STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	COMPLETED				
		HAL013019	B. WING		R <b>05/02/2018</b>			
				<del></del>	1 03/0	2/2010		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
BROOKE	BROOKDALE CONCORD PARKWAY  2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027							
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	E ACTION SHOULD BE D TO THE APPROPRIATE			
D 000	Initial Comments		D 000					
	Cabarrus County D	ensure Section and the epartment of Social Services al and follow-up survey on						
D 310	10A NCAC 13F .09 Service	04(e)(4) Nutrition and Food	D 310					
	<ul><li>(e) Therapeutic Die</li><li>(4) All therapeutic of supplements and the</li></ul>	04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.						
	reviews, the facility diets (regular chopp	et as evidenced by: ons, interviews, and record failed to assure therapeutic ped meats) were served as esidents (Resident #2).						
	The findings are:							
	09/16/17 revealed:	#2's current FL2 dated d Alzheimer's dementia and for a regular diet.						
		#2's Physician's Diet Order 17 revealed a physician's orde th chopped meats.	er .					
	04/12/18 revealed: -There were no residence chopped meats.	y's modified diet list dated idents with a regular diet with be be served a texture modified						

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPP IDENTIFICATION I		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
HAL013019		B. WING			R <b>05/02/2018</b>			
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE CONCORD PAR	KWAY		CK HILL CHU D, NC 28027	RCH ROAD NW			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC 'MUST BE PRECEDED I SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 310	Continued From page 1 diet.		D 310					
	Review of the facilit 03/28/18 revealed is a texture modified of revealed Resident a modified diet.  Review of the thera 05/01/18 revealed: -Residents on a reg whole slice of ham, squash, a roll, and a-Residents on a car to be served a whole potato, summer squagelatin.	Resident #2 was to diet.  ent colored seating #2 was to be serve peutic diet menu for baked beans, sum sugar free gelatin. Tohydrate controlle piece of sliced h	g chart d a texture or lunch on e served a nmer ed diet were am, baked					
	-Residents on a texture modified diet were to be served ground ham with roast pork gravy, home style baked beans, well cooked summer squash, a soft roll with butter, and sugar free gelatin.							
	Observation of the 12:20pm revealed: -The cook served F sliced ham that was (with the skin), sum-Resident #2 ate 70 ham, 50% of the basquash, and 50% o-The cook then remafter promptingThe cook served a ham, baked beans, 12:29pmResident #2 ate 10	Resident #2 a whole is not chopped, a batter squash, and a 1% of the whole piece is the roll served. In second plate with squash, and a roll is not considered as 1% of the roll served.	e piece of aked potato a roll. ece of sliced of the 12:24pm chopped at					
	Review of the thera	peutic diet menu fo	or breakfast					

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
HAL013019			B. WING			R <b>05/02/2018</b>	
	PROVIDER OR SUPPLIER  DALE CONCORD PAR	2452 RC	ADDRESS, CITY, S OCK HILL CHUI RD, NC 28027	RCH ROAD NW			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 310	on 05/02/18 revealed were to be served to segments, bread, hand juice.  Observation of the revealed the cook of the cook of the cook of the the took of the	ed Residents on a regular diewaffles, sausage patty, orange of or cold cereal, fruit, milk, breakfast meal on 05/02/18 served Resident #2 a regular neats consisting of: hopped sausage, oatmeal, ce, milk and water.  nedication aide (MA) on merevealed: the facility for three years. Ident's diets because she had by for "so long". Fining chart with residents' riate color for the diet they as in the kitchen on the inside enutritional diet tracking tool to the facility for the appropriate served to the residents.  Ook on 05/01/18 at 12:35pm  0/16.  The for ensuring the appropriate is served to the residents. Identator in the special care unit therapeutic diet seating chart. The ved Resident #2 the wrong do not referred to the colored on nutritional diet tracking tool sident #2.  Served to Resident #2 was a it meal the SCU program to updated the therapeutic diet I diet tracking tool with					

Division of Health Service Regulation

STATE FORM 6899 C24811 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						DATE SURVEY COMPLETED	
HAL013019		B. WING			R <b>05/02/2018</b>		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BROOK	BROOKDALE CONCORD PARKWAY  2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 310	-He had found out to been served her appleen brought to his Interview with the S 05/01/18 at 1:15pm. She was responsible therapeutic diet was the colored seating tracking tool, and the updated at the time. She received the the Resident #2 on 12/2. She had put the order of residents therape. She had not update chart or the nutrition Resident #2.  Interview with the E 3:15pm revealed: -When a therapeutic given to the health and therapeutic diet order received by the SCI. The diet had been becoming the residual that the second of	oday that Resident #2 had not propriate diet when it had attention by a surveyor.  CU program coordinator on revealed: ble for ensuring when each sordered it would be added to chart, the nutritional diet he therapeutic diet list was it was ordered. herapeutic diet order for 26/17. der in a notebook kept with alleutic diet orders. ed the therapeutic diet seating hal diet tracker tool for executive Director on 5/2/18 at a c diet was received it was and wellness coordinator. In the series of a change to a fer when a new order was but program coordinator. In the second in t					

Division of Health Service Regulation STATE FORM

6899 C24811 If continuation sheet 4 of 4