

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE REIDSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2931 VANCE STREET REIDSVILLE, NC 27320
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(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)	(X6) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 12/2/15 and 12/3/15 with an exit conference via telephone on 12/4/15.	D 000		
D 263	10A NCAC 13F .0802 (e) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment: (1) the resident is under the physician's care; and (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure the resident's physician certified the care by signing and dating within 15 days of assessment completion for 1 of 5 sampled residents (#2). The findings are: Review of Resident #2's current FL2 dated 12/01/15 revealed: -Diagnoses included chronic obstructive pulmonary disease with atrial fibrillation, acute chronic respiratory failure, hypertension, cerebrovascular disease, hyperlipidemia, and degenerative joint disease. -Resident #2 was incontinent of bowel and bladder. -Resident #2 was totally dependent for	D 263		

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

Trig S. Helcher

TITLE

Executive Director - 12/18/15

(X8) DATE

STATE FORM

6599

4SRJ11

If continuation sheet 1 of 3

*Reviewed and Accepted
12/21/2015
Lisa J. Matthews*

Division of Health Service Regulation

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D 263	<p>Continued From page 1</p> <p>ambulation and needed extensive assistance with toileting, transfers, dressing, and bathing.</p> <p>Review of the Resident Register revealed an admission date of 03/18/15.</p> <p>Review of Resident #2's record revealed: -A Personal Service Plan (PSP) completed on 04/24/15. -Resident # 2 required oxygen at 2 liters per minute continuously, assistance with showers, toileting, and two person assist with transfer. -There was no signature by the person completing the PSP. -There was no signature by the attending physician.</p> <p>Further review of Resident #2's record revealed: -A second PSP completed on 09/16/15. -Resident #2 required physical assistance with the use of oxygen equipment, verbal prompts for dressing, physical assistance with showering, toileting, and assistance with going to and from the dining room and activities. -There was no signature by the person completing the PSP. -There was no signature by the attending physician.</p> <p>Interview with Resident #2 on 12/02/15 at 10:23 am revealed: -Resident resting in bed with oxygen via nasal cannula applied. -Resident appeared weak and speech was slow. -Resident stated she had been in the hospital and had recently returned. -"She thought she wore her oxygen at night." -Staff helped her with her bathing, dressing, and toileting. -She could not recall when she returned from the</p>	D 263		

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D 263	<p>Continued From page 2</p> <p>hospital.</p> <p>Interview with the Health and Wellness Director on 12/03/15 at 2:32 pm revealed:</p> <ul style="list-style-type: none"> -The Health and Wellness Director was responsible for the completion of the PSP and obtaining the physician's signature. -She was not employed at the facility when the first PSP was completed on 04/24/15. -She did not know why the PSP completed by the previous HWD on 04/24/15 was not signed by the physician. -She completed an updated PSP on 09/16/15, because Resident #2's health care and personal care needs had improved. -She was responsible for obtaining the physician's signature for the PSP that was completed on 09/16/15. -She thought she had sent the PSP to the physician to be signed, but could not locate the signature page. -She would request the physician's signature today. -Resident #2 had just returned from the hospital last night and she may need to re-assess her current personal care needs. <p>Interview with the Administrator on 12/03/15 at 6:10 pm revealed:</p> <ul style="list-style-type: none"> -She was not aware the PSPs, dated 04/24/15 and 09/16/15, had not been signed by the physician. -The Health and Wellness Director was responsible for obtaining physician signatures on PSPs. 	D 263		

The following is a summary of the Plan of Correction for Brookdale Reidsville. This Plan of Correction is in regards to the Corrective Action Report dated December 14, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0802 Resident Care Plan

(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment.

(1) the resident is under the physician's care; and

(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.

- Resident care plans will be completed and sent out to physicians for their review/signature within 15 days of completion of the assessment.
- Charts will be reviewed for the presence of a MD signature, and dated care plan no later than 1/15/16.
- Those found to be missing will be followed up on immediately.
- A tracking system will be developed to track care plans that have been completed, sent out for signature, and received.
- The Executive Director/Health and Wellness Director/Resident Care Coordinator/Designee will review the tracker on a weekly basis for compliance for 4 weeks, and then randomly there after, but at least on a monthly basis.

Greg Helcar, Executive Dir
12/18/15