STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____ e/s	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630 County: Caldwell

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Caldwell County Department of Social Services conducted an annual survey and complaint investigation on November 04 through November 06, 2014 with an exit conference via telephone on November 14, 2014. The complaint investigation was initiated by the Caldwell County Department of Social Services on October 15, 2014.	D 000	Facility reviewed fall policy and procedure added interventions and plan if assessed to be fall risk and in event of fall.	12.14.14
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record review the facility failed to provide supervision and interventions for 2 of 6 residents with falls in the SCU (Special Care Unit) which resulted in severe facial bruising for Resident #5 and hip contusion for Resident #2. The findings are: Review of the facility Fall Policy and Procedure dated 09/17/09 included: - Residents will be evaluated for fall risk within 72 hours of admission. - If a resident is found to be a fall risk, a star will	D 270	Facility reviewed incident form added intervention and follow up on form. Immediate training for staff on duty on 11/5/14 on all shifts for monitoring residents and for residents at high risk falls. With further training on 11.20.14 mandatory inservice.	12.14.14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Denise K. Coffey /Denise K. Coffey	nursing supervisor	12.14.14

POC Accepted in amended pages 6 & 7
Casey Fitzgerald 12/19/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 1 be placed on the resident's chart and door. - The care plan will reflect assistance required to meet individual needs. - Residents will be counseled to be sure to call for help when needed. - Restraint will not be used unless physician has ordered it to keep resident safe. - Throw rugs not allowed. - Residents encouraged to use hand rails, to wear shoes with good support and that have non-slip soles. - If a fall occurs, resident will be assessed and incident report done, family notified, MD notified if injury. - If injury, send to ED to evaluate and treat and notify DSS. - If no injury, monitor closely for 24 hours. Interview with the Nurse Supervisor on 11/05/14 at 4:30pm revealed: - Upon admission, all residents were assessed for falls. - If a resident scored 10 or greater, the resident was considered at risk for falls and a "star" was placed on their charts and on the head of their beds to alert staff. - A yellow "star" was placed on resident's charts and beds if they were high risk for falls. - After the first fall, the resident was seen by the physician or the physician assistant for medication review. - If a resident fell again, they were seen by the physician and 15 minutes checks were initiated for a few days. - There really was no other system to manage falls. A. Observation of Resident #5 on November 04, 2014 at 10:45am revealed: - Resident #5 was sitting in a chair, slumped over	D 270	Upon admission resident is to be assessed within 72hours for fall risk If scores 10 or higher resident is placed on fall risk list in front of PCS book to make nursing staff aware. Also a yellow star aprox. size of 3inches will be placed at foot of bed or above bed to make staff aware when in room. And facility will add intervention along with consulting MD for appropriate intervention. Intervention will be documented on fall risk assessment and careplan.	12.14.14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 2 and leaned to the right side with torso resting on the chair arm. - A dark bluish/purple area covering the resident's right eye, forehead and right cheek. - The resident stated "I hit the floor." - During interview at this time, the Special Care Unit coordinator stated, "[the resident] sits that way." - No attempts were made to reposition the resident at this time, however, around 11:00am, the SCU coordinator did go over and ask the resident to sit up in the chair. Review of Resident #5's current FL2 dated 03/05/14 revealed: - Diagnoses that included vascular dementia. - The resident was intermittently disoriented. - The resident was semi-ambulatory with a wheelchair at times. Review of Admission Fall assessment dated 03/06/12 revealed: - Resident #5 was assessed as a 10; reassessed on 01/14/13 as an 11 and reassessed on 5/17/13 as a 9 with no further reassessments. Interview with the Nurse Supervisor on 11/05/14 at 4:30pm revealed: - Upon admission, all residents were assessed for falls. - If a resident scored 10 or greater, the resident was considered at risk for falls and a "star" was placed on their charts and on the head of their beds to alert staff. - A yellow "star" was placed on resident's charts and beds if they were high risk for falls. - After the first fall, the resident was seen by the physician or the physician assistant for medication review. - If a resident fell again, they were seen by the	D 270	If resident is assessed to be fall risk along with intervention. Resident will be reassessed every three months and after each fall by nursing supervisor. In the event of fall resident is placed on 15min checks until evaled by MD, if injury occurred. In event of fall, incident form is done by supervisor on duty, with placed on checks and intervention put into place. And nursing supervisor will follow up, along with MD to assure intervention is effective.	12-14-14 12-14-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 3 physician and 15 minutes checks were initiated for a few days. - There really was no other system to manage falls. Review of Care Plan dated 06/16/14 revealed: - Resident #5 had several falls. - The resident had PT ordered 06/11/14. - The resident required a one person assist with most activities of daily living. - The resident used wheelchair when out of room; ambulated short distances with a walker; and needed limited assistance with ambulation. - The resident was "sometimes" disoriented. Interview with Resident #5 on 11/4/14 at 3:05pm revealed: - The resident was alert and oriented to person and place. - The resident had frequent falls but did not know why. - The resident would like for someone to "figure out" what caused her falls. - The resident was frequently dizzy and could not recall what had been done to decrease falls. Review of an Incident Report dated 3/24/14 at 11:05 (not specific to am or pm) revealed: - Resident #5 slid out of bed but did not have any bruises or injuries. - No investigation to determine the cause of the fall. - No interventions noted to decrease falls. Review of Incident Report dated 05/25/14 at 2:30pm revealed: - Resident #5 "got dizzy" and fell. - The resident had tried to get up but had pain in hip. - The resident was transported to the ED for	D 270	Each resident in facility is being reassessed by facility fall risk assessment. If resident scores 10 or higher a 3 inch sto- is placed at their bed and added to fall risk list and smaller sto- added to chart with intervention put in place. If resident is found to be fall risk, they are to be reassessed every three months by nursing supervisor and after each fall. After each fall resident will have intervention put in place along with evaluation from MD. In event resident continues to have falls facility will have MD to eval for higher level	12-14-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 4 further examination. - No interventions noted to try and decrease falls. Record review revealed ED Discharge Instructions dated 05/25/14 with diagnoses of hip-thigh sprain and right forearm contusion. Review of Physician Progress Note dated 05/29/14 revealed: - Resident #5 was seen for evaluation after the fall (on 05/25/14) and ED visit. - The resident's medication was reviewed (no changes noted). - The resident was "non-compliant with use of walker" and the MD discussed the need to use assistive devices. - No other interventions were noted to try and decrease falls. Review of an Incident Report dated 06/04/14 at 9:50pm revealed: - Resident #5 tried to get out of bed, fell and hit her head on the right side. - The resident had bruise above the right eye; skin tears on right arm; and hit head on night stand. - The resident reported to staff she was dizzy and was transported to the ED; returned with no new orders. - No interventions noted noted to try and decrease falls. Review of Incident Report dated 06/08/14 at 2:00pm revealed: - Resident #5 was in her room, got dizzy, fell and hit her head on the night stand. - The resident was transported to the ER due to head injury and returned to the facility with staples. - The facility placed the resident on 15 minute	D 270	of care. Staff will be trained by coordinator upon hire and first twenty hours of duty. Staff will be reducated on residents that are a fall risk and policy and procedure. Staff will be reeducated and inservice held every three months to assure they know what to do in event of fall. Resident's will be assessed upon admission and every three months by nursing supervisor or RN	12-14-14 12-14-14 12-14-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 5 checks until follow-up with primary physician. Review of Emergency Room Discharge Instructions dated 06/08/14 revealed: - Diagnoses of scalp laceration, hip contusion and hand contusion - Staples to be removed in one week. Review of Physician Progress Note dated 06/11/14 revealed: - Resident continued "to be high risk for falls"; was encouraged to use assistive devices. - Recommended Physical Therapy Evaluation. - Medications were adjusted. Review of Physical Therapy (PT) Records revealed: - Resident #5 received physical therapy from 07/01/14 to 8/29/14 - The resident was instructed on the use of assistive devices, safety in activity of daily living, fall precautions, and mobility safety. - The PT notes documented due to the resident's cognition, the resident required supervision ADLs but no other specific recommendations noted Record review revealed no other interventions were put in place after the therapy to try to decrease falls. Review of Incident Report dated 10/17/14 at 9:00pm revealed, - Resident #5 was getting something out of dresser drawer and fell hitting left hand. - The Resident had a skin tear on top of left hand. - No interventions noted put in place to try to decrease falls. Review of Incident Report dated 10/26/14 at 10:30pm revealed.	D 270	Amended / added 12-17-14 in event of fall, immediate prevention will be added with placing tab alert on resident, until further assessed. Family and MD will notified immediately. Tab alert will alert staff. Supervisor on duty will immediately assess resident of what caused the fall and add prevention and fill out incident form with prevention and/or intervention put immediately in place until further assessed. —— Denise Coffey Nursing Supervisor Also fall risk list placed in front of PCS book with interventions in place to make CNA's	

POC Amended CC 12/19/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 6 - Resident #5 was found lying in the floor, face down. - The resident had a skin tear on left arm and a large knot of the right side of forehead. - The resident was transported to the ED and returned with no new orders. - No investigation to try to determine the cause of the fall and no interventions noted. Review of Emergency Room Discharge Instructions dated 10/26/14 revealed diagnoses that included: - Closed head injury - Back sprain. - Upper limb abrasion Review of Physician Progress Note dated 10/27/14 revealed: - Resident #5 was seen for follow-up of recurrent falls and had "no obvious etiology" for falls. - Per note, "There are no other measures that have not already been taken to reduce falls". Interview with Guardianship Case Manager on 11/5/14 at 2:25pm revealed: - The Case Manager visited at least quarterly and talked to the facility at least monthly. - The Case Manager was very concerned about Resident #5's falls. - On 6/9/14, the Case Manager spoke with the Nurse Supervisor and discussed providing fall mats for Resident #5 and moving the resident's night stand. - On 6/14/14, the Case Manager was told the facility would use fall mats. - On 10/27/14, Case Manager visited facility and no fall mats were in place. - A Personal Care Aide informed the Case Manager Resident #5 had never had fall mats.	D 270	aware of who is fall risk and R.N.-N their intervention and what ~~dfs~~ to do. Fall risk list will be updated by nursing supervisor upon any change — Denise Colley nursing supervisor	

POC Amended 12/19/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 7 Random observations on 11/4/14 and 11/5/14 revealed no fall mat next to Resident #5's bed. Interview with Staff E (Personal Care Aide) on 11/5/14 at 9:50am revealed: - Did not know if any interventions were put in place to prevent or decrease falls for Resident #5. - Staff E had tried to make sure Resident #5 had things she needed within the resident's reach. During an interview on 11/05/14 at 10:45 am and 11:45am the SCU coordinator stated: - She had worked at the facility since August 2008. - She did not know how residents were assessed for being a fall risk because the RCC did all the fall assessments. - She was not sure how residents were identified as being a fall risk but thought a "red dot" on the resident's chart meant they were a fall risk. - A mattress had been placed under the Resident #5's bed that morning, with a note for staff to pull mattress out at night. - Resident #5 usually fell in the evenings, so the SCU Coordinator was not sure what interventions were previously in place since she worked days. During an interview on 11/05/14 at 10:50am the Nurse Supervisor stated: - Resident #5 had been seen by the Physician's Assistant "today". - The Physician's Assistant had ordered a PT and Neurology Consult "today". - A mattress had been placed (today) under Resident #5's bed to be used at night to prevent injury in the event of a fall. - Resident #5's nightstand had been relocated today. During a follow-up interview on 11/06/14 at	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 8 9:45am the SCU Coordinator stated she did not know anything about placing stars on resident's beds to indicate a fall risk. Observation on 11/06/14 at 1:00pm revealed a star on the head of Resident #5's bed that was approximately 1 centimeter in size and was obstructed from view by the bed linen. Refer to interview with Administrator on 11/06/14 at 10:45am. B. Review of Resident #2's FL2 dated 08/04/14 revealed diagnoses that included: - Alzheimer's with delusions and psychosis. - Fall with hip fracture. Review of Resident #2's admission Fall Assessment dated 08/07/13 revealed: - A score of 9. - No reassessments for falls since admission. Interview with the Nurse Supervisor on 11/05/14 at 4:30pm revealed: - Upon admission, all residents were assessed for falls. - If a resident scored 10 or greater, the resident was considered at risk for falls and a "star" was placed on their charts and on the head of their beds to alert staff. - A yellow "star" was placed on resident's charts and beds if they were high risk for falls. - After the first fall, the resident was seen by the physician or the physician assistant for medication review. - If a resident fell again, they were seen by the physician and 15 minutes checks were initiated for a few days. - There really was no other system to manage falls.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 9 Review of Resident #2's Initial Care Plan completed 09/06/13 revealed the resident: - Wandered. - Was ambulatory, but used a wheel chair or walker at times. - Needed only "supervision" (per performance code of 1) with ambulation not specific to type of supervision. Review of Incident Report dated 03/26/14 at 6:35 (not specific to am or pm) revealed: - Resident #2 got out of bed and fell on floor hitting left hip and left knee. - The resident was sent out to ED due to pain and "possible injury". - The resident was admitted to hospital. Review of Hospital Discharge summary dated 04/01/14 revealed Resident #2 was admitted 03/27/14 with left hip fracture that required hemiarthroplasty. Review of Physical Therapy discharge summary revealed: - Resident #2 received therapy 04/02/14 through 05/21/14. - The resident progressed well throughout course of therapy, however balance and gait was limited by cognitive decline. Review of Incident Report dated 04/06/14 at 2:15pm revealed: - Resident #2 tried to get up and walk, slid down on foot rest of geri-chair, no injuries. - No other interventions noted. Review of Significant Change Assessment dated 04/09/14 revealed: - Recent hip fracture.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 10 - Geri-chair for locomotion and may use wheelchair as needed. - Resident needed total care with all activities of daily living. - Receiving Physical Therapy to strengthen resident's ability to be able to walk again. Review of Incident Report dated 08/22/14 at 3:20pm revealed: - Resident #2 got out of bed, fell to the floor. - Initial assessment revealed no injury, during transfer to Geri-chair, resident complained of left hip pain and swelling was noted. - The resident was sent to ED for evaluation. Review of the Hospital ED visit dated 08/22/14 at 5:16pm revealed diagnoses of Contusion of left hip and single hematoma (a bruise with swelling and some bleeding under the skin). Review of Nurses' Notes dated 08/22/14 (no time specific) revealed: - Resident #2 fell getting out of bed. - Sent to ED. - Has contusion to left hip/single hematoma. - Will watch resident for any changes/complaints. - No investigation to determine why resident was attempting to get out of bed. - No other interventions were noted. Staff C (Personal Care Aide) was interviewed on 11/05/14 at 9:45am. Staff C stated: - All residents were checked every two hours, toileted or changed as needed. - Resident #2 was a two person assistant, could pivot to transfer to chair, had a colostomy, was incontinent of urine and checked every two hours. Observation on 11/06/14 at 1:00pm revealed no visible star on the head of Resident #2's bed.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 11 During an interview on 11/05/14 at 11:45am the SCU coordinator stated: - She had worked at the facility since August 2008. - She did not know how residents were assessed for being a fall risk because the RCC did all the fall assessments. - She was not sure how residents were identified as being a fall risk but thought a "red dot" on the resident's chart meant they were a fall risk. During an interview on 11/06/14 at 10:45am, the Administrator stated the facility did not have an adequate system to manage and prevent falls. A follow-up interview was conducted with the Nurse Supervisor on 11/14/14 at 8:50am. The Nurse Supervisor stated: - On admission, Resident #2 was ambulatory with walker. - The resident had scored "9" on the initial Fall Risk Assessment, which did not put the resident at high risk (per their assessment tool). - After the resident's first fall March 26, 2014 that resulted in a fractured hip, the resident was now non-ambulatory, received physical therapy and placed in a Geri-chair, therefore the resident was not reassessed for being a fall risk. - At the time of the April 6, 2014 fall, the resident was currently receiving physical therapy so no other interventions were put in place. - After the August 22, 2014 fall, the resident was placed on 15 minutes checks for 24 hours but no additional interventions were initiated. Random observations all 3 on-site days of the survey revealed: - Residents on the SCU sat in the dining/activity area during meals and between meals with staff	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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 270	Continued From page 12 present. - Some residents were observed (independent with ambulation and self propelling via wheel chair), going up and down hallways in and out of facility through exit that led to a locked and fenced area outside. --- A Plan of Protection was submitted by the facility on November 05, 2014 that included: - Physical therapy, neurology, and cardiology consult was ordered for Resident #5. - The nightstand was moved and a fall mat will be placed on the floor beside Resident #5's bed. - Resident #5 will be evaluated for a higher level of care. - All staff will receive immediate education on closer monitoring of residents then a Registered nurse would do further training. - Residents who are high risk for rolling out of bed will have a roll blanket placed behind them and a fall mat placed on the floor. - Residents shoes will be checked to ensure they are tied and/or are wearing non-slip socks. - 15 minutes checks will be initiated for residents with or at risk for falls. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 14, 2014.	D 270		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.	D911	Staff trained on resident rights on 11-20-14 Staff will be educated and retrained every three months	12-14-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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
D911	Continued From page 13 This Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to treat residents with dignity and respect. The findings are: Confidential interviews with 5 of 7 alert and oriented residents revealed: - Staff "get an attitude" when asked to provide assistance. - Staff working at night were rude at times. - Sometimes staff were hateful to residents in the facility. - Staff would sigh and groan when resident requested help. - Resident had seen staff "picking on" one resident by threatening to take away [a favorite personal item] from one resident. - Staff at night sometimes refused to help residents to bed. - Staff talked "hateful" and "get smart" with residents. - One resident had been recently told to "get out" of the dining area when trying to locate a staff member to assist another resident. - Staff were hateful and upset if residents requested condiments during meals. - Staff seemed "like they just don't have time to help anybody". - No specific Staff names were identified during interviews. Telephone interview with Personal Care Aide on 11/5/14 at 4:25pm revealed: - Staff understood resident rights to mean if	D911	Inservice held 11.20.14 on resident Rights. Will be monitored by Nursing Supervisor in QI notes every three months by speaking with residents. Also will consult resident Council. And facility will review residents Rights with staff every three months	12.14.14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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
D911	Continued From page 14 residents were "in their right mind you cannot force them to do something". - You are to treat them with "respect & dignity". - Staff reported concerns about resident rights to the Medication Aide or Nurse Supervisor. Interview with Nurse Supervisor on 11/6/14 at 10:45am revealed: - Staff were aware to report any concerns about Resident Rights to the Nurse Supervisor. - Resident Rights are reviewed with residents during Resident Council meeting and any concerns are addressed. - The facility does not tolerate staff being rude or disrespectful to residents.	D911		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to fall prevention. The findings are: Based on observations, interviews, and record review the facility failed to provide supervision and interventions for 2 of 6 residents with falls in	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROCKFORD INN	56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630

(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
D912	Continued From page 15 the SCU (Special Care Unit) which resulted severe facial bruising for Resident #5 and hip contusion for Resident #2. [Refer to tag D270, 10A NCAC 13F .0901(b). (Type A2 Violation)]	D912		

Shook, Linda

From: Shook, Linda
Sent: Friday, December 19, 2014 10:50 AM
To: jborrero@caldwellcountync.org
Cc: Fitzgerald, Casey E; Burns, Pam S
Subject: BROCKFORD INN - CALDWELL COUNTY
Attachments: Brockford Inn 2014-12-14 POCA-W1Z611.pdf

Please find attached copy of the approved "Amended" Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
12 Barbetta Drive, Asheville, NC 28806
Phone: (828)670-3391 x 149
Fax: (828)670-5040
Linda.Shook@dhhs.nc.gov
www.ncdhhs.gov/dhsr