STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 conducted an annual survey, follow up survey and complaint investigation on January 8, 2020 through January 10, 2020 and Janaury 13, 2020 through January 14, 2020. The complaint investigation was initiated by the Pasquotank County Department of Social Services on November 20, 2019.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to assure there were no hazards including broken towel racks, cleaning solutions, over the counter medications, aerosol fresheners, and personal care products accessible to residents on the special care unit (SCU) and enhanced care unit (ECU). The findings are: Review of an undated special care unit (SCU) disclosure statement and an undated and untitled document for the Enhanced Care Unit revealed:	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 1 -All substances labeled "harmful if swallowed" or "keep out of reach of children" were kept secured and out of reach of residents. -Medications were kept locked on the medication cart. -Cleaning supplies were kept locked in closets, cupboards and housekeeping carts. -Personal care supplies were kept in containers either in the resident's closets or cupboards in the room. 1. Observations of the SCU on 01/08/20 between 11:10am and 12:01pm revealed: -There were 3 containers of lotion, 5 containers of barrier ointment, 4 containers of body cleansers, 1 aerosol deodorant can and a container of body powder on the bedside next to the second bed in resident room 58. -A resident was lying in the second bed. -There was an over the counter throat spray on the bedside table next to the first bed in resident room 58. -There was foot powder and a barrier ointment on the bedside table next to the second bed in resident room 67. Interview with the Special Care Director (SCD) on 01/08/20 at 12:01pm revealed: -The Hospice staff managed the skin care supplies at the bedside of the resident in the second bed of room 58; the resident's family members may have brought in lotion and body powder. -The family member of the resident in the first bed in room 58 must have brought in the throat spray. Interview with a family member on 01/09/20 at 10:34am revealed she had not brought any personal care items into resident room 58 for the	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 2 resident in the second bed. Telephone interview with a second family member on 01/10/20 at 10:28am revealed: -She had not brought any personal care items into resident room 58 for the resident in the second bed. -The resident in the second bed was not able to get to anything nearby to use herself and did not need to have personal care items at the bedside. -Other residents were in and out of room 58 all the time. Attempted interview on 01/13/20 at 2:59pm, with the family member of the resident for the 1st bed in room 58, was unsuccessful. Observations of the SCU on 01/08/20 from 12:03pm until 12:16pm revealed: -There was a spray bottle labeled "Ready to Use Disinfectant Neutral Cleaner" and "Danger, keep out of reach of children," that was half full of blue liquid on the shelf over the toilet in the unlocked common bathroom. -There was a spray bottle labeled "Ready to Use Lemon Disinfectant" and "Danger, keep out of reach of children," that was one third full of blue liquid on a shelf in the common bathroom. -There was shower caddy and basin containing numerous containers of personal care supplies including body wash, lotion, shampoo and conditioner on a shelf in the common bathroom. -There was an electrical device loosely hanging from the wall with attached wiring in the unlocked laundry closet. -There was an aerosol deodorant can and a solid deodorant stick on the bedside table next to the second bed in resident room 55. -There were two cans of aerosol air freshener and a tube of toothpaste on the dresser in	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 3 resident room 57. Interview with a personal care aide (PCA) on 01/09/20 at 8:56am revealed: -Usually residents' personal care items were kept in a shower caddy in the unlocked common bathroom on the SCU. -Residents were able to have some personal care items in their room if the product was labeled with the resident's name. -Sometimes spray bottles of cleaning solution were kept in the unlocked common bathroom for PCAs to use for small clean ups. -She had not been instructed on items that could and could not be kept in resident rooms on the SCU. Interview with a housekeeper on 01/09/20 at 10:42am revealed spray bottles of cleaning solutions were kept in the unlocked common bathroom for PCAs to use. Interview with a second housekeeper on 01/09/20 at 10:42am revealed housekeepers checked resident rooms daily for anything a resident might be able to harm themselves with such as personal care items and aerosol air fresheners. Interview with a medication aide (MA) on 01/13/20 at 12:57pm revealed: -There were two residents on the SCU who wandered. -The PCAs were supposed to get any needed cleaning supplies from housekeeping staff. -Housekeepers were responsible for checking resident rooms daily for hazardous items that should not be in resident rooms. Interview with the Assistant Administrator on 01/08/20 at 12:11pm revealed:	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 4	D 079		

-Cleaning supplies were supposed to kept under the sink in the medication room.
-No outside products such as aerosol air fresheners were supposed to be brought in for residents on the SCU.
-Family members had been informed on what not to bring in and leave with residents on the SCU; information was included in admission paperwork signed by family members.
-Personal care items were supposed to kept in shower caddies in the common bathroom; the common bathroom was not locked.
-The laundry room was not locked.
-The over the counter throat spray should not have been in a resident room; only medications with a physician's order were kept on the medication cart.
-Housekeepers were responsible for checking resident rooms daily for potentially hazardous items.
-The SCD was responsible for checking resident rooms weekly.

Interview with the Administrator on 01/08/20 at 4:05pm revealed:
-Housekeeping staff and PCAs checked resident rooms on the SCU daily for hazardous items.
-When hazardous items were found, the Assistant Administrator followed up with resident's family members.

2. Review of a document for the Enhanced Care Unit (ECU) provided to responsible party at admission that was dated "Revised 8/2016" revealed:
-Criteria for admission to the ECU included, but not limited to any illness that may cause wandering and diagnosis of Alzheimer's or other related dementia.
-All substances that were labeled "harmful if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 5	D 079		

swallowed" or "keep out of reach of children" needed to be kept secured and out of reach of the residents.
-Cleaning supplies needed to be locked in closets, cupboards, and housekeeping carts.
-Personal care supplies needed to be kept in containers either in the resident's closets or cupboard within the room.
-Resident self-administration was not allowed.

Observations of a resident's room #47 on the ECU 01/09/20 at 10:35am revealed:
-There were 2 residents room #47.
-One of the 2 residents in the room was in a wheelchair.
-There were 3 containers of barrier ointment, 2 normal saline containers, 2 body cleansers, 1 package of gauze, 1 package of baby wipes and 1 container of lotion on the bedside table shared by both residents in room 47.
-There was a broken towel rack on the interior door.
-There were 2 hinges on the door where the towel rack had previously been installed.
-The hinges stuck out from the door approximately 1/2".
-The bathroom door was observed opened and the exposed hinges caused a hazard for 1 of 2 residents.
-The resident in a wheelchair was at risk of cutting her arms or shoulder on the exposed hinges as she entered the private bathroom.

Observation of the shower room on the ECU on 01/10/20 at 10:00am revealed there was an aerosol room deodorant container labeled "Keep Out of Reach of Children" on a shelf above the sink.

Interview with Special Care Director (SCD) on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 6 01/10/20 at 10:05am revealed: -Residents should not have personal care items by their bedside. -Housekeeping staff, Personal Care Aides (PCA) and Medication Aides (MA) were aware of the facility policy that personal care supplies should not be left on resident's bedside tables. -She was not aware of the broken towel rack on the bathroom door where the hinges could pose a danger to residents. _____ The facility failed to assure there were no hazards including broken towel racks with sharp edges, cleaning solutions, over the counter medications, aerosol fresheners, and personal care products that were harmful if swallowed accessible to residents on the special care unit and enhanced care unit which was detrimental to the health, safety and welfare of residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/08/20 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED February 28, 2020.	D 079		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 113	Continued From page 7 F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews the facility failed to assure that hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 6 fixtures in the common residents' bathroom and 2 resident rooms (#42, and #49) on the enhanced care unit (ECU)with temperatures of 121.6°degrees F to 130° degrees F. The findings are: Observation of the common residents' bathroom on 01/08/20 at 11:19am revealed: -The hot water temperature at the sink was 127°F. -The hot water temperature at the shower was 121.6°F. -There was visible steam coming from the running hot water. Observation of resident room #42's bathroom on 01/08/20 at 11:31am revealed, the hot water temperature at the sink was 123.4°F. Based on observations and interviews, it was determined the resident residing in room #42 was not interviewable. Observation of resident room #49's bathroom on 01/08/20 at 11:31am revealed, the hot water temperature at the sink was 130°F.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 113	Continued From page 8 Based on observations and interviews, it was determined the resident residing in room #49 was not interviewable. Interview with a resident on 01/08/20 at 11:21 am revealed: -The water was too hot in the common residents' bathroom. -He did not know if the water had burned his hand. -He had not informed staff the water was hot. Interview with a personal care aide (PCA) on 01/08/20 at 11:25am revealed: -She assisted with bathing the residents. -She checked the water temperature with her hand to determine if the water was too hot. -Residents had informed her the water temperature was too hot during their baths. -She added cold water to the hot water to cool off the hot water. -She did not know the required water temperatures. -She did not report the water being too hot to the Maintenance Director. Interview with a medication aide (MA) on 01/13/20 at 12:28pm revealed: -The PCAs had not reported the water temperature was too hot. -Residents did tell staff if the water was too hot. -She checked the water temperature with her wrist when bathing residents. -If the water was too hot, she adjusted the water temperature by adding more cold water. -If the water temperature was hot, she called the Maintenance Director. -The Maintenance Director adjusted the water temperature. -The Maintenance Director checked the water	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 113	Continued From page 9 temperature daily. Review of the December 2019 facility's weekly maintenance log on 01/08/20 at 12:25pm revealed: -The weekly maintenance log did not list the shared residents' bathroom. -The weekly maintenance log did not list the individual residents' rooms. -The weekly maintenance log listed one water temperature taken in the common bathrooms on the assisted living unit and the kitchen. Interview with the Maintenance Director on 01/08/20 at 11:45am revealed: -Checked the hot water temperatures weekly. -He was aware of the regulated hot water temperature. -New hot water tanks had been recently installed. -He completed "spot checks" on random residents' bathrooms weekly. -The hot water temperatures were "normal" on the ECU. -He did not keep a water temperature log for the residents' bathroom. Observations of re-check of water temperatures with the Maintenance Director on 01/08/20 revealed: -At 11:57am, "Do not use" signs had been placed on the doors to rooms #42, #49 and the bathrooms doors and the residents' common bathroom. -At 11:57am, the hot water temperature at the sink in room #49 was 122°F. -At 12:02pm, the hot water temperature at the sink in room #42 was 121°F. -At 12:05pm, the hot water temperature at the sink in the common bathroom was 118°F.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 113	Continued From page 10 Observations of re-check of water temperatures on 01/13/20 revealed: -At 12:12pm, the "Do not use" signs were still placed on the doors to rooms #42, #49 and the bathrooms doors and the residents' common bathroom. -At 12:12pm, the hot water temperature at the sink in room #49 was 123.8°F. -At 12:16pm, the hot water temperature at the sink in room #42 was 114°F. -At 12:05pm, the hot water temperature at the sink in the common bathroom was 116°F. Observation of water thermometers being calibrated on 01/13/20 at 12:57pm revealed: -The Maintenance Director and Surveyor's water thermometers were placed in a cup of ice water. -Both water thermometers temperatures were 32°F. Observations of re-check of water temperatures on 01/13/20 revealed: -At 1:00pm, the hot water temperature at the sink in room #49 was 115°F. -At 12:16pm, the hot water temperature at the sink in room #42 was 112°F. -At 12:05pm, the hot water temperature at the sink in the common bathroom was 108°F. Interview with the Maintenance Director on 01/13/20 at 12:56pm revealed: -He had placed the "Do not use" signs on the room doors and bathroom doors on 01/08/20. -He adjusted the temperatures on the hot water heaters. -He took water temps of rooms #42, #45 and the common bathroom 01/10/20. -He did not document the water temperatures. -"I just took the water temperatures and did not write the temperatures down."	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 113	Continued From page 11 -"The water temperature was between 100° to 116° degrees." Interview with the Assistant Administrator on 01/08/20 at 11:42pm revealed: -Residents had not complained to her about the water temperature being too hot. -She did not manage the water temperatures. -The Maintenance Director was responsible for managing the water temperatures. -The Maintenance Director was the only staff to monitor the water temperatures. -She had the Maintenance Director to post "Do not use" signs on the rooms' doors for room #42, #49 and the common bathroom area on 01/08/20. -She informed the staff to not use the bathrooms and to watch the residents. _____ The facility failed to assure hot water temperatures were maintained between 100° to 116° degrees Fahrenheit (F) which resulted in hot water temperatures of 121.6°degrees F to 130° degrees F in the common residents' bathroom and two resident rooms which was substantial risk of serious injury to #42 and #49 and constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/08/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 13, 2020.	D 113		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 269	Continued From page 12 Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide incontinence care and repositioning for 1 of 7 sampled residents (#1) who was confined to a geriatric chair in the main hallway on the enhanced care unit (ECU) for more than 4 hours. The findings are: Review of Resident #1's current FL-2 dated 03/05/19 revealed: -Diagnoses included Alzheimer's dementia, type II diabetes mellitus and hypothyroidism. -Resident #1 was constantly disoriented. Review of Resident #1's current care plan dated 12/10/19 revealed: -Resident #1 was always disoriented and nonverbal. -Resident #1 was unable to stand and was ambulatory with a geriatric chair. -Resident #1 had limited range of motion and strength of her left hand. -Resident #1 had bowel and bladder incontinence.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 269	Continued From page 13 -Resident #1 was totally dependent on staff for bathing, dressing, eating, ambulation, transferring and toileting. Observations on 01/09/20 between 8:45am and 1:40pm revealed: -At 8:45am, Resident #1 was reclined in her geriatric chair in the main hallway between the special care unit (SCU) and the enhanced care unit (ECU); the resident was sleeping and covered with a throw blanket. -At 9:35am, Resident #1 remained in the hallway sleeping in the reclined geriatric chair. -At 10:35am, a family member was sitting with Resident #1 (still reclined in geriatric chair) in the hallway. -Resident #1 was in the dining room for the lunch meal from 12:00pm until 12:16pm. -At 12:21pm, the resident was sitting in the hallway on the ECU in a reclined geriatric chair. -At 12:35pm, the resident remained in the same area in the ECU hallway in the geriatric chair. -At 12:47pm, the resident was no longer reclined and in a seated position in the geriatric chair. -At 12:58pm, the resident remained seated in the same area in the ECU hallway with her feet positioned on the floor. -At 1:06pm the resident was reclined in a geriatric chair in the hallway of the ECU with a blanket draped over her. -Between 12:21pm and 1:34pm, Resident #1 was awake, fidgeting and trying to change her position while seated in a geriatric chair in the main hallway between the SCU and ECU. -Resident #1 was not brought to her room for incontinence care between 8:45am and 1:34pm. -At 1:34pm, a personal care aide (PCA) pushed Resident #1 to her room in the geriatric chair. -At 1:40pm, the PCA returned with a second PCA and incontinence care supplies.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 269	Continued From page 14 -The two PCAs assisted Resident #1 from the geriatric chair to her bed; Resident #1 was not able to stand or assist with the transfer. -Resident #1's incontinence brief was saturated with urine and had a large amount of soft, watery feces. -Resident #1 had area the diameter of an orange on her sacrum that was a deep red color. -Resident #1 had inflamed redness in the gluteal fold, the perineum and on her labia. Interview with a personal care aide (PCA) on 01/09/20 at 1:28pm revealed: -She was not assigned to Resident #1 for first shift on 01/09/20; she was "just helping" until a third PCA came in at 11:00am. -She did not know when Resident #1 had last been checked for incontinence. -Resident #1 had been up in her chair since the Special Care Director (SCD) got her up just before the resident's family member arrived around 10:00am. Interview with a second PCA on 01/09/20 at 1:34pm revealed: -She came in to work at 11:00am on 01/09/20; she had not repositioned or checked Resident #1 for incontinence since arriving to work. -She had been busy with providing incontinence care to other residents on the SCU and ECU. -She was not sure how many residents she had on her assignment; she was not sure how many residents on her assignment needed assistance with incontinence care. Interview with the SCD on 01/09/20 at 1:30pm revealed: -She had assisted Resident #1 from her bed to the geriatric chair "a little bit" after she arrived to work on 01/09/20; she had arrived at 8:00am.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 269	Continued From page 15 -It was around 10:00am when she assisted Resident #1 out of bed and into the geriatric chair. -Resident #1 could not have been sitting in the geriatric chair at 8:45am unless staff had gotten the resident out of bed and then put her back in bed before she got her up at 10:00am. -She was "pretty certain" Resident #1 was assisted out of bed at 10:00am on 01/09/20. Interview with a medication aide (MA) on 01/13/20 at 12:54pm revealed: -Normally the PCAs provided incontinence care for residents; if the MA was available then helped. -Residents were supposed to be changed every 2 hours and assisted to ambulate once a day if the resident was able. -Residents were not supposed to be kept in geriatric chairs breakfast through dinner. -Residents were usually assisted to their bed for a nap after lunch and then assisted back up in their by 2nd shift for dinner. Second interview with the SCD on 01/14/20 at 6:00pm revealed staff were expected to provide incontinence care for residents every 2 hours. Interview with the Administrator on 01/14/20 at 6:45pm revealed: -Residents were supposed to be checked for incontinence every 2 hours and changed if they were wet. -If the resident was not mobile, staff were expected to try and reposition the resident in the chair if the resident did not need to have their incontinence brief changed. -Residents were also rotated out of the geriatric chairs to their bed for repositioning; frequency of rotation was not specified.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 269	Continued From page 16 Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable.	D 269		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews the facility failed to provide supervision to 1 of 8 sampled resident's (Resident #7) who had a diagnosis of dementia and who had experienced inappropriate verbal and aggressive physical outbursts. The findings are: Review of Resident #7's current FL2 dated 09/06/19 revealed: -Diagnoses included dementia and depression. -Level of care was Special Care Unit. -Disorientation was constant. -She was ambulatory. -She was continent of bladder and bowel.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 17 Review of Resident #7's care plan dated 10/30/19 revealed: -Resident #7 was not oriented to person and time. -Resident #7 took directions and followed instructions at times. -Resident #7 experienced paranoia, hallucinations and delusions at times. -Resident #7 experienced verbal and physical combativeness. Review of the facility's Special Care Unit (SCU) policy revealed: -A staff member was always present on the SCU. -During dining hours, staff completed a walkthrough of the SCU. -A staff member was stationed in the SCU halls to monitor residents who could not leave the unit, was combative or had trouble leaving the unit. -Staff completed a final walkthrough of the residents' rooms and bathrooms and documented on the monitoring log which resident had remained on the unit and the reason. Interview with a personal care aide (PCA) on 01/09/20 at 10:56am revealed, a staff had to be on the hall of the Special Care Unit (SCU) at all times when residents were in their rooms taking naps. Observations on the SCU and Enhanced Care Unit (ECU) on 01/09/20 from 10:56am until 12:36pm revealed: -At 10:56am, the was a PCA sitting in the center hall area on the SCU. -At 11:00am, the PCA began moving residents to the hallway and dining room on the ECU. -From 12:00pm until 12:36pm the doors to the SCU were closed and locked, there was no PCA	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 18	D 270		

or medication aide (MA) on the SCU.
-At 12:36pm, Resident #7 was observed sleeping in her room.
-The SCD walked to Resident #7's room but did not go inside of Resident #7's room.
-The SDC left the SCU aferwards and there were no PCAs or MAs on the SCU.

Interview with the Special Care Director (SCD) on 01/09/20 at 12:34pm revealed:
-Resident #7 was in her room.
-Resident #7 was having a "rough day" and refused to go to lunch.

-Interview with Resident #7 on 01/09/20 at 12:36pm revealed:
-"I'm fasting today."
-"I'm not eating! I'm fasting today!"

Interview with a housekeeper on 01/09/20 at 12:36pm revealed:
-The doors to the SCU were closed when residents were at lunch because all the residents were in the dining room on the Enhanced Care Unit.
-The PCAs said they could not get Resident #7 up for lunch today, so the resident remained in her room sleeping after the SCU doors were closed.

Interview with a medication aide (MA) on 01/10/20 at 6:30am revealed:
-All residents were removed from the SCU to the Enhance Care Unit due to the death of another resident.
-At the death of a resident, all residents were removed off the unit immediately.
-No residents remained on the SCU at that time.

Observation of Resident's #7 room on in the SCU

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 19 on 01/10/20 at 6:45am revealed, Resident #7 was laying on her bed. Interview with Resident #7 on 01/10/20 at 6:45am revealed, she did not know the day, time or place. Observations on 01/10/20 at 6:54am: -Three PCAs and a MA entered into Resident #7's room. -Staff assisted with putting on Resident #7's shoes. -Staff escorted Resident #7 off the SCU to the ECU. Review of the "Hot Box" 30-Minute Check Log on 01/14/20 revealed: -Resident #7 was in the hospital at 7:00am thru11:00am on 01/10/20. -There was no documentation of 30-minute checks from 12:00am thru 6:30am on 01/10/20. -There was no documentation of 30-minute checks for dates 01/11/20, 01/12/20, 01/13/20 and 01/14/20. Interview with personal care aide (PCA) on 01/10/20 at 9:16am revealed: -She did not leave residents alone on the SCU. -She had helped to calm down Resident #7 when she was combative. -The PCA had escorted Resident #7 to her room when she was combative. -Staff was always on the SCU. Interview with second MA on 01/10/20 at 9:22am revealed: -She supervised the SCU residents and the PCAs. -Resident #7 was left in her room this morning on SCU because she became combative. -Resident #7 refused to leave the unit.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 20 -Resident #7 was checked every 15-minutes and it was documented. -She was on the Enhanced Care Unit at 6:30am on 01/10/20. -She was not aware that Resident #7 had been left unsupervised on the SCU. -Residents had been escorted off the unit due to the death of a resident. -The SCU residents were take to the ECU. -Resident #7 had been combative and refused to leave her room. -Residents were not left alone on the SCU when the unit doors were closed and locked. -SCU residents were escorted off the unit for all meals and emergencies. -She was not aware staff had not been on the SCU. -Staff were to remain on the SCU at the nurses' station. Interview with the Resident Care Director (RCD) on 01/10/20 at 9:38am revealed: -SCU residents were escorted off the unit when there was a resident death and when the unit was closed. -When Resident #7 became combative, she was left in her room on the SCU. -A PCA would sit with Resident #7 when left on the SCU. -She was not aware staff had not been on the SCU with Resident #7. -Staff were always to sit at the nurses' desk on the SCU and a PCA watched the residents. -It was always her expectation that at least one staff remained on SCU. Interview with the Assistant Administrator on 01/10/20 at 9:58am revealed: -The 15-minute and 30-minute checks were documented and placed for the PCAs to review.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 21 -Residents were not left alone on SCU. -If a PCA was not on SCU, then the MA was on the unit. -Resident #7 was in her room alone earlier this morning. -Resident #7 had become physically combative towards staff earlier this morning. -Resident #7 had refused to leave her room. -Staff did not sit in the room with Resident #7 when she was left alone in her room. -Staff was always on the unit sitting at the nurses' station. -A resident had died earlier in the morning and the Residents were escorted off the SCU to the ECU. -She was not aware of Resident #7 being left on the SCU and unsupervised earlier that morning. -It was her expectation that residents were never left unsupervised on the SCU. Interview with the Administrator on 01/13/20 at 10:00am revealed: -There was always a PCA or MA present on the SCU. -There was a supervision policy for monitoring residents on the SCU. -Residents are not left alone on the SCU. -Resident #7 had been left in her room alone. -There was a PCA on the unit that monitored Resident #7. -It was her expectation that residents were never left unsupervised on the SCU. _____ The facility failed to provide supervision to Resident #7 who had a dementia diagnosis and who had experienced inappropriate verbal and aggressive physical outbursts. This facility's failure was detrimental to the health and safety which constitutes a Type B Violation. _____	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 22 The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/10/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED February 28, 2019.	D 270		
D 271	10A NCAC 13F .0901(c) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews and record reviews, the facility failed to assure staff responded immediately according to facility's policies after the resident became unresponsive and his pulse was absent for 1 of 1 sampled resident (#8) who required cardiopulmonary resuscitation (CPR). The findings are: Review of the facility's "Emergency Policy (Medical)" revealed: -In the case of a medical emergency, resident	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 271	Continued From page 23	D 271		

and staff safety and protection would be the primary concern.
-For loss of consciousness due to any reason other than blood loss to assess breathing, check vital signs and if a resident is not breathing, begin Cardiopulmonary Resuscitation (CPR) and continue until emergency medical services (EMS) arrived.
-If a resident was breathing, attempt to arouse the resident and continue to monitor until EMS arrived.

Interview with a medication aide (MA) on the Special Care Unit (SCU) on 01/10/20 at 06:30 am revealed resident #8 had passed away.

Review of Resident #8's current FL-2 dated 11/22/19 revealed:
-Diagnoses included vascular dementia with behavioral issues, vitamin D deficiency, glaucoma, history of cerebral vascular accident Type II diabetes mellitus and hypertension.
-There was documentation the resident was ambulatory, disoriented and wandered.
-The resident's recommended level of care was a Special Care Unit (SCU).

Review of Resident #8's Assessment and Care Plan dated 01/07/20 revealed:
-There was documentation the resident was always disoriented, walked and wandered with his eyes closed which caused the resident to walk into people and objects and needed constant redirection.
-There was documentation the resident had dementia that affected his abilities to perform his activities of daily living.
-There was documentation the resident required total assistance from staff for bathing, grooming, transferring, dressing, ambulation and extensive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 271	Continued From page 24	D 271		

hands on assistance from staff for mouth care and eating.

Review of Resident #8's "Clinical/Nurses Notes" dated 01/10/20 at "5:15" and signed by a personal care aide (PCA) revealed:
-During the personal care aide's (PCA's) every 15-minute monitoring checks Resident #8 opened his eyes and as the resident's door was closed, the resident went back to sleep, " ...not seem [sic] unusual" each time the resident was checked on by the PCA.
-"Around 5:15", the PCA checked on Resident #8 and noticed the resident was breathing very heavy.
-After the PCA lifted his shirt to assist him with dressing, the resident grabbed her wrist and was "gasping words that wouldn't fully come out".
-The PCA noticed the resident had a green substance around the inner outside of his lips and immediately called the MA to come the resident's room.
-The MA came immediately from the front of the facility (Assisted Living section) and took the resident's blood pressure and checked his breathing.
-The MA called 911.
-The PCA kept calling the resident's name and repeated to the resident "fight, breathe, your going to be okay [sic]".
-There was documentation every time the PCA told the resident to "breathe baby breathe", the resident would gasp for air trying to breathe.
-The resident's eyes rolled up to the side and kept gasping until the ambulance arrived.

Review of Resident #8's "Clinical/Nurses Notes" dated "01/10/02" with a time documented as "11-7" signed with a MA's initials revealed:
-The MA was called by a PCA to check Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 271	Continued From page 25 #8 because he was having a hard time breathing. -When the MA arrived, it appeared the resident was having a hard time breathing and was drifting in and out of consciousness. -The MA immediately called 911 and took the resident's vital signs. -The resident's blood pressure was 95/58, pulse was 98, however, the "pulse ox" would not give a reading for the resident's oxygen level. -The MA started CPR, emergency medical services (EMS) took over and they worked on the resident for about 30 to 35 minutes. -EMS staff called the emergency room (ER) and after speaking with a doctor the resuscitation efforts were stopped at 5:50am. Review of an EMS Incident report for Resident #8 dated 01/10/20 revealed: -A dispatch call was received at 5:13am for Resident #8 due to unresponsiveness with documentation of cardiac arrest prior to the arrival of EMS. -On arrival, a staff member greeted EMS at the door of the facility with Resident #8's paperwork which had a blood pressure of 98/57 and heart rate of 98 written on it. -The staff stated that they were unable to arouse the resident and he was unresponsive which was first observed by staff ten minutes ago. -Upon entering the resident's room, EMS found the resident with his legs hanging off the bed and being held by staff who was telling the resident to "keep breathing". -There were no obvious signs of injuries. -The resident was unresponsive and immediately noted to have gasping respirations, pale skin with cyanosis around the lips. (Cyanosis is a term used to describe a blue color of the skin indicating the body is not receiving enough oxygen).	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 271	Continued From page 26	D 271		

-EMS attempted to palpate the resident's femoral and carotid pulse and both were absent.
-EMS observed one staff member tell another staff, "I told you I thought he didn't have a pulse".
-EMS asked the staff to initiate CPR and staff left the room.
-The resident was placed on the floor and chest compressions were initiated by EMS staff.
-The defibrillator pads were placed on the resident and the resident had no heart rhythm.
-There were no changes noted in the resident's heart rhythm, the EMS staff contacted the ER physician and informed the ER physician of resuscitation efforts.
-The ER physician agreed to cease resuscitation.
-The resident's was pronounced deceased at 5:46am.

Telephone interview with the (EMS) Training Captain on 1/10/20 at 11:55am revealed:
-EMS received a dispatch call for a resident that was unresponsive at the facility.
-When EMS arrived at Resident #8's room, facility staff were not performing CPR.
-When EMS staff assessed Resident #8, he was unresponsive and had agonal respirations.
-Resident #8 did not have a Do Not Resuscitate Order (DNR).

Telephone interview with a PCA on 01/14/20 at 6:00am revealed:
-She usually worked 3rd shift.
-Resident #8 was not assigned to her the night of 01/09/20.
-Resident #8 was doing "ok" around 1:30 am that night 01/10/20 during an incontinence brief change.

Telephone interview with a MA on 01/14/20 at 6:25am who documented in "Clinical/Nurses Notes dated 01/10/20 with a time of "11-7"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 271	Continued From page 27	D 271		

revealed:
-She was the only MA for the all three units in the facility for 3rd shift (11:00pm-7:00am) on 01/09/20-01/10/20.
-On 01/10/19 at 5:00am, a PCA asked her to check on Resident #8 due to a change in medical status.
-Resident #8 did not have a pulse, was "in and out" of consciousness, did not respond when she called his name and would "pass out and come to" and mumbled.
-She called 911.
-She couldn't recall Resident #8's vital signs on 01/10/20 but noted there was no pulse, she met EMS at the entrance of the facility and provided EMS his paperwork which included his age, list of current medications and his insurance information.
-When EMS arrived, she helped them place resident on the floor.
-She started CPR once EMS arrived by beginning chest compressions for Resident #8 while EMS set up the equipment in the room.
-Resident #8 had a faint pulse at his carotid artery before EMS arrived.
-The facility policy was to check the pulse, if a resident did not have a pulse, staff was expected to call 911 and begin chest compressions.
-Staff were expected to follow the facility policy.

Telephone interview with a second PCA on 01/14/20 at 11:56am who documented the "Clinical/Nurses Notes dated 01/10/20 at of 5:15" revealed:
-On 01/10/20 she started awakening residents at 5:00am to prepare them for breakfast.
-When she entered Resident #8's room, she told him it was time to get up.
-The resident grabbed her arm and tried to say something, but his words would not come out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 271	Continued From page 28 -She checked resident's pulse at his neck and wrist and "didn't get a pulse." -His speech had changed, he was difficult to understand, he had a green substance on his lips, and was breathing differently. -She ran and found the MA and notified her that Resident #8 did not seem right, and she thought it was an emergency. -She observed the MA check Resident #8's blood pressure and oxygen saturation. -She continued to hold the resident in her arms, the resident "cocked his eyes to the side and stopped breathing for 5 seconds" and would have pauses where he was not breathing. -She checked Resident #8's pulse at his neck and wrist and never felt a pulse prior to EMS arrival. -When EMS arrived, they checked his pulse and reported that he did not have a pulse. -She was not trained in CPR. Interview with Administrator 01/14/20 at 4:15 pm revealed the facility's policy was to initiate CPR when there was a loss of consciousness. _____ The facility failed to assure the initiation of CPR immediately for Resident #8 who was unresponsive and without a pulse in accordance with the facility's policy. The resident died. The facility's failure resulted in serious neglect of Resident #8 which constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/14/20 for this violation. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED FEBRUARY 13, 2020.	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	10A NCAC 13F .0902(b) Health Care 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure notification to the primary care provider for 1 of 7 sampled residents for a rash and sores that worsened to bleeding and draining which resulted in hospital admission for sepsis (#4). The findings are: Review of Resident #4's current FL-2 dated 04/03/19 revealed: -Diagnoses included early onset Alzheimer's dementia with behavioral disturbances, hyperlipidemia, hypertension and a history of visual hallucinations. -Resident #4 was constantly disoriented. Review of a staff communication logs dated 07/09/19 for 3rd shift, 07/11/19 for 3rd shift and 07/17/19 for 3rd shift revealed there was documentation Resident #4 had a rash on the back of his right thigh and backside.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 30	D 273		

Review of a staff communication log dated 07/19/19 for 3rd shift, 07/20/19 for 2nd shift and 07/22/19 for 3rd shift revealed there was documentation Resident #4 had a scratch/rash on his right thigh and a small cut on his left arm.

Review of a staff communication log dated 07/27/19 for 1st shift revealed there was documentation Resident #4 was not alert on 07/27/19 and did not eat breakfast.

Review of a staff communication log dated 07/29/19 for 2nd shift revealed there was documentation Resident #4 had a "split" on his arm and his family member was concerned.

Review of a staff communication log dated 07/30/19 for 2nd shift revealed there was documentation Resident #4 had a "bad" rash on the back of his lower legs.

Review of a staff communication log dated 08/02/19 for 2nd shift revealed there was documentation Resident #4 had a skin tear on his left arm.

Review of a staff communication log dated 08/02/19 for 2nd shift revealed there was documentation Resident #4 "had an abscess on his butt and legs and his butt was draining," the medication aide (MA) was notified.

Review of a staff communication log dated 08/03/19 for 3rd shift revealed there was documentation Resident #4 had an abscess on his bottom, the MA was notified.

Review of a staff communication log dated 08/04/19 for 2nd shift revealed there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 31	D 273		

documentation Resident #4 had a sore on his back and blood in his feces.

Review of a staff communication log dated 08/05/19 for 1st shift revealed there was documentation Resident #4 had a sore on his back and his buttocks which were bleeding.

Attempted interview on 01/14/20 at 12:41pm, with the personal care aide (PCA) who documented on the staff communication log dated 07/17/19, 07/22/19 and 08/03/19 was unsuccessful.

Review of care notes for Resident #4 revealed there were no entries after 06/19/19 until 08/07/19 for 11:00pm to 7:00am where it was documented Resident #4 was in the hospital.

Review of hospital records dated 08/07/19 through 08/12/19 for Resident #4 revealed:
-Resident #4 presented to the emergency room (ER) with a "several week" history of declining physical mobility, 2 day history of decreased verbal interaction and significant altered mental status on 08/07/19 described as being nonverbal.
-Resident #4 appeared lethargic, dehydrated and unhealthy.
-Resident #4 had a temperature of 103 degrees F and a white blood cell count (WBC) of 19.8 (normal WBC ranges 4.0 to 11.0).
-Resident #4 had an area of firm induration (hardening) that measured 4 by 6 cm surrounded by erythema (redness) on his right lower back with multiple holes in the skin draining thick pus.
-There was a similar, but smaller area on the right thigh with fenestrated (opening to the surface) skin and purulent drainage.
-There were two additional areas on the right posterior thigh with necrotic (dead) tissue.
-Resident #4 was admitted to the hospital for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 32	D 273		

sepsis, required incision and drainage of sores on his back, buttocks and thighs, intravenous antibiotics and the placement of a urinary catheter to prevent contamination of the wounds. (Sepsis is a life threatening illness caused by the body's response to an infection.)
-Resident #4's wound cultures grew methicillin resistant staphylococcus aureus (MRSA).

Interview with a MA on 01/14/20 at 6:27am revealed she could not remember anything about Resident #4 having sores on his back and thighs from 07/09/19 through 08/07/19.

Telephone interview with Resident #4's family member on 01/14/20 at 11:01am revealed:
-She remembered Resident #4 having a knot on his forehead in June 2019; the knot was bigger than a grape but smaller then a golf ball.
-The knot was not like a pimple or a cyst, it looked like someone hit Resident #4 or like he had fallen.
-There was no x-ray done, the staff only put antibiotic ointment on it.
-After the knot, Resident #4 started getting injuries on his arms; like he had been scratched because his skin was torn.
-The staff did know what happened to Resident #4's arms.
-She did not know of Resident #4 having any falls.
-One day she came to visit in August 2019 and Resident #4 felt hot; she asked staff to check the resident's temperature.
-The staff said Resident #4's temperature was 98.6 degrees Fahrenheit (F).
-She insisted the staff send Resident #4 to the emergency room ER; at the ER the resident's temperature was 103 degrees F.
-Resident #4 was septic from sores on his back,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 33	D 273		

bottom and thigh; the resident died in November 2019 because the infection got into his blood.
-Staff never told her Resident #4 had sores on his back, bottom and thighs.

Review of a progress note dated 07/19/19 for Resident #4 revealed:
-The resident was seen by the Nurse Practitioner (NP), staff had no concerns and there was no documentation of a rash on the resident right thigh and backside.
-The progress note was signed by the NP.

Review of an NP visit note dated 08/01/19 for Resident #4 revealed:
-Resident #4 was seen for a sick visit due to eye discharge and a rash on his thighs and left arm.
-The rash had been a problem for one week and had not occurred previously.
-The examination of the skin showed no ulcerations, lesions or rashes.
-Triamcinolone cream was ordered to affected areas three times daily.
-The NP electronically signed the 08/01/19 visit note on 09/11/19 at 10:49pm.

Telephone interview with the NP for Resident #1's PCP on 01/14/20 at 12:17pm revealed:
-Resident #4 was seen in the PCP's office on 04/30/19 and 08/01/19; any other visits were at the facility.
-She could not recall the details of the visit on 07/19/19 with Resident #4; any concerns would have been documented in her visit note in the residents chart.
-If she did not document on the rash on 07/19/19, then she was not made aware.
-She was not contacted about Resident #4 not being alert and not eating on 07/27/19.
-She did see Resident #4 on 08/01/19 and noted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 34	D 273		

a red rash on his buttocks and legs; she ordered triamcinolone cream.
-She did not see a sore on Resident #4's back, she only saw sores on the resident's buttocks and thighs.
-She was not contacted about Resident #4 bleeding from the wounds on his back and thighs after seeing the resident on 08/01/19.
-She did not know Resident #4 had experienced bleeding and drainage from the sores on his back, buttock and thighs between 08/02/19 and 08/05/19, just prior to admission to the hospital for infected wounds on 08/07/19.
-She expected staff to call her with any change in condition including new and worsening wounds.

Interview with the Special Care Director (SCD) on 01/14/20 at 6:00pm revealed:
-She reviewed the staff communication logs daily; she could not recall when she contacted Resident #4's PCP between 07/19/19 and 08/01/19.
-It was not unusual for a resident to skip a meal and staff were not expected to call the PCP every time a resident did not eat a meal (re:07/27/19).
-She did not know exactly when she contacted Resident #4's PCP to schedule the appointment for 08/01/19.
-Normally, contact with the PCP was documented in the resident's record; she must have forgotten to make note when she contacted Resident #4's PCP's office.
-Resident #4's family member went to the appointment on 08/01/19 with the resident.
-Resident #4 returned from the appointment with an order for triamcinolone cream and staff followed the NP's orders.
-Staff did not contact Resident #4's PCP between 08/01/19 and 08/07/19 because the resident had been seen by the NP on 08/01/19.
-She did not recall any bleeding sores on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 35	D 273		

Resident #4 on 08/05/19; she only remembered what looked like "a scab that was picked off" on the resident's back.

Second telephone interview with Resident #4's family member on 01/14/20 at 7:13pm revealed she did not accompany Resident #4 to the primary care provider's (PCP's) office for an appointment on 08/01/19; she did not know he was seen by the Nurse Practitioner (NP) on 08/01/19.

Interview with the Assistant Administrator on 01/14/20 at 6:45pm revealed:
-If the NP saw the resident on 07/19/19 and did not check the resident, "that's on her not us."
-The NP was at the facility on 08/01/19 to see Resident #4.
-She did not have a response for expectations of staff follow up for continued and worsening symptoms of infection for Resident #4 after the PCP visit on 08/01/19.

Interview with the Administrator on 01/14/20 at 3:45pm revealed she did not have a response for expectations of staff follow up for continued and worsening symptoms of infection for Resident #4 after the PCP visit on 08/01/19.

Attempted interview with Resident #4's primary care provider on 01/13/19 at 5:15pm was unsuccessful.

_____

The facility failed to ensure notification to the primary care provider (PCP) from 07/09/19 until 08/01/19 for Resident #4 who had a rash and sores on his back, buttocks and right thigh. The facility failed to contact the PCP for Resident #4 from 08/02/19 though 08/07/19 for worsened sores on Resident #4's back, buttocks and thigh

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 36 that were bleeding and draining pus after being seen by the PCP on 08/01/19, resulting in the resident being admitted to the hospital with a diagnosis of sepsis on 08/07/19. The facility's delay and failure to notify Resident #4's PCP was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/14/20 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED February 28, 2020.	D 273		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a matching therapeutic menu for 2 of 6 sampled residents with a physician's order for a mechanical soft diet (#2, #6). The findings are: Interview with the Dietary Manager (DM) on 01/08/20 at 4:40pm revealed a mechanical soft diet was a diet offered by the facility.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 296	Continued From page 37 Review of the facility's therapeutic menus revealed: -There was no menu for a mechanical soft diet. -The facility had a menu for a mechanically altered/L2 planned menu. (A mechanically altered/L2 diet is a national dysphagia (difficulty swallowing) diet that consists of cohesive, moist, semisolid foods, requiring some chewing). A second interview with the DM on 01/14/20 at 9:02am revealed the cooks followed the mechanically altered/L2 menu plan when preparing meals for the residents on a mechanical soft ordered diet. 1. Review of Resident #2's current FL-2 dated 07/12/19 revealed: -Diagnoses included hypertension, hypothyroidism, irritable bowel syndrome, osteoporosis and dementia. -The resident was constantly disoriented and wandered. -There was an order for a mechanical soft diet. Review of Resident #2's Assessment and Care Plan dated 06/24/19 revealed: -The resident was assigned to the Enhanced Care Unit (ECU) section of the facility. -The resident was always disoriented and had significant memory loss. -The resident required verbal queuing, reminders, and supervision from staff with eating. Review of the facility's "Week 2, Day 12" therapeutic diet spreadsheet revealed the lunch meal for a mechanically altered/L2 diet consisted of 4 ounces of ground baked chicken, 4 ounces of gravy mix, ½ cup of a whipped potatoes and gray, ½ cup of soft mashed green beans, one	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 296	Continued From page 38 pureed biscuit and ½ cup of peach slices. Observation of the lunch meal service on 01/09/20 from 12:40pm - 1:07pm revealed: -Resident #2 was served approximately ½ cup soft green beans that were not mashed, ¾ cup macaroni and cheese, fried chicken pulled into strips and was not ground, one dinner roll, tea and water. -Resident #2 picked up her roll with her hands and took bites from the roll that was served whole. -Resident #2 ate approximately 25 percent of the green beans, 50 percent of the macaroni and cheese, 100 percent of the roll and none of the pulled chicken. -The resident did not have any coughing or gagging during her meal. Review of the facility's "Week 2, Day 13" therapeutic diet spreadsheet revealed the lunch meal for a mechanically altered/L2 diet consisted of 3 ground crab cakes, 2 ounces of cream sauce, ½ cup soft mashed carrots and ½ cup of steamed pureed cabbage. Observations in SCU dining area on 01/10/20 at 12:45pm revealed: -Resident #2 was served one pimento cheese sandwich on white bread cut in half, vegetable beef soup with cut up segments of vegetables and cubed pieces of beef that were approximately ¾ inches wide, tea, and water. -Resident #2 picked up the sandwich with her hands, separated the bread and took bites from the halved sandwich -Resident #2 ate 75 percent of the pimento cheese sandwich and approximately one spoonful of the vegetable soup.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 296	Continued From page 39 Based on observations, interviews and record reviews, it was determined Resident #2 was not interviewable. Telephone interview with Resident #2's family member on 01/12/20 at 5:36pm revealed: -The family member was not aware of Resident #2 having any problems chewing or swallowing her food, but the resident did not wear her dentures. -When she visited the resident, she brought her treats including chicken nuggets and the resident had no problems eating those. -The resident did not have any coughing or strangling while eating when she visited the resident during her meals. Interview with the Dietary Manager (DM) on 01/14/20 at 11:20am revealed: -She would contact Resident #2's primary care provider (PCP) to clarify the mechanical soft diet order. -If the mechanically altered diet/L2 diet should not be followed for Resident #2 then the dietician would be contacted to get a new menu plan in place for the mechanical soft diet. Refer to the telephone interview with the facility's contracted Registered Dietician (RD) on 01/14/20 at 10:03am. Refer to the interview with the Administrator on 01/10/20 at 1:25pm. 2. Review of Resident #6's current FL2 dated 05/16/19 revealed: -Diagnoses included dementia, schizoaffective p/o, gastroesophageal reflux disease (GERD), morbid obesity, tardive dyskinesia, osteoarthritis, hypertension and benign prostatic hyperplasia	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 296	Continued From page 40 -There was an order for a mechanical soft diet with serving of mighty shake three times a day. Review of the facility's special diet menu dated 01/08/2020 revealed, Resident #6 is served a mighty shake three times a day. Review of Resident #6's Assessment and Care Plan dated 06/26/19 revealed: -The resident was assigned to the Assisted Living unit (AL) section of the facility. -There was documentation the resident did not require assistance with staff with feeding. Review of the facility's "Week 2, Day 12" therapeutic diet spreadsheet revealed the lunch meal for a mechanically altered/L2 diet consisted of 4 ounces of ground baked chicken, 4 ounces of gravy mix, ½ cup of a whipped potatoes and gray, ½ cup of soft mashed green beans, one pureed biscuit and ½ cup of peach slices. Observation of the lunch meal on 01/09/20 between 12:03pm and 12:30pm reveal: -Resident #6 was served green beans, macaroni and cheese, fried chicken, dinner roll, vanilla pudding, tea and water. -The chicken was pulled and not shredded, blended, chopped or ground. -The fried chicken was skinless -Resident #6 consumed all his meal. -Resident #6 finished his meal at 12:23pm. Interview with Resident #6 on 01/09/20 at 12:18pm revealed: -Resident #6 said his food was "good". -Resident #6 nodded his head in agreement when asked if he could chew his food. Interview with the Dietary Manager (DM) on	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 296	Continued From page 41 01/14/20 at 11:20am revealed: -She would place a call to Resident #6's primary (PCP) to clarify the mechanical soft diet order. -If the mechanically altered diet/L2 diet should not be followed for Resident #6 then the dietician would be contacted to get a new menu plan in place for the mechanical soft diet. Refer to the telephone interview with the facility's contracted Registered Dietician (RD) on 01/14/20 at 10:03am. Refer to the interview with the Administrator on 01/10/20 at 1:25pm. _____ Telephone interview with the facility's contracted Registered Dietician (RD) on 01/14/20 at 10:03am revealed: -Mechanically altered/L2 diets were typically recommended by speech therapist for people with difficulty swallowing. -The lower the number level on these types of diets meant the more modifications were needed for the diet. -The Level 1 diet was considered a pureed diet and the level 2 would be considered a mechanical soft consistency and meats should have been ground. -When a resident was on a mechanical soft diet it was important for meats to be in a ground consistency. -She thought an order clarification was needed since the mechanically altered/L2 diet included some foods in a pureed form and the resident might not need that much modification to the foods served. Interview with the Administrator on 01/10/20 at 1:25pm revealed: -The DM was responsible for the kitchen and	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 296	Continued From page 42 monitoring the residents' meals. -She expected for foods to be served as ordered to the residents.	D 296		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 8 ounces of milk was served twice daily to residents residing in the Assisted Living (AL), Special Care Unit (SCU) and Enhanced Care Unit (ECU) of the facility. The findings are: Review of the facility's "Week at a Glance" Menus revealed 8 ounces of milk was to be served to the residents at breakfast and dinner. Review of the facility's census revealed 82 residents resided in the facility on 01/08/20. Observation in the kitchen on 01/08/20 at 5:04pm revealed:	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 299	Continued From page 43 -There was a one-gallon container of 2% milk with approximately 1/4 remaining stored in the small "prep" refrigerator in the kitchen. -There were eleven gallons of 2% milk stored in the walk-in refrigerator. Observation of the dining room of the Special Care Unit (SCU)/Enhanced Care Unit (ECU) during the breakfast meal on 01/09/20 at 8:15am revealed: -There were 8 residents completing their breakfast meal. -The residents were served water and juice and two residents were served coffee in addition to the water and juice. -There was no milk served or offered to the residents to drink with their meal. Interview with a Personal Care Aide (PCA) on 01/09/20 at 8:19am revealed the residents were served apple juice, water and some were served coffee with their breakfast meal. Observation in the dining room of the SCU/ECU during the lunch meal on 01/09/20 at 12:01pm revealed: -There were 21 residents seated at the dining room tables for the lunch meal. -There was no milk served or offered to the residents to drink with their meal. A second observation in the dining room of the SCU/ECU on 01/09/20 at 12:40pm revealed: -There was no milk served or offered to the residents to drink with their meal. -At 12:57pm, a male resident requested milk, coffee and creamer after he had completed his meal. -Staff were prompted that the resident had requested milk, coffee and creamer.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 299	Continued From page 44 -At 1:04pm, the resident had not been served the coffee milk and creamer and left the dining room. Observation of the lunch meal in the dining room of the Assisted Living (AL) section of the facility on 01/09/20 between 12:03pm and 12:30pm reveal: -There were 40 residents seated in the dining room for lunch. -The residents were served water, tea and plated meals. -Milk was not served or offered to the residents to drink with their meal. Observation in the dining room of the SCU/ECU during the lunch meal on 01/10/20 at 12:15pm revealed: -There were 11 residents seated in the dining room for lunch. -The residents were served water, tea and plated meals. -Milk was not served or offered to the residents to drink with their meal. Interview with a dietary aide (DA) on 01/13/20 at 12:41pm revealed: -The residents residing on the AL, SCU and ECU of the facility were not served milk and were not individually asked if they wanted milk during meals or at snack time. -The residents at the facility were only served milk if they asked for it. -Milk was kept in the kitchen during meals and was not made visible to the residents. Interview with a second DA on 01/13/20 at 12:46pm revealed the residents residing on the AL, SCU and ECU were not served milk but if they asked for milk it would be served to them.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 299	Continued From page 45 Interview with a resident residing on the AL section of the facility on 01/13/20 at 12:54pm revealed: -The resident had lived at the facility for 1 ½ years. -The residents were not served milk twice a day but the resident thought "it ought to be". -The resident liked milk but had never asked to be served milk. Observation in the kitchen on 01/13/20 at 3:51pm revealed: -There was a one-gallon container of 2% milk with approximately 1/4 remaining stored in the small "prep" refrigerator in the kitchen. -There were six gallons of 2% milk stored in the walk-in refrigerator. Interview with the cook on 01/13/20 at 4:00pm revealed: -She he had worked at the facility for 10 years. -Milk had never been poured, served and placed on the table for any of the residents twice a day. -Staff should have asked all residents if they wanted milk during meals. -If a resident asked for milk, she would give it to them. Interview with Dietary Manager (DM) on 01/13/20 at 5:08pm revealed: -The facility's food was delivered one time a week. -The amount of milk ordered weekly varied from 3-4 cases with 4 gallons in each case. -Milk was not poured and served to all residents, however, staff were expected to have milk and extra cups on the food cart during meals and were supposed to have asked the residents if they wanted to be served milk.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 299	Continued From page 46 Interview with the Administrator on 01/14/20 at 7:28pm revealed: -Milk was not poured and served to the residents like water was during meals. -She expected staff to place milk on the food cart during meals and should have asked the residents if they wanted milk.	D 299		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure therapeutic diets were served as ordered for 2 of 6 resident sampled, (#2 and #6) with an order for a mechanical soft diet. The findings are: 1. Review of Resident #2's current FL-2 dated 07/12/19 revealed: -Diagnoses included dementia, hypertension, hypothyroidism, and irritable bowel syndrome. -There was an order for a mechanical soft diet. -The resident was constantly disoriented. -The resident's current level of care was documented as "ECU" (enhanced care unit). Review of Resident #2's Assessment and Care Plan dated 06/24/19 revealed: -The resident was assigned to the Enhanced	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 310	Continued From page 47	D 310		

Care Unit (ECU) section of the facility.
-The resident was always disoriented and had significant memory loss.
-The resident required verbal queuing, reminders, and supervision from staff with eating.

Review of the facility's therapeutic diet list revealed Resident #2 was on a mechanical soft diet.

Review of the facility's therapeutic menus revealed:
-There was no menu for a mechanical soft diet.
-The facility had a menu for a mechanically altered/L2 planned menu. (A mechanically altered/L2 diet is a national dysphagia (difficulty swallowing) diet that consists of cohesive, moist, semisolid foods, requiring some chewing).

Review of the facility's "Week 2, Day 12" therapeutic diet spreadsheet revealed the lunch meal for a mechanically altered/L2 diet consisted of 4 ounces of ground baked chicken, 4 ounces of gravy mix, ½ cup of a whipped potatoes and gray, ½ cup of soft mashed green beans, one pureed biscuit and ½ cup of peach slices.

Observation of the lunch meal service on 01/09/20 from 12:40pm - 1:07pm revealed:
-Resident #2 was served approximately ½ cup soft green beans that were not mashed, ¾ cup macaroni and cheese, fried chicken pulled into strips and was not ground, one dinner roll, tea and water.
-Resident #2 picked up her roll with her hands and took bites from the roll that was served whole.
-Resident #2 ate approximately 25 percent of the green beans, 50 percent of the macaroni and cheese, 100 percent of the roll and none of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 310	Continued From page 48	D 310		

pulled chicken.
-The resident did not have any coughing or gagging during her meal.

Review of the facility's "Week 2, Day 13" therapeutic diet spreadsheet revealed the lunch meal for a mechanically altered/L2 diet consisted of 3 ground crab cakes, 2 ounces of cream sauce, ½ cup soft mashed carrots and ½ cup of steamed pureed cabbage.

Observations in SCU dining area during lunch the lunch meal on 01/10/20 from 12:45pm-1:05pm revealed:
-Resident #2 was served one pimento cheese sandwich on white bread cut in half, vegetable beef soup with cut up segments of vegetables with cubed pieces of beef that were approximately ¾ inches wide, tea, and water.
-Resident #2 picked up the sandwich with her hands, separated the bread and took bites from the halved sandwich
-Resident #2 ate 75 percent of the pimento cheese sandwich and approximately one spoonful of the vegetable soup.
-Resident #2 did not have any difficulty with swallowing or coughing.

Observation of the DM on 01/10/20 at 1:02pm revealed:
-After prompting, the DM removed Resident #2's plate and told Resident #2 she would get her another plate.
-Resident #2's plate was taken back to the kitchen.

Observation in the SCU dining room 01/10/20 at 1:03 pm revealed:
-Resident #2 was given a new plate with smaller beef sizes in the soup that were in a chopped

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 310	Continued From page 49	D 310		

appearing consistency.
-A staff sat down beside Resident #2 to assist the resident with the meal.

Interview with the Dietary Manager (DM) on 01/10/20 at 12:50 pm revealed:
-Resident #2 was served smaller pieces of chicken on 01/09/20 for her lunch meal.
-The cook should have chopped the chicken before it was plated and served to the residents that were on a mechanical soft diet on 01/09/20.
-Resident #2 should have been served bite sized cubed pieces of meat today, (01/10/20).
-She thought mechanical soft meats was supposed to be in cubes.

Interview with cook on 01/13/20 at 4:00 pm revealed:
-The chicken was supposed to be chopped for Resident #2 when it was served on 01/09/20 to prevent the resident from choking.
-She was not aware and was not told the chicken needed to be chopped.
-Big chunks were a concern for residents on a mechanical soft diet and meats should have been diced into small pieces when served to residents on a mechanical soft diet.
-She was not working when vegetable beef soup was served for the residents' lunch meal on 01/10/20

Telephone interview with the facility's contracted Registered Dietician (RD) on 01/14/20 at 10:03am revealed when a resident was on a mechanical soft diet it was important for meats to be in a ground consistency in order to swallow safely.

Based on observations, interviews, and record reviews it was determined Resident #2 was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 310	Continued From page 50 interviewable. Interview with the Administrator on 01/14/20 at 1:20 pm revealed she was not aware of any issues with Resident #2 not being served her ordered diet. Refer to the interview with cook on 01/13/20 at 4:00pm. Refer to the interview with Administrator on 01/14/20 at 1:20pm. 2. Review of Resident #6's current FL2 dated 05/16/19 revealed: -Diagnoses included dementia, schizoaffective p/o, gastroesophageal reflux disease (GERD), morbid obesity, tardive dyskinesia, osteoarthritis, hypertension and benign prostatic hyperplasia -There was an order for a mechanical soft diet with serving of mighty shake three times a day. Review of Resident #6's Assessment and Care Plan dated 06/26/19 revealed: -The resident was assigned to the Assisted Living unit (AL) section of the facility. -The resident did not require assistance with staff with feeding. Review of the facility's therapeutic diet list revealed Resident #6 was on a mechanical soft diet. Review of the facility's therapeutic menus revealed: -There was no menu for a mechanical soft diet. -The facility had a menu for a mechanically altered/L2 planned menu. (A mechanically altered/L2 diet is a national dysphagia (difficulty swallowing) diet that consists of cohesive, moist, semisolid foods, requiring some chewing).	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 310	Continued From page 51 Review of the facility's "Week 2, Day 12" therapeutic diet spreadsheet revealed the lunch meal for a mechanically altered/L2 diet consisted of 4 ounces of ground baked chicken, 4 ounces of gravy mix, ½ cup of a whipped potatoes and gray, ½ cup of soft mashed green beans, one pureed biscuit and ½ cup of peach slices. Observation of the lunch meal on 01/09/20 between 12:03pm and 12:30pm reveal: -Resident #6 was served green beans, macaroni and cheese, fried chicken, dinner roll, vanilla pudding, tea and water. -The chicken was pulled and not shredded, blended, chopped or ground. -The fried chicken was skinless -Resident #6 consumed all his meal. Interview with Resident #6 on 01/09/20 at 12:18pm revealed: -Resident #6 said his food was "good". -Resident #6 nodded his head in agreement when asked if he could chew his food. Interview with DM on 01/10/19 at 12:50pm revealed: -Resident #6 was served smaller pieces of chicken on 01/09/20 for his lunch meal. -The cook should have chopped the chicken before it was plated and served to the residents that were on a mechanical soft diet on 01/09/20. -Resident #6 should have been served bite sized cubed pieces of meat today, (01/10/20). -She thought mechanical soft meats was supposed to be in cubes. Refer to the interview with cook on 01/13/20 at 4:00pm.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 310	Continued From page 52 Refer to the interview with Administrator on 01/14/20 at 1:20pm. _____ Interview with cook on 01/13/20 at 4:00pm revealed: -The Dietary Manager (DM) prepared the chicken on 01/09/20. -She wasn't instructed to chop the chicken for a mechanical soft diet. -Food served such as chicken should be diced well and cooked tender. -The facility ran out of diced chicken. -Mechanical soft diets should be served with the size of the tips of your finger. -Meats should be cooked until tender so residents would not choke. Interview with Administrator on 01/14/20 at 1:20pm revealed: -The cook was responsible to ensure all food was plated correctly and in the consistency as ordered. -MA's were responsible for knowing each resident's ordered diet.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 358	Continued From page 53	D 358		

Based on observations, interviews and record reviews, the facility failed to administer clonazepam (a benzodiazepine used to treat anxiety) as ordered 1 of 7 sampled residents (#1).

The findings are:

Review of Resident #1's current FL-2 dated 03/05/19 revealed:
-Diagnoses included Alzheimer's dementia, type II diabetes mellitus and hypothyroidism.
-Resident #1 was constantly disoriented.

Review of Physician's Orders dated 11/08/19, 12/09/19 and 12/10/19 for Resident #1 revealed there was an order for clonazepam 0.5mg twice daily.

Review of mental health provider (MHP) orders dated 12/13/19 revealed:
-There was an order to discontinue clonazepam 0.5mg twice daily at 8:00am and 4:00pm.
-There was an order to start clonazepam 0.5mg one half tablet (0.25mg) twice daily at 8:00am and 4:00pm for 7 days; then start clonazepam 0.5mg one half tablet (0.25mg) daily at 4:00pm for 7 days; and then discontinue.

Review of a Nurse Practitioner (NP) visit note dated 12/13/19 for Resident #1 revealed:
-Resident #1's family member reported concern the resident's medications were causing sedation.
-Staff reported Resident #1 was unable to take medications and did not receive any medications on 12/13/19.

Review of a Hospice order dated 12/18/19 for Resident #1 revealed orders to discontinue clonazepam 0.5mg one half tablet at 4:00pm and discontinue clonazepam 0.5mg one half tablet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 358	Continued From page 54 twice daily. Review of Resident #1's December 2019 electronic medication administration record (eMAR) revealed: -There was an entry for clonazepam 0.25mg twice daily at 8:00am and 4:00pm with a start date of 12/16/19. -There was documentation clonazepam 0.25mg was administered twice daily at 8:00am and 4:00pm from 12/17/19 through 12/20/19. -There was an entry for clonazepam 0.25mg daily at 4:00pm with a start date of 12/16/19. -There was documentation clonazepam 0.25mg was administered daily at 4:00pm from 12/17/19 through 12/20/19. Review of a controlled drug record dated 12/17/19 through 12/20/19 for Resident #1 revealed: -There was documentation 14 clonazepam 0.5mg tablets were received on 12/17/19. -There was documentation clonazepam 0.5mg one half tablet (0.25mg) was administered on 12/17/19 at 8:00am and 4:00pm, 12/18/19 at 8:00am and 8:00pm, 12/19/19 at 8:00am and 8:00pm and 12/20/19 at 8:00am, 4:00pm and 8:00pm. Interview with a medication aide (MA) on 01/13/20 at 5:12pm revealed: -Her initials were documented on Resident #1's eMAR on 12/20/19 for clonazepam at 4:00pm and 8:00pm. -Resident #1 was ordered for clonazepam twice daily on 12/20/19 at 4:00pm and 8:00pm. -There was alert that popped up on the computer screen that indicated clonazepam was scheduled on the eMAR for 4:00pm and 8:00pm. -She administered the clonazepam according to	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 358	Continued From page 55 the entry on the eMAR and documented on the eMAR and control log. Interview with the Special Care Director (SCD) on 01/14/20 at 6:00pm revealed: -She gave the concerns about clonazepam not being administered as ordered from 12/17/19 through 12/20/19 to the Assistant Administrator for follow up. -The MAs faxed new PCP orders to the pharmacy, the pharmacy entered the order in the system, then the order went to a pending status in the system until the MA approved the order. -Once approved the order then went to a finalize status in the system which was completed by the Assistant Administrator. -The original order was kept in a box in the medication room and filed in the resident's record after it was finalized by the Assistant Administrator. Interview with the Assistant Administrator on 01/14/20 at 8:45am revealed: -The clonazepam for Resident #1 was discontinued by hospice. -She did not know if the order to taper the clonazepam from the MHP followed by the discontinue order from Hospice created confusion for the pharmacy. -She had contacted the pharmacy on 01/14/20 to follow up. -MAs were responsible for faxing PCP orders to the pharmacy, the pharmacy entered the PCP orders on the eMAR and the MA approved the order or discontinued stopped orders. -The original PCP order was placed in an order box in the medication room after faxing to the pharmacy. -She reviewed all PCP orders before they were filed by the receptionist.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 358	Continued From page 56 Interview with the Assistant Administrator on 01/14/20 at 6:45pm revealed: -The order for Resident #1's clonazepam was entered onto the eMAR by the pharmacy for twice daily and daily at 4:00pm. -MAs were responsible for checking orders entered on the eMAR by the pharmacy. -She was waiting for pharmacy to respond related to incorrectly entering the orders for Resident #4's clonazepam. Attempted interview with Resident #1's Primary Care Provider on 01/13/20 at 5:15pm was unsuccessful. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable.	D 358		
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	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 57 omission, including refusals; and, (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). This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the accurate documentation of medications and treatments on the medication administration records for 3 of 8 sampled residents (#1, #2 and #9). The findings are: 1. Review of Resident #1's current FL-2 dated 03/05/19 revealed: -Diagnoses included Alzheimer's dementia, type II diabetes mellitus and hypothyroidism. -Resident #1 was constantly disoriented. a. Review of a prescription order dated 12/13/19 for Resident #1 revealed an order for morphine 0.5mg every 1 hour as needed (PRN) for pain and/or shortness of breath. Review of Resident #1's January 2020 electronic medication administration record (eMAR) revealed: -There was an entry for morphine 0.5ml (10mg) every 1 hour as needed for air hunger (sensation	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 58	D 367		

of not being able to breath in sufficient air which typically results in labored breathing), pain or shortness of breath.
-There was no documentation of any doses being administered on 01/04/20, 01/05/20, 01/06/20 and 01/08/20.
-There was documentation a dose was administered on 01/03/20 at 11:39am and 01/07/20 at 6:09pm.

Review of a controlled drug record dated 12/12/19 through 01/13/20 for Resident #1 revealed:
-There was documentation 15ml of morphine was received on 12/12/19.
-There was documentation 0.5ml doses were administered on 01/03/20 at 11:00am and 8:00pm, 01/04/20 at 6:00am and 2:00pm, 01/05/20 at 1:00pm and 10:00pm, 01/06/20 at 6:00am and 2:00pm, 01/07/20 at 6:00am and 3:00pm and 01/08/20 at 10:00pm.

Based on review of Resident #1's January 2020 eMAR and controlled drug record dated 12/12/19 through 01/13/20 for morphine, there were 10 doses of morphine 0.5ml documented on the controlled drug record which were not documented on the eMAR.

Interview with a medication aide (MA) on 01/14/20 at 6:27am revealed:
-She did not remember how she administered and documented the morphine on 01/03/20 and 01/08/20.
-She did not know why there was documentation morphine was administered on the controlled drug log but not documented on the eMAR on 01/03/20 and 01/08/20.
-When administering controlled medications, she would check the computer, pull the medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 59	D 367		

and check the controlled drug log to make sure everything matched prior to administering medications to residents.
-The MA who administered the medication was supposed to sign the eMAR and controlled drug log.

b. Review of Physician's Orders dated 11/08/19, 12/09/19 and 12/10/19 for Resident #1 revealed there was an order for clonazepam 0.5mg twice daily.

Review of Resident #1's November 2019 electronic medication administration record (eMAR) revealed:
-There was an entry for clonazepam 0.5mg twice daily at 8:00am and 4:00pm.
-There was no documentation a dose was administered on 11/05/19; the boxes on the eMAR were blank.
-There was documentation a dose was administered on 11/06/19 at 8:00am and 4:00pm.

Review of Resident #1's December 2019 eMAR revealed:
-There was an entry for clonazepam 0.5mg twice daily at 8:00am and 4:00pm.
-There was documentation doses were administered on 12/06/19 at 8:00am and 4:00pm.

Review of a controlled drug record dated 11/05/19 through 12/11/19 for Resident #1 revealed:
-There was documentation 56 tablets of clonazepam 0.5mg were received on 11/05/19.
-There was no signature, date or amount documented, but the amount remaining was documenting as 55.
-The next entry was documented on 11/06/19 at 8:00pm for 1 tablet with a remaining amount of 54.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 60 -There was only one entry documented for 12/06/19 at 8:00am. Based on review of Resident #1's December 2019 and January 2020 eMARs and controlled drug record dated 11/05/19 through 12/11/19 for clonazepam, there were 3 doses of clonazepam documented on the eMARs which were not documented on the controlled drug record. Interview with the Assistant Administrator on 01/14/20 at 8:45am revealed: -Documentation for the clonazepam and morphine was "just an error in documentation". -The MA documented administering medications on the eMAR and not the controlled drug record for clonazepam and documented administering morphine on the controlled drug record and not on the eMAR. -MAs were expected to verify the order against the eMAR prior to administering and then document on the eMAR and the controlled drug log. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable. 2. Review of Resident #9's current FL-2 dated 08/26/19 revealed: -Diagnoses included vascular dementia, recurrent embolic cerebral vascular accidents, expressive aphasia, thrombocytopenia, hypertension, thyroid goiter, vitamin B deficiency and chronic kidney disease. -Medication orders included carvedilol 25mg every 12 hours (a heart medication), escitalopram 10mg every morning (an antidepressant), vitamin D 2,000 units daily (nutritional supplement), lisinopril 20mg daily (antihypertensive), loratadine	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 61 10mg daily (allergy medication), slow iron 50mg daily (nutritional supplement), vitamin B12 1000mcg daily (nutritional supplement) and acetaminophen 325mg daily (anti-inflammatory). Review of a physician's order dated 12/17/19 for Resident #9 revealed an order for hydroxyzine 25mg twice daily as needed (PRN) for itching. Observations of the morning medication pass on the special care unit on 01/09/20 at 8:07am revealed: -The MA prepared Resident #9's 8:00am medications by removing bubble packs from the medication cart while reviewing the electronic medication administration record (eMAR) on the computer screen in the medication room. -The MA placed carvedilol 25mg, escitalopram 10mg, iron sulfate 324mg, lisinopril 20mg, loratadine 10mg, vitamin B12 1000mcg, acetaminophen 325mg and vitamin D 2,000 units in a plastic medication cup. -Resident #9 requested the pill for itching; the MA added hydroxyzine 25mg to the plastic medication cup. -The MA handed the plastic medication cup with 9 tablets to Resident #9 with a cup of water and then documented on the eMAR after the resident took the medications. Review of Resident #9's January 2019 eMAR revealed the initials documented on the eMAR for the 8:00am medications and hydroxyzine 25mg PRN on 01/09/20 were not the initials of the MA who administered the medications. Interview with the MA on 01/09/20 at 12:58pm revealed: -The eMAR system probably did not log out the previous' shift MA and therefore recorded that	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 62	D 367		

MA's initials on the eMAR for Resident #9 instead of hers on 01/09/20.
-The initials documented on eMAR came from the MA who worked 3rd shift on 01/08/20 before working 1st shift on the AL (second MA) side on 01/09/20.

Interview with the Special Care Director (SCD) on 01/09/20 at 3:32pm revealed:
-The MAs had reported the documentation error on Resident #9's eMAR on 01/09/20.
-The computer was "offline" at the time Resident #9's morning medications were administered on 01/09/20.
-When the computer was offline, the oncoming MA could log in, but the computer would keep the last MA logged in.

3. Review of Resident #2's current FL-2 dated 07/12/19 revealed:
-Diagnoses included hypertension, hypothyroidism, irritable bowel syndrome, osteoporosis and dementia.
-The resident was constantly disoriented and wandered.

Review of Resident #2's subsequent primary care providers (PCP) orders dated 10/03/19 revealed there was an order for anti-embolism stockings, apply in the morning and remove in the evening as needed.

Review of Resident #2's Assessment and Care Plan dated 06/24/19 revealed:
-The resident was assigned to the Enhanced Care Unit (ECU) section of the facility.
-The resident was always disoriented and had significant memory loss.
-The resident was totally dependent on staff for bathing, dressing, grooming, transferring, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 63	D 367		

required verbal queuing/reminders/supervision with eating.

Review of Resident #2's January 2020 electronic medication administration (eMAR) record:
-There was a computer printed entry for TED stockings, apply in the morning and remove at bedtime, with a scheduled time at 10:00am and 8:00pm. (TED stockings are a specialized hose to help prevent venous disorders including swelling of the legs).
-There was documentation the TED stockings were applied at 10:00am and removed at 8:00pm from 01/01/20-01/12/20 with the exception on 01/06/20 at 10:00am, there was no documentation the resident's TED stockings were applied, however, there was documentation the stockings had been removed at 8:00pm.

Observation of Resident #2 on 01/09/20 at 8:41am revealed:
-The resident was sitting a wheelchair with her legs in a dependent position with her feet on the floor.
-The resident's lower legs were observed without TED stockings.

Observation of Resident #2 on 01/09/20 at 10:35am and at 12:23pm revealed:
-The resident was in the dining room sitting in a wheelchair at the dining room table.
-The resident's lower legs were observed without TED stockings.

Observation of Resident #2 on 01/10/20 at 10:14am revealed:
-The resident was sitting a wheelchair with her legs in a dependent position with her feet on the floor.
-The resident's lower legs were observed without

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 64 TED stockings. Observation of Resident #2 on 01/10/20 at 12:45p and 1:02pm revealed: -The resident was sitting a wheelchair with her legs in a dependent position with her feet on the floor. -The resident's lower legs were observed without TED stockings. Review of Resident #2's subsequent primary care provider (PCP) order dated 01/14/20 revealed there was an order to discontinue TED stockings, keep as an as needed order. Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable Interview with the Special Care Director (SCD) on 01/10/20 at 11:50am revealed: -She thought Resident #2 wore TED stockings and was wearing TED stockings a "couple of days ago". -She would review Resident #2's orders. -Resident #2 did not wear TED stockings when her legs "seep" and would not have worn a wound dressing and the TED stockings at the same time. Interview with a personal care aide (PCA) on 01/13/20 at 4:11pm revealed: -The medication aides (MAs) were responsible for applying and removing Resident #2's TED stockings. -Resident #2 did not wear TED stockings daily, sometimes she wore them and sometimes she didn't. Interview with a MA on 01/13/20 at 5:00pm	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 65 revealed: -The MA mostly worked on the Assisted Living (AL) section of the facility. -She worked last week on the SCU/ECU section and did not remember Resident #2 having TED stockings on. Interview with a second MA on 01/14/20 at 9:41am revealed: -Resident #2 had an order to wear TED stockings daily unless the resident had open wounds on her legs. -When Resident #2 had open wounds, a wrap was applied to hold the dressing in place to cover the wounds on her legs. Interview with the SCD on 01/14/20 at 6:45pm revealed: -The Assistant Administrator reviewed eMARS for accuracy. -Resident #2's TED stockings should have been applied daily if there were no open wounds on her lower legs. Interview with the Assistant Administrator on 01/14/20 at 7:28pm revealed she monitored the residents' eMARS for accuracy randomly each month but was not sure if she had reviewed Resident #2's eMARS.	D 367		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 438	Continued From page 66	D 438		

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to complete Health Care Personnel Registry (HCPR) initial and 5-day investigation reports for 1 of 2 sampled residents (#1) who had an injury of unknown origin in the form a cut that required a stitch to the right ear.

The findings are:

Review of Resident #1's current FL-2 dated 03/05/19 revealed:
-Diagnoses included Alzheimer's dementia, type II diabetes mellitus and hypothyroidism.
-Resident #1 was constantly disoriented.

Review of a "CNA Shift Communication Log" dated 08/24/19 for 3rd shift revealed:
-There was documentation Resident #1 was hitting staff and falling out on the floor.
-There was documentation Resident #1 had a cut on the side of her right ear which was bleeding.

Review of a care note dated 08/25/19 for 6:00am to 3:00pm for Resident #1 revealed:
-There was documentation Resident #1 was found at change of shift with a cut on her right ear.
-Resident #1 was sent to the emergency room (ER) and received one stitch in her right ear.

Review of an incident report dated 08/25/19 at 7:15am for Resident #1 revealed:
-Resident #1 was found by a personal care aide (PCA) in bed with her right ear lobe bleeding.
-Resident #1 was sent to ER and the resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 438	Continued From page 67	D 438		

Power of Attorney (POA) was notified.
-There was documentation Resident #1's primary care provider (PCP) was not notified.

Interview with a medication aide (MA) on 01/14/20 at 6:27am revealed:
-She had written the care note dated 08/25/19 for 6:00am to 3:00pm, she did not remember what happened to Resident #1.
-She remembered Resident #1 had a cut on her right ear near to the cheek and she sent the resident to the ER.
-The ER placed one stitch at Resident #1's right ear.

Second interview with the Special Care Director (SCD) on 01/14/20 at 6:00pm revealed:
-She remembered Resident #1 having a cut on her right ear, but she did not know what happened.
-There was no investigation done into the cause of the injury to Resident #1's right ear.
-Whenever a resident experience an injury, the resident was sent to the ER and the family member was contacted.
-She did not know of the requirements for reporting and investigating injuries of an unknown origin.
-The accident/incident report for Resident #4 dated 08/25/19 was not sent to the Department of Social Services (DSS).
-MAs only sent accident/incident reports to DSS for residents who fell and went to the ER.

Interview with the Administrator on 01/14/20 at 6:45pm revealed:
-The staff was not going to see everything that happened to residents.
-Accident/incident reports were completed by MAs for all falls; the accident/incident report was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 438	Continued From page 68 sent to DSS for any fall where the resident was sent to the ER. -Anything could have happened to Resident #1's ear; the resident would just randomly lay on the floor which was a safety risk for her and the residents who might trip over her. -She did not know about reporting and investigating requirements and therefore the initial HCPR report and 5 Day Investigation reports were not completed. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable.	D 438		
D912	G.S. 131D-21(2) Declaration of Residents' Rights 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 relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to housekeeing and furnishings, other requirements, personal care and supervision and health care.	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 69 The findings are: 1. Based on observations, interviews and record reviews, the facility failed to assure there were no hazards including broken towel racks, cleaning solutions, over the counter medications, aerosol fresheners, and personal care products accessible to residents on the special care unit (SCU) and enhanced care unit (ECU). [Refer to Tag 079 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type B Violation)]. 2. Based on observations, interviews, and record reviews the facility failed to assure that hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 6 fixtures in the common residents' bathroom and 2 resident rooms (#42, and #49) on the enhanced care unit (ECU)with temperatures of 121.6°degrees F to 130° degrees F. [Refer to Tag 113 10A NCAC 13F .0311(d) Other Requirements (Type A2 Violation)]. 3. Based on observations, interviews and record reviews the facility failed to provide supervision to 1 of 8 sampled resident's (Resident #7) who had a diagnosis of dementia and who had experienced inappropriate verbal and aggressive physical outbursts. [Refer to Tag 270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type B Violation)]. 4. Based on observations, interviews and record reviews, the facility failed to ensure notification to the primary care provider for 1 of 7 sampled residents for a rash and sores that worsened to bleeding and draining which resulted in hospital admission for sepsis (#4). [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type B	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 70 Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to assure residents were free from neglect as related to Personal Care and Supervision. The findings are: Based on observations, interviews and record reviews, the facility failed to assure staff responded immediately according to facility's policies after the resident became unresponsive and his pulse was absent for 1 of 1 sampled resident (#8) who required cardiopulmonary resuscitation (CPR). [Refer to Tag 271 10A NCAC 13F .0901(c) Personal Care and Supervision (Type A1 Violation)].	D914		