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	
		HAL090007	B. WING	B. WING		3/2017	
	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•			
БКООКЫ	ALL UNION PARK	MONROE,	NC 28112				
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 000	Initial Comments		D 000				
	The Adult Care Licensure Section conducted an annual survey on June 22-23, 2017, with a telephone exit on June 26, 2017.						
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276				
	10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to implement physician's order for 2 of 5 sampled residents (Resident #5, and Resident #1) regarding obtaining daily blood pressure (BP) checks for Resident #5, and faxing weekly weights to the physician for Resident #1.						
	The findings are:						
	12/18/16 revealed: -Diagnoses included dementiaA physician's orders -A physician's order to monthly and fax BP repressure (DBP) was g	nt #5's current FL2 dated hypertension and mild to check BP every day. o fax BP results to MD esults if diastolic blood greater than 95 or less than pressure (SBP) was greater					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

than 160 or less than 100.

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING:			
				P WING		
		HAL090007	B. WING		06	3/23/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
BROOKD	ALE UNION PARK	1316 PA	TTERSON AVENUE	Ĭ.		
		MONRO	E, NC 28112			
(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 ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page 1		D 276			
	and June 2017 electrons Administration Record was no entry for daily	ds (eMAR) revealed there BP checks.				
	Resident #5's BP on 06/23/17 was reported as 128/65. Interview on 06/23/17 at 10:30am with the day shift Medication Aide (MA) revealed: -Resident #5 received monthly BP checks rather than daily BP checksShe was not aware that Resident #5 had an order for daily BP checks because it was not listed on his eMar. Interview on 06/23/17 at 11:28am with Resident #5's Hospice Registered Nurse (RN) revealed: -Resident #5 had begun receiving Hospice services on 10/24/16Resident #5 had been discharged from Hospice services on 6/14/17 due to him being "too stable" to receive Hospice servicesHospice had not discontinued the physician's order for daily BP checks.					
	and Wellness Directo -MAs, the Resident C the HWD could enter -The facility switched in March 2017The pharmacy was r orders from the paper March 2017The RCC and the HV confirming that the ph orders into the eMAR	eare Coordinator (RCC) and orders into the eMAR. from paper MARs to eMARs esponsible for transferring mARs to the eMARs in MD were responsible for narmacy had entered the				

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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	
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		HAL090007	B. WING		06/23/2017	
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BROOKD	BROOKDALE UNION PARK			JE		
		MONROE	, NC 28112			
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IAG	1120021101110111		IAG	DEFICIENCY)		
			+			
D 276	Continued From page	2	D 276			
	the paper MAR to the	eMAR.				
	· ·	ident #5's BP order from the				
	April 2017 eMAR was	s "missed" by both the				
	pharmacy and the fac	•				
	, ,					
	Interview on 06/23/17	at 3:05pm with the				
	Executive Director rev	vealed:				
	-MAs, the RCC and the	ne HWD could enter orders				
	into the eMAR.					
	-The facility switched	from paper MARs to eMARs				
	in March 2017.					
	-The pharmacy was r	esponsible for transferring				
		MARS to the eMARs in				
	March 2017.					
	-The RCC was respon	nsible for confirming the				
	=	d the orders into the eMARs				
	correctly.					
	•	der was not transferred from				
	the paper MAR to the					
		e for confirming Resident				
		nsferred from the paper				
		is no longer employed with				
	the facility.	3 1 7				
	•					
	Telephone interview of	on 06/23/17 at 3:20pm with				
	representative from R	tesident #5's physician's				
	office revealed:					
	-Resident #5 had not	been seen by his physician				
	since October 2016 d	ue to him being under the				
	care of Hospice.					
	-They had not receive	ed any faxed BP results for				
	Resident #5 in April 2017, May 2017, or June					
	2017.					
	-They were unaware	that Resident #5's BP had				
	not been checked dai					
	-Resident #5's physic	ian was out of town but				
	would begin seeing R	esident #5 again the				
	following week due to	him being discharged from				
	Hospice.					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL090007	B. WING		06	/23/2017
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
BROOKD	ALE UNION PARK		E, NC 28112			
(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 276	Continued From page	e 3	D 276			
	Based on review of R interviews with staff a					
	B. Review of Resident #1's current FL2 dated 11/01/16 revealed: -Diagnoses included anxiety, psychosis, and hypertensionA physician's order for weekly weights and fax MD (physician) weekly. Review of Resident #1's subsequent physician's orders revealed: -Signed physician's orders in January 2017 (no date included) continuing "Check weight once weekly-fax results to MD weekly in the morning every Wed [Wednesday] related to ESSENTIAL (PRIMARY) HYPERTENSION"There was no subsequent physician's order regarding faxing weekly weights to Resident #1's physician.					
		#1's progress notes ntation Resident #1's weights e physician weekly as				
	and June 2017 electr Administration Recor -An entry for "Check results to MD weekly [Wednesday] related HYPERTENSION", a Wednesdays. -The eMARS had a s Medication Aide (MA	th's April 2017, May 2017 conic Medication ds (eMARs) revealed: weight once weekly-fax in the morning every Wed to ESSENTIAL (PRIMARY) and scheduled for 8:00 am on epace for documenting the that obtained the weights' ace for documenting the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		06/23	3/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE UNION PARK		ERSON AVENU	UE		
			NC 28112			
(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 SHOUL CROSS-REFERENCED TO THE APPROFINE DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	6 Continued From page 4		D 276			
	weight valueThere was documen the MA on the eMAR: month by the same M-The MAs obtained a Resident #1's weight in April 2017, 5 times June 2017There was no docum related to weight resu weekly as ordered. Review of the MAs darevealed: -In April 2017 weights on a Wednesday with 215 poundsIn June 2017 weight on a Wednesday with on a Wedne	tation of weights obtained by S on Wednesdays in each Medication Aide. Il of the weights and was documented four times in May 2017, and 3 times in mentation on the eMARs alts faxed to the physician arily "Residents' notes" s were documented 4 times in a value of 210 pounds. It were documented 5 times in a range of 210 pounds to s were documented 3 times in a value of 215 pounds. T at 2:47 pm with the Health				
		current position since				
	medications and perfi and to document adm completion of treatme or provider, for reside eMARs, in the medica progress notes, or in -She was unable to lo	orm treatments as ordered, ninistration of medications or ents, ordered by a physician ents on the residents' ation computers' electronic the resident's record.				
	faxed to the physiciar -Review of Resident notes revealed no do	the resident's weight was n weekly (or at all). #1's computer progress cumentation for Resident axed to the physician as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL090007	B. WING		06/23/2017	
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BROOKDALE UNION PARK MONROE,			NC 28112			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	ETE
D 276	Continued From page 5		D 276			
D 276	-She had not audited implementation of the weight to the physicial Interview on 06/23/17 #1 revealed: -Staff obtained his we sure if weeklyHis weight had been -He did not have increhis bodyHe was not sure how himHis physician came to the saw his physician but not every week. Interview on 06/23/17 Executive Director reverse as a displaying physician's control of the HWD would be a MAs administered meaning physician's control of the facility faxing Resulting Physician's official the facility faxing Resulting Physician visited #1 was residing weeksulting There was no document of the facility faxing weeksulting Physician visited #1 was residing weeksulting Physician Physician visited Physician visited Physician visited Physician Physician visited Physician visited Physician Physician Phy	the resident's record for e order to fax Resident #1's in's office weekly. If at 3:38 pm with Resident eight often, but he was not very stable lately. eased swelling anywhere on often staff were to weigh to the facility weekly. In, at the facility, frequently were responsible for orders were implemented. The responsible for assuring edications and treatments as inted in the resident's record ter system. If an 06/26/17 at 9:25am with the physician's nurse revealed: we had no documentation for ident #1's weight weekly. If the facility where Resident	D 276			
		oing to change the order to onthly and fax the results to				

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-Telephone interview on 06/26/17 at 9:35 am with

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL090007	B. WING		06	6/23/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
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D 276	weekly revealed: -She did weigh Resid Wednesday, as ordered the Resident's note book time when she was a she left the Resident she left but kept it in the MA's resident no 06/26/17)She had been taking weight for more than she would have fax notification of any signounds) from one we resident #1's physical Resident notes when Tuesday each weekShe had not faxed if physician as ordered	Resident #1's weights dent #1 weekly on ered. e weights in a personal k that she kept with her all the at work. ht's note book at work when a secure place. (Copies of tes were reviewed on g Resident #1's weekly a year. ed Resident #1's physician gnificant weight change (4-5 eek to the next. cian had access to the MA's in she was at the facility on	D 276			
D 310	Service 10A NCAC 13F .090 (e) Therapeutic Diet (4) All therapeutic di supplements and thi served as ordered by	4(e)(4) Nutrition and Food 4 Nutrition and Food Service is in Adult Care Homes: iets, including nutritional ckened liquids, shall be by the resident's physician.	D 310			
	reviews, the facility fa	as evidenced by: ns, interviews, and record ailed to assure nutritional erved as ordered by a ampled residents (Resident				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		06/2	3/2017
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D 310	Continued From page	e 7	D 310			
	#5).					
	The findings are:					
	Review of Resident # 12/18/16 revealed:	5's current FL2 dated				
	-Diagnoses included hypertension and mild dementia.					
	-A physician's order for a nutritional supplement shake twice daily. Review of Resident #5's April 2017, May 2017, and June 2017 electronic Medication Administration Records (eMAR) revealed there was no entries for a nutritional supplement shake to be given twice daily. Observation on 06/23/17 at 8:00am of medication cart revealed: -Nutritional supplement shakes in a coolerNutritional supplement shakes being administered to other residents with their medications.					
	Interview on 06/23/17 at 10:30am with the morning shift Medication Aide (MA) revealed: -MAs were responsible for providing nutritional supplement shakes to residents during medication administration times if the resident had an order for nutritional supplement shakes in their eMARResident #5 had been receiving nutritional supplement shakes at one timeResident #5 had not received a nutritional supplement shake that morning because the order had not shown on his eMARShe could not recall the last time Resident #5 received a nutritional supplement shake.					

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Interview on 06/23/17 at 11:28am with Resident

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL090007	B. WING		06/2	3/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE UNION PARK	1316 PATT MONROE,	ERSON AVENU NC 28112	JE		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 310	-Resident #5 had beg services on 10/24/16Resident #5 had beg services on 6/14/17 of to receive Hospice services on 6/14/17 of to receive Hospice services on 6/14/17 of to receive Hospice services on 10/23/17 and velles Directorus and Wellness and Wellness Directorus and Wellness Directorus	red Nurse (RN) revealed: pan receiving Hospice an discharged from Hospice due to him being "too stable" ervices. continued the physician's supplement shake to be at 2:22pm with the Health r (HWD) revealed: are Coordinator (RCC) and orders into the eMAR. ad entered the order for a at shake to be given twice er system incorrectly under computer system under the ry would not show up on the uld see them. inister nutritional supplement owed up on the eMAR at 3:05pm with the vealed: the HWD could enter orders and entered the order for at shakes to be given twice the system incorrectly under computer system under the ry would not have shown up whas could see them. inister nutritional supplement towed up on the eMAR	D 310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	IIED		
		HAL090007	B. WING		06/2	3/2017		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
BROOKD	BROOKDALE UNION PARK 1316 PATT MONROE,			JE				
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		HOULD BE COMPLETE	
D 310	Continued From page 9		D 310					
	order incorrectly for a shake to be given twi employed at the facilii Telephone interview or representative from Foffice revealed: -Resident #5 had not since October 2016 of care of HospiceResident #5's physic would begin seeing Following week due to Hospice. Based on review of Rinterviews with staff a	nutritional supplement ce daily was no longer ty. on 06/23/17 at 3:20pm with Resident #5's physician's been seen by his physician lue to him being under the dian was out of town but the sident #5 again the or him being discharged from						
D 358	(a) An adult care hor preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358					
		and record reviews, the e Novolog Insulin was red by the licensed						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		06/23/2017	
	ROVIDER OR SUPPLIER	1316 PAT	DRESS, CITY, STA TERSON AVENU , NC 28112			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	residents (Resident # finger-stick blood sug checks and insulin acceptable of Resident # 9/28/16 revealed: -Diagnoses included transient ischemic attalenties on the curred revealed a diagnosis. Review of a physician revealed a diagnosis. Review of Resident # orders revealed: -A physician's order of checks three times a were orderedA physician's order of carapid acting insulin retake in 3 hours, if B more units, and if BS nothingA physician's order of fasting FSBS every Market in Server order of the same doses and server ordersA physician's order of fasting for the same doses and server ordersA physician's order of the same doses and server orders.	4) with orders for ar (FSBS) monitoring Iministration. 4's current FL2 dated altered mental status, ack. nentation of a diagnosis for nt FL2. 1's order page dated 1/23/17 of diabetes. 4's subsequent physician's lated 9/29/16 for FSBS day, but no parameters lated 10/17/16 for FSBS ysician if blood sugar (BS) 70 or greater than 300. lated 12/07/16 for Humalog) 5 units if BS was over 300; S was still over 230 give 3 was under 230, give lated 1/23/17 for flonday, Wednesday and lated 1/23/17 for FSBS every nd "to continue with current lated 4/19/17 to change (a rapid acting insulin), with parameters ordered. lated 6/19/17 to change the rder to "if the repeated BS is	D 358			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL090007	B. WING		06/2	3/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE UNION PARK	1316 PATT MONROE,	ERSON AVENU NC 28112	UE		
(X4) ID PREFIX TAG			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 Review of a laborator revealed: -A laboratory blood to A1C (HgA1C) level of for diabetics, and use from a blood sample -Previous HbA1C rese 4/09/15 to 2/14/17 the Aphysician notation much better". Review of Resident # Medication Administrative aled: -An entry to "monitor morning every Monda at 7:00 am with result and ranging from 107 -An entry to "monitor afternoon (and schedunits Novolog if BS is hours; if over 230, give nothing and the second over 300. Retake in 3 give 3 more units, an nothing". This entry we -An entry with a start 5 units "as needed for 5 units if BS is over 3 over 230, give 3 more nothing"An entry with a start 5 units "as needed for outling"An entry with a start 3 units "as needed for outling"An entry with a start 3 units "as needed for outling".	e 11 ry report dated 2/17/17 est result of a hemoglobin f 7.4% (normal range >6.4% ed to measure BS control) taken on 2/14/17. Fults were included from eat ranged from 6.7 to 7.4. that "HgA1C is elevated but that "HgA1C is elevated but education Record (eMAR) blood glucose in the eay, Wednesday and Friday" is documented as ordered of to 138. blood glucose in the luled at 5:00 pm). Give 5 is over 300, recheck in 3 is over 300, recheck in 3 is over 300, recheck in 3 is 3	D 358			
	units"Documented BS res	BS is over 230, administer 3 ults were greater than 300 administration and BS days as follows:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		06/23/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BBOOKD.	BROOKDALE UNION PARK			JE .	
BROOKD	ALE UNION PARK	MONROE	NC 28112		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 358	Continued From page	12	D 358		
	-On 4/17/17 Novolog administered for a BS recheck result was do -On 4/18/17 Novolog administered for a BS result of 176 was doc pmOn 4/20/17 a BS result no insulin was administered for a BS result of 169 was doc pmOn 4/22/17 Novolog administered for a BS result of 169 was doc pmOn 4/24/17 Novolog administered for a BS result of 189 was doc pmOn 4/25/17 Novolog administered for a BS result of 145 was doc pmOn 4/25/17 Novolog administered for a BS result of 145 was doc pmOn 4/28/17 Novolog administered for a BS result of 145 was doc pmOn 4/28/17 Novolog administered for a BS documentation as "eff pm but no numerical I-Insulin was documen was not required, not required, and/or no BS documented for 5 of 3-Humalog 5 units was administered on 4/16/result of 256. No insu administered as havin -Humalog 5 units was administered on 4/17/result of 342. No BS result of 342.	5 units was documented as result of 342, but no BS cumented. 5 units was documented as result of 349. A BS recheck umented on 4/18/17 at 9:10 ult of 311 was documented ministered and no BS cumented. 5 units was documented as result of 374. A BS recheck umented on 4/22/17 at 6:41 5 units was documented as result of 387. A BS recheck umented on 4/24/17 at 7:36 5 units was documented as result of 311. A BS recheck umented on 4/25/17 at 6:54 5 units was documented as result of 332. A BS recheck umented on 4/25/17 at 6:54 5 units was documented as result of 332. A BS recheck umented on 4/28/17 at 7:17 3S result was documented. It was documented as recheck results were do days as follows: documented as 17 at 5:00 pm for a BS lin should have been recheck was required or goen performed. documented as 17 at 5:00 pm for a BS			
	documented.	echeck result was as documented on 4/20/17			

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HAL090007 B. WING		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER BROOKDALE UNION PARK 1316 PATTERSON AVENUE MONROE, NC 28112 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 13 D 358 D 358 Continued From page 13 D 358 Continued From page 13 D 358 D 358 Continued From page 13 D 358 Continued From page 13 D 358 D 358 Continued From page 13 D 358 Continued From page 14 D 450 Continued From page 14 D 450 Continued From page 14 D 450 Continued From page 14	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
BROOKDALE UNION PARK 1316 PATTERSON AVENUE MONROE, NC 28112 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 13 but no insulin was documented as being administered and no BS recheck result was documented. Novolog 5 units should have been administered. There was no documentation why insulin was not administered and a recheck was not obtained. -Novolog 5 units was documented as administered on 4/26/17 at 4:25 pm for a BS result of 271. No insulin should have been administered, and a BS recheck was not required. A BS recheck result of 74 was documented on 4/26/17 at 8:07 pm.			HAL090007	B. WING		06/2	23/2017
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 13 but no insulin was documented as being administered and no BS recheck result was documented. Novolog 5 units should have been administered. There was no documentation why insulin was not administered and a recheck was not obtained. -Novolog 5 units was documented as administered on 4/26/17 at 4:25 pm for a BS result of 271. No insulin should have been administered, and a BS recheck was not required. A BS recheck result of 74 was documented on 4/26/17 at 8:07 pm.	BROOKDALE UNION PARK			JE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 13 but no insulin was documented as being administered and no BS recheck result was documented. Novolog 5 units should have been administered. There was no documented as administered and a recheck was not obtained. -Novolog 5 units was documented as administered on 4/26/17 at 4:25 pm for a BS result of 271. No insulin should have been administered, and a BS recheck was not required. A BS recheck result of 74 was documented on 4/26/17 at 8:07 pm.							
but no insulin was documented as being administered and no BS recheck result was documented. Novolog 5 units should have been administered. There was no documentation why insulin was not administered and a recheck was not obtained. -Novolog 5 units was documented as administered on 4/26/17 at 4:25 pm for a BS result of 271. No insulin should have been administered, and a BS recheck was not required. A BS recheck result of 74 was documented on 4/26/17 at 8:07 pm.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI) BE	COMPLETE
administered and no BS recheck result was documented. Novolog 5 units should have been administered. There was no documentation why insulin was not administered and a recheck was not obtainedNovolog 5 units was documented as administered on 4/26/17 at 4:25 pm for a BS result of 271. No insulin should have been administered, and a BS recheck was not required. A BS recheck result of 74 was documented on 4/26/17 at 8:07 pm.	D 358	358 Continued From page 13		D 358			
-Novolog 3 units was documented as administered on 4/29/17 at 4:14 pm for a BS result of 298. No insulin should have been administered, and a BS recheck was not required. A BS recheck result of 171 was documented on 4/29/17 at 7:45 pm. Review of Resident #4's May 2017 eMAR revealed: -An entry to "monitor blood glucose in the morning every Monday, Wednesday and Friday" at 7:00 am with results documented as ordered and ranging from 112 to 145. -An entry to "monitor blood glucose in the afternoon (and scheduled at 5:00 pm). Give 5 units Novolog if BS is over 300, recheck in 3 hours; if over 230, give 3 more units of Novolog; if under 230, give nothing". Documented BS results ranging from 91 to 323. -An entry for Novolog 5 units "as needed for elevated blood sugar. Give 5 units if BS is over 300; recheck in 3 hours, if over 230, give a more units, if under 230, give nothing". -An entry for Novolog 3 units "as needed for elevated blood sugar. If after 3 hour recheck, BS is over 230, administer 3 units". -The BS results were greater than 300 and	D 358	but no insulin was do administered and no documented. Novolog administered. There vinsulin was not admin not obtained. -Novolog 5 units was administered on 4/26/result of 271. No insu administered, and a Erequired. A BS reched documented on 4/26/-Novolog 3 units was administered on 4/29/result of 298. No insu administered, and a Erequired. A BS reched documented on 4/29/Review of Resident #revealed: -An entry to "monitor morning every Monda at 7:00 am with result and ranging from 112-An entry to "monitor afternoon (and sched units Novolog if BS is hours; if over 230, give nothin ranging from 91 to 32-An entry for Novolog elevated blood sugar 300; recheck in 3 hou units, if under 230, givenothin sover 230, administered blood sugar is over 230, administered sover 230, administered sover 230, administered administered sugar is over 230, administered administered sover 230, administe	cumented as being BS recheck result was g 5 units should have been was no documentation why histered and a recheck was documented as /17 at 4:25 pm for a BS flin should have been as recheck was not ck result of 74 was /17 at 4:14 pm for a BS flin should have been as recheck was not ck result of 171 was /17 at 7:45 pm. documented as /17 at 7:45 pm. documented as ordered as recheck was not ck result of 171 was /17 at 7:45 pm. de's May 2017 eMAR blood glucose in the ay, Wednesday and Friday" ts documented as ordered at to 145. blood glucose in the fulled at 5:00 pm). Give 5 a over 300, recheck in 3 are 3 more units of Novolog; if ng". Documented BS results as /15 units "as needed for /16 Give 5 units if BS is over urs, if over 230, give 3 more ve nothing". /18 units "as needed for /18 fler 3 hour recheck, BS er 3 units".	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL090007 B. WING 06/23/2		06/23/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DD00KD	N E UNION BARK	1316 PATT	ERSON AVENU	JE	
BROOKDA	ALE UNION PARK	MONROE,	NC 28112		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 14	D 358		
	for 3 of 31 days as for -On 5/07/17 Novolog administered for a BS result of 207 was doop pmOn 5/11/17 Novolog administered for a BS result of 101 was doop pmOn 5/27/17 Novolog administered for a BS documentation as "ef pm but no numerical I-lnsulin was documer was not required and 3 of 31 days as follow -Novolog 5 units was administered on 5/13/ result of 271. No insu administered, and a B required. A BS reched documented on 5/25/ result of 291. No insu administered, and a B required. A BS reched documented on 4/29/ -Novolog 5 units was administered on 5/28/ result of 290. No insu administered, and a B required. A BS reched documented on 5/28/ result of 290. No insu administered, and a B required. A BS reched documented on 5/28/ result of 290. No insu administered, and a B required. A BS reched documented on 5/28/	Solution of 323. A BS recheck for the state of 324. A BS recheck for the state of 301. A BS recheck for the state of 301. A BS recheck for the state of 319. A BS recheck was not st			
	6/01/17 to 6/22/17 revadministered when re	4's June 2017 eMAR from vealed Novolog insulin was equired for 3 of 21 days and			

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errors with insulin administration for the month of

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL090007	B. WING		06	6/23/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE	•	· · · · ·
			TTERSON AVENUE			
BROOKD	ALE UNION PARK		E, NC 28112			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 15	D 358			
	June 2017.					
	6/22/17 at 4:15 pm re glucometer labeled w	4's medication on hand on evealed Novolog insulin, a with Resident #4's name and testing supplies, and single ailable.				
	and Wellness Directo -She had worked at the October 2017. -She was not aware to	he facility as the HWD since he Medication Aides (MA)				
	had administered insulin to Resident #4 when the BS was less than 300. -Resident #4 was to received insulin only if her BS was >300.					
		k the HWD or the physician about any orders.				
	#4 revealed: -She received insulin 300 before her dinner -The staff rechecked elevated, she would g not been necessary.	her BS and if it was still get more insulin, but that had g my insulin correctly", and				
	#4's physician reveald-Resident #4 was to be if her BS was greater and then if it was still hours, she was to be -He was not aware shes results less than 3 months, and stated "to be the state of the s	than 300 at the dinner meal, greater than 230 after 3 given more insulin. he had been given insulin for 300, 6 times in the past 3				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		HAL090007	B. WING		06/2	3/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKEN E UNION BARK 1316 PATT			ERSON AVENU	JE		
BROOKD	ALE UNION PARK	MONROE,	NC 28112			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	8 Continued From page 16		D 358			
	he did not plan to cha -The facility should fo him if there was any of Interview on 6/23/17 at Executive Director restaff were not adminis	ange her orders. Illow his orders and contact confusion.				
	revealed: -She had worked at the year as a MAShe did not administ the morningResident #4 was to her dinner meal and her was greater than 300 was 290, she was notif she had any quest order, she was to eith	at 10:30 am with a MA the facility greater than one er insulin to Resident #4 in have her BS checked before the given insulin if her BS only. If Resident #4's BS t to be given any insulin. itions about a physician's her ask the HWD or to call if he was in the building)				
D935	Training and Competer G.S. § 131D-4.5B (b) Medication Aides; Transluation Requirement (b) Beginning Octobe	Adult Care Home aining and Competency ents. r 1, 2013, an adult care	D935			
	any unsupervised me that individual has pre medication aide durin	om allowing staff to perform edication aide duties unless eviously worked as a g the previous 24 months in r successfully completed all				

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MANE OF PROVIDER OR SUPPLIER BROOKDALE UNION PARK CAY-ID PREPIX SUMMARY STATEMENT OF DEFIDIENCIES PROVIDER PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CALL DO SUMMARY STATEMENT OF DEFICIENCIES		HAL090007 B. WING 06/23		3/2017			
MONROE, NC 28112 MONROE, NC 28112 (A4) ID FROM PRETEX FROM PRECEDENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NAME OF P	ROVIDER OR SUPPLIER		, ,	,		
PREFEX TAG CACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D935 Continued From page 17 (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F. 0503 and 10A NCAC 13G. 0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.	BROOKD	ALE UNION PARK			JE		
(1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
Based on observations, record reviews and interviews, the facility failed to assure 1 of 2 sampled Medication Aides (Staff C) had completed the Medication Administration Clinical Skills Validation and the 5, 10 or 15 hours of	D935	(1) A five-hour training Department that incluin all of the following: a. The key principles administration. b. The federal Center Prevention guidelines applicable, safe inject procedures for monitor bleeding occurs or the exists. (2) A clinical skills evan NCAC 13F .0503 and (3) Within 60 days froindividual must have a. An additional 10-hours developed by the Deptraining and instruction 1. The key principles administration. 2. The federal Center Prevention guidelines applicable, safe inject procedures for monitor bleeding occurs or the exists. b. An examination deby the Division of Heat accordance with substitution of the safe on observation interviews, the facility sampled Medication Acompleted the Medical	g program developed by the des training and instruction of medication s for Disease Control and on infection control and, if the protential for bleeding aluation consistent with 10A 10A NCAC 13G .0503. In the date of hire, the completed the following: pur training program partment that includes on in all of the following: of medication s of Disease Control and on infection control and, if the potential for bleeding or testing in which the pot	D935			

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medications.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HAI 090007 B. WING					
HAL090007 B. WING 06/2				06/23/201	17	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
BROOKDALE UNION PARK 1316 PATT			TERSON AVENU	JE		
		MONROE	, NC 28112			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	(X5) MPLETE DATE
D935	Continued From page 18		D935			
	The findings are:					
	-She was hired on 1/0 (MA) -Documentation Staff Medication Administra -There was no docum a Medication Clinical -There was no docum completed the 5, 10, or the state of residents of Administration Record documented administration April, May, and June Fingerstick Blood Sugadministration.	ation exam on 6/24/14. hentation Staff C completed Skills Checklist. hentation that Staff C or 15 hours of MA training. electronic Medication ds revealed Staff C tration of medications in 2017 to residents including gar monitoring and insulin C on 2/23/17 at 8:32am at the medication cart s and administered				
	revealed: -She had been emplo two years as a MA -She had been a MA employment, but she employee verification	did not have a MA :he Clinical Skills Checklist				
	employment at this fa -The Registered Nurs skills at this facility wa (at the facility).					

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Skills Checklist.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL090007		B. WING		06/2	3/2017	
NAME OF PROVIDER	OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BROOKDALE UNI	ON PARK		ERSON AVENU NC 28112	JE		
(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 SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
-"They Intervie on 2/2: -She h Octobe -She h C's cor -She w for vali -"The f comple longer -"I can cart." Intervie 3:50pn -She w comple in her r -The H respon Check medica -A Clin the He	ew with the Hea 3/17 at 2:46 pm and been employer 2016. In ad not been absoluted Clinical would be the period to the period of the composition of	here somewhere." alth and Wellness Director in revealed: yed at the facility since ble to locate a copy of Staff il Skills Checklist. rson responsible at this time cal Skills Checklist. and Wellness Director got here and she is no before she goes back on the ministrator on 2/23/17 at brior to today that Staff C's ills Checklist was not on file rds. ness Director was eting the Clinical Skills lication Aides administering cklist would be completed by less Director prior to Staff C	D935			

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