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	HAL076007	A. BUILDING: _____ B. WING _____	C 01/08/2026

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BROOKDALE ASHEBORO	514 VISION DRIVE ASHEBORO, NC 27203

(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 and complaint investion from 01/06/2026 to 01/08/2026.	D 000		
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure water was served at each meal for 19 of 26 assisted living (AL) residents in addition to other beverages. The findings are: Observation of the lunch meal service on 01/06/26 for the AL dining room between 11:45am and 12:20pm revealed: -There were 19 residents present for the lunch meal service. -The beverages were served by the personal care aides (PCA) and the medication aides (MA). -Beverages included soda drinks, milk, tea, coffee, and water. -The PCAs and MAs poured soda and tea for all the residents and offered milk to each resident. -One resident was served water upon the	D 306		

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resident's request and all the other residents were served other beverages.
-No other residents were served water.

Observation of the breakfast meal service on 01/07/26 for the AL dining room between 7:50am and 8:20am revealed:
-There were 19 residents present for the breakfast meal service.
-The beverages were served by the PCAs, the MAs, and the Resident Care Coordinator (RCC).
-Beverages included juice, milk, coffee, and water.
-The PCA, MA, and the RCC poured juice and tea for all the residents and offered milk to each resident.
-No residents were served water and all the residents were served other beverages.

Interview with a resident on 01/07/26 at 8:20am:
-Beverages served with meals usually included coffee, juice, and tea.
-If she wanted water with her meals, she had to ask for it.
-She would drink water with every meal if it was served to her with each meal.

Interview with a second resident on 01/07/26 at 8:30am revealed:
-Residents were not usually offered or served water with each meal.
-He would drink water with his meals if it was served to him.
-He drank what was served to him and did not ask for water.

Interview with a PCA on 01/07/26 at 8:50am revealed:
-She assisted in the AL dining room during meals.
-Water was always available as a beverage for all

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residents.
-She offered water because some of the AL residents refused to drink the water.
-She was not aware water should have been served to all residents with each meal because she thought water was optional for the residents.

Interview with a MA on 01/07/26 at 8:55am revealed:
-She assisted in the AL dining room during meals.
-The PCAs and the MAs served the residents beverages.
-She did not know water should have been served to all residents with each meal because she thought water was optional for the residents.

Interview with the Dietary Manager (DM) on 01/07/26 at 8:25am revealed:
-He was aware water should have been served daily to all AL residents with each meal.
-Beverages were prepared and served by the PCAs and MAs at every meal.
-Water was always available as a beverage for the AL residents.
-He was not aware water was not served with the lunch meal service on 01/06/26 for 18 residents or with the breakfast meal service on 01/07/26 for 19 residents.
-She expected water to be served to the AL residents during every meal according to nutritional requirements.

Interview with the RCC on 01/07/26 at 8:15am revealed:
-She was not aware residents should have been served water daily with each meal.
-The PCAs were responsible for serving beverages to the residents.
-She was aware AL residents had not been served water with each meal because she

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D 306	Continued From page 3 thought water was optional for the residents. Interview with the Health and Wellness Coordinator (HWC) on 01/07/26 at 9:00am revealed: -She was not aware water was not served with the lunch meal service on 01/06/26 for 18 residents or with the lunch meal service on 01/07/26 for 19 residents. -She was not aware water should have been served daily to all residents with each meal because she thought water was optional for the residents. Interview with the Health and Wellness Director (HWD) on 01/07/26 at 9:15am revealed: -She was not aware water was not served with the lunch meal service on 01/06/26 for 18 residents or with the lunch meal service on 01/07/26 for 19 residents. -She was not aware water should have been served daily to all residents with each meal because she thought water was optional for the residents. Interview with the Administrator on 01/08/26 at 11:30am revealed: -He did not know the AL residents were not served water with each meal until the DM told him on 01/07/26. -He knew residents were to be served water with each meal. -There should be no issues for AL residents to be served water during each meal. -He expected water to be served to all residents during every meal according to nutritional requirements and regulations.	D 306		

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D 377	Continued From page 4	D 377		
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, interviews, and record reviews, the facility failed to ensure self-administered medications stored in a resident's room were stored in a safe and secure manner for 1 of 5 sampled residents (#3). The findings are: Review of the facility's Medication and Treatment Self-Administration of Medication Policy dated 03/01/06 revealed the resident should be able to properly store medication. Review of the facility's Medication and Treatment Storage Policy dated 10/01/06 revealed residents who self-administer their own medications should store their own medications so they are not accessible to others. Review of Resident #3's current FL2 dated 04/16/25 revealed diagnoses included hyperlipidemia, hypertensive, hypothyroidism, constipation, and Vitamin D deficiency. Review of Resident 3's physician's orders dated 10/02/25 revealed there was an order to self-administer all medications. Observation of Resident #3's room on 01/06/26 at 9:36am and 11:20am revealed:	D 377		

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D 377	Continued From page 5 -There were 16 medications on a shelf in Resident #3's bathroom. -The door to the room where Resident #3 resided was not locked and she was in the room. -Resident #3's bathroom door was not locked and was open. Interview with Resident #3 on 01/06/26 at 9:40am revealed: -She had orders to self-administer all her medications. -Staff did not tell her she needed to keep her medication in a certain place in her room or that it needed to be locked up. -She did not lock her main door or bathroom door when she left her room. Observation of the facility on 01/06/26 at 12:22pm revealed: -Resident #3's room door and bathroom door were not locked when she was not present in the room. -Resident #3's medications were accessible on a shelf in her bathroom. Interview with a personal care aide (PCA) on 01/07/26 at 8:50am revealed: -She was aware Resident #3 had self-administered medication in her room. -She was not aware of where the resident stored her medications. -She was not aware self-administered medications should be stored in a safe lockable storage space. Interview with a medication aide (MA) on 01/07/26 at 2:25pm revealed: -She was aware of Resident #3 had self-administered medication in her room. -She was aware Resident #3 stored her	D 377		

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medications on a shelf in the resident's bathroom.
-She was not aware that self-administered medications should be stored in a safe, secure storage area.

Interview with the Resident Care Coordinator (RCC) on 01/07/26 at 10:05am revealed:
-She was aware Resident #3 had self-administered medications in her room but not sure of the names of medications.
-She was not sure where Resident #3 stored her self-administered medications.
-She was aware self-administered medications should be stored in a safe lockable storage space.

Interview with the Health and Wellness Coordinator (HWC) on 01/07/26 at 9:00am revealed:
-She was aware Resident #3 stored her self-administered medications on the shelf in her bathroom.
-She was not aware self-administered medications should be stored in a safe storage area or lockable storage space.
-The previous Health and Wellness Director (HWD) told her only controlled substances should be stored in a safe storage area or lockable space.

Interview with the HWD on 01/07/26 at 9:15am revealed:
-She knew residents who self-administered their medications needed a secured place to store their medications.
-She was aware Resident #3 stored her medications on a shelf in her bathroom.
-She had recognized the need for lockable storage space related to self-administer medications but the facility had not provided lock

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D 377	Continued From page 7 boxes for residents who self-administered medications. Interview with the Administrator on 01/08/26 at 11:30am revealed: -He was aware residents' self-administered medications should be in a safe and secure place. -He was not aware the self-administered medications were not secured Resident #3's room until the HWD and HWC told him on 01/07/26. -He expected the clinical staff to ensure that residents who self-administered medications have a secured place to store the medication.	D 377		
D 463	10A NCAC 13F .1306 Admission To The Special Care Unit 10A NCAC 13F .1306 Admission To The Special Care Unit In addition to meeting all requirements specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit: (1) A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions of the specific group of residents to be served. (2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit. (3) Family members seeking admission of a resident to a special care unit shall be provided disclosure information required in G.S. 131D-8 and any additional written information addressing policies and procedures listed in Rule .1305 of this Subchapter that is not included in G.S.	D 463		

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D 463	Continued From page 8 131D-8. This disclosure shall be documented in the resident's record. This Rule is not met as evidenced by: Based on interviews observations and record reviews, the facility failed to ensure disclosures were completed upon admission for 2 of 2 sampled residents (#2 and #5) who resided in the Special Care Unit (SCU). The findings are: Review of the facility's current license effective 01/01/26 revealed the facility was licensed as an Alzheimer's/Dementia SCU with a capacity of 24 residents. Review of the facility's current census revealed there was a census of 12 SCU residents. Review of the facility's SCU Disclosure Policy dated 09/01/22 revealed: -The facility's policy details related to admission to the SCU were explained under the subtopic of the Philosophy of Special Care Unit. -The facility overview details related to admission to the SCU were explained under 11 Subtopics as follows: Admission Criteria Policy, Discharge Criteria Policy, Special Care Services, Resident Assessment and Care Planning, Safety Measures, Staffing, Associate Training, Physical Environment and Design Features, Activity Plans, Involvement of Families, and Additional Costs and Fees for the Special Care Provided. -There was no details provided in the Disclosure Policy related to the disclosure being provided to a resident or the resident's responsible party prior to admission to the SCU. Review of the facility's SCU Disclosure Signature	D 463		

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Form dated 09/01/22 revealed:
-The details of the facility's policy and the overview from the SCU Unit Disclosure Policy were explained to the resident or the resident's responsible party related to admission to the SCU.
-A signature was required from a resident or the resident's responsible part under the words "I have reviewed this statement and my questions have been answered to my satisfaction." on the last page of the document.

1. Review of Resident #5's current re-admission FL2 dated 04/04/25 revealed:
-Diagnoses included unsteady gait, fracture of right femur (02/11/25), hypertension and muscle wasting/atrophy (03/12/25).
-Resident #5 was constantly disoriented and a wanderer.
-The recommended level of care was Assisted Living Facility (ALF).

Review of Resident #5's previous FL2 dated 11/21/24 revealed:
-Diagnoses included other symptoms and signs involving cognitive functions and awareness.
-Resident #5 was constantly disoriented and a wanderer.
-The recommended level of care was memory care (MC).

Review of Resident #5's Resident Register revealed an admission date of 10/06/24.

Review of Resident #5's Mini-Mental State Examination (MMSE) dated 01/01/24 revealed a score of moderate cognitive impairment level. (MMSE is a standard test used to assess cognitive status and scores between 10-18 suggest moderate cognitive impairment)

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D 463	Continued From page 10 Review of Resident #5's Brief Interview Mental Status (BIMS) screening and scoring tool dated 09/12/24 revealed the resident scored at a moderate impairment level. (BIMS rates cognitive response with scores ranging from intact cognitive response to severe cognitive impairment). Review of Resident #5's record revealed there was no Special Care Unit (SCU) signed disclosure statement available for review. Interview with the Resident Care Coordinator (RCC) on 01/07/26 at 10:30am revealed: -The Administrator or the Marketing/Sales Manager was responsible for ensuring the disclosure was completed for residents residing in the SCU. -The SCU disclosure was routinely included in the admission package for residents admitted to the SCU. -She was not aware Resident #5 did not have a signed disclosure until she searched for the disclosure on 01/06/26. Interview with the Health and Wellness Coordinator (HWC) on 01/07/26 at 3:45pm revealed: -She had been employed by the facility after Resident #5 was admitted. -Resident #5's SCU disclosure was not available for review. -She contacted Resident #5's family member to complete a disclosure on 01/06/26 when she was unable to locate a previously signed disclosure. Interview with the Health and Wellness Director (HWD) on 01/07/26 at 3:45pm revealed: -She had been employed by the facility after	D 463		

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Resident #5 was admitted.
-Resident #5's SCU disclosure was not available for review.

Telephone interview with Resident #5's family member on 01/08/26 at 9:30am revealed:
-She had completed several admission documents for Resident #5 as requested upon the resident's admission to the facility in October 2024.
-She and the facility agreed that Resident #5 would be best cared for in the SCU after her admission to the facility in 2024.
-On 01/06/26, she was contacted by the facility's nursing staff to sign the disclosure paperwork for the SCU.
-She completed the disclosure paperwork on 01/06/26 as requested by the facility.
-She thought the SCU was the proper place for her relative.

Interview with the Sales/Marketing Manager on 01/08/26 at 10:20am revealed:
-She was employed at the facility since November 2024.
-Resident #5 was admitted prior to her being the Sales/Marketing
-Resident #5 was transferred from the Assisted Living (AL) unit to the SCU.
-She was not responsible for ensuring SCU disclosures were completed when a resident was transferred internally within the facility.

Interview with the Administrator on 01/08/26 at 11:30am revealed:
-He was not the Administrator when Resident #5 was admitted and transferred from the AL unit to the SCU in 2024.
-He did not know Resident #5's SCU disclosure was not available for review prior to 01/06/26

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when facility staff asked him to help to locate the disclosure.

Refer to the interview with the Resident Care Coordinator (RCC) on 01/07/26 at 10:10am.

Refer to the interview with the Health and Wellness Coordinator (HWC) on 01/07/26 at 3:20pm.

Refer to the interview with the Health and Wellness Director (HWD) on 01/07/26 at 3:35pm.

Refer to the interview with the Sales/Marketing Manager on 01/08/26 at 10:20am.

Refer to the interview with the Administrator on 01/08/26 at 11:30am.
2. Review of Resident #2's current FL2 dated 09/12/25 revealed:
-Diagnoses included dementia, seizures, allergies, gastroesophageal reflux disease, and pulmonary embolism.
-Resident #2 was intermittently disoriented.
-The recommended level of care was Special Care Unit (SCU).

Review of Resident #2's Progress Notes revealed an admission date of 10/02/25 to the SCU.

Review of Resident #2's Mini-Mental State Examination (MMSE) dated 09/30/25 revealed a score of moderate cognitive impairment level. (MMSE is a standard test used to assess cognitive status and scores between 10-18 suggest moderate cognitive impairment)

Review of Resident #2's Brief Interview Mental Status (BIMS) screening and scoring tool dated 09/30/25 revealed the resident scored at a

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moderate impairment level. (BIMS rates cognitive response with scores ranging from intact cognitive response to severe cognitive impairment).

Review of Resident #2's record revealed there was no SCU signed disclosure statement available for review.

Interview with the Resident Care Coordinator (RCC) on 01/07/26 at 10:10am revealed she was aware Resident #2 did not have a signed disclosure because a guardian had not yet been determined according to the Administrator.

Interview with the Health and Wellness Coordinator (HWC) on 01/07/26 at 3:20pm revealed:
-She was aware Resident #2 did not have a signed disclosure because a guardian had not yet been determined for Resident #2 according to the Administrator.
-Resident #2 was admitted to the SCU on 10/02/25 as a safety precaution related to her cognitive decline and a new diagnosis of dementia.

Interview with the Health and Wellness Director (HWD) on 01/07/26 at 3:35pm revealed:
-She was aware Resident #2 did not have a signed disclosure because a guardian had not yet been determined for Resident #2 according to the Administrator.
-Resident #2 was admitted to the SCU on 10/02/25 as a safety precaution related to her severe decline and a new diagnosis of dementia during her recent hospitalization during September 2025.

Interview with the Sales/Marketing Manager on

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	HAL076007	A. BUILDING: _____ B. WING _____	C 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 463	Continued From page 14 01/08/26 at 10:20am revealed: -She was aware Resident #2 was admitted to the SCU upon a hospital return in October 2025 without a SCU signed disclosure but she was not involved with Resident #2's transfer paperwork related to the SCU. -Resident #2 was transferred from the Assisted Living (AL) unit to the SCU and she was not responsible for ensuring SCU disclosures were completed when a resident is transferred internally within the facility. Interview with the Administrator on 01/08/26 at 11:30am revealed: -He was aware Resident #2 did not have a signed disclosure because a guardian had not yet been determined and he had contacted the facility's legal department and the county Department of Social Services (DSS). -Resident #2 was admitted to the SCU on 10/02/25 as a safety precaution related to her cognitive decline and a new diagnosis of dementia. Attempted telephone interview with the a representative from the county DSS on 01/08/26 at 12:00pm was unsuccessful. Refer to the interview with the Resident Care Coordinator (RCC) on 01/07/26 at 10:10am. Refer to the interview with the Health and Wellness Coordinator (HWC) on 01/07/26 at 3:20pm. Refer to the interview with the Health and Wellness Director (HWD) on 01/07/26 at 3:35pm. Refer to the interview with the Sales/Marketing Manager on 01/08/26 at 10:20am.	D 463		

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D 463	Continued From page 15 Refer to the interview with the Administrator on 01/08/26 at 11:30am. Interview with the RCC on 01/07/26 at 10:10am revealed: -She was not responsible for ensuring the SCU disclosures were signed and completed once a resident was admitted or transferred to the SCU but she was responsible for filing the completed admission paperwork. -The Sales/marketing Manager was responsible for ensuring the SCU disclosure was completed related to a resident's new admission or transfer to the SCU. Interview with the HWC on 01/07/26 at 3:20pm revealed the Sales/Marketing Manager was responsible for ensuring the SCU disclosure was signed and completed related to a resident's new admission or transfer to the SCU because she and the HWD did not have access to the admission paperwork. Interview with the HWD on 01/07/26 at 3:35pm revealed the Sales/Marketing Manager and the Administrator were responsible for ensuring the SCU disclosure was signed and completed related to a resident's new admission or transfer to the SCU because she and the HWC did not have access to the admission paperwork. Interview with the Sales/Marketing Manager on 01/08/26 at 10:20am revealed the RCC, HWC, HWD, and the Administrator were responsible for ensuring the SCU disclosure was signed and completed when a resident was transferred internally. Interview with the Administrator on 01/08/26 at	D 463		

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D 463	Continued From page 16 11:30am revealed he and the Sales/Marketing Manager were responsible for ensuring the SCU disclosure was signed and completed related to a resident's internal transfer to the SCU.	D 463		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, selfhelp abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 2 sampled residents (#5) had a written resident profile completed within 30 days of admission and quarterly thereafter which contained assessment data describing the residents' behavioral patterns, self-help abilities, level of daily living skills, special	D 464		

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management needs, physical abilities and disabilities, and degree of cognitive impairment.

The findings are:

Review of the facility's current license effective 01/01/26 revealed the facility was licensed as an Alzheimer's/Dementia SCU with a capacity of 24 residents.

Review of the facility's current census revealed there was a census of 12 SCU residents.

Review of the facility's SCU Disclosure Policy dated 09/01/22 revealed:
-The facility's policy details related to residents assessment and the resident service plan were explained under the subtopic of the Resident Assessment and Care Planning.
-The details explained "Each resident was reassessed and the resident service plan was reviewed and updated as needed every 3 months."
-The details also explained "The assessment would be used to update the Service Plan and the results would be shared with the resident's family members during the Service Plan review."

Review of Resident #5's current re-admission FL2 dated 04/04/25 revealed:
-Diagnoses included unsteady gait, fracture of right femur (02/11/25), hypertension and muscle wasting/atrophy (03/12/25).
-Resident #5 was constantly disoriented and a wanderer.
-The recommended level of care was Assisted Living Facility (ALF).

Review of Resident #5's previous FL2 dated 11/21/24 revealed:

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-Diagnoses included other symptoms and signs involving cognitive functions and awareness.
-Resident #5 was constantly disoriented and a wanderer.
-The recommended level of care was memory care (MC).

Review of Resident #5's Resident Register revealed an admission date of 10/06/24.

Review of Resident #5's Mini-Mental State Examination (MMSE) dated 01/01/24 revealed a score of moderate cognitive impairment level. (MMSE is a standard test used to assess cognitive status and scores between 10-18 suggest moderate cognitive impairment)

Review of Resident #5's Brief Interview Mental Status (BIMS) screening and scoring tool dated 09/12/24 revealed the resident scored at a moderate impairment level. (BIMS rates cognitive response with scores ranging from intact cognitive response to severe cognitive impairment).

Review of Resident#5's Assessment and Care Plan/Personal Service Plan dated 08/05/25 revealed assistance with Average Daily Living (ADL) task as follows:
-She needed limited assistance with dressing, grooming, bathing, toileting, ambulating (due to memory impairment).
-She was assessed as wandered and required redirection, not always oriented to time, reluctant to accept bathing assistance, demonstrated disruptive or obsessive behaviors, and attempted to exit facility without needed supervision.

Review of Resident #5's record revealed there were no Special Care Unit (SCU) quarterly

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profiles available for review.

Interview with the Resident Care Coordinator (RCC) on 01/07/26 at 10:10am:
-She was not responsible for ensuring the SCU quarterly were signed and completed but she was responsible for filing the completed SCU paperwork in resident's records.
-The clinical staff, consisting of the Health and Wellness Director (HWD) and Health and Wellness Coordinator (HWC) was responsible for ensuring the SCU quarterly profile was completed.
-She did not have a system in place to audit SCU resident's quarterly profile for compliance.
-She did not know Resident #5 was missing SCU quarterly profiles.

Interview with the HWC on 01/07/26 at 3:20pm revealed:
-The facility's clinical staff (HWD and HWC) were responsible for ensuring resident assessments and SCU quarterly profiles were completed as required.
-She thought the HWD was responsible for ensuring that residents in the SCU had quarterly profiles completed.
-There was recent turnover for the HWD position with the current HWD employed for 3 to 4 months.
-The former HWD had not instructed her to complete SCU quarterly profiles.
-She did not have a system in place to audit SCU resident's quarterly profile for compliance.
-She did not know Resident #5 was missing SCU quarterly profiles.

Interview with the HWD on 01/08/26/at 10:40am revealed:
-She was recently employed by the facility as the

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D 464	Continued From page 20 HWD. -She did not have computer access to all the facilities electronic records. -She was receiving ongoing training for requirements for residents in the SCU from a HWD at a sister facility. -The facility's clinical staff (HWD and HWC) were responsible for ensuring resident assessments and SCU quarterly profiles were completed as required. -She had not completed a SCU quarterly profile for Resident #5. -She had not implemented a system to audit SCU resident's quarterly profile for compliance. -She did not know Resident #5 was missing SCU quarterly profiles. Interview with the Administrator on 01/08/26 at 11:30am revealed: -The clinical staff, consisting of the HWD, HWC, and RCC were responsible for ensuring residents in the SCU had current quarterly profiles. -He did not know Resident #5 was missing SCU quarterly profiles.	D 464		