Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R		
		HAL090007	B. WING			2/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RROOKDALE LINION PARK			TERSON AVI i, NC 28112	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Lice follow-up survey on	ensure Section conducted a 11/12/2015.				
{D 137}	10A NCAC 13F .04 Qualifications	07(a)(5) Other Staff	{D 137}			
	10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the					
		alth Care Personnel Registry				
		et as evidenced by: Il out of compliance. See It ID #8FE211, dated 07/23/15.				
	facility failed to ens C) had no substant	s and record reviews, the ure 1 of 6 sampled staff (Staff iated findings listed on the alth Care Personnel Registry to G.S. 131E-256.				
	The findings are:					
		personnel record revealed: 1/15 as a housekeeper. of a HCPR check.				
	Business Office Co-lt was the BOC's re HCPR check was co-On 07/28/15, the Eevery current emploa HCPR check was The BOC stated sl	15 at 1:55 pm with the pordinator (BOC) revealed: esponsibility to ensure the completed prior to hire. BOC completed an audit of oyee's personnel file to ensure as completed. The was positive the HCPR teed for all newly hired				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	
71101010	OF CONTRECTION	BENTI TO THE TOTAL BENT	A. BUILDING:			
		HAL090007	B. WING		11/1	? 2/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI)ALE IINION PARK			TERSON AVI , NC 28112	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 137}	Continued From pa	ge 1	{D 137}			
	Staff C's HCPR che	uly 2015, and thought maybe eck had been misfiled.				
		15 at 2:05 pm with Staff C ot know anything about HCPR				
	various times revea	1/15 with multiple residents at aled no complaints regarding s provided by Staff C.				
		check completed on 11/12/15 I no substantiated findings.				
{D 273}	10A NCAC 13F .09	02(b) Health Care	{D 273}			
		02 Health Care Il assure referral and follow-up and acute health care needs				
		et as evidenced by: Il out of compliance. See t ID #8FE211, dated 07/23/15.				
	facility failed to follo pressure logs every	view and interviews, the ow-up with faxing blood view two weeks to the physician residents (Resident #4).				
	The findings are:					
	8/18/15 revealed: -Diagnoses include cardiomyopathy, ac	#4's current FL2 dated d hypertension, ortic stenosis, dyslipidemia,				

Division of Health Service Regulation STATE FORM

8FE212 If continuation sheet 2 of 5

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		
			A. BUILDING:			R	
		HAL090007	B. WING			2/2015	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE			
BROOK	DALE UNION PARK		TERSON AVI , NC 28112	ENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{D 273}	dementia and Alzher-A physician's order day and Diovan Hot to treat high blood process of the physician's order log to the physician's order log to the physician's order checks with parameter than 180/10-A physician's order BP results to the physician's order BP results to the physician's order BP checks were do to 8/31/15 with the 180/86. A handwritten entry staff initials. A handwritten entry staff initials or docubeen faxed. Review of Resident Record for Septeminated by Resident Record f	eimer's disease. If for Coreg 12.5 mg twice a It 320-12.5 mg daily (both used bressure [BP]). It to check BP daily and fax the every two weeks. It #4's record revealed: It dated 8/27/15 for daily BP eters to notify physician for BP 00 or less than 80/50. It dated 8/27/15 to fax the daily hysician every two weeks on It #4's Vital Signs and Weight 2015 revealed: Incumented daily from 8/01/15 BP ranged between 98/48 to It y on 8/10/15 with "fax MD" with 19 y on 8/24/15 with "fax MD". No mentation that results had It #4's Vital Signs and Weight 19 ber 2015 revealed: Incumented daily from 9/1/15 to 19 ded between 110/62 to It y on 9/07/15 with "fax MD". No mentation that results had It y on 9/21/15 with "fax MD". No mentation that results had It y on 9/21/15 with "fax MD" with 19 with					
		ocumented daily from 10/01/15					

Division of Health Service Regulation

STATE FORM 8FE212 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		A. BOILDING.		R			
		HAL090007	B. WING			2/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE UNION PARK		TERSON AVI	ENUE			
	I		, NC 28112				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{D 273}	Continued From pa	ge 3	{D 273}				
	BP ranged betweer -A handwritten entry omitted" with staff in -No notation on 10/ documentedHandwritten entrie with "fax MD". No sithat results had been	y on 10/07/15 "inadvertently nitials and no BP documented. 10/15 as to why no BP was s on 10/05/15 and 10/19/15 taff initials or documentation en faxed.					
	Record for Novemb-BP checks were do 11/12/15 with BP 150/85No documentation the physician althounotation at the top of	#4's Vital Signs and Weight ber 2015 revealed: ocumented daily from 11/01/15 ranged between 114/61 to that the log had been faxed to ugh there was a handwritten of the page to "check BP daily wo weeks on Monday".					
		dent #4 on 11/12/15 at 10:15 e staff checked her BP daily.					
	on 11/12/15 at 1:20 -Resident #4 had a which were to be fa weeksThe medication aid record to the physic -She could not find that the BP record every two weeksShe could not find record was sent to weeksThe physician cam weeks and it was p	n order for daily BP checks xed to the physician every two des (MA) were to fax the BP cian. documentation in the record was faxed to the physician a fax confirmation that the BP the physician every two described the physician reviewed ecords at that time, but could					

Division of Health Service Regulation

STATE FORM 8FE212 If continuation sheet 4 of 5

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.		F	
		HAL090007	B. WING		11/1	2/2015
NAME OF I				STATE, ZIP CODE		
BROOK	DALE UNION PARK		TERSON AV , NC 28112	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 4	{D 273}			
		ow long the physician had facility, but it had been "a				
	physician's office re 1:40 pm revealed the	dent #4's primary care epresentative on 11/12/15 at ney could not find verification ne BP record was faxed to the cility.				
	revealed: -The MA on duty wa record to the physic -Resident #4's physic	as to fax Resident #4's BP sian. sician had been "coming to the ble of months and looks at the				
	record) since the ph weeks and looks at -The facility did not physician reviewed -She could not verif	have documentation that the				

6899

Division of Health Service Regulation STATE FORM

8FE212 If continuation sheet 5 of 5