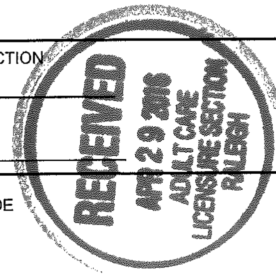
Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014014	A. BUILDING: ______ B. WING ______	R 04/05/2016

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 000}	Initial Comments The Adult Care Licensure Section and the Caldwell County Department of Social Services conducted a follow-up survey and complaint investigation on March 09-10, March 22-24, and March 28, with an exit conference via telephone on April 05, 2016. Two complaint investigations were initiated by the County Department of Social Services on February 16-17, 2016.	{D 000}	Facility has scheduled ongoing training with staff on resident care, resident rights and reporting.	4.26.16
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure referrals were made to the primary care provider to meet the routine and acute health care needs for 1 of 1 resident with disrobing behaviors (Resident #1). The findings are: Review of Resident #1's record revealed an admission date of October 07, 2015. Review of Resident #1's FL2 dated 10/07/15 revealed: -Diagnoses included Alzheimer's disease. -The resident was ambulatory, wandered, constantly disoriented, incontinent of bowel and bladder, non-verbal, and required total care. Review of Resident #1's most recent Care Plan dated 02/24/16 revealed:	D 273	Facility has scheduled monthly training with supervisors to educated and continue training on reporting and documentation and resident rights. Resident Care Director meets with supervisors at shift changes, five days a week to receive any reports from staff and to be documented and reported to administrator and physician in a timely manner. Emergency will be reported immediately to physician by RCC.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Denise Coffey Denise Coffey

TITLE: administrator

(X6) DATE: 4/26/16

Reviewed and accepted, 05/02/16. RW

Rita Wilson, RN

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
	HAL014014	A. BUILDING: ______ B. WING ______	R 04/05/2016

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 273	Continued From page 1 -A significant change in assessment had been done due to the resident being placed in a low bed from having a seizure and falling from bed. -The resident had Hospice involvement, was ambulatory, and had a history of seizures. -The resident sometimes used a wheel chair to ambulate long distances. -The resident had no problems with upper extremities. -The resident was supervised for ambulation and transferring, otherwise was totally dependent on staff for all other activities of daily living. -Interventions included: monitoring for seizure activity, Medication Aide (MA) would intervene, notify Hospice as needed, resident was easily redirected with goals to monitor for any change of condition or level of care, and to provide a safe environment to prevent falls during seizure activity. -No documentation regarding any unusual behaviors. Interview with Staff C, Personal Care Aide (PCA) on 03/22/16 at 12:35pm revealed: -She had worked at the facility 8 months, usually on the Special Care Unit (SCU). -Resident #1 would disrobe "all of the time ...come out of [the room] naked ...was up and down the halls ". Interview with Staff B, (PCA) on 03/22/16 at 3:25pm revealed: -She had worked at the facility for 3 months as a PCA on both the SCU and Assisted Living (AL) side. -Resident #1 did not verbally communicate and it was not unusual for Resident #1 to take clothes off, especially if the resident was in pain or wet. Interview with Staff G (PCA) on 03/22/16 at	D 273	Administrator meets with Resident Care Director and Special Care Coordinator daily to receive any reports. Administrator and RCC meets with physician two times a week to review any resident's concerns, conditions or behaviors and assure documentation. Administrator and RCC makes daily rounds, speaking with residents and staff of any concerns and assure documentation and reporting. Facility updated staffing assignment sheets for staff to report any concerns directly to	

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
	HAL014014	A. BUILDING: ______ B. WING ______	R 04/05/2016

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 273	Continued From page 2 4:00pm revealed: -She had worked at the facility for 6 months as a PCA and usually worked days on the Special Care Unit (SCU). -Resident #1 "was really bad" to take clothes off. -Staff G thought the resident may have been in pain when the resident disrobed, so she would tell the Medication Aide (MA) who would give a PRN medication. Interview with Staff D (PCA) on 03/22/16 at 4:20pm revealed: -She D had worked at the facility for 3 months on both the SCU and AL. -Resident #1 was incontinent, fidgety and the resident would "take top off ... sometimes would take clothes off if wet." -She had seen Resident #1 come down the hall completely naked and staff would take the resident to be dressed. -Staff D stated she had found Resident #1 partially clothed on the resident's bed in the past and had reported this to the MA but had not documented anything. An interview with Staff H (PCA) on 03/23/16 at 9:50am revealed: -Staff H had worked at the facility for about 6 weeks, mostly on the SCU. -Resident #1 could be resistive to care, did not like to be changed, and was sometimes combative towards staff. -Sometimes, the resident would bend over and moan (if in pain), so Staff H would request pain medication for the resident, however, sometimes the resident would refuse to take it. An interview with Staff K (PCA) on 03/23/16 at 10:45am revealed: -She had worked at the facility about 6 months,	D 273	administrator. Facility implented two hour check sheets on each resident for nursing assistants to be able to document and report. Resident Care Coordinator checks two sheets daily to assure any unusual behaviors been reported and to notify physician if necessary. Facility implented documentation list for the supervisors to document on each resident and to report. These corrections/implentations will be monitor, five days a week by Resident Care Coordinator and Administrator and reported to physician.	

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
	HAL014014	A. BUILDING: ______ B. WING ______	R 04/05/2016

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 273	Continued From page 3 usually on the SCU. -Any resident behaviors were reported to the MA. -Resident #1 was quiet, walked around a lot and did not always take medications "well." -Resident #1 had to be changed by staff and would take clothes off if wet. An interview with Staff I (PCA) on 03/23/16 at 11:00am revealed: -She had worked at the facility for a month, usually on the SCU. -Resident #1 was dependent on staff for incontinence care. -The resident was always taking clothes off, and sometimes would be combative when staff tried to redress the resident. An interview with Staff F (PCA) on 03/23/16 at 2:40pm revealed: -She had worked at the facility 2 months, usually on the SCU. -Resident #1 would take clothes off "sometimes". -Staff F stated she had found Resident #1 completely naked in the resident's room in the past, had reported this to the MA, but Staff F had not documented anything. An interview with Staff E (PCA) on 03/23/16 at 3:40pm revealed: -Staff E had worked at the facility for 6 months on both SCU and AL. -Staff E stated Resident #1 sometimes walked the halls, took clothes off, could be aggressive and "did not like to be touched ". Interview with Staff J (PCA) on 03/24/16 at 8:45am revealed: -She had worked at the facility for 3 months, mainly on the SCU. -It was Resident #1's normal behavior to disrobe	D 273	Administrator, RCC and SCU coordinator has meeting weekly to monitor any concerns and any reports to assure documented and physician is aware. Management team implented consist of administrator, owner and office manager meets monthly to review the overall operation of the facility.	

Division of Health Service Regulation
STATE FORM

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 ______	R 04/05/2016

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 273	Continued From page 4	D 273		

when wet or agitated.
-Sometimes the resident would resist being dressed.
-In the past (during rounds), Staff F had found Resident #1 undressed in the resident's room and Staff J had assisted Staff F in dressing the resident.
-Staff J stated nothing was reported or documented because this was "not unusual" behavior for Resident #1.

Interview with Staff N (Medication Aide/SCU Coordinator) on 03/23/16 at 8:55am revealed:
-She had worked at the facility since February 2015 as a Medication Aide and Supervisor.
-Resident #1 would remove clothes in the hallway and dining room "6 or 7 times a week" but Staff N had never documented these incidents.
-Staff N did not recall a time when any staff member had reported Resident #1 being found completely naked or concerns with the Resident #1's behaviors.

An interview with Staff M (Medication Aide/former SCU Coordinator) on 03/23/16 at 11:05am revealed:
-She had worked at the facility for 9 years, mainly as SCU Coordinator until recently and was now the MA for both units.
-Resident #1 was not verbal but made needs known by gestures (holding stomach or rocking back and forth if in pain, then a PRN medication would be administered.)
-Resident #1 did not like to be wet and would take clothes off when wet.

Interview with Staff L (Resident Care Coordinator, RCC) on 03/23/16 at 1:10pm revealed:
-She had worked at the facility for 8 years as a MA and Supervisor, but had worked as the RCC

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 ______	R 04/05/2016

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 273	Continued From page 5 for the past 3 months. -Resident #1 took off clothes occasionally, would run down the hall, and sometimes resisted care. Interview with the Resident #1's Legal Guardian on 03/24/16 at 11:25am revealed: -She became the guardian in January 2016. -She visited "often, every month or so". -The guardian stated she would find the resident "in the bed or walking the halls... always clothed and well groomed." -She had seen the resident "swing at a staff member in the hallway...kick, hit, bite and spit... resist care and yell". -The guardian stated she never questioned Resident #1's safety or care at the facility, she believed the resident received good care at the facility. -The facility had not made the guardian aware of any disrobing behaviors. Review of Resident #1's record revealed no documentation of any behavioral problems. Interview with the Administrator on 03/24/16 at 3:45pm and 03/29/16 at 2:00pm, respectively, revealed: -She realized documentation was important and she and the RCC had been working with staff to get them to increase documentation for any unusual behavior/occurrence. -Resident #1's disrobing should have been documented but no staff had ever made her aware of these occurrences in the past. -The Administrator was on the SCU everyday, sometimes helped staff care for Resident #1, but she had never seen the resident disrobe. -The Administrator stated the facility's policy and her expectation was for PCAs to report any unusual behaviors to the MA in order for a referral	D 273		

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
	HAL014014	A. BUILDING: ______ B. WING ______	R 04/05/2016

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 273	Continued From page 6 to be made so the physician could follow-up and address any behaviors. -The facility had not considered Resident #1's sporadic disrobing a "behavior" that needed referral because it was common for the resident.	D 273		
{D 338}	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure Resident #7 was treated with respect, consideration and dignity when checking for incontinence. The findings are: Review of Resident #7's current FL2 dated 08/21/15 revealed: -Diagnosis of Alzheimer's Dementia. -The resident was disoriented constantly. -The resident required assistance with bathing and dressing, was incontinent of bladder and bowel and was semi-ambulatory with quad cane. Review of Resident #7's Special Care Unit Profile dated 02/23/16 revealed: -The resident was incontinent of bowel and bladder. -The resident required assistance with bathing, grooming, toileting and dressing. -The resident was disoriented and had memory loss.	{D 338}	Inservice held with regional ombudsman on resident rights. On going training monthly on resident rights. Administrator and RCC makes daily rounds, speaking with residents to assure they are being treated with dignity and respect and their needs and rights are being met.	4-26-16

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
	HAL014014	A. BUILDING: ____ B. WING ____	R 04/05/2016

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 338}	Continued From page 7 Review of Resident #7's Care Plan dated 01/08/16 revealed: -The resident could make her needs known. -The resident needed assistance with bathing, dressing, grooming and toileting. -The resident was always disoriented and forgetful. Observation on the hallway at the intersection of Hall #1, Hall #2, Dining Room and entrance hall on 02/25/16 at 12:45pm revealed: -Staff O (facility hair dresser) stated in a loud voice "[Resident #7] says she needs her [explicit] diaper changed!" -Resident #7 was walking down Hall #2 towards Hall #1. -Staff O stated in a loud voice to Staff P (Personal Care Aide), "She [Resident #7] says she needs her [explicit] diaper changed. Is it full?" -Staff P laughed and responded, "I don't know, I'm trying to check" and walked behind Resident #7, pulled the waistband of the resident's pants away from the resident's back and looked inside the resident's pants. -Other staff (Aide, Activities Coordinator, Supervisor In Charge/ Medication Aide) were in the hallway and witnessed the incident. The incident was reported to the Administrator on 02/25/16 at 12:50pm by the surveyor. Interview with Administrator on 02/25/16 at 2:15pm revealed: -The hairdresser had been hired as "contract labor" and had not received Residents' Rights training, as required by regular staff but had been terminated for the incident. -Staff P had been "written up" for the incident. -A mandatory Residents' Rights training was currently scheduled by the Regional Ombudsman	{D 338}	Each new staff member and new contract labor will meet with RCC to receive copy of resident rights and review to assure they understand the resident rights. Facility will monitor this by administrator or RCC speaking with each resident on weekly basis on their daily rounds. RCC will document and address any concerns immediately with administrator. Also activity director in resident council will address on monthly basis with residents and assure their rights are being met.	

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
	HAL014014	A. BUILDING: ______ B. WING ______	R 04/05/2016

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 338}	Continued From page 8 02/26/16. Interview with Staff O on 02/25/16 at 2:40pm revealed: -She was upset because she had been terminated. -She was not familiar with Residents' Rights. -She stated Resident #7 "says stuff like that about herself all the time". -Staff O did not think she had done anything wrong. Interview with Administrator on 02/25/16 at 4:15pm revealed it was her responsibility to inform all staff of Residents' Rights but Staff O had not had the Residents' Rights training. Interview with Staff P on 03/10/16 at 3:20pm revealed: -Staff P was in the facility on 02/25/16, but was not on duty that day. -Staff P had been walking down the hall behind Resident #7 when the resident complained about her diaper being too large. -Staff P stated: "I might have checked her, I don't know, I've slept since then. I might have pulled her pants to check her, I'll admit that...I wasn't using my brain." -Staff P stated Staff O had spoken loudly at the time of the incident. -Staff P stated: "I'm not sure what she (Staff O) was saying. She might have said a bad word." -Staff P had received Residents' Rights training in the past and again 02/26/16. Based on Resident #7's diagnosis, the resident was not interviewable.	{D 338}	Facility plans to continue ongoing training on resident rights to assure all staff understands the resident rights.	