


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/08/2020
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NAME OF PROVIDER OR SUPPLIER BROOKDALE LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
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(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
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{D 000}	Initial Comments: The Adult Care Licensure Section and Davidson County Department of Social Services conducted a follow-up survey on 01/07/19 through 01/08/19.	{D 000}		
{D 137}	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 5 sampled staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 11/06/18 as a medication aide (MA). -There was documentation that a HCPR check had been completed on 07/28/18. -There was no documentation that a HCPR check had been completed on upon hire.</p> <p>Review of a HCPR check for Staff B dated 01/08/20 revealed there were no substantiated findings.</p> <p>Telephone interview with Staff A on 01/08/20 at</p>	{D 137}	<p>The following is the Plan of Correction for Brookdale Lexington regarding the Statement of Deficiencies for the Annual Survey Review completed on January 8, 2020. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 01-30-2020
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Reviewed and accepted 03/19/20 KHH

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{D 137}	<p>Continued From page 1</p> <p>3:54pm revealed: -She was hired initially in July 2018, but did not complete her training due to a personal illness. -She reapplied for employment at the facility on 11/06/18 and was hired at the facility as a medication aide. -She did not know what a HCPR check was or if the facility had completed a HCPR check upon her hire date.</p> <p>Interview with the Business Office Manager (BOM) on 01/08/20 at 3:39pm revealed: -Staff A was hired in July 2018, but did not complete her training due to an illnesses. -Staff A completed an application on 11/06/18 and was rehired as a medications aide. -"It's my fault I did not know," that I needed to complete another HCPR check on Staff A when she was rehired.</p> <p>Interview with the Administrator on 01/08/20 at 3:25pm revealed: -The BOM was responsible for ensuring staff had HCPR checks. -She was sure the BOM was not aware that a HCPR check had to be completed on Staff A when she was hired on 11/06/18. -She was aware Staff A was a rehire, but she did not know another HCPR check had to be completed for Staff A.</p>	{D 137}	<p>HCPR verification was completed by the Business Office Coordinator (BOC)/Designee on 1/6/2020 for staff "A"</p> <p>The BOC will complete an audit of current associate files to verify compliance with in the area of Healthcare Personnel Registry no later than 1/31/2020.</p> <p>The BOC and/or Designee will ensure that the Healthcare Personnel Registry is reviewed and no substantiated findings are listing for all new associates upon hire.</p> <p>The BOC and/or Designee will track this verification on the associate compliance tracking tool.</p> <p>The compliance tracking tool will be monitored by the ED to verify compliance on a monthly basis.</p>	1/31/2020