

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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<br><br>The Adult Care Licensure Section conducted an annual survey on 11/08/21 through 11/10/21.  | 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:</p> <p>(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:<br/>Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire.</p> <p>The findings are:</p> <p>1. Review of Staff C's, medication aide (MA) personnel record revealed:<br/>-Staff C was hired on 04/26/21.<br/>-There was no documentation a HCPR check was completed prior to hire.</p> <p>Interview with Staff C on 11/10/21 at 10:30am revealed:<br/>-Staff C was hired in April 2021 as a MA.<br/>-He thought that all his paperwork was completed upon hire.</p> <p>Interview with the Business Office Manager (BOM) on 11/10/21 at 12:35pm revealed:<br/>-She could not find a HCPR check in Staff C's personnel record prior to hire.</p> | D 137         |   |                    |

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

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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 137              | Continued From page 1<br><br>-She was responsible to complete HCPR checks on all new hires.<br>-She tried to audit the personnel records at least quarterly.<br>-She did not know why a HCPR check had not been completed for Staff C when he was hired.<br><br>Interview with the Administrator on 11/10/21 at 1:30pm revealed the BOM was responsible to complete HCPR checks prior to hire.   | D 137         |   |                    |
| D 273              | 10A NCAC 13F .0902(b) Health Care<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (Resident #3) related to not starting an ophthalmic antibiotic in a timely manner.<br><br>The findings are:<br><br>Review of Resident #3's current FL-2 dated 09/17/21 revealed:<br>-Diagnoses included ulcer of left cornea.<br>-There was an order for moxifloxacin 0.5% ophthalmic solution one drop 4 times a day (an ophthalmic antibiotic used to treat bacterial infections).<br><br>Review of Resident #3's physician's orders dated 09/27/21 revealed an order to reduce moxifloxacin eye drops to two times a day in the left eye for 30 days. | D 273         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 273              | <p>Continued From page 2</p> <p>Review of Resident #3's September 2021 electronic medication administration record (eMAR) revealed:<br/>-There was an entry for moxifloxacin 0.5% ophthalmic solution one drop in the left eye 4 times a day for 30 days scheduled for administration at 8:00am, 12:00pm, 4:00pm, and 8:00pm daily and documented as administered from 09/17/21 to 09/27/21 at 12:00pm (last dose administered).<br/>-There was an entry for moxifloxacin 0.5% ophthalmic solution one drop in the left eye 2 times a day for 30 days with documentation of administration at 8:00am and 8:00pm beginning on 09/27/21 at 8:00pm through 09/30/21 at 8:00pm.</p> <p>Review of Resident #3's October 2021 eMAR revealed:<br/>-There was an entry for moxifloxacin 0.5% ophthalmic solution one drop in the left eye 2 times a day for 30 days scheduled for administration at 8:00am and 8:00pm daily.<br/>-There was documentation of administration beginning on 10/01/21 at 8:00am through 10/27/21 at 8:00am.<br/>-There was no additional administration of moxifloxacin documented for October 2021.</p> <p>Review of Resident #3's physicians' encounter documentation dated 11/05/21 at 4:00pm revealed patient instructions to use moxifloxacin eye drops in the left eye 3 times a day for 3 days and stop.</p> <p>Review of Resident #3's November 2021 eMAR revealed:<br/>-There was an entry for moxifloxacin 0.5% ophthalmic solution one drop in the left eye 3</p> | D 273         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| D 273              | <p>Continued From page 3</p> <p>times a day scheduled for administration at 8:00am, 2:00pm, and 8:00pm daily.</p> <ul style="list-style-type: none"> <li>-There was documentation of administration beginning on 11/08/21 at 8:00pm.</li> <li>-There was no additional administration of moxifloxacin documented for November 2021.</li> </ul> <p>Review of Resident #3's record revealed there was no documentation regarding physician notification that the order for moxifloxacin 0.5% ophthalmic solution was not started until 11/08/21 (the date the order should have been stopped was 11/08/21).</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 11/08/21 at 4:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's appointment with her ophthalmologist was late on 11/05/21.</li> <li>-The resident was taken to her appointment by her own health care worker and returned to the facility around 5:00pm on Friday, 11/05/21.</li> <li>-The physician's patient instructions sheet did not include a signed order for moxifloxacin.</li> <li>-The facility did not attempt to contact the resident's ophthalmologist.</li> <li>-The facility contacted the resident's health care worker to get a signed order for moxifloxacin from the ophthalmologist on Monday, 11/08/21.</li> <li>-The health care worker brought the patients instruction sheet back to the facility on Monday afternoon with the doctor's signature.</li> <li>-The facility did not contact the contracted pharmacy for assistance in obtaining an order from Friday to Monday.</li> <li>-The facility did not contact the ophthalmologist to determine if Resident #3 should start the order after the 3 days from 11/05/21.</li> <li>-The HWC thought since the order was signed on 11/08/21 the ophthalmologist was authorizing</li> </ul> | D 273         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| D 273              | <p>Continued From page 4</p> <p>beginning moxifloxacin on 11/08/21 but did not contact the ophthalmologist to be certain.</p> <p>Interview with the Administrator on 11/09/21 at 12:45pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident used a health care worker to take her to the ophthalmology appointment on 11/05/21.</li> <li>-The resident returned with patient instructions to use moxifloxacin ophthalmic drops 3 times a day for 3 days and stop but there was no signed order with the eye drops instruction sheet.</li> <li>-The facility did not contact the ophthalmologist to get an order or to notify the ophthalmologist the medication was not started on 11/05/21.</li> <li>-When the resident's health care worker took the patients' instructions back to get an order on 11/08/21 she thought the patients' instruction sheet signed by the ophthalmologist meant the 3 days would start on 11/08/21.</li> <li>-The contacted pharmacy was sending a new bottle of medication today, 11/09/21, since the resident's previous bottle was from the order started on 09/27/21 and completed on 10/27/21.</li> </ul> <p>Telephone interview with an order entry representative at the facility's contracted pharmacy on 11/09/21 at 1:05pm revealed:</p> <ul style="list-style-type: none"> <li>-There was no order for moxifloxacin faxed to the pharmacy on 11/05/21 or documentation the facility contacted the pharmacy for assistance with obtaining a signed order for moxifloxacin for Resident #3 on 11/05/21 or thereafter.</li> <li>-The pharmacy had an on-call pharmacist for weekends that could have assisted with contacting an on-call prescriber from the ophthalmology clinic and called the order to the back-up pharmacy.</li> </ul> <p>Interview with Resident #3 on 11/09/21 at 1:20pm</p> | D 273         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| D 273              | <p>Continued From page 5</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She was not being administered the moxifloxacin eye drops.</li> <li>-She had an appointment last week with her eye doctor and was told to start the drops again for 3 days.</li> <li>-She was still having discomfort with her left eye.</li> </ul> <p>Telephone interview with the triage nurse at Resident #3's ophthalmology clinic on 11/09/21 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation the facility called to let the ophthalmologist know Resident #3 did not start moxifloxacin ophthalmic solution on 11/05/21 as ordered.</li> <li>-The facility should have called to notify the ophthalmologist and to verify if the resident should still use the drops since the 3 days from order had ended.</li> <li>-The facility should contact the ophthalmologist by phone or fax to verify if the medication was still needed.</li> </ul> | D 273         |   |                    |
| D 298              | <p>10A NCAC 13F .0904(d)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes:<br/>(2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews, and record reviews, the facility failed to offer or make</p>   | D 298         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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 298              | <p>Continued From page 6</p> <p>available three snacks a day and listed on the menu as snacks.</p> <p>The findings are:</p> <p>Interviews with eight residents during the initial tour on 11/08/21 from 10:20am to 11:40am revealed:</p> <ul style="list-style-type: none"> <li>-The food served during meals was "horrible" and sometimes residents did not eat full meals.</li> <li>-Three residents were hungry at night between 6:00pm and 8:00pm.</li> <li>-Eight residents were not offered or served snacks.</li> <li>-Eight wished snacks were offered because they often missed meals due to dislike the food.</li> <li>-No staff at the facility offered snacks or had even made them aware that snacks were available.</li> </ul> <p>Review of the facility's cycle week-at-glance menu for the current week revealed:</p> <ul style="list-style-type: none"> <li>-Snacks were not listed on the menu.</li> <li>-There was no menu for the snack items to be served.</li> </ul> <p>Interview with the Administrator on 11/09/21 at 3:40pm revealed:</p> <ul style="list-style-type: none"> <li>-Residents had made her aware during residents' council meetings they did not like the food prepared by kitchen staff.</li> <li>-She recently hired a new food service manager to hopefully make the meal situation better.</li> <li>-She was not aware staff did not offer residents snacks.</li> <li>-Staff at the facility should be offering three snacks per daily.</li> <li>-She also did not want snacks in common areas due to COVID-19 and everyone touching over the snacks.</li> <li>-The staff were supposed to go to each resident's</li> </ul> | D 298         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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 298              | <p>Continued From page 7</p> <p>room and offer a snack.</p> <p>-She noticed today there was a cart sitting in the living common area, which had never been done before.</p> <p>Observation of the kitchen food storage area on 11/08/21 at 11:50am revealed there were boxes with orange colored peanut butter crackers, sugar free cookies, fig bars, and fresh fruit.</p> <p>Observation of the lobby common sitting area on 11/09/21 between 10:00am to 5:00pm revealed:</p> <p>-A cart was sitting in the lobby common sitting area.</p> <p>-The cart had two pitchers with beverages (lemonade and a red colored beverage) that were covered with clear plastic wrap.</p> <p>-There were bananas, apples, fig bars, peanut butter crackers and potato chips on the cart.</p> <p>Observation of lobby common sitting area on 11/10/21 at 9:00am revealed:</p> <p>-The same cart with snacks was in the lobby common area.</p> <p>-More items had been added to replace the items that were taken off the cart.</p> <p>Interview with the Cook on 11/10/21 at 2:43pm revealed:</p> <p>-He prepared the snack cart at 10:00am and 2:30pm.</p> <p>-The cart was given to the personal care aide (PCA).</p> <p>-The PCA was supposed to give the snacks to the residents.</p> <p>-There should be a third snack in the evening, but he did not know exactly what time the snack was served.</p> <p>-He did not know the process of how the PCAs served snacks.</p> | D 298         |   |                    |



Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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 298              | <p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-He placed crackers, juice, potato chips, and sometimes rice Crispy treats on the snack cart.</li> <li>-Since COVID-19 supplies had been low and he mostly had potato chips and juice.</li> </ul> <p>Interview with a PCA on 11/08/21 at 2:28pm revealed:</p> <ul style="list-style-type: none"> <li>-She only gave snacks to residents when they were in the dining room.</li> <li>-After the breakfast and lunch meals it was sometimes 9:45am so she gave residents their 10:00am snacks.</li> <li>-If a resident wanted a snack in their room, they had to ask for the snack.</li> <li>-When asked why the surveyor did not see her give a snack today on the first floor, she said that she gave snacks upstairs.</li> <li>-When told residents upstairs said they had never gotten a snack, the PCA did not respond.</li> </ul> <p>Interview with a resident on 11/08/21 at 4:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She saw the cart today sitting in the lobby common area, but she did not know why it was there or who put it there.</li> <li>-Today was the first time she had seen the cart with chips, cookies, crackers, fruit and beverages.</li> <li>-No one at the facility had offered her a snack today or any other day.</li> <li>-The food at the facility was not good and she often did not eat meals, so it would be nice to have a snack for later.</li> </ul> <p>Interview with a second resident on 11/09/21 at 3:50pm revealed:</p> <ul style="list-style-type: none"> <li>-Snacks were not offered at the facility.</li> <li>-The food was "pretty bad" and repetitious, so she often left food on her plate.</li> <li>-No snacks were served, but she would love to</li> </ul> | D 298         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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 298              | <p>Continued From page 9</p> <p>have a snack when she did not eat the meals.</p> <p>Interview with a third resident on 11/08/21 at 10:20am revealed:<br/>-Snacks were not given out.<br/>-She wished snacks were served because she sometimes did not eat the meals.<br/>-If snacks were served, they were not offered to her.</p> <p>Interview with a fourth resident on 11/08/21 at 11:03am revealed:<br/>-She had resided at the facility for two months and no one had given her a snack.<br/>-The food at the facility was not tasty and not cooked well.<br/>-Depending on the meal served she did not eat all her food.<br/>-A snack would be "wonderful" on the days she did not eat food served for meals.</p> <p>Interview with a fifth resident on 11/08/21 at 11:29am revealed:<br/>-No snacks were served or offered.<br/>-She would "love" to have a snack between meals because some days the meals were served one hour later than the scheduled mealtime.</p> <p>Interview with a sixth resident on 11/08/21 at 11:35am revealed:<br/>-Sometimes there were donuts in the lobby area by the coffee pot, but not every day.<br/>-She did not want to eat a donut.<br/>-Other than the occasional donuts in the lobby no snacks were served or offered.<br/>-She would "love" to have a snack to take back to her room to eat later in the day.</p> | D 298         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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<br><br>D 358 | Continued From page 10<br><br>10A NCAC 13F .1004(a) Medication Administration<br><br>10A NCAC 13F .1004 Medication Administration<br>(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:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 5 residents sampled (#5, #2) related to an arthritis pain medication (#5) and eye drops (#2).<br><br>The findings are:<br><br>1. Review of Resident #5's current FL2 dated 01/08/21 revealed:<br>-Diagnoses included osteoarthritis, heart failure, stress fracture and chronic atrial fibrillation.<br>-The FL2 included an order for Voltaren gel 1% (used to treat arthritis pain), apply 1 gram twice daily to the left knee.<br><br>Review of Resident #5's physician's order dated 09/30/21 revealed an order for Voltaren gel 1%, apply 1 gram twice daily to the left knee.<br><br>Review of Resident #5's September, October and November 2021 electronic medication administration record (eMAR) revealed:<br>-There was an entry for Voltaren gel 1%- apply 1 gram twice daily scheduled for administration at 10:00am and 9:00pm. | D 358<br><br>D 358 |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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              | <p>Continued From page 11</p> <p>-There was documentation Voltaren gel 1% was applied as ordered from 09/01/21 through 11/10/21.</p> <p>Observation of Resident #5's medications on hand on 11/09/21 at 11:01am revealed Voltaren gel 1% was not available for administration.</p> <p>Review of the facility's medication &amp; treatment-general guidelines for medication administration revealed medications and treatments should be administered within the parameters of the physician/HCP orders.</p> <p>Telephone interview with the facility's contracted pharmacy on 11/09/21 at 11:15am revealed:<br/>-The pharmacy had not dispensed Resident #5's Voltaren gel since 03/25/21.<br/>-On 03/25/21, the pharmacy dispensed a 100gram tube.<br/>-The order for the Voltaren gel was to administer 1 gram twice daily.<br/>-If the Voltaren gel was applied as ordered the 100gram tube would have lasted the resident 50 days and would have run out by the end of May 2021.<br/>-The Voltaren gel was not on cycle refill because the pharmacy did not cycle fill gels.<br/>-The facility staff needed to call and request a refill of the Voltaren gel.<br/>-As of today, 11/09/21, the facility had not called and requested a refill of the Voltaren gel.</p> <p>Interview with Resident #5's power of attorney (POA) on 11/10/21 at 9:09am revealed:<br/>-She was not aware Resident #5 did not have Voltaren gel.<br/>-Resident #5 had arthritis and complained of pain in the knees and back.<br/>-She trusted the facility to apply the Voltaren gel</p> | D 358         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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              | <p>Continued From page 12</p> <p>as ordered.</p> <ul style="list-style-type: none"> <li>-She had not purchased any Voltaren gel for Resident #5.</li> <li>-The facility should have ordered the medication from the pharmacy.</li> </ul> <p>Interview with the medication aide (MA) on 11/10/21 at 10:45am revealed:</p> <ul style="list-style-type: none"> <li>-She searched the medication cart twice and did not find Resident #5's Voltaren gel.</li> <li>-She thought maybe she left the gel in the resident's room.</li> <li>-She checked the resident's room and the Voltaren gel was not in the resident's room.</li> </ul> <p>Second interview with the medication aide (MA) on 11/09/21 at 10:55am revealed:</p> <ul style="list-style-type: none"> <li>-She administered Resident #5's Voltaren gel this morning.</li> <li>-The tube was empty and she threw it away.</li> <li>-She did not reorder the Voltaren gel.</li> <li>-The Voltaren gel should have been reordered when the gel had about three administration doses left.</li> <li>-She had no reason why the Voltaren gel was not reordered before today.</li> </ul> <p>Interview with the MA supervisor on 11/10/21 at 12:11pm revealed:</p> <ul style="list-style-type: none"> <li>-On doctor days, the Health and Wellness Coordinator (HWC) entered orders in the point click care (eMAR) system.</li> <li>-If the HWC was not at the facility on the doctor days, then the MA was responsible for entering new orders into the eMAR system.</li> <li>-The orders entered were not released until the medication was in the facility, on the medication cart.</li> <li>-After releasing the medication order, the MA was able to document the administration of the</li> </ul> | D 358         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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              | <p>Continued From page 13</p> <p>medication.</p> <p>-If a medication was low, for example, like Resident #5's Voltaren gel, then the MA should re-order the medication when there were 2 to 3 administrations left in the tube.</p> <p>-On 11/01/21, she knew that Resident #5 was out of Voltaren gel.</p> <p>-She borrowed another resident's Voltaren gel to apply on Resident #5.</p> <p>-She had not worked on the floor where Resident #5 resided since 11/01/21.</p> <p>-She forgot to re-order Resident #5's Voltaren gel.</p> <p>-Monthly, when the cycle filled medications were delivered to the facility by the pharmacy, the MAs were responsible for placing the medications on the cart.</p> <p>-If a medication that was on the eMAR did not come with the batch of cycle filled medications, then the MA should contact the pharmacy to find out why the medication was not delivered.</p> <p>Interview with the HWC on 11/09/21 at 12:41pm revealed:</p> <p>-She audited the medication cart monthly.</p> <p>-When she did her audit, she looked for expired medications.</p> <p>-She compared the medications listed on the eMAR with medications in the cart.</p> <p>-She did not realize Resident #5's Voltaren gel was not available on the medication cart.</p> <p>Interview with the HWC on 11/10/21 at 1:10pm revealed:</p> <p>-MAs should not be documenting they administered medications that were not available on the medication cart.</p> <p>-If a medication was not available on the medication cart but was on the eMAR, then the MA should call the pharmacy to find out where the medication was at.</p> | D 358         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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              | <p>Continued From page 14</p> <p>Interview with the Administrator on 11/10/21 at 11:45am revealed:</p> <ul style="list-style-type: none"> <li>-The MA told her today that she used the last of Resident #5's Voltaren gel this morning.</li> <li>-The MA said she threw the tube away and did not reorder the medication.</li> <li>-She did not know the pharmacy did not cycle fill the Voltaren gel.</li> <li>-Medications should be reordered before they are out.</li> <li>-The MA should have contacted the pharmacy on 11/01/21, when she first realized the Voltaren gel was out.</li> <li>-The MAs were not to borrow medications from another residents, unless it was an emergency, then the medication had to be replaced as soon as possible.</li> <li>-The HWC completed cart audits monthly and should have noticed Resident #5's Voltaren gel was not available on the medication cart.</li> <li>-When the HWC completed the monthly cart audit and she identified a medication was not available, she should check to find out why and then reorder the medication.</li> <li>-The HWC should also let her know what was happening.</li> </ul> <p>2. Review of Resident #2's current FL2 dated 01/18/21 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included osteoporosis, retention of urine, polyneuropathy, and unspecified macular degeneration.</li> <li>-There was a physician's order for Systane ultra solution eye drops 0.4-0.3% (used to treat dry eyes), instill one drop in both eyes four times a day.</li> </ul> <p>Observation of Resident #2's medications on hand on 11/09/21 at 12:03pm revealed:</p> | D 358         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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              | <p>Continued From page 15</p> <p>-A 15ml Systane eye drop bottle labeled with a dispensed date of 07/16/21.<br/>-The Systane eye drop bottle was three-fourths full.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 11/10/21 at 8:58am revealed:<br/>-The pharmacy dispensed Systane eye drops on 07/16/21.<br/>-There were no other dispenses of Systane eye drops since 07/16/21.</p> <p>Second telephone interview with a representative from the facility's contracted pharmacy on 11/10/21 at 10:10am revealed:<br/>-The pharmacy dispensed the Systane eye drops in a 15ml bottle.<br/>-There were 20 eye drops per ml in the bottle.<br/>-There were 300 eye drops in a 15ml bottle.</p> <p>Review of Resident #2's September, October, and November 2021 electronic medication administration records (eMARs) revealed:<br/>-There was an entry for Systane ultra solution 0.4-0.3% - instill 1 drop in both eyes four times a day scheduled for administration at 9:30am, 12:00pm, 4:00pm, and 8:00pm.<br/>-There was documentation Systane ultra solution 0.4-0.3% was administered from September 1, 2021 through November 10, 2021.</p> <p>Based on review of Resident #2's Systane eye drops order, documentation of administration on the September, October and November 2021 eMARs and amount dispensed from the pharmacy, a 15ml bottle (administering 8 drops per day) would have only lasted 38 days.</p> <p>Attempted telephone interview with Resident #2's</p> | D 358         |   |                    |



Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (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              | <p>Continued From page 16</p> <p>primary care provider (PCP) on 11/10/21 at 11:06am was unsuccessful.</p> <p>Interview with the medication aide (MA) supervisor on 11/10/21 at 12:21pm revealed:<br/>-Resident #2 was not refusing his eye drops.<br/>-There was only one bottle of Systane eye drops on the medication cart.<br/>-She did not know when the bottle of eye drops was opened.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 11/09/21 at 12:38pm revealed:<br/>-She audited the medication cart monthly.<br/>-She looked for expired medications on the medication cart.<br/>-If a medication was expired, she sent it back to the pharmacy.</p> <p>Interview with the Administrator on 11/10/21 at 1:45pm revealed MAs were responsible for administering medications appropriately.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> | D 358         |   |                    |
| D 367              | <p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:<br/>(1) resident's name;<br/>(2) name of the medication or treatment order;<br/>(3) strength and dosage or quantity of medication administered;</p>   | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| D 367              | <p>Continued From page 17</p> <p>(4) instructions for administering the medication or treatment;</p> <p>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</p> <p>(6) date and time of administration;</p> <p>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,</p> <p>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by:<br/>Based on interviews and record reviews, the facility failed to ensure medication administration records were complete and accurate for 2 of 5 residents sampled including medications for moderate pain (Resident #5) and an oral mouth rinse (Resident #3).</p> <p>The findings are:</p> <p>1. Review of Resident #5's current FL2 dated 01/08/21 revealed:<br/>-Diagnoses included osteoarthritis, heart failure, stress fracture and chronic atrial fibrillation.</p> <p>Review of Resident #5's current FL2 dated 01/08/21 revealed an order for Norco (hydrocodone-acetaminophen used to treat moderate pain) 5-325mg 1mg every four hours as needed (PRN) for pain.</p> <p>Review of Resident #5's physician's order dated 09/30/21 revealed an order for Norco (hydrocodone-acetaminophen) 5-325mg 1mg every four hours as needed for pain.</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 18</p> <p>Review of the facility's medication &amp; treatment-general guidelines for medication administration revealed:</p> <ul style="list-style-type: none"> <li>-The medication aide (MA) was to document the observation of medications administered on the electronic medication administration record (eMAR).</li> <li>-Documentation of medications administered and treatments should occur promptly after the resident has taken the medication.</li> <li>-The MA should initial each medication administered or follow the eMAR procedure as required.</li> </ul> <p>Review of Resident #5's August 2021 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Norco 5-325mg (hydrocodone-acetaminophen) 1mg every four hours as needed for pain.</li> <li>-There was documentation Norco 5-325mg was administered 21 times from 08/01/21 through 08/31/21.</li> <li>-There were 14 times Norco 5-325mg was documented as administered with no PRN documentation on the eMAR as to why the medication was administered, the date and time the medication was administered, or the effectiveness of the medication as follows: on 08/01/21, on 08/05/21 (twice), on 08/08/21, on 08/09/21 (three times), on 08/10/21, on 08/15/21, on 08/16/21 (twice), on 08/17/21, on 08/22/21 and on 08/23/21.</li> </ul> <p>Review of Resident #5's August 2021 controlled substance control sheet (CSCS) revealed there were 30 times where Norco 5-325mg was documented as signed out from 08/01/21 through 08/31/21.</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| D 367              | <p>Continued From page 19</p> <p>Review of Resident #5's September 2021 eMAR revealed:<br/>-There was an entry for Norco 5-325mg (hydrocodone-acetaminophen) 1mg every four hours as needed for pain.<br/>-There was documentation Norco 5-325mg was administered 20 times from 09/01/21 through 09/30/21.<br/>-There were 14 times Norco 5-325mg was documented as administered and with no PRN documentation on the eMAR as to why the medication was administered, the date and time the medication was administered, or the effectiveness of the medication as follows: on 09/02/21 (three times), on 09/05/21, on 09/06/21, on 09/10/21, on 09/18/21, on 09/20/21, on 09/22/21, on 09/23/21, on 09/25/21, on 09/27/21, on 09/28/21 and on 09/29/21.</p> <p>Review of Resident #5's September 2021 CSCS revealed there were 28 times Norco 5-325mg was documented as signed out from 09/01/21 through 09/30/21.</p> <p>Review of Resident #5's October 2021 eMAR revealed:<br/>-There was an entry for Norco 5-325mg (hydrocodone-acetaminophen) 1mg every four hours as needed for pain on the eMAR.<br/>-There was documentation Norco 5-325mg was administered 18 times from 10/01/21 through 10/31/21.<br/>-There was 1 time Norco 5-325mg was documented as administered with no PRN documentation on the eMAR as to why the medication was administered, the date and time the medication was administered, or the effectiveness of the medication on 10/24/21.</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 20</p> <p>Review of Resident #5's October 2021 CSCS revealed there were 19 times Norco 5-325mg was documented as signed out from 10/01/21 through 10/31/21.</p> <p>Interview with the first shift medication aide (MA) who had most of the PRN omissions on the eMAR on 11/09/21 at 1:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She did the control count per shift, but she did not check the eMAR to ensure documentation on the CSCS matched the eMAR.</li> <li>-She did not check to ensure she had completed the required PRN documentation when administering Resident #5's Norco 5-325mg.</li> <li>-When administering Resident #5's Norco she initially took the medication out of the double locked drawer.</li> <li>-She signed out on the CSCS, and then took the medication to the resident.</li> <li>-She documented on the eMAR after observing the resident take the medication.</li> <li>-She was unable to explain why some days she documented on the CSCS sheet but did not complete the PRN documentation on the eMAR.</li> <li>-She thought maybe she was interrupted and forgot to document.</li> </ul> <p>Interview with the second shift MA on 11/09/21 at 4:25pm revealed:</p> <ul style="list-style-type: none"> <li>-When administering a controlled drug like Norco, he was supposed to document on the CSCS and he was to complete PRN documentation on the eMAR.</li> <li>-If he documented on the CSCS and not on the eMAR, he may have gotten busy and forgot.</li> <li>-He was supposed to document the reason why the medication was given and the effectiveness of the medication on the eMAR.</li> <li>-He was unable to explain why some of his entries on the August, September and October</li> </ul> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 21</p> <p>2021 CSCS did not have PRN documentation on the eMAR.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 11/10/21 at 11:54am revealed:<br/>-She audited the medication cart monthly but did not compare the eMAR to the CSCS.<br/>-Every two weeks she pulled PRN's for the facility's community action plan to view documentation, but she did not compare or check CSCS documentation with the eMAR documentation.</p> <p>Interview with the Administrator on 11/10/21 at 1:40pm revealed:<br/>-The facility did not have a system that compared the CSCS documentation with eMAR documentation.<br/>-She expected the MAs to complete PRN documentation as required.</p> <p>2. Review of Resident #3's current FL-2 dated 09/17/21 revealed diagnoses included ulcer of left cornea.</p> <p>Review of Resident #3's physicians' orders revealed an order for Peridex (used to treat irritations of the gums) 0.12% oral solution rinse one tablespoonful [15 milliliters(mls)] in the morning and afternoon for a quantity of 120mls and no additional refills.</p> <p>Telephone interview with a triage nurse at Resident #3's dentist's clinic on 11/10/21 at 9:21am revealed:<br/>-Resident #3 was seen in the clinic on 10/05/21 for dental pain.<br/>-She was referred to a periodontist for consult.<br/>-She received an order for Peridex 0.12% oral</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 22</p> <p>rinse to be used to relieve dental pain until seen by the periodontist.</p> <p>-She returned to the dental clinic for an extraction on 10/20/21.</p> <p>-She was not ordered additional Peridex 0.12% after the extraction.</p> <p>Review of Resident #3's October 2021 electronic medication administration record (eMAR) revealed:</p> <p>-There was an entry for Peridex 0.12% oral solution one tablespoonful two times a day for dental scheduled for administration at 10:00am and at 8:00pm daily.</p> <p>-Peridex 0.12% solution was documented as administered at 10:00am and 8:00pm daily from 10/05/21 at 8:00pm to 10/31/21 at 8:00pm.</p> <p>Based on the physician's order of 15mls each dose and documentation on the October 2021 eMAR for administration of 53 doses from 10/05/21 to 10/31/21, a total of 795mls of Peridex 0.12% solution should have been available for administration for Resident #3 for October 2021.</p> <p>Review of Resident #3's November 2021 eMAR revealed:</p> <p>-There was an entry for Peridex 0.12% solution one tablespoonful two times a day for dental scheduled for administration at 10:00am and at 8:00pm daily.</p> <p>-Peridex 0.12% solution was documented as administered at 10:00am and 8:00pm daily from 11/01/21 at 8:00am to 10/08/21 at 8:00am.</p> <p>Based on the physician's order of 15mls each dose and documentation on the November 2021 eMAR for administration of 15 doses from 11/01/21 to 11/08/21, a total of 225mls of Peridex 0.12% solution should have been available for</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| D 367              | <p>Continued From page 23</p> <p>administration for Resident #3 for October 2021.</p> <p>Observation of Resident #3's medications available for administration on 11/09/21 at 11:50am revealed there was no Peridex 0.12% solution on the medication cart or in overstock medications available for administration.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 11/09/21 at 11:15am revealed:</p> <ul style="list-style-type: none"> <li>-Medication orders were entered into the eMAR system by the facility's staff.</li> <li>-Most orders were entered by the HWC or the lead medication aide supervisors.</li> <li>-The orders were faxed to the contracted pharmacy for entering into their computer system to maintain a medication profile and sent medications if the residents' medications were supplied by the contracted pharmacy.</li> <li>-She routinely audited the medication on the medication carts compared to the eMARs for availability of medications or discontinued medications monthly.</li> <li>-Medication aides (MAs) were supposed to report medications that were not on the medication cart to the HWC to find out if the medication was discontinued or not sent from the pharmacy.</li> </ul> <p>Interview with the MA on 11/09/21 at 11:52am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 received one tablespoonful (15mls) of Peridex 0.12% solution this morning to be used for rinsing her mouth.</li> <li>-The bottle was emptied for the administration.</li> <li>-She was not able to locate the empty bottle of Resident #3's Peridex 0.12% solution.</li> <li>-There was no overstock for the Peridex 0.12%.</li> </ul> <p>Interview with the Administrator on 11/09/21 at</p> | D 367         |   |                    |



Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 24</p> <p>12:45pm revealed:<br/>-Resident #3 used a health care worker to take her to her appointments and sometimes obtained medications for the resident.<br/>-The MAs were supposed to document medication administration on the eMAR after observing the resident take or use the medication administered.<br/>-Staff should document on the eMAR using one of the exception codes for medication not administered.<br/>-The HWC was responsible to audit medication administration and eMAR accuracy.</p> <p>Interview with a second MA on 11/09/21 at 4:45pm revealed:<br/>-He was responsible to administer medications to Resident #3 in when he worked.<br/>-He recalled the resident had a mouth rinse on the cart at one time.<br/>-He was not sure why he had documented administration in November 2021 and late October 2021 if the resident did not have the medication unless he forgot to use an exception code for not administered, not available.<br/>-He thought the bottle the resident had was a small bottle.</p> <p>Telephone interview with an order entry representative at the facility's contracted pharmacy on 11/10/21 at 11:03am revealed:<br/>-The facility entered their orders into the facility's eMAR system.<br/>-The facility was responsible to fax the pharmacy all medication orders, even if the medication was not sent from the pharmacy, for the pharmacy to maintain a medication profile for the resident.<br/>-The pharmacy's computer system did not interface with the facility's eMAR system so the pharmacy did not see the actual eMARs used to</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 25</p> <p>administer medications.</p> <p>-The pharmacy had no documentation for receiving an order for Peridex 0.12% oral solution for Resident #3.</p> <p>-There had not been any Peridex 0.12% oral solution dispensed for Resident #3 from the contracted pharmacy.</p> <p>Interview with Resident #3 on 11/10/21 at 9:45am revealed:</p> <p>-She had an outside health care worker that took her to her doctor's appointments and sometimes got her medications.</p> <p>-She did not have a mouth rinse solution for medication.</p> <p>-She did not remember if she had used a mouth rinse from her dentist; if she had a rinse it was not recently and not at the present time.</p> <p>Interview with the HWC on 11/10/21 at 10:00am revealed:</p> <p>-Resident #3's order for Peridex 0.12% solution was entered into the eMAR system without a stop date. Most orders were given a stop date when entered to help staff know when an order had ended.</p> <p>-Resident #3's health care worker must have gotten the Peridex 0.12% for the resident.</p> <p>-The facility did not maintain a log of medications brought into the facility by residents' family or caregivers so she could not determine the size or quantity of Peridex 0.12% solution the MAs were administering from.</p> <p>-The MAs should have documented with an exception code for not available or not administered if no medication was available for administration at present.</p> <p>-She had not audited Resident #3's medications on hand compared to the eMAR since the resident had the order for Peridex 0.12% oral</p> | D 367         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL032016</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2021</b> |
|--|--|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE CHAPEL HILL AL (NC)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 FARMINGTON DRIVE<br/>CHAPEL HILL, NC 27514</b> |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| D 367              | <p>Continued From page 26</p> <p>solution.</p> <p>Interview with a third MA on 11/10/21 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She worked as a MA and sometimes as a personal care aide (PCA).</li> <li>-She was working in the facility as a PCA the day Resident #3 returned from a dental appointment accompanied by her health care worker.</li> <li>-Resident #3's health care worker brought a small bottle of oral rinse from the dentist's office and gave it to the MA with information for Resident #3 to use the mouth rinse.</li> <li>-She saw the bottle of mouth rinse solution with the other resident's medications on the medication cart for a while but not recently when she worked.</li> <li>-She documented the resident had been administered Peridex 0.12% mouth rinse on several occasions, but may have forgotten to add the code that would have documented the medication in the exception for not available or not administered.</li> </ul> <p>Telephone interview with Resident #3's outside health care worker on 11/10/21 at 2:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She had taken Resident #3 to a dental appointment on 10/05/21.</li> <li>-The dentist's office provided a sample 4 ounces (120mls) bottle of Peridex 0.12% oral solution for the office.</li> <li>-She had not provided additional Peridex 0.12% oral solution for the resident because she took the resident back to the dental appointment on 10/20/21 and the dentist did not provide or give an order for more Peridex.</li> </ul> | D 367         |   |                    |