Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
7.110127.11	or dorate of the transfer of t	IDENTIFICATION NOTICE	A. BUILDING:		001111 22	-125			
		HAL081014	B. WING		11/1:	3/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
BROOKD	BROOKDALE FOREST CITY 493 PINEY RIDGE ROAD								
			ITY, NC 28043						
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE			
D 000	Initial Comments		D 000						
	The Adult Care Licen annual survey on Nov November 13, 2019.	sure Section completed an vember 12, 2019 and							
D 164	10A NCAC 13F .0505 Diabetic Resident	5 Training On Care Of	D 164						
	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration.								
		and record reviews, the e 1 of 5 sampled Medication							

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

TITLE (X6) DATE

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.1.2		15211111071110111101115211	A. BUILDING: _	A. BUILDING:		
		HAL081014	B. WING			/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		Y RIDGE ROAD			
			CITY, NC 28043			
(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 E APPROPRIATE	(X5) COMPLETE DATE
D 164	Continued From page	e 1	D 164			
	residents completed	craining on the care of or to the administration of				
	The findings are:					
	received training on to Review of a resident Administration Record 2019 revealed Staff Administered insulin in 11/04/19 to 11/07/19, 8:00pm. Attempted telephone 11/13/19 at 3:04pm with the Collinosteries with the Collinosteries with the Collinosteries was responsible the MAShe did not complete	ealed: 09/30/19. nentation that Staff A had he care of diabetic residents. electronic Medication d (eMAR) for November had documented she had njections to a resident on and 11/09/19 to 11/12/19 at interview with Staff A on vas unsuccessful. erporate Nurse on 11/13/19 at				
	(BOM) on 11/13/19 at -The Health and Well responsible for sched with the Corporate Not -She was responsible records and would se report of missing doc upcoming training ne	ness Director was luling the diabetic training urse. e for auditing personnel end the Administrator a uments, expired training, or				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		HAL081014	B. WING		11/13/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BBOOKD	ALE FOREST CITY	493 PINEY	RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST O	ITY, NC 28043	3		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 164	Continued From page	e 2	D 164			
	Interview with the Health and Wellness Director on 11/13/19 at 3:30pm revealed: -Staff A did not receive diabetic training before administering diabetic medications and insulin injections to residentsShe did not know the MA's had to complete diabetic training before administering medicationsShe thought she had "a couple of months" to get the MA's diabetic training completed after they were hiredStaff A was a new hire and she accepted full responsibility for not scheduling diabetic training before Staff A administered medications. Telephone interview with the Administrator on 11/13/19 at 4:05pm revealed: -The Health and Wellness Director or the facility's district Corporate Nurse were responsible for the diabetic training for the MAShe did not know why Staff A had not received diabetic trainingThe BOM was responsible for auditing personnel records.					
D 282	10A NCAC 13F .0904 Service	4(a)(1) Nutrition and Food	D 282			
	10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by:					
		ns and interviews the facility				

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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	
	HAL081014	B. WING		11/1	13/2019	
ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE			
ALE FOREST CITY	493 PINE	Y RIDGE ROAD				
	FOREST	CITY, NC 28043			I	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page	2 3	D 282				
cooler and freezer wa contamination related	s protected from to unlabeled and undated					
The findings are:						
Sanitation Report for	the facility dated 09/19/19					
facility kitchen on 11/ -There was sliced pea with a lid and no label -There was 4 pre-mad in bowls, uncovered v -A sixteen-ounce plas with 2 strawberries with 2 strawberries with 2 strawberries and see	12/19 at 4:00pm revealed: aches in a clear container I or opened date. de bacon ranch pea salads with no label or date. tic container of strawberries ith a white fuzzy substance everal strawberries that					
on 11/12/19 at 4:13pr -A cardboard box consetting on the floor the but had no dateA cardboard box coneclairs setting on the opened but had no da-There was 24 chocolplastic bag with the to-There was twelve 4-c in bowls that were opedateThere was 15 fish page - A cardboard box coneclairs setting on the opened but had no data based on the cardboard box coneclairs.	n revealed: taining yeast raised donuts at was previously opened taining chocolate iced floor that was previously ate. late chip cookies in a clear up tied and no label or date. counce scoops of ice cream en to air with no label or					
	ROVIDER OR SUPPLIER SUMMARY STI (EACH DEFICIENC' REGULATORY OR LE Continued From page failed to ensure food I cooler and freezer wa contamination related food and food sitting of boxes. The findings are: Review of the local End Sanitation Report for revealed a score of 98 Observation of the profacility kitchen on 11/2 -There was sliced pead with a lid and no labeledThere was 4 pre-mace in bowls, uncovered well-defined a score of 98 on the exterior and sea appeared dry and discopened date. Observation of the free on 11/12/19 at 4:13pre-A cardboard box consetting on the floor the but had no dateA cardboard box consetting on the floor the but had no dateA cardboard box consecting on the opened but had no dateThere was 24 chocol plastic bag with the to- There was 15 fish page with the to- There was 15 fish page with the top of the bag with th	ROVIDER OR SUPPLIER STREET AL 493 PINE FOREST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 failed to ensure food being stored in the produce cooler and freezer was protected from contamination related to unlabeled and undated food and food sitting on the floor of the freezer in boxes. The findings are: Review of the local Environmental Health Sanitation Report for the facility dated 09/19/19 revealed a score of 99.0. Observation of the produce refrigerator in the facility kitchen on 11/12/19 at 4:00pm revealed: -There was sliced peaches in a clear container with a lid and no label or opened dateThere was 4 pre-made bacon ranch pea salads in bowls, uncovered with no label or dateA sixteen-ounce plastic container of strawberries with 2 strawberries with a white fuzzy substance on the exterior and several strawberries that appeared dry and discolored with no label or opened date. Observation of the freezer in the facility kitchen on 11/12/19 at 4:13pm revealed: -A cardboard box containing yeast raised donuts setting on the floor that was previously opened but had no dateA cardboard box containing chocolate iced eclairs setting on the floor that was previously opened but had no dateThere was 24 chocolate chip cookies in a clear plastic bag with the top tied and no label or dateThere was twelve 4-ounce scoops of ice cream in bowls that were open to air with no label or	ROVIDER OR SUPPLIER ALE FOREST CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 failed to ensure food being stored in the produce cooler and freezer was protected from contamination related to unlabeled and undated food and food sitting on the floor of the freezer in boxes. 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Observation of the produce refrigerator in the facility kitchen on 11/12/19 at 4:00pm revealed: -There was sliced peaches in a clear container with a lid and no label or opened date. -A sixteen-ounce plastic container of strawberries with 2 strawberries with a white fuzzy substance on the exterior and several strawberries that appeared dry and discolored with no label or opened date. -A cardboard box containing yeast raised donuts setting on the floor that was previously opened but had no date. -A cardboard box containing chocolate iced eclairs setting on the floor that was previously opened but had no date. -There was 24 chocolate chip cookies in a clear plastic bag with the top of the bag tied and no label or date. -There was 15 fish patties in a clear plastic bag with the top of the bag tied and no label or date. -There was 15 fish patties in a clear plastic bag with the top of the bag tied and no label or date.	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ALE FOREST CITY 433 PINEY RIDGE ROAD FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES TAG DRESS). CITY, STATE, ZIP CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 failed to ensure food being stored in the produce cooler and freezer was protected from contamination related to unlabeled and undated food and food sitting on the floor of the freezer in boxes. The findings are: Review of the local Environmental Health Sanitation Report for the facility dated 09/19/19 revealed a score of 99.0. Observation of the produce refrigerator in the facility kitchen on 11/12/19 at 4:00pm revealed: -There was a pre-made bacon ranch pea salads in bowls, uncovered with no label or date. -A sixteen-ounce plastic container of strawberries with 2 strawberries with a white fuzzy substance on the exterior and several strawberries that appeared dry and discolored with no label or opened date. Observation of the freezer in the facility kitchen on 11/12/19 at 4:13pm revealed: -A cardboard box containing chocolate iced ecclairs setting on the floor that was previously opened but had no date. -A cardboard box containing chocolate iced ecclairs setting on the floor that was previously opened but had no date. -There was 24 chocolate chip cookies in a clear plastic bag with the top tied and no label or date. -There was 15 fish patties in a clear plastic bag with the top of the bag tied and no label or date. -There was 15 fish patties in a clear plastic bag with the top of the bag tied and no label or date.	A BUILDING B WIND B WIN	

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL081014	B. WING		11	/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
			EY RIDGE ROAD			
BROOKD	ALE FOREST CITY		CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 282	remaining with no labe. There was tortellini in less than one-half of no label or date. There was 13 sausa bag with no label or date. There was 13 sausa bag with no label or date. There was 2 packag a quart-sized bag with each bag, with no labe. There was 13 combing allon-sized bag with linterview with the Die 11/12/19 at 4:32pm rewind with the freezer because to on the shelves. She often had an own she also had to order. When a space because they had stored on the floor on she was aware they setting boxes with foodshe was responsible and dated, boxes of from an of stored on the were discarded was a linterview with the Adi 11/13/19 at 3:40pm rewind she was not aware so discarded, food in the was not labeled and stored in boxes on the Spoiled food should	than one-half of the fries bel or date. In a clear plastic bag with the tortellini remaining with ge patties in a quart-sized late. It is of sausage links, each in the twelve to sixteen links in bel or date. It is defined a great sin a no label or date. It is delivery on Wednesdays, to set boxes in the floor in they don't have enough room they don't have enough room erflow of food items because for activities and marketing. The available on the shelf, and be placing the boxes of the shelf. It were not supposed to be on the floor in the freezer. The to ensure food was labeled food were on the shelves of floor and spoiled foods all timately hers. In inistrator in Training on evealed: It is poiled food was not being the produce cooler and freezer dated, or that food was being the shelf.	D 282	DEFICIENC		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL081014	B. WING		11/13/2019	
	ROVIDER OR SUPPLIER	493 PINEY	RESS, CITY, STA RIDGE ROAD ITY, NC 28043			
(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 APPROPE DEFICIENCY)	BE COMPLETE	
D 282	on 11/13/19 at 4:05pr -She was not aware signs of the was not labeled and of stored in boxes on the -The DM was respons food was discarded, it dated and food was not always and the Administrator in make sure compliance dietary department.	trict Director of Operations in revealed: spoiled food was not being produce cooler and freezer dated, or that food was being e floor of the freezer. sible for ensuring spoiled tems were labeled and not being stored on the floor. Training was responsible to e was occurring in the	D 282			
	10A NCAC 13F .0904(c)(1) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements in Paragraph (d) of this Rule. This Rule is not met as evidenced by: Based on observation and staff interviews, the facility failed to prepare weekly menus with serving amounts specified and in adherence to the Adult Care Licensure daily food requirements. The findings are: Observation in the facility kitchen on 11/12/19 at 9:47am revealed:					

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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	
		HAL081014	B. WING		11/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
BBOOKB	ALE CODEST CITY	493 PINEY	RIDGE ROAD		
BROOKD	ALE FOREST CITY	FOREST C	ITY, NC 28043	S	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 290	Continued From page	e 6	D 290		
	-A menu for food serva vailable and reviewed-No menus were available and reviewed-No menus were available and revealed: -For breakfast, the mewaffle, tropical fruit, whistedFor lunch, the menuand dumplings, rice phacon ranch pea salasherbet, with no servit-For dinner, the menusalad sandwich, butter chip and pickles, applied.	red for 11/12/19 only was ed. lable to be reviewed after enu on 11/12/19 at 9:47am enu listed sausage link, rith no serving quantities listed beef tips or chicken ilaf, field peas, dinner roll, id, assorted pies and cakes,			
	Interview with the Die 11/12/19 at 9:51am re-She usually plans the advanceSince April she had be for a day or two at a trepare them because. She had not made a or for the rest of the weshe would make up today. Interview with the Adr 11/13/19 at 3:40pm re-She was unaware the menus available for or-She was unaware the she	e meals one week in peen completing the menus ime due to less time to e of lack of dietary staff. menu made yet for 11/13/19 veek. the menu for 11/13/19 later ministrator in Training on evealed: e facility needed to have the			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED				
		HAL081014	B. WING		11	/13/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE					
BROOKD	BROOKDALE FOREST CITY 493 PINEY RIDGE ROAD FOREST CITY, NC 28043								
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
D 290	Interview with the Dis on 11/13/19 at 4:05pr -She was not aware t for a week at a time. -They were supposed was posted. -The Dietary Manage the menus were avail	trict Director of Operations n revealed: he DM did not have menus I to have a weekly menu that r was responsible to ensure able and posted weekly. Training needed to verify	D 290						

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