STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL049021	B. WING		03/14/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE PEACHTREE MC		HTREE ROAD LE, NC 2862			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 000	Initial Comments		D 000			
		sure Section conducted a larch 13, 2017 and March				
D 235	10A NCAC 13F .0703 Medical Examination	• •	D 235			
	10A NCAC 13F .0703 Examination And Imm	B Tuberculosis Test, Medical nunizations				
	annually thereafter. (c) The results of the required in Paragraph entered on the FL-2, I Program Long Term C North Carolina Medica	complete examination (b) of this Rule are to be North Carolina Medicaid Care Services, or MR-2,				
	facility failed to assure annual medical exam	as evidenced by: ews and interviews, the e each resident had an recorded on a current FL-2 sidents (Resident #1 and				
	The findings are:					
		t #1's most current FL-2 led diagnoses included d hip fracture.				
		1's record revealed there I medical exam (FL-2) in the				
	Interview on 03/13/17	at 12:20 pm with Resident				

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

TITLE (X6) DATE

NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE MC 2814 PEACHTREE ROAD STATESVILLE, NC 28625 PROVIDER OR SUPPLIER BROOKDALE PEACHTREE MC 2814 PEACHTREE ROAD STATESVILLE, NC 28625 PROVIDER OR AND A COMMENT AND THE CONTROLLING AS PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDER PLAN OF CORRECTION AS PROVIDED BY A COMMENT AND THE PROVIDED BY AND THE PROVIDED BY A COMMENT AND THE PROVIDED BY AND THE		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROMOBER OR SUPPLIER BROOKDALE PEACHTREE MC 2814 PEACHTREE ROAD STATESVILLE, NC 28825 PROMOBER AND GEOGRACHMENT OF DESCRIPTIONS THE PROGRAM OF			HAL049021	B. WING		03/1	4/2017	
CASE	NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00.		
PREFIX TAG (EACH DEFICIENTY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	BROOKD	ALE PEACHTREE MC						
#1's hospice nurse revealed: -Resident #1 had been on hospice services for about 6 monthsThe hospice Medical Director was responsible for completing the annual medical exam (FL-2) for Resident #1The nurse was unaware the FL-2 for Resident #1 was outdatedThe nurse was aware FL-2 were to be completed yearly for Resident #1She would immediately contact the hospice Medical Director and obtain a completed FL-2 for Resident #1. Review on 03/14/17 of Resident #1's record revealed a current FL-2 dated 03/13/17. Refer to interview on 02:10 pm with the Health and Wellness Director (HWD). Refer to telephone interview on 03/13/17 at 7:10 pm with the Resident Care Coordinator (RCC). Refer to interview on 03/13/17 at 3:00 pm with the Executive Director (ED). B. Review of Resident #3's most current FL-2 dated 11/18/14 revealed diagnoses that included dementia and hypertension . Review of Resident #3's record revealed there was no current annual medical exam (FL-2) in the record for review. Review on 03/14/17 of Resident #3's record revealed a current FL-2 dated 03/13/17 of Resident #3's record revealed a current FL-2 dated 03/13/17 of Resident #3's record revealed a current FL-2 dated 03/13/17.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE	
Refer to telephone interview on 03/13/17 at 7:10	D 235	#1's hospice nurse re-Resident #1 had bee about 6 monthsThe hospice Medical for completing the an for Resident #1The nurse was unaw was outdatedThe nurse was awar yearly for Resident #7-She would immediat Medical Director and Resident #1. Review on 03/14/17 or revealed a current FL Refer to interview on Wellness Director (HV Refer to telephone into pm with the Resident Refer to interview on Executive Director (E B. Review of Resident #1 was no current annual record for review. Review on 03/14/17 or revealed a current FL Refer to interview on Executive Director (E Review of Resident #1 was no current annual record for review. Review on 03/14/17 or revealed a current FL Refer to interview on	evealed: en on hospice services for I Director was responsible nual medical exam (FL-2) vare the FL-2 for Resident #1 e FL-2 were to be completed 1. ely contact the hospice obtain a completed FL-2 for of Resident #1's record -2 dated 03/13/17. 2:10 pm with the Health and WD). terview on 03/13/17 at 7:10 Care Coordinator (RCC). 03/13/17 at 3:00 pm with the D). at #3's most current FL-2 led diagnoses that included ension . 3's record revealed there al medical exam (FL-2) in the of Resident #3's record -2 dated 03/13/17. 2:10 pm with the HWD.	D 235				

Division of Health Service Regulation

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	or riealth Service Regu				T	
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL049021	B. WING		03/14/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
			ACHTREE ROAD	,		
BROOKD	ALE PEACHTREE MC		ILLE, NC 2862			
			TILLE, NC 20023			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(710)	
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		
				DEFICIENCY)		
D 235	Continued From page	2 2	D 235			
2 200		, 2	2 200			
	pm with the RCC.					
	Defends into a face	00/40/47 -4 0:00 ::::!- !				
	Refer to interview on 03/13/17 at 3:00 pm with the ED.					
	Interview on 2:10 pm	with the HWD revealed:				
		yed as the HWD for about				
	18 months.	,				
	-She and the RCC we	ere responsible for reviewing				
		id updating the FL-2 when				
	needed.					
	-She made a tracking form for all residents which					
	included the FL-2's ar	nd when they were to be				
	completed annually b					
	-She was unaware th	e FL-2's for Resident #1 and				
	#3 were outdated.					
		months at work and felt the				
	FL-2's had "gotten ov					
		the facility and probably				
	was not aware the FL	2 were outdated for				
	Resident #1 and #3.	aly abtain aurrent El 2'a far				
	both Resident #1 and	ely obtain current FL-2's for				
	both Resident #1 and	. 				
	Telephone interview of	on 03/13/17 at 7:10 pm with				
	the RCC revealed:	остана визина разгания				
	-She had worked in the	ne facility as the RCC for 2				
	months.	•				
	-She was new to the	position and was still				
	learning her role as R	RCC.				
		L-2's were to be completed				
	by the physician annu					
		e FL-2's for Resident #1 and				
	#3 were outdated.					
	-She was aware of th					
	HWD's office, but had					
	_	ify the outdated FL-2's for				
	the residents.					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		· ,	E SURVEY PLETED
		HAL049021	B. WING		0:	3/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	-	
BROOKD	ALE PEACHTREE MC	2814 PE	ACHTREE ROAD			
- BROOKD	ALL I LAGITIKEE INO	STATES	VILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 235	Continued From page	e 3	D 235			
	revealed: -She relied on the RC resident's record for concept -She was unaware the Resident #1 and #3She was aware the Resident by the physicial -She would immediate current FL-2's for both	re FL-2's were outdated for FL-2's were to be completed an. rely have the HWD obtain h Resident #1 and #3.				
D 371	10A NCAC 13F .1004 Administration	4(n) Medication	D 371			
	(n) The facility shall administered in accommeasures that help to and transmission of coross-contamination	4 Medication Administration assure that medications are rdance with infection control prevent the development disease or infection, prevent and provide a safe and for staff and residents.				
	reviews, the facility fa infection control mea residents (Resident #	as evidenced by: ns, interviews, and record ailed to assure proper sures were used for 5 of 5 6, #7, #1, #8, and #9) morning medication pass.				
	The findings are:					
	treatments included, hands or use hand sa medications to the re	policy for medication and associates will wash their anitizer prior to administering sidents, and tablets should e associates hands or nedication pass.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
			7. 561251110.			
		HAL049021	B. WING		03	/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BBOOKD	ALE DEACHTDEE MC	2814 PE	ACHTREE ROAD			
BROOKD	ALE PEACHTREE MC	STATES	VILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 371	Continued From page	e 4	D 371			
	8:58 am during the m revealed the Medicati medications to the rewere eating breakfast A. Review of Resider	1/17 between 8:15 am and orning medication pass from Aide (MA) administered sidents while the residents in the dining room area.				
	am revealed: -The MA did not wash sanitizer prior to adm Resident #6The MA opened the removed 2 pharmacy labeled with Resident drawerThe MA placed the pmedication cartThe MA popped one card into a souffle cupThe MA placed the pmedication cart drawerThe MA placed the pmedication cart drawerThe MA placed the pmedication cart drawerThe MA went into the placed her left hand cand gave Resident #2The MA stayed with tablets were administResident #6 gave the MAThe MA returned to the souffle cup into the transmedications administ.	generated punch cards a #6's name out of the bunch cards on the top of the tablet out of each punch bunch cards back into the er. de dining room area and on Resident #6's shoulder the souffle cup. Resident #6 until the 2 ered. de empty souffle cup to the whe cart and placed the eash.				
	#6.	n her hands, or use hand				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL049021	B. WING		03/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		2814 PEAC	HTREE ROAD		
BROOKD	ALE PEACHTREE MC		LE, NC 28625		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 371	Continued From page	e 5	D 371		
	sanitizer after adminis Resident #6.	stering medications to			
		on 03/14/17 at 10:50 am /ellness Director (HWD).			
	Refer to the interview on 03/14/17 at 11:15 am with the morning MA. Refer to the interview on 03/14/17 at 11:25 am with the Executive Director (ED). B. Review of Resident #7's current FL-2 dated 10/05/16 revealed diagnoses included Alzheimer disease. Observation of the MA between 8:21 am and 8:25 am revealed: -The MA did not wash her hands, or use hand sanitizer prior to administering medications to Resident #7. -The MA opened the medication cart and removed 3 pharmacy generated punch cards labeled with Resident #7's name out of the drawer.				
	medication cart.	unch cards on the top of the			
	card into a souffle cur	tablet out of each punch tablets and mixed with			
	yogurt into the souffle	cup.			
	medication cart drawe	punch cards back into the			
		er. e dining room area and			
		on the back of Resident			
	ı ·	ed down to be on eye level			
	mixed with yogurt to F	d the crushed medications Resident #7. he cart and placed the			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049021	B. WING		03/14/20	017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	•	
		2814 PEA	CHTREE ROAD			
BROOKD	ALE PEACHTREE MC	STATESV	LLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE C	(X5) OMPLETE DATE
D 371	Continued From page	2 6	D 371			
	medications had beer #7.	on the electronic ration record (eMAR) 3 n administered to Resident anitizer after administering				
	Refer to the interview with the HWD.	on 03/14/17 at 10:50 am				
	Refer to the interview on 03/14/17 at 11:15 am with the morning MA.					
	Refer to the interview with the ED.	on 03/14/17 at 11:25 am				
		nt #1's current FL-2 dated agnoses included Alzheimer				
	am revealed: -The MA opened the	generated punch cards				
	drawerThe MA popped 2 tall souffle cup.	blets and 2 capsules in a 2 tablets and placed them				
	into a souffle cupThe MA opened two hands, and dumped t souffle cup which con	the capsules using her he medication into the				
	-The MA placed the 3 medication cart draws -The MA went into the	e medications with yogurt. I punch cards back into the er. I dining room area and I hed medications mixed with				

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
7.1.12 . 27.11 .	5. GG.W.EG.W.	is a trial is a result of the second and the second	A. BUILDING: _			
		HAL049021	B. WING		03/1	14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE PEACHTREE MC		CHTREE ROAD			
			LLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 371	Continued From page	e 7	D 371			
	yogurt to Resident #1 -The MA walled into to administering the me holding the empty so walker for another residining room areaThe MA then returned souffle cup into the transcription of the transcription of the medications had been the medications had been the medications and the medications had been the medication of the m	he activity room after dications to Resident #1 uffle cup, and obtained a sidents who was leaving the d to the cart and placed the ash.				
	Refer to the interview with the morning MA.	on 03/14/17 at 11:15 am				
	Refer to the interview with the ED.	on 03/14/17 at 11:25 am				
		nt #8's current FL-2 dated agnoses included Alzheimer				
	am revealed: -The MA did not wasl sanitizer prior to adm Resident #8The MA opened the removed 7 pharmacy labeled with Resident drawerThe MA placed all 7 medication cart.	generated punch cards t #8's name out of the				

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HAL049021 B. WING	STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE MC 2814 PEACHTREE ROAD STATESVILLE, NC 28625 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 371 Continued From page 8 fourth tablet landed on the top of the medication				A. BUILDING:			
BROOKDALE PEACHTREE MC 2814 PEACHTREE ROAD STATESVILLE, NC 28625 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 371 Continued From page 8 fourth tablet landed on the top of the medication			HAL049021	B. WING		03/1	4/2017
Continued From page 8 Fourth tablet landed on the top of the medication STATESVILLE, NC 28625 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLE (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CONTINUED TO THE APPROPRIATE DEF	NAME OF PROVIDE	ER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 371 Continued From page 8 fourth tablet landed on the top of the medication	BROOKDALE P	PEACHTREE MC					
PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 371 Continued From page 8 fourth tablet landed on the top of the medication D 371 Continued From page 8 fourth tablet landed on the top of the medication D 371 fourth tablet landed on the top of the medication D 371 Continued From page 8 fourth tablet landed on the top of the medication D 371 Continued From page 8 fourth tablet landed on the top of the medication D 371 Continued From page 8 fourth tablet landed on the top of the medication D 371 fourth tablet landed on the top of the medication D 371 fourth tablet landed on the top of the medication D 371 fourth tablet landed on the top of the medication D 371 fourth tablet landed on the top of the medication D 371 Continued From page 8 D 371 Con		0.11.11.12.1.07		<u> </u>			
fourth tablet landed on the top of the medication	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETE DATE
	D 371 Con	tinued From page	e 8	D 371			
- The MA picked the tablet off the top of the medication cart and placed the tablet into the souffie cup using her right hand. - The MA continued to pop the remaining 3 tablet into the souffie cup. - The MA placed the 7 punch cards back into the medication cart drawer. - The MA went into the dining room area and handed the souffle cup to Resident #8. - Resident #8 took one tablet out of the souffle cup and swallowed each tablet separate, the MA stood directly beside her until she had completed all the medications. - The MA then returned to the cart and placed the souffle cup into the trash. - The MA double the trash. - The MA did not wash her hands, or use hand sanitizer after administering medications to Resident #8. Refer to the interview on 03/14/17 at 10:50 am with the HVD. Refer to the interview on 03/14/17 at 11:15 am with the moming MA. Refer to the interview on 03/14/17 at 11:25 am with the moming MA. Refer to the interview on 03/14/17 at 11:25 am with the moming MA. Refer to the interview on 03/14/17 at 11:25 am with the ED. E. Review of Resident #9's current FL-2 dated 12/30/16 revealed diagnoses included Alzheimer disease. Observation of the MA between 8:44 am and 8:58 am revealed:	four cartThe med souf -The into -The med -The hand stoo all th -The souf -The souf -The souf -The souf -The with Refe with	th tablet landed on the MA picked the tablet landed on the dication cart and profile cup using here MA continued to the souffle cup. The MA placed the 7 dication cart draws the MA went into the ded the souffle cup into the swallowed each the medications. The MA documented dications had been the MA did not wash the MA did not wash titzer after administration with the HWD. The to the interview of the HWD. The Review of Resident and MA interview of the interview of the ED. Review of Resident and MA interview of the ED.	ablet off the top of the laced the tablet into the right hand. pop the remaining 3 tablet punch cards back into the er. edining room area and p to Resident #8. e tablet out of the souffle cup tablet separate, the MA ther until she had completed d to the cart and placed the eash. I on the eMAR 7 in administered to Resident in her hands, or use hand stering medications to on 03/14/17 at 10:50 am on 03/14/17 at 11:15 am on 03/14/17 at 11:25 am it #9's current FL-2 dated agnoses included Alzheimer				

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D.VIOIOII (n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			1			
			5 14/110			
		HAL049021	B. WING		03/1	4/2017
NAME OF D	ROVIDER OR SUPPLIER	STREET AT	DRESS, CITY, STA	TE ZID CODE		
NAME OF T	NOVIDEN ON 3011 LIEN		, ,	,		
BROOKD	ALE PEACHTREE MC		CHTREE ROAD			
		STATESV	ILLE, NC 2862	5		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	PRIATE	DATE
				DEFICIENCY)		
D 371	Continued From page	2 0	D 371			
	. •					
	=	inistering medications to				
	Resident #9.					
	-The MA opened the	medication cart and				
	removed 8 pharmacy	generated punch cards				
	labeled with Resident	- ·				
	drawer.					
		punch cards on the top of				
	the medication cart.	parion dardo on the top of				
	-The MA popped 5 tablets into a souffle cup, the sixth and seventh tablets landed on the top of the					
		iets landed on the top of the				
	medication cart.					
		tablets off the medication				
		ablets into the souffle cup,				
	using her right hand.					
		pop the remaining tablet				
	into the souffle cup.					
	-The MA crushed the	tablets and mixed the				
	medications with yogu	urt in a souffle cup.				
	-The MA placed the 8	punch cards back into the				
	medication cart drawe	- 'E'				
	-The MA removed a c	container of Miralax for				
		ed the appropriate amount				
	with water and stirred					
	-The MA used hand s					
		e dining room area and				
		on the back of Resident				
	-					
	•	ed down to be on eye level				
	with Resident #9.	d the emissional massifications				
		d the crushed medications				
		Resident #9 as well as the				
	Miralax and water.					
		he cart and placed the				
		ater cup into the trash.				
	-The MA documented	I on the eMAR, 9				
	medications had beer	n administered to Resident				
	#9.					
	Refer to the interview	on 03/14/17 at 10:50 am				
	with the HWD.					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	:IED
			B. WING			
		HAL049021	D. WING		03/1	4/2017
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BROOKD	ALE PEACHTREE MC		CHTREE ROAD			
	T		LLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETE DATE
D 371	Continued From page	e 10	D 371			
	Refer to the interview on 03/14/17 at 11:15 am with the morning MA.					
	Refer to the interview on 03/14/17 at 11:25 am with the ED.					
	Interview on 03/14/17 at 10:50 am with the Health and Wellness Director (HWD) revealed: -The guidelines for medications administration were to wash hands after the 3rd resident medication pass, and to use hand sanitizer prior to administering medications to residents. -If a medication dropped on the floor or anywhere else it should be destroyed, and documented in the eMAR system. -The medication carts should be wiped down daily on 3rd shift, and should be cleaned weekly. -The MAs, prior to being placed alone on the medication carts, are scheduled with a nurse for mandatory infection control training for 2 days. -The new MAs shadow a MA for 3 days on the					
	cart. Interview on 03/14/17	aining on the medications at 11:15 am with the				
	top of the medication -No one at the facility not pick up a tablet/pi medication cart and a -She was aware if a t floor it was to be dest documented on the e -She was aware hand prior to administering residents, "I guess I f	oout 3 months. If a tablet/pill dropped on the cart she could not pick it up. It told her she could or could will off the top of the administer to a resident. It ablet/pill dropped on the croyed, and then MAR. If sanitizer was to be used medications to the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(3) DATE SURVEY COMPLETED	
		HAL049021	B. WING		03.	/14/2017
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STA			
BROOKD	ALE PEACHTREE MC		CHTREE ROAD LLE, NC 2862			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 371	Interview on 03/14/17 Executive Director rev-She relied on the HW Coordinator to overse-She was familiar with seen her administerin residentsThe MA had always the souffle cups where-She was unaware the sanitizer, washed her tablets off the top of the administered the medical source.	at 11:25 am with the vealed: VD and the Resident Care be the clinical nursing staff. In the morning MA and had ag medications to the popped the medications into a she had observed her. It is e MA had not used hand hands, or picked up the me medication cart and dications to the residents. WD to conduct an in-service	D 371			

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