

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 Guilford County Department of Social Services completed a follow-up survey on 08/10/18.	{D 000}		
{D 273}	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (Resident #3) regarding blood pressure (BP) results.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 03/16/18 revealed: -Diagnoses included hypertension, coronary artery disease, allergic rhinitis, and dementia -A physician's order for blood pressure medications (clonidine 0.2mg three times daily, furosemide 40mg once daily, losartan potassium 50mg daily, and potassium 20mg daily) and blood pressure checks three times weekly on Monday, Wednesday, and Friday.</p> <p>Review of Resident #3's previous hospital</p>	{D 273}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 1</p> <p>discharge summary report dated 05/14/17 revealed diagnoses not on the current FL2 dated 03/16/18 included stroke, intracerebral hemorrhage, chronic systolic congestive heart failure, pulmonary hypertension, essential hypertension, and cerebral infarction.</p> <p>Review of Resident #3's June, July and August 2018 electronic Medication Administration Records (eMARs) revealed: -An entry for blood pressures three times per week on Monday, Wednesday and Friday. -Blood pressures that were dangerously high as follows: -On 06/01/18, BP 156/98 -On 06/11/18, BP 163/90 -On 06/13/18, BP 167/98 -On 06/20/18, BP 145/102 -On 06/22/18, BP 169/103 -On 06/25/18, BP 182/118 -On 07/02/18, BP 155/103 -On 07/11/18, BP 157/102 -On 07/18/18, BP 152/102 -On 07/20/18, BP 148/100 -On 07/23/18, BP 158/98 -On 07/25/18, BP 174/97 -On 07/27/18, BP 171/108 -On 08/08/18, BP 178/101</p> <p>Review of Resident #3's nurse notes revealed: -There were no orders for blood pressure parameters. -There was no documentation of communication with Resident #3's physician regarding the high blood pressures.</p> <p>Review of the facility's policy overview detailing vital signs revealed: -Systolic blood pressure (top number) is 90 to 140.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Diastolic blood pressure (bottom number) 60 to 90. -Report as soon as possible if the systolic BP is greater than 200 mmHg or less than 90 mmHg or if diastolic is greater 115 mmHg. -There were no parameters for blood pressure with the systolic above 140 or less than 200. -There were no parameters for blood pressure with the diastolic greater than 90 or less than 115. <p>Interview with the Nurse Practitioner (NP) on 08/10/18 at 9:02am revealed:</p> <ul style="list-style-type: none"> -She saw Resident #3 in July 2018, regarding the swelling in her legs. -She checked Resident #3's blood pressure when she visited the facility and it was never as high as what she just observed on the eMAR. -She looked through the resident's record but did not see the high blood pressures. -Today was the first time she was made aware that Resident #3 had high blood pressure readings. -She would want to be notified if the Resident #3's systolic blood pressures were greater than 160 or if the diastolic was greater than 90, but she had not informed the facility. -She ordered blood pressure checks three times weekly due to the resident's history of stroke and she had a stroke in 2017. <p>Interview with the Health and Wellness Director (HWD) on 08/09/10 at 3:40pm and 08/10/18 at 9:04am and 9:50am revealed:</p> <ul style="list-style-type: none"> -The NP was at the facility every other week and saw Resident #3 at least monthly. -If the NP did not give specific parameters for Resident #3's BP, then staff should follow the facility's policy for contacting the physician with high BP's. -Resident #3 had a stroke in 2017, and prior to 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 3</p> <p>the stroke the NP gave parameters for the resident's BP with an order for clonidine 0. 2mg every six hours for systolic BP greater than 180. -After the stroke the hospital discontinued the order for clonidine six times daily with blood pressures greater than 180. -The eMARs for the previous month were in Resident #3's record for the NP to view when she had the record. -She also printed the current month eMAR for the NP to review. -When the NP was at the facility, the NP had the resident's record, and she trusted the NP observed any health care problems noted in the resident's record. -She "took it as a given" the NP knew of Resident #3's high blood pressures and that was why she did not notify the NP.</p> <p>Interview with a medication aide (MA) on 08/09/18 at 3:26pm revealed: -Resident #3's BP was checked Monday, Wednesday, and Friday. -She looked in the eMAR system and did not see parameters to notify the NP regarding Resident #3's BP's. -If the resident had more than one high BP back-to-back that was "high" she would let the HWD know. -"High" for each resident varied and was different, she did not know what was considered "high" for Resident #3.</p> <p>Interview with a second MA on 08/10/18 at 11:21am revealed: -She checked Resident #3's BP in the morning, but did not think it was higher than usual. -Resident #3's BP constantly were "high," the systolic greater than 150 and the diastolic greater than 90 and sometimes higher than 100.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The resident used to have parameters for BP's greater than 180, but that was changed. -There was never an order to contact the NP if BP's were up to a certain level. -She thought part of the problem was that BP's were checked in the morning before Resident #3 was administered her medication. -The facility did not have a policy or protocol for contacting the physician regarding high blood pressures. -She had not notified the NP regarding Resident #3's high blood pressures because the NP was in the building often, and reviewed the resident's record. -The NP made no medication changes so she thought the NP was "okay" with the blood pressures being high. <p>Interview with Resident #3 on 08/09/18 at 3:20pm revealed:</p> <ul style="list-style-type: none"> -Staff checked her BP every day in the morning. -She thought her BP was usually normal, but was not sure of the readings because staff did not tell her the BP readings. -She felt okay, she did not feel dizzy or light-headed. -Her legs, ankles and feet were always swollen. -No one at the facility had ever said to her that her BP was high. -She did not know if she was administered medication to control her BP. <p>Interview with the Executive Director on 08/10/18 at 3:59pm revealed:</p> <ul style="list-style-type: none"> -She did not know if the facility had a policy regarding parameters for BP. -If the NP did not give BP parameters then the NP was "okay" with the BP. -Monthly, the facility nurse looked at the eMARs and should have seen the BPs and called the NP. 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 5</p> <p>According to the American Heart Association a systolic blood pressure greater than 180 mm Hg puts the person at immediate risk and the physician should be notified even if there are no symptoms. Stage 2 hypertension is when blood pressure consistently ranges at 140/90 mm Hg or higher. If your blood pressure is above 160/100, then hypertension is severe and puts a person at risk of cardiovascular disease, heart failure, stroke and kidney disease.</p> <p>_____</p> <p>The facility failed to notify the primary care provider of a resident's high blood pressure readings with a diagnosis of hypertension and a history of stroke. The facility's failure was detrimental to the health and safety of the residents and constitutes an unabated Type B Violation.</p> <p>_____</p> <p>The facility provided a Plan of Protection on 08/10/18 in accordance with G. S. 131D-34.</p>	{D 273}		
D 276	<p>10A NCAC 13F .0902(c)(3-4) Health Care</p> <p>10A NCAC 13F .0902 Health Care</p> <p>(c) The facility shall assure documentation of the following in the resident's record:</p> <p>(3) written procedures, treatments or orders from a physician or other licensed health professional; and</p> <p>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 6</p> <p>reviews, the facility failed to implement physicians' orders for 2 of 5 sampled residents (Residents #3 and #4) regarding appropriately applying and removing thrombo-embolic deterrent (TED) hose.</p> <p>The findings are:</p> <p>1. Review of Resident #4's current FL2 dated 12/16/17 revealed: -Diagnoses included allergic rhinitis, scoliosis, fibromyalgia, atrial fibrillation, and hypothyroidism. -A physician's order for thigh high TED hose on in the "AM" off in the "PM."</p> <p>Observation of Resident #4 on 08/09/18 at 10:40am revealed: -The resident was sitting in a chair in her room. -The resident had on TED hose with long pants. -The resident pulled each of her pant legs up to show the TED hose. -The resident's feet had obvious swelling that was noticeable through the TED hose. -The TED hose on both legs were twisted across the upper middle section of the resident's feet one inch from the ankle. -The resident's flesh was protruding on both sides of the twisted area in the TED hose. -The resident's flesh was raised up one-third inch higher than the twisted area. -The twist in the TED hose on the resident's left foot was not protruding as significant as the twist on the right foot. -There was a one and one-half inch piece of toilet paper stuck inside the TED hose on the lower left leg near the resident's ankle.</p> <p>Second observation of Resident #4's TED hose on 08/09/18 at 3:50pm revealed: - Resident #4's TED hose were observed in the</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 7</p> <p>same position as at 10:40am.</p> <p>-The Health and Wellness Director (HWD) was informed of the resident's twisted TED hose.</p> <p>Interview with Resident #4 on 08/09/18 at 10:40am revealed:</p> <p>-She had been wearing TED hose for close to five years.</p> <p>-The TED hose came up her leg midway her thigh.</p> <p>-She had always put on and taken off her own TED hose.</p> <p>-She did not ask for staff assistance, but thought if she asked they would help her.</p> <p>-Staff did not volunteer to put the TED hose on for her.</p> <p>-She got up early each morning and got herself dressed.</p> <p>-She did not want to wait for staff to put the TED hose on.</p> <p>-She sometimes had twists and wrinkles in the TED hose, but that was because she tried to put them on fast.</p> <p>Review of Resident #4's June 2018 electronic Medication Administration Record (eMAR) revealed:</p> <p>-There was an entry for TED hose on at 8:00am by the first shift medication aide (MA).</p> <p>-There was a second entry for TED hose removed at 8:00pm by the second shift MA.</p> <p>-Documentation TED hose were applied 30 times in the morning and removed 30 times in the evening in the month of June 2018.</p> <p>Review of Resident #4's July 2018 eMAR revealed:</p> <p>-There was an entry for TED hose on at 8:00am by the first shift MA.</p> <p>-There was a second entry for TED hose</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 8</p> <p>removed at 8:00pm by the second shift MA. -Documentation Resident #4's TED hose were applied 31 times in the morning and removed 31 times in the evening in the month of July 2018.</p> <p>Review of Resident #4's August 2018 eMAR revealed: -There was an entry for TED hose on at 8:00am by the first shift MA. -There was a second entry for TED hose removed at 8:00pm by the second shift MA. -Documentation TED hose were applied 9 times in the morning and removed 8 times in the evening in the month of August 2018.</p> <p>Review of Resident #4's Licensed Health Professional Support (LHPS) assessment dated 05/21/18 revealed: -The Registered Nurse (RN) completing the assessment noted that TED hose was an LHPS task for Resident #4. -The RN did not note if the TED hose were applied properly. -The RN noted bilateral lower extremities edema, but it was normal for the resident.</p> <p>Interview with a medication aide (MA) on 08/10/18 at 2:28pm revealed: -Resident #4 got up around 6:30am and put her own TED hose on. -The resident did not ask for staff assistance when putting the TED hose on. -She documented on the eMAR because she observed the resident with the TED hose on. -She looked at the resident's ankle to see if the TED hose were on. -She did not check to ensure they were applied correctly and not twisted.</p> <p>Interview with a second shift MA on 08/10/18 at</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 9</p> <p>5:21pm revealed: -Resident #4 put her own TED on. -When she came to Resident #4's room the TED hose were already on. -She observed the resident's legs to make sure the hose were on and pulled up. -She did not see the TED hose because Resident #4 usually had on pants, but she felt the resident's legs for wrinkles or twist. -She signed eMAR to show the TED hose were on.</p> <p>Interview with a third MA on 08/10/18 at 3:04 pm revealed: -When she worked she physically helped Resident #4 take her TED hose off. -She usually had to tell the resident to wait for her to take the TED hose off. -Resident #4 told her that she puts her TED hose on every morning and she usually took them off when she (MA) did not work. -She did notice every time that she took Resident #4's TED hose off the hose were twisted and/or had wrinkles because they were not pulled up all the way up. -She had not mentioned this to anyone at the facility. -She just made sure she did what she was supposed to do.</p> <p>Interview with a fourth MA on 08/10/18 at 3:24pm revealed: -Resident #4 usually put her own TED hose on and took them off. -She recalled putting Resident #4's TED hose on a few times, but most times the resident put her own TED hose on and took them off without staff assistance. -She had observed Resident #4's TED hose were "really-really hard to get up."</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 10</p> <ul style="list-style-type: none"> -She wondered how the resident got them on without staff assistance. -She signed the eMAR that she had observed the TED hose on, or off not that performed the task. -Resident #4 usually wore pants and when observing the TED hose she could only see the top of Resident #4's feet. -From what she observed Resident #4's TED hose were applied correctly. <p>Interview with the HWD on 08/10/18 at 11:40am revealed:</p> <ul style="list-style-type: none"> -She did not know that Resident #4 was applying and taking off her own TED hose. -Resident #4 should not be putting the TED hose on herself or taking them off. -The MA's were responsible for putting the TED on and taking them off. -Staff should make sure the TED house were on properly, then document on the eMAR. -Typically, she and the Resident Care Coordinator (RCC) observed the resident's with TED hose to ensure staff applied them correctly, but had not observed the resident's TED hose lately. <p>Interview with the Assistant Executive Director on 08/10/18 at 3:50pm revealed:</p> <ul style="list-style-type: none"> -She would want to know if a resident was applying her own TED hose, and was not applying or removing. -The facility had frequent meetings for staff to staff information like a resident applying their on TED hose and staff not applying. -Every morning the facility had a stand-up meeting and once a week on Tuesday the facility had a collaborative care meeting to share problems with staff providing health care services. -No one shared that Resident #4 was applying her own TED hose. 	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 11</p> <p>Attempted interview on 08/10/18 at 11:09pm with Resident #4's physician was not successful.</p> <p>Refer to interview on 08/10/18 at 2:30pm with the Executive Director/Administrator.</p> <p>2. Review of Resident #3's current FL2 dated 03/16/18 revealed: -Diagnoses included hypertension, coronary artery disease, allergic rhinitis, and dementia.</p> <p>Review of Resident #3's record revealed an order by the Nurse Practitioner (NP) dated 07/13/18 for TED hose apply every morning and remove every evening.</p> <p>Review of Resident #3's Care Plan dated 05/17/18 revealed: -The resident required limited assistance with dressing/undressing. -TED hose was not addressed on the care plan.</p> <p>Observation of Resident #3 on 08/09/10 at 10:00am and at 3:40 pm of revealed: -The resident propelled herself in a wheelchair. -The resident had on white TED hose that could be viewed without contact with the resident. -The resident had on long pants, and offered raise her pant leg to view the TED hose. -Resident #3 had on knee high white TED hose on the right and left legs. -The TED hose on both feet were twisted across the top of the resident's foot near the bend where the foot and ankle connected. -There was at least a one-fourth inch rise in the resident's foot where the TED hose was twisted. -The foot around the twist bulged and was puffier than the rest of the resident's foot.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 12</p> <p>Second observation of Resident #3's TED hose on 08/09/18 at 3:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #3's TED hose were observed in the same position as at 10:00am. -Unable to locate staff, the Health and Wellness Director (HWD) was located. -The HWD corrected the twisted TED hose on both Resident #3's legs. -The indention from the twisted being TED hose remained in Resident #3's foot for more than ten minutes. <p>Interview with Resident #3 on 08/09/18 at 10:01 am revealed:</p> <ul style="list-style-type: none"> -The resident said staff put her on the TED hose this morning, but she was could not remember the exact time the TED hose was applied. -The resident said she did not like wearing the TED hose because she did not like how they felt on her legs. -The resident said she was unable to maneuver the TED hose herself and needed staff assistance. <p>Review of Resident #3's July 2018 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for TED Hose apply every morning at 6:00am. -There was entry for the removal of TED hose every evening at 8:00pm. -Documentation the TED hose were applied 17 mornings at 6:00am and documentation they were removed 17 evenings at 8:00pm. <p>Review of Resident #3's August 2018 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for TED Hose apply every morning at 6:00am. -There was entry for the removal of TED hose every evening at 8:00pm. 	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWNSDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWNSDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 13</p> <p>-Documentation the TED hose were applied 9 mornings at 6:00am and documented they were removed 8 evenings at 8:00pm.</p> <p>Review of Resident #3's record revealed there was no LHPS assessment TED hose were ordered 07/13/18.</p> <p>Interview with a medication aide (MA) 08/09/18 at 10:20am revealed: -Resident #3's TED hose were applied by the staff on the third shift. -When observing Resident #3's TED hose she quickly glanced at Resident #3's feet to see if the TED hose were on. -She did not check to ensure they were applied correctly. -She documented on the eMAR the resident's TED hose were observed on.</p> <p>Attempted interview on 08/10/18 at 5:16 pm with the third shift MA that put Resident #3's TED on 08/09/18 was not successful.</p> <p>Interview with the HWD on 08/09/18 at 3:40pm revealed: -Typically the MA was to put the resident's TED hose on. -The MA was responsible for ensuring the TED hose were on properly. -More than likely no one checked behind the MA to ensure the TED hose were on correct with no twists or wrinkles. -Sometimes her or the Resident Care Coordinator checked to make sure MA's put the TED hose on and they were applied correct. -She had not checked Resident #3's TED hose today.</p> <p>Interview with the Nurse Practitioner (NP) on</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 14</p> <p>08/10/18 at 9:02am revealed: -She ordered TED hose for Resident #3 in July 2018, to help with swelling in the resident's lower extremities. -She had not seen Resident #3 since she ordered the TED hose. -The expectation for the TED hose was to reduce the swelling in the resident's legs. -She expected facility staff to apply the TED hose so the resident will benefit from using them. -Inappropriately worn TED hose had the potential to cause significant problems.</p> <p>Attempted interview with Resident #3's responsible person and power of attorney on 08/09/18 at 4:16pm and 08/10/18 at 2:35pm was not successful.</p> <p>Review of the facility "procedure: Applying Anti-Emboli Stockings (TED Hose)" revealed: -"The purpose of the TED hose was to improve venous return to the heart, to improve arterial circulation to the feet, to minimize edema to the legs and feet, and to prevent complications associated with deep vein thrombosis and pulmonary embolism." -Facility staff were to apply the TED hose and "facilitate proper positioning." -Facility staff were to remove the TED hose. -Facility staff were to document in the resident's record the "name and title of the individual performing the procedure." -If a resident refused facility staff were to notify the supervisor.</p> <p>Refer to interview on 08/10/18 at 2:30pm with the Executive Director/Administrator.</p> <p>_____</p> <p>Interview on 08/10/18 at 2:30pm with the</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	Continued From page 15 Executive Director/Administrator revealed: -Residents should have an order to self administer in order to apply or remove their TED hose. -MAs could delegate to personal care assistants (PCA) to apply TED hose, but the MAs were responsible for verifying that the TED hose were on and applied correctly during their shift. -Her expectations were for staff to apply the TED hose as ordered unless the provider had ordered that the resident could apply TED hose themselves. -The HWD or RCC were responsible for checking TED hose on residents daily to make sure staff applied them correctly. -All staff had to be skill validated before applying TED hose, this was done through LHPS skills validation.	D 276		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 367	<p>Continued From page 16</p> <p>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to assure the electronic medication administration record (eMARs) were accurate for 1 of 5 sampled residents (#4) regarding applying and removing thrombo-embolic deterrent (TED) hose.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL2 dated 12/16/17 revealed: -Diagnoses included allergic rhinitis, scoliosis, fibromyalgia, atrial fibrillation, and hypothyroidism. -Physician's order for thigh high TED hose on in the "AM" off in the "PM."</p> <p>Observation of Resident #4 on 08/09/18 at 10:40am revealed: -The resident feet had obvious swelling that was noticeable through the TED hose. -The TED hose on both legs were twisted across the upper middle section of the resident's feet one inch from the ankle. -The resident's flesh was protruding on both sides of the twist in the TED hose.</p> <p>Review of Resident #4's June 2018 electronic Medication Administration Record (eMAR) revealed: -There was an entry for TED hose on at 8:00am by the first shift medication aide (MA). -There was a second entry for TED hose</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 367	<p>Continued From page 17</p> <p>removed at 8:00pm by the second shift MA. -Documentation TED hose were applied 30 times in the morning and removed 30 times in the evening in the month of June 2018.</p> <p>Review of Resident #4's July 2018 eMAR revealed: -There was an entry for TED hose on at 8:00am by the first shift MA. -There was a second entry for TED hose removed at 8:00pm by the second shift MA. -Documentation Resident #4's TED hose were applied 31 times in the morning and removed 31 times in the evening in the month of July 2018.</p> <p>Review of Resident #4's August 2018 eMAR revealed: -There was an entry for TED hose on at 8:00am by the first shift MA. -There was a second entry for TED hose removed at 8:00pm by the second shift MA. -Documentation TED hose were applied 9 times in the morning and removed 8 times in the evening in the month of August 2018.</p> <p>Interview with Resident #4 on 08/09/18 at 10:40am revealed: -She had always put on and taken off her own TED hose. -She did not ask for staff assistance, but thought if she asked they would help her.</p> <p>Interview with a medication aide (MA) on 08/10/18 at 2:28pm revealed: -Resident #4 got up around 6:30am and put her own TED hose on. -The resident did not ask for staff assistance when putting the TED hose on. -She documented on the eMAR because she observed the resident with the TED hose on.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 367	<p>Continued From page 18</p> <p>Interview with a second MA on 08/10/18 at 5:21pm revealed: -Resident #4 put her own TED on. -When she came to Resident #4's room the TED hose were already on. -She signed the eMAR to document the TED hose were applied.</p> <p>Interview with a third MA on 08/10/18 at 3:04 pm revealed: -Resident #4 told her that she put her TED hose on every morning and she usually took them off at night when she (MA) did not work.</p> <p>Interview with a fourth MA on 08/10/18 at 3:24pm revealed: -Resident #4 usually put her own TED hose on and took them off. -She signed the eMAR that she had observed the TED hose on, or off not that she performed the task.</p> <p>Interview with the HWD on 08/10/18 at 11:40am revealed: -The MAs were responsible for putting the TED hose on and taking them off. -Staff were to make sure the TED hose were on properly, then document on the eMAR.</p> <p>Attempt interview on 08/10/18 at 11:09pm with Resident #4's physician was not successful.</p>	D 367		
{D912}	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with</p>	{D912}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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
{D912}	<p>Continued From page 19</p> <p>relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to health care.</p> <p>The findings are:</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (Resident #3) regarding blood pressure (BP) results. [Refer to Tag 0273, 10A NCAC 13F .0902(b) Health Care (unabated Type B Violation).]</p>	{D912}		