STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 Rockingham County Department of Social Services conducted an annual survey on 10/5 and 10/06, 2016.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to assure medications were administered as ordered by a physician were followed related to Coumadin (an anticoagulant) ordered for 2 of 2 sampled residents (Resident #3 and #5). The findings are: A. Review of Resident #3 current FL2 dated 3/10/16 revealed: -Diagnoses included congestive heart failure, chronic obstructive pulmonary disease, diabetes and chronic kidney disease. -Medications ordered by the physician included Coumadin 7.5 mg daily. Review of Resident #3's record revealed: -A Electronic Medication Administration Record signed by the physician dated 7/12/16, Coumadin	D 358		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cherie J. Melton, Executive Director — TITLE — (X6) DATE: 11/4/16

11/14/2016 Reviewed and Acknowledged Jeanne S Broadway RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 1 7.5 mg on Tuesday, Thursday, Saturday and Sunday, and 5 mg of Coumadin of Monday, Wednesday, and Friday. -A subsequent physician order dated 8/11/16, administer Coumadin 12.5 mg tonight then resume 7.5 mg daily except 5mg on Monday,Wednesday, and Friday. -A subsequent physician order dated 8/30/16, administer Coumadin 10 mg on 8/30/16 and on 8/31/16 take 7.5 mg of Coumadin, then resume 7.5 mg daily except 5mg on Monday,Wednesday, and Friday. Review of Resident #3's record revealed the following laboratory results for the International Normalized Ration (INR) (used to determine clotting time): -On 6/30/16 INR 2.5 -On 8/11/16 INR 1.8 -On 8/30/16 INR 1.2 -On 9/6/16 INR 1.4 -On 9/15/16 INR 2.8 -On 10/6/16 INR 3.0 Review of Resident #3's Electronic Medication Administration Record (eMAR) for the month of August 2016 revealed: -A documented entry Coumadin 7.5mg was administered on 8/11/16. -No documented entry Coumadin 12.5 mg was administered as ordered on 8/11/16. -A documented entry Coumadin 7.5 mg was administered on 8/30/16. -No entry Coumadin 10 mg was administered as ordered on 8/30/16. -No documented entry Coumadin 7.5 mg was administered on 8/31/16. -There was no documented entry any Coumadin had been administered on 8/31/16.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 2 Telephone interview on 10/6/16 at 11:30 am with the facility contract pharmacy revealed: -Resident #3's current Coumadin order was 7.5 mg on Tuesday, Thursdays Saturdays and Sunday and 5mg on Monday Wednesday and Fridays. -The pharmacy was not aware of the one time physician order to administer Coumadin 12.5 mg on 8/11/16, nor were they aware of the one time order to administer Coumadin 10 mg on 8/30/16 and administer 7.5 mg of Coumadin on 8/31/16. -The pharmacy relied on the facility to fax all new physician orders to the pharmacy. -The pharmacy had not received orders from the facility for the one time dose of Coumadin 12.5 mg on 8/11/16 nor the one time dose order for Coumadin 10 mg on 8/30/16 or the 7.5 mg of Coumadin on 8/31/16. Interview on 10/6/16 at 12:00pm with the facility nurse revealed: -She remember an order for Coumadin 12.5 mg on a resident, but not sure which resident it was. -"I told a Medication Aide she could give 1 Coumadin 7.5mg and 1 Coumadin 5mg to make the 12.5 mg of Coumadin for the one time order." -She was not aware Coumadin 12.5 mg was not administered to Resident #3 on 8/11/16, nor was she aware Coumadin 10 mg was not given on 8/30/16 or the 7.5 mg of Coumadin not administered to Resident #3 on 8/31/16. -She did not review the residents record but relied on the Resident Care Coordinator (RCC) to review all new orders and the facility tracking forms. Telephone interview on 10/6/16 at 3:00 pm with the prescribing physician nurse revealed: -The physician had ordered the one time order for Coumadin 12.5 mg on 8/11/16 due to a low INR	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 3 of 1.8 (normal range 2-3). -The physician had documented he wanted to see Resident #3 back in the office in 2 weeks on 8/30/16 for a repeat INR. -The physician had ordered a one time order on 8/30/16 Coumadin 10 mg on 8/30/16 and 7.5 mg of Coumadin on 8/31/16. -Resident #3's INR on 8/30/16 was low at 1.2. -The physicians' office was not aware Resident #3 had not received the one time dose of Coumadin 12.5 mg on 8/11/16 or the one time dose of Coumadin 10 mg on 8/30/16 and 7.5 mg of Coumadin on 8/31/16. -The physician relied on the facility staff to follow his orders for Resident #3's Coumadin therapy. Interview on 10/6/16 at 4:00 pm with the Executive Director (ED) revealed: -She was unaware Resident #3's Coumadin was not administered as ordered by the physican. -She relied on the facility nurse and the RCC to oversee the MAs training. -She relied on the facility nurse and the RCC to review all residents' orders related to medications. -She would immediatley assign the facility nurse to review all residents current Coumadin orders and compare to the eMAR. -She would conduct an inservice on 10/6/16 with all MA on every shift for additional training in order processing and Coumadin administration. Refer to interview on 10/6/16 at 11:15 am with a Medication Aide (MA). Refer to interview on 10/6/16 at 2:30 pm with the RCC.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 4 B. Review of Resident # 5's current FL2 dated 03/29/2016 revealed: - Diagnosis included Hypertension, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Atrial Fibrillation. - Medications ordered by physician included an order for Coumadin (anticoagulant) 2 mg on Monday, Wednesday, Friday and 1 mg on Tuesday, Thursday, Sunday. Review of Resident #5's record revealed: -A subsequent physician order dated 06/09/2016 administer Coumadin 1 mg Monday and Thursday and 2 mg every other day of the week. -A subsequent physician order dated 07/7/2016 administer Coumadin 1 mg on Monday and 2 mg every other day of the week. -A typed MAR (Medication Administration Record) signed by the physician dated 07/12/2016 administer Coumadin 1 mg Monday/Thursday and 2 mg every other day of the week. -A subsequent physician order dated 08/04/2016 administer Coumadin 2 mg every day. Review of Resident #5's record revealed the following International Normalized Ration (INR) (used to determine clotting time): -On 06/09/16 INR 1.3 (normal range 2-3) -On 07/07/16 INR 1.6 -On 08/04/16 INR 1.7 -On 09/01/16 INR 2.0 -On 09/29/16 INR 2.2 -Next labs were scheduled for 10/27/16 Review of Resident #5's Electronic Medication	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 5 Administration Record (eMAR) for the month of July 2016 revealed: -Coumadin 1mg was documented as administered on Friday 07/01/2016. -Coumadin 2 mg was documented as administered on Thursday 07/21/2016 and Thursday 07/28/2016. Telephone interview on 10/06/16 at 11:35 am with the facility contract pharmacy revealed: -The pharmacy was not aware of the physician order dated 07/12/2016 to administer Coumadin 1 mg Monday/Thursday and 2 mg every other day of the week. -The pharmacy relied on the facility to fax all new physician orders. Interview on 10/06/16 at 12:00pm with the facility nurse and revealed: -She was not aware resident #5's Coumadin was administered incorrectly. -She did not review the residents record but relied on the RCC to review all new orders, tracking forms, and the resident records. Telephone interview on 10/6/16 at 3:10 pm with the prescribing physicians nurse revealed: -The physician had written for Coumadin 1 mg on Monday and 2 mg every other day of the week on 07/07/16. - Resident #5's INR on 07/07/16 was 1.6. -The physician had documented he wanted to see Resident #5 back in the office on 08/04/16 for a repeat PT/INR. -The physician had written for Coumadin 2 mg every day on 08/04/16. -Resident #5's INR on 08/04/16 was 1.7 - The physician had documented he wanted to see Resident #5 back in the office on 09/01/16 for a repeat PT/INR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 6 -The INR on 09/01/16 was 2.0. -The physician office was not aware Resident #5 had not received the Coumadin as ordered. -The physician's nurse believed the doctor signed off on the typed MAR not realizing the order was different on 07/12/16. Refer to interview on 10/06/16 at 11:15 am with a Medication Aide (MA). Refer to interview on 10/06/16 at 2:30 pm with the RCC. _____ Interview on 10/6/16 at 11:15 am with a Medication Aide (MA) revealed: -"When a resident returned from the physician office we obtain new orders from them or the family." -"We fax the new orders to the pharmacy." -We then add the medication or treatment to the eMAR. -"We make a copy and attach to a "new tracking form." -"We placed the new order and the tracking form in the Resident Care Coordinator (RCC) folder for review." -The RCC is responsible for checking behind us and placing the new order in the resident's record. Interview on 10/6/16 at 2:30 pm with the RCC revealed: -Her duties included assisting the facility nurse and working as a MA in the facility. -The MAs were responsible for sending the residents out for physician appointments and obtaining the new orders when the residents'	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079009	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDEN	314 W KINGS HIGHWAYS EDEN, NC 27288

(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 358	Continued From page 7 returned. -She was responsible for reviewing all residents' new orders and the facility "new order tracking form." -She reviewed resident records and placed the new orders in the records. -She usually reviewed the new orders that were in her folder weekly or every two weeks. -"Sometimes I get behind on reviewing the new orders." -She stated, "No one checks the resident records behind me."	D 358		

The following is a summary of the Plan of Correction for Brookdale Eden. This Plan of Correction is in regards to the Corrective Action Report dated October 17, 2016. 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 .1004 Medication Administration
(a)An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:
(1) orders by a licensed prescribing, practitioner which are maintained in the resident's record; and
(2) rules in this Section and the facility's policies and procedures.

- An audit of residents on Coumadin was completed on 1/15/16 by Health and Wellness Director/Executive Director verifying accurate orders; to include dosage, as well as next lab draw due date.
- Clarification of any unclear orders or noted concerns was followed up on at that time.
- A New Order Tracking system will be utilized for new orders received with verification of appropriate follow through.
- The New Order Tracking system will be reviewed by the Health and Wellness Director/Resident Care Coordinator/Executive Director/Designee on a daily basis when in the community for appropriate follow through.
- A Coumadin Tracking system will be put in place to include; Current Coumadin Dose, INR Results, MD Notification was completed, as well as any dose changes noted.
- This tracking system will be reviewed by the Health and Wellness Director/Resident Care Coordinator/Executive Director/Designee daily for the next 30 days, and then at least on a weekly basis thereafter, maintaining current information and appropriate follow through has been completed.
- Documentation on retraining/review for appropriate associates of; the New Order Tracking Form, as well as putting orders into the electronic MAR system will be completed at the next Med Tech meeting.

Cherie Melton, Executive Director 11/4/16