellness director/Nurse/Executive Director or designee will re-in-service the medication aides, LPNs, Caregivers and dietary staff on all the therapeutic diets,

dietary supplements, and thickened liquids available as ordered by the physician. To assist with ongoing compliance the Dietary Manager/Health and Wellness director/Nurse or designee will monitor 3 meals a week to verify compliance with diet orders for six weeks, then randomly thereafter. Plan of correction to be completed by June 20, 2025.

10A NCAC 13F .1005(a) Self-Administration of Medications

(a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met:

(1) The self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.

- The Health & Wellness Director/Nurse/Executive Director or designee will re-in-service medication aids & LPN's on the Self-Administration Policy. The Health & Wellness Director/Nurse/Executive Director or designee will conduct room audits for compliance with the Medication Administration policy weekly for 6 weeks and randomly thereafter to ensure compliance with the policy; along with a self-administration order and Self-Administration of Medications Review Form audit to ensure compliance. Plan of correction to be completed by June 20, 2025.

10A NCAC 13F .1006(a) Medication Storage

(a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.

- The Health & Wellness Director/Nurse/Executive Director or designee will complete room audits on all Self-Administration residents to ensure compliance with the Medication storage policy on a weekly basis for 6 weeks and randomly thereafter. The Health and Wellness Director/Nurse/ Executive Director or designee will re-in-service LPNs and Medication technicians on the Medication and Treatment Storage Policy. Plan of correction to be completed by June 20, 2025.