PRINTED: 02/28/2022 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	FIED
			D MINO		R-	
		HAL081014	B. WING		02/1	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
			TY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section conducted an survey on 02/09/22 to				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	` '	Prealth Care assure referral and follow-up and acute health care needs				
	facility failed to ensure was notified for 1 of 5 to the refusal by resid	as evidenced by: ews and interviews the e the primary care provider sampled residents related lent to have bloodwork nake an eye appointment				
	Review of Resident # 02/09/21 revealed dia Alzheimer's disease, hypertension, chronic	agnoses included				
	-There was an order of bloodwork to check B -There was an order of bloodwork to check co (CMP), Vitamin D level count (CBC)There was no documbloodwork available for there was a consultation.	112 level and uric acid level. dated 01/05/22 for omplete metabolic panel el and a complete blood nentation of completed				
	not available for revie the lab for an update	w and she sent an email to or results.				
	Interview with the Hea	alth and Wellness Director				

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

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			7.1. 56.25.1161			R-C
		HAL081014	B. WING		l	2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
DDOOKD	ALE CORECT OUTV	493 PINE	Y RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
D 2/3	(HWD) on 02/11/22 a revealed: -Bloodwork to check levels, CMP, CBC an completed because F times to have the bloo-She did not know if t refusals. Interview with the Adr 3:54pm revealed: -She was not aware F bloodwork on 12/20/2-She expected staff to bloodwork was not contracted Home Head 4:54pm was unsucceed. Based on observation reviews it was determine triviewable. Refer to Interview with Coordinator on 02/10 b. Review of Residen appointment to moniting the review with the Head and the review with the Head appointment was manual to the review with the Head and the review with the review	Uric Acid levels, Vitamin B12 d Vitamin D levels were not Resident #3 refused three odwork drawn. he PCP was informed of the ministrator on 02/11/22 at Resident #3 was ordered 21 and 01/05/22. To inform the PCP if ompleted as ordered. Interview with the facility's eath agency on 02/11/22 at resident #3 was not was not with the Resident #3 was not with the Resident #3 was not with the Resident Care 1/22 at 9:45am. In the Resident Care 1/22 at 9:45am. In the Resident Care 1/20/21 for an eye or glaucoma. In entation an eye de or completed.	D 273			
	(HWD) on 02/11/22 a not know if an eye ap scheduled.	t 11:30am revealed she did pointment had been				
	Telephone interview v	with the appointment ent #3's eye physician's office				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PPOOKD.	ALE FOREST CITY	493 PINEY	RIDGE ROAD		
BROOKD	ALE FOREST CITT	FOREST C	ITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 2	D 273		
	on 02/11/22 at 3:31pr not have an eye appo December 2021, Janu	m revealed Resident #3 did bintment scheduled during uary 2022 or February 2022. ministrator on 02/11/22 at			
	•	did not know until today e appointment was ordered			
		ns, interviews and record nined Resident #3 was not			
	Refer to Interview with Coordinator on 02/10	_			
	(RCC) on 02/10/22 at -She started a binder because the facility di problems with referra -The medication aiderefusals on a shift repfollow up with the ord	for orders on 02/08/22 iscovered they were having Is and orders being missed. s now documented resident oort sheet so she could			
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276		
	following in the reside (3) written procedures a physician or other li and (4) implementation of	ssure documentation of the			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
			D WING		R-C
		HAL081014	D. WING		02/11/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE FOREST CITY	493 PINEY	RIDGE ROAD		
		FOREST (CITY, NC 28043	3	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 276	Continued From page	÷ 3	D 276		
	This Rule is not met a Based on record reviet facility failed to ensure	as evidenced by: ews and interviews, the e physician's orders were 5 sampled residents (#4)			
	The findings are:				
		dementia with behaviors. stantly disoriented and			
		4's physician's order dated order for a urinalysis with if indicated.			
		4's lab work results revealed available for a completed			
	(RCC) on 02/10/22 at -A urine specimen was the lab for Resident # sick the day the urina were unable to collect -Resident #4 would nurine sample on 02/03 why a urine sample he thenThe medication aides for collecting urine sar-she started a binder because the facility we referrals and orders be-The MA was response.	as not collected and sent to 4 because Resident #4 was lysis was ordered, and staff t a sample. ot allow staff to collect a 3/22 and she did not know ad not been collected since s (MA's) were responsible mples. for orders on 02/08/22 as having problems with being missed. sible for documenting			
		shift-to-shift report sheet and Wellness Director			

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DIVISION	i Health Service Negu	ı	1		1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
						_
			5 14/11/0		R-	
		HAL081014	B. WING	-	02/1	1/2022
	20,4050 00 011001150	070557.40	DDE00 0171/ 074	TE 710 0005		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	I E, ZIP CODE		
BBOOKD	ALE FOREST CITY	493 PINE	RIDGE ROAD			
DICOCKDA	ALL I OKLOT OITT	FOREST	CITY, NC 28043	3		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 070	0 " 15	_	D 070			
D 276	Continued From page	9 4	D 276			
	would follow-up with t	the orders.				
	-	e for ensuring orders were				
	•	, for ensuring orders were				
	completed.					
	Intervious with a MA a	n the Chariel Care Unit				
		n the Special Care Unit				
	(SCU) on 02/10/22 at					
	· ·	mately 20 minutes to get				
		ample "last week" but could				
	not get one because l	Resident #4 did not want for				
	her to "see him".					
	-She verbally informe	d either the RCC or Health				
	and Wellness Directo	r she was unable to collect				
	a urine sample for Re	esident #4				
	a anno campio for rec	isolatin ii ii				
	Telephone interview v	with Resident #4's Primary				
		on 02/10/21 at 1:30pm				
	, ,	011 02/10/21 at 1.30pm				
	revealed:					
		by the facility Resident #4's				
	urinalysis was not cor					
		ysis for Resident #4 to				
		act infection since he had				
	displayed increased b	oehavioral issues.				
	-She expected the fac	cility to complete orders				
	made for residents.					
	Interview with the Adr	ministrator on 02/10/22 at				
	3:15pm revealed:					
	•	ırinalysis was ordered for				
	Resident #4 on 02/02					
		o follow orders for residents				
	•					
	or notify the PCP if so	meming was not				
	completed.					
	D 1 "					
		ns, interviews, and record				
		nined Resident #4 was not				
	interviewable.					
D 358	10A NCAC 13F .1004	l(a) Medication	D 358			
	Administration	(-, -, -, -, -, -, -, -, -, -, -, -, -, -				
	, willing a duoi		1			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
PPOOKD	NI E EODEST CITY	493 PINEY	RIDGE ROAD		
BROOKD	ALE FOREST CITY	FOREST O	ITY, NC 28043	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 5	D 358		
	(a) An adult care hor preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained (2) rules in this Sectionard procedures. This Rule is not met TYPE B VIOLATION Based on observation interviews, the facility medications as order residents (#1, #2, #3, rapid-acting insulin to levels (#1), a medicat stiffness, and difficulty medications used to the staff of	sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: as evidenced by: as, record reviews, and failed to administer ed for 4 of 6 sampled and #6) related to a control high blood sugartion used to treat tremors, y with movement (#6), reat fluid retention and dications used to treat			
	The findings are:				
	11/22/21 revealed: -Diagnoses included complications and de -There was an order to treat diabetes), 5 u needed for a glucose	for Novolog 100 units (used nits every 4 hours as reading greater than 200. to check blood sugars			
		with a representative from d pharmacy on 02/11/22 at			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
,	5. GGT125.1161.1	.5	A. BUILDING:	A. BUILDING:		
		HAL081014	B. WING	· · · · · · · · · · · · · · · · · · ·	l l	R-C 2/ 11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
			Y RIDGE ROAD			
BROOKD	ALE FOREST CITY		CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 6	D 358			
	-Resident #1's curren	t insulin order was Novolog ry 4 hours as needed with greater than 200. og insulin was last				
	(eMAR) revealed: -There was an entry to meals and at bedtimeThere was an entry for units every 4 hours as reading was greater to the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the mean of the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200, rangethe Novolog 5 units with the total through 12/31/21 who greater than 200 who greater th	Administration Record to check blood sugars before to record to check blood sugars before to record to record to the sugar band to the blood sugar band to the blood sugars the record to the blood sugars the blood sugars between 12/01/21 the blood sugars were ging from 202 to 349, and the record to the blood sugars were ging from 202 to 349, and the blood sugars we				
	revealed: -There was an entry to meals and at bedtimeThere was an entry for units every 4 hours as reading was greater to the entry for the every 4 hours as reading was greater to the every 4 hours as reading was greater the 200There were 24 instant through 01/24/22 who greater than 200, rang the Novolog 5 units work work work and the event was an entry to meals and at bedtimes.	for Novolog 100 units, 5 is needed if the blood sugar than 200. Intunities with blood sugars inces between 01/02/22 is blood sugars were ging from 205 to 512, and was not administered. In the February 2022 eMAR is one check blood sugars before inces.				
		or Novolog 100 units, 5				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE	
74101 12/41	or contraction	BENTI IS MISH NOMBER.	A. BUILDING: _		OOM ELTES
		HAL081014	B. WING		R-C 02/11/2022
					1 OZ/11/ZOZZ
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE FOREST CITY		RIDGE ROAD		
	OLUMBA DV OT		ITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	÷ 7	D 358		
	reading was greater than 200. -There were 5 instance through 02/05/22 when greater than 200, rangethe Novolog 5 units when Novolog 5 units when the Novolog 5 units when the Novolog 5 units when the Novolog in the No	tunities with blood sugars sees between 02/01/22 see blood sugars were ging from 212 to 280, and sas not administered. cation aide (MA) on revealed: #1 had an order to sulin 5 units every four in the blood sugar readings of dminister insulin to Resident gar readings were greater sident #1's blood sugar ran sident #1 needed the insulin ugar reading was greater blood sugar level would			
		ninistrator on 02/10/22 at			
	-She did not know the	PCP wrote an order to			
		1 Novolog 5 units every 4			
	hours as needed for both	olood sugar readings greater			
		me of the facility staff had			
		lin as ordered to Resident			
		d Nurse (RN) and taught			
	diabetic training to fac	` ,			
	-The facility received	orders for sliding scale			
	insulin to be administe	ered to residents			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
			D MINO		R-C	
		HAL081014	B. WING		02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
		FOREST C	ITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	Ε
D 358	Continued From page	e 8	D 358			
	and administer insulir -The MAs should hav when they did not add	re called to notify the PCP minister Novolog insulin as ‡1 when the blood sugars				
	Provider (PCP) on 02 -Resident #1 was a b the resident's blood s -She worked hard to sugars controlledThe facility did not no many doses of insulir sugar reading was gr -The missed doses of explain why Resident measures the averag the past 3 months) in previous A1C of 9.8% 5.7%)She ordered Novolog needed when the blog greater than 200 beca was against their polit insulin ordersShe expected the far #1's orders and admi Resident #1's blood s than 200It was important for f to be controlled beca greater risk for infecti	f Novolog insulin would t #1's A1C (a blood test that te blood sugar levels over creased to 10.7% from a fo (normal level is below) g 5 units every 4 hours as od sugar reading was ause the facility told her it cy to use sliding scale cility staff to follow Resident nister Novolog insulin when sugar readings were greater Resident #1's blood sugars use it placed Resident #1 at on, diabetic retinopathy (a tes which can lead to				
		n, interviews, and record nined Resident #1 was not				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BBOOKD	ALE FOREST CITY	493 PINEY	RIDGE ROAD		
BROOKD	ALE FOREST CITY	FOREST C	ITY, NC 28043	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	9	D 358		
	Policy dated 06/2020 2. Review of Residen	Medication Administration t #2's current FL2 dated agnoses included atrial			
	fibrillation and anxiety	_			
	9:47am revealed: -Over the past weeke medication she took f because the facility ra	dent #2 on 02/09/22 at and she did not receive a for depression or paranoia an out of it.			
	Review of Resident #	2's Primary Care Provider 0/04/21 revealed there was			
	(eMAR) revealed: -There was an entry f bedtime for anxietyThiothixene 1mg at b	Administration Record			
	revealed: -There was an entry f bedtime for anxietyThiothixene 1mg at b not administered 02/0 to "pharmacy action r	pedtime was documented as 04/22 through 02/06/22 due equired".			
	on 02/10/22 at 11:08a	ent #2's medication on hand am revealed: ixene 1mg available for			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL081014	B. WING		02/11/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BROOKDA	ALE FOREST CITY		RIDGE ROAD		
		FOREST C	ITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 10	D 358		
	administrationThe bubble pack with 02/07/22.	า 30 pills was dispensed			
	from Resident #2's ph 10:13am revealed:	vith a pharmacy technician narmacy on 02/10/22 at			
	request from the facili	efilled prescriptions upon ity. ot open nor made deliveries			
	on SundayThe pharmacy was o	ppen but did not deliver on			
	SaturdaysThe pharmacy acce 2:00pm on Friday for	pted refill requests until a Friday delivery.			
	-There were 30 thioth	ixene 1mg delivered on d on Monday 02/07/22 after			
	a fax from the facilty received and process after the weekend.	requesting a refill was ed when they reopened			
	Interview with a media 02/10/22 at 3:40pm re	evealed:			
	Friday 02/04/22, in th	sident #2's pharmacy on e evening, requesting a refill ut the fax did not go through			
	-She sent the fax aga	in on Saturday 02/05/22 at fter the pharmacy closed			
	delivered until Monda -She should have fax	y. ed the request earlier in the			
	it.	re was to fax a refill request			
	when there were about				
		vith Resident #2's Primary on 02/10/22 at 1:11pm			

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revealed:

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A PUMP DATE			(X3) DATE SURVEY	
74101 2744	or dorate of the transfer of t	IBERTINIO MICH NOMBER	A. BUILDING: _		
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BBOOKD	ALE FOREST CITY	493 PINE	Y RIDGE ROAD		
BROOKD	ALE FOREST CITT	FOREST	CITY, NC 28043	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFUL DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 11	D 358		
	-Resident #2's thiothicanxietyResident #2 experied trouble sleeping if she thiothixeneShe expected the facmedications as ordered.	nced increased anxiety or e missed a dose of cility to administer			
	4:21pm revealed: -MAs were trained to they ran outShe did not know Readministered thiothixe (February 4-6, 2022) -MAs were trained on she expected them to procedures.	or on 12/05/21. I ordering procedures and of follow the proper ordering did not want to use any			
	b. Review of Residen (PCP) orders dated 1 -There was an order imorning and to give L gainThere was an order if fluid retention) if there	t #2's Primary Care Provider 0/04/21 revealed: for daily weights in the asix as needed for weight for Lasix 20mg (used for was a weight gain of 3			
	Medication Administra revealed: -There was an entry f	2's January 2022 electronic			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		R-C	
		HAL081014	b. WING		02/11/	2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
			ITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 12	D 358			
	-There was an entry figain of 3 pounds in 1 -There was document was 134.2 pounds on on 02/04/22 reflecting dayThere was no document was 134.3 pounds on on 02/08/22 reflecting weekThere was no document was 134.3 pounds on on 02/08/22 reflecting weekThere was no document was no document was no document weekThere was no document weekShe did not remember for Lasix if she gained pounds in a week bed wery often. Telephone interview weekTelephone interview weekThere was no document was 134.3 pounds on 02/08/22 reflecting weekThere was no document was 134.3 pounds on 02/08/22 reflecting weekThere was no document was 134.3 pounds on 02/08/22 reflecting weekThere was no document week.	for Lasix 20mg for weight day or 5 pounds in 1 week. tation Resident #2's weight 02/03/22 and 138.2 pounds g a gain of 4 pounds in 1 mentation lasix 20mg was 4/22. tation Resident #2's weight 02/01/22 and 141.4 pounds g a gain of 7.1 pounds in 1 mentation Lasix 20mg was 8/22. The second for the second fo				
	problem.	ministrator on 02/10/22 at				

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4:21pm revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			7. BOILBING.		R-C
		HAL081014	B. WING		02/11/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
BROOKDA	ALE FOREST CITY		Y RIDGE ROAD		
			CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 13	D 358		
	-She did not know Lasix was not being administered as ordered for weight gainShe expected the MAs to administer medications as prescribed.				
	Policy dated 06/2020	Medication Administration			
	06/01/21 revealed: -Diagnoses included -There was an order for (used to treat sympto 25-100mg 1 tablet da -There was an order for 25-100mg 1 tablet da -There was an order for the -There was an order for the tablet da -There was an order for the -There was	for carbidopa-levodopa ER ms of Parkinson's disease) ily at bedtime. for carbidopa-levodopa ily at bedtime. for carbidopa-levodopa for carbidopa-levodopa for carbidopa at 8:00am,			
	and on 02/11/22 at 10 -The resident took ca symptoms of Parkinse -Staff administered de carbidopa-levodopa " half" past scheduled a -The resident felt "we	rbidopa-levodopa to control on's four times a day. oses of the an hour to an hour and a			
	(PCP) orders dated 1 -There was an order to 25-100mg 1 tablet da -	for carbidopa-levodopa ER ily at 8:00pm. for carbidopa-levodopa			

Division of Health Service Regulation

12:00pm, and 4:00pm.

STATE FORM 6899 13EM11 If continuation sheet 14 of 37

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		7 7	CONSTRUCTION	(X3) DATE SU COMPLE	
		A. BUILDING		D. C.	,
- I	HAL081014	B. WING		R-C 02/11	, /2022
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
BROOKDALE FOREST CITY		RIDGE ROAD TY, NC 28043	•		
(X4) ID SUMMARY STATEMENT			PROVIDER'S PLAN OF CORRECTION	d .	(VE)
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358 Continued From page 14		D 358			
Review of Resident #6's Janu Medication Administration Revealed: -There was an entry for carbi 25-100mg one tablet daily sc -There was an entry for carbi 25-100mg one tablet daily sc -There was an entry for carbi 25-100mg two tablets three ti scheduled at 8:00am, 12:00p -The carbidopa-levodopa ER administered daily at 8:00pm 01/31/22. -The carbidopa-levodopa was administered daily at 8:00pm 01/31/22. -The carbidopa-levodopa was administered three times a da 12:00pm, and 4:00pm from 0 Review of Resident #6's med administration audit report for times for 01/24/22 to 01/31/2: -The carbidopa-levodopa 25-scheduled at 8:00am was adout of 8 opportunities (on 01/2 on 01/26/22 at 10:47am, on 0 on 01/29/22 at 9:40am, and 0 9:30am). -The carbidopa-levodopa 25-scheduled at 8:00pm was adout of 8 opportunities (on 01/2 on 01/29/22 at 10:08pm). -The carbidopa-levodopa ER scheduled at 8:00pm was adout of 8 opportunities (on 01/2 on 01/29/22 at 10:08pm). -The carbidopa-levodopa ER scheduled at 8:00pm was adout of 8 opportunities (on 01/2 on 01/29/22 at 10:08pm).	dopa-levodopa ER heduled at 8:00pm. dopa-levodopa heduled at 8:00pm. dopa-levodopa heduled at 8:00pm. dopa-levodopa imes a day im, and 4:00pm. was documented as from 01/01/22 to s documented as from 01/01/22 to s documented as ay at 8:00am, 1/01/22 to 01/31/22. lication r administration 2 revealed: 100mg 2 tablets ministered late for 5 25/22 at 10:38am, 01/27/22 at 9:48am, on 01/30/22 at 100mg 1 tablet ministered late for 2 26/22 at 9:53pm and 25-100mg 1 tablet ministered late for 2 26/22 at 9:53pm and				

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STATE FORM 6899 13EM11 If continuation sheet 15 of 37

PRINTED: 02/28/2022 FORM APPROVED

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	or Regulation	I	0.00	CONCERNATION		D) (E) (
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SU COMPLET	
, 11.12 I LAIN (. JOHNEOHON	IDENTIFICATION NOWIDER.	A. BUILDING: _		JOINI LE	
					R-C	;
		HAL081014	B. WING		02/11	
						-
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BROOKD	ALE FOREST CITY		Y RIDGE ROAD			
		FOREST	CITY, NC 28043	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG	REGOLATORI GIVE		TAG	DEFICIENCY)		
			—			
D 358	Continued From page	e 15	D 358			
	revealed:					
	-There was an entry f	or carbidopa-levodopa ER				
		daily scheduled at 8:00pm.				
	· ·	or carbidopa-levodopa				
		daily scheduled at 8:00pm.				
		or carbidopa-levodopa				
	25-100mg two tablets	• •				
		, 12:00pm, and 4:00pm.				
	-The carbidopa-levod	opa ER was documented as				
		8:00pm from 02/01/22 to				
	02/10/22.					
	-The carbidopa-levod	opa was documented as				
	-	8:00pm from 02/01/22 to				
	02/10/22.	·				
	-The carbidopa-levod	opa was documented as				
	administered three tin	nes a day at 8:00am,				
	12:00pm, and 4:00pm	n from 02/01/22 to 02/10/22.				
	Review of Resident #	6's medication				
		eport for administration				
	times for 02/01/22 to					
	•	opa 25-100mg 2 tablets				
		was administered late for 5				
		s (on 02/02/22 at 10:05am,				
		am, on 02/04/22 at 10:02, on				
		and 02/06/22 at 10:12am).				
		opa 25-100mg 2 tablets				
		n was administered late for				
		ies (on 02/04/22 at 1:37pm,				
	and on 02/09/22 at 1:	• ,				
		opa 25-100mg 1 tablet				
		was administered late for 5				
		(on 02/01/22 at 11:02pm,				
		02/04/22 at 11:35pm,				
		and 02/09/22 at 11:19pm).				
		opa ER 25-100mg 1 tablet				
	-	was administered late for 5				
		(on 02/01/22 at 11:02pm,				
		02/04/22 at 11:35pm,				
	02/05/22 at 11:19pm,	and 02/09/22 at 11:19pm).				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
			A. BUILDING:			
		HAL081014	B. WING			R-C 2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
BBOOKD	ALE FOREST CITY	493 PINE	Y RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 16	D 358			
	hand on 02/11/22 at and the carbidopa/levodopa 2 tablets remaining disparties one bubb carbidopa/levodopa 2 tablets remaining disparties one bubb carbidopa/levodopa 2 tablets remaining disparties one bubb carbidopa/levodopa E tablets remaining disparties on the carbidopa/levodopa E tablets remaining disparties on the sympton of the sy	le pack of 25-100mg tablets with 10 bensed on 01/11/22. le pack of 25-100mg tablets with 18 bensed on 02/03/22. le pack of 27-100mg tablets with 4 bensed on 12/29/21. with Resident #6's Primary on 02/11/22 at 11:45am scribed carbidopa-levodopa ms of Parkinson's disease. carbidopa-levodopa one hour ter the scheduled time was administering the either" and should be "spaced day. Bensed the carbidopa-levodopa would expect staff to call her der and about spacing out cation aide (MA) on 02/11/22 eed medications on the				
	aides with resident ca during medication pa	are needs which occurred				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL081014	B. WING		02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
NAME OF T	TOVIDEIT OR OUT FEIER		RIDGE ROAD	12, 211 0002		
BROOKD	ALE FOREST CITY		ITY, NC 28043			
	CLIMMA DV CT		·			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLI	ETE
D 358	Continued From page	e 17	D 358			
	assess residents with get the paperwork too for medical care. -Those types of situat administer medication. -The MA staff who ad the assisted living hal to administer medicat residents on 100, 200. If the MA staff was "b pass, they were supp somebody" they need. -There was always expensed.	emergency situations and gether to send residents out tions could cause staff to me "late." ministered medications on Is "always" was responsible itons to all the assisted living 0, and 300 halls. Dehind" with the medication osed to "come tell"				
	Interview with the Administrator on 02/11/22 at 3:30pm revealed: -Resident #6 had not relayed any concerns to her about receiving the carbidopa-levodopa later that expected at timesThe MAs knew if they got behind schedule during medication pass they "can always as for help" from one of the resident care coordinators' or another MA.					
	Refer to the facility's I Policy dated 06/2020	Medication Administration				
	4. Review of Residen 12/09/21 revealed dia Alzheimer's disease, osteoarthritis.	•				
	(PCP) orders dated 1 an order for quetiapin	t #3's Primary Care Provider 2/09/21 revealed there was e (a medication used to ng take one tablet twice				

Division of Health Service Regulation

STATE FORM 6899 13EM11 If continuation sheet 18 of 37

DIVISION	n nealth Service Negu	iation			ı	
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING		R-C	
		HAL081014	B. WING		02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE ZIP CODE		
TWINE OF T	NOVIDER OR GOLL EIER			,		
BROOKD	ALE FOREST CITY		Y RIDGE ROAD			
		FOREST	CITY, NC 28043	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(-)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	
				,		
D 358	Continued From page	e 18	D 358			
		3's PCP subsequent orders				
	dated 01/03/22 revea	led an order for quetiapine				
	25mg take one tablet	every evening.				
	Review of Resident #	3's PCP subsequent orders				
	dated 02/07/22 revea	led:				
	-An order for quetiapi	ne 25mg one tablet daily in				
	the evening at 6:00pn					
		ne 25mg one tablet twice				
	daily at 8:00am and 9					
	Review of Resident #	3's December 2021				
		Administration Record				
	(eMAR) revealed:	Administration (Coold				
	, ,	or quetiapine 25mg one				
	_	or quettapine 25mg one				
	tablet twice daily.					
	•	umented as administered at				
	8:00am from 12/17/2	•				
	•	umented as administered at				
	8:00pm from 12/18/2					
	•	ımented as administered at				
	9:00pm from 12/25/2	1 through 13/31/21.				
	Review of Resident #	3's January 2022 eMAR				
	revealed:					
	-There was an entry f	or quetiapine 25mg one				
	tablet twice daily.					
	-Quetiapine was docu	ımented as administered at				
	8:00am from 01/01/22	2 through 01/31/22.				
		ımented as administered at				
	9:00pm from 01/01/22					
		or quetiapine 25mg one				
	tablet in the evening a					
	_	umented as administered at				
		2 through 01/31/22 except				
		0/22 with no documentation				
		not administered, and should				
	have been discontinu	ed on 01/11/22.				
	Review of Resident #	3's February 2022 eMAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL081014	B. WING		R-C 02/11/2022
					02/11/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA Y RIDGE ROAD		
BROOKD	ALE FOREST CITY		CITY, NC 28043		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 19	D 358		
	revealed:				
		or quetiapine 25mg one			
	tablet twice daily.	or quotapino Zomg one			
	_	umented as administered at			
	8:00am from 02/01/22				
		umented as administered at			
	9:00pm from 02/01/22	-			
		or quetiapine 25mg one			
	tablet in the evening a	•			
	-Quetiapine was documented as administered at 6:00pm from 02/01/22 through 02/10/22 except				
	on 02/03/22 with no d				
		dministered, and should			
	have been discontinu	ed on 01/11/22.			
	Observations of medi	cations on hand for			
		/22 at 3:42pm revealed:			
		pine 25mg tablets take one			
		available for administration.			
		pack containing quetiapine			
	administration.	twice daily available for			
	auministration.				
	Interview with a repre	esentative from the facility's			
	contracted pharmacy	on 02/11/22 at 4:30pm			
	revealed:				
	-An order dated 01/11				
		cility to discontinue Resident			
		one tablet in the evening. e tablet twice daily was the			
	only current active or				
	quetiapine.				
	-Quetiapine 25mg on	e tablet twice daily was last			
	dispensed on 01/27/2 tablets.	22 in the quantity of 60			
	•	with Resident #3's PCP on			
	02/11/22 at 5:22pm re				
	-She ordered quetiap daily in the evening for	ine 25mg take one tablet or Resident #3.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE FOREST CITY	493 PINEY	RIDGE ROAD		
		FOREST C	TY, NC 28043	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 20	D 358		
D 358	-She did not know she Resident #3's quetiap twice daily and take obecause she had only FL2 when it was faxe facility, and the quetia different documents (sheet)Resident #3 was supquetiapine 25mg once Interview with the Resident #3 was supquetiapine 25mg once Interview with Reside 10:20am revealed she medications she took Interview with Reside 10:20am revealed she medications she took Interview with the Adr 4:30pm revealed: -The Resident Care Cresponsible for medic RCC had not complet due to staffing issues -She could not locate Resident #3's quetiap 6:00pmMA's were responsible medications that were -The residents ordere	e had subsequent orders for one 25mg take one tablet one tablet one tablet one tablet one tablet one tablet in the evening of received one page of the dot to the office from the apine orders were on two FL2 and physician's order oposed to be administered one daily. Sident Care Coordinator of 9:45am revealed she was one or changing medication of (eMAR). Int #3 on 02/09/22 at the did not know what daily. Coordinator (RCC) was cation cart audits but the ded one since being hired one since being hired one 25mg in the evening at the low in stock or missing. The ded one the medication cart audits were ded on the medication cart of the order to discontinue of the medication cart of the medication cart of the medication cart of the order to discontinue of the medication cart of the order to discontinue of the order to di	D 358		
	facility was responsib	ed 12/2017 revealed the			

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
				_		
			D WING		R-	
		HAL081014	B. WING		02/1	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE ZIP CODE		
	1011211 011 001 1 21211		, ,			
BROOKDA	ALE FOREST CITY		RIDGE ROAD			
		FOREST	ITY, NC 28043	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	MAIL	DATE
D 358	Continued From page	e 21	D 358			
	treatment orders.					
		Medication Administration				
	Policy dated 06/2020					
	b. Review of Residen	t #3's Primary Care				
	Providers (PCP) orde	rs dated 12/09/21 revealed				
	there was an order fo	r celecoxib (a medication				
	used to treat pain and	l inflammation in				
	osteoarthritis) 200mg	take 1 capsule every 12				
	hours as needed for p					
	·					
	Interview with Reside	nt #3 on 02/09/22 at				
	10:20am revealed:					
		she was "always" in pain.				
		the had any medications				
	available to take for p					
	available to take for p	an.				
	Interview with a medic	cation aide (MA) on				
		revealed she administered				
		lled Tylenol (a medication				
	used to treat mild pair	n) at 9:00am.				
	D i + D i + #	01- D				
	Review of Resident #					
		Administration Record				
	(eMAR) revealed:					
	_	or celecoxib 200mg take				
	•	elve hours as needed for				
	pain.					
		nentation celecoxib was				
	administered.					
	Review of Resident #	3's January 2022 eMAR				
	revealed:					
	-There was an entry f	or celecoxib 200mg take				
		elve hours as needed for				
	pain.					
	= -	nentation celecoxib was				
	administered.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
						R-C
		HAL081014	B. WING		02	2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE FOREST CITY		EY RIDGE ROAD			
	CLIMMA DV CT		T CITY, NC 28043	DDOVIDEDIS DI AN OF	CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 22	D 358			
	revealed: -There was an entry one capsule every tw painThere was no docur administered. Observations of med Resident #3 on 02/12 there was no celecox administration.	1/22 at 3:42pm revealed kib available for esentative from the facility's				
	revealed: -Resident #3's celect dispensed once on 0 -The facility would ha for Resident #3's cele	on 02/11/22 at 4:30pm exib 200mg capsules were 1/24/22 four capsules. exist on place a refill request ecoxib since it was ordered eensed but no request had cility.				
	02/11/22 at 5:22pm r -She had ordered ce Resident #3's pain ar related to Resident # -Resident #3 had exp her kneesResident #3 could e mobility and increase ordered celecoxibShe expected facility medications as order Interview with a med at 3:50pm revealed:	lecoxib on 12/09/21 for and to decrease inflammation is sosteoarthritis. Decrienced increased pain in experience decreased and pain from not receiving the systaff to administer red. ication aide (MA) on 02/11/22 desident #3's celecoxib was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S		
		HAL081014	B. WING			-C 11/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	FE, ZIP CODE	1 02/	11/2022
BBOOKD	ALE FOREST CITY	493 PINE	Y RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	"overflow" medication celecoxib was not on Interview with the Adr 4:30pm revealed: -The Resident Care Cresponsible for medic RCC had not complet due to staffing issues -MA's were responsible	ministrator on 02/10/22 at Coordinator (RCC) was lation cart audits but the led one since being hired				
	and available for adm Review of the Medica Availability Policy date facility was responsib	ed on the medication cart inistration. Ition and Treatment ed 12/2017 revealed the				
	c. Review of Residen (PCP) orders dated 0 for Ben Gay apply to topically as needed for Interview with Reside 10:20am revealed: -Her knees hurt, and	t #3's Primary Care Provider 1/05/22 revealed an order hips, knees, and lower back or pain four times a day. nt #3 on 02/09/22 at she was "always" in pain. the had any medications ain.				
	02/09/22 at 10:23am	revealed she administered led Tylenol (a medication				

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STATE FORM 6899 13EM11 If continuation sheet 24 of 37

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	02/11/2022
			RIDGE ROAD		
BROOKD	ALE FOREST CITY	FOREST C	ITY, NC 28043	l .	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	358 Continued From page 24 D 358				
	(eMAR) revealed: -There was an entry f knees, and lower bac pain four times a dayThere was no docum administered. Review of Resident #	Administration Record or Ben Gay apply to hips, k topically as needed for nentation Ben Gay was			
	Review of Resident #3's January 2022 eMAR revealed: -There was an entry for Ben Gay apply to hips, knees, and lower back topically as needed for pain four times a day. -There was no documentation Ben Gay was administered. Review of Resident #3's February 2022 eMAR revealed: -There was an entry for Ben Gay apply to hips, knees, and lower back topically as needed for pain four times a day. -There was no documentation Ben Gay was administered.				
	Observations of medi Resident #3 on 02/11 there was no Ben Ga administration.	/22 at 3:42pm revealed			
	=				
	at 3:50pm revealed:	cation aide (MA) on 02/11/22 y Resident #3's Ben Gay			

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STATE FORM 6899 13EM11 If continuation sheet 25 of 37

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE FOREST CITY		Y RIDGE ROAD		
- DITOUTED	ALL I OKLOT OIT	FOREST	CITY, NC 28043	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	25	D 358		
	"overflow" medication Gay was not on the "o Telephone interview w 5:22pm revealed:	ons were stored on the cart but Resident #3's Ben overflow" cart. with the PCP on 02/11/22 at			
	-She had ordered Resident #3's Ben Gay ointment for knee, hip, and back pain on 01/05/22Resident #3 had experienced increased pain in her kneesResident #3 could experience decreased mobility and increased pain from not receiving the ordered Ben Gay ointmentShe expected facility staff to administer medications as ordered.				
	4:30pm revealed:	ministrator on 02/10/22 at			
	(no date provided) by pharmacyMA's were responsible medications that were -The residents ordered	ed on the medication cart			
	facility was responsib	ed 12/2017 revealed the			
	Refer to the facility's Policy dated 06/2020	Medication Administration			
	Review of the facility's	s Medication Administration			

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Policy dated 06/2020 revealed:

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OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	HAL081014	B. WING			R-C 2/11/2022
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATI	E, ZIP CODE		
ALE FOREST CITY					
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETE DATE
-Medications and trea administered within the Physician/Health Card-Medication and/or treatereported promptlyMedications should be hour before or one hour frequency and time. The facility failed to enadministered as order residents, including Residents, inc	the parameters of the professional orders. Eatment errors should be the administered within one pur after the prescribed the sead of the prescribed the pres	D 358			
Administration 10A NCAC 13F .1004 (j) The resident's mer record (MAR) shall be following:	Medication Administration dication administration	D 367			
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From page -Medications and trea administered within the Physician/Health Care -Medication and/or trea reported promptlyMedications should to hour before or one ho frequency and time. The facility failed to eladministered as order residents, including R receive a rapid-acting multiple occasions resivalues increasing from month period of time of 5.7%), putting the residabetic retinopathy (a that can lead to blindr This failure was detrir and welfare of Reside Type B Violation. The facility provided a accordance with G.S. this violation. THE CORRECTION I VIOLATION SHALL N 2022. 10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 (j) The resident's med record (MAR) shall be	HALO81014 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 -Medications and treatments should be administered within the parameters of the Physician/Health Care Professional ordersMedication and/or treatment errors should be reported promptlyMedications should be administered within one hour before or one hour after the prescribed frequency and time. The facility failed to ensure medications were administered as ordered to 4 of 6 sampled residents, including Resident #1 who did not receive a rapid-acting insulin as ordered on multiple occasions resulting in hemoglobin A1C values increasing from 9.8% to 10.7% in a 3 month period of time (normal range is below 5.7%), putting the resident at risk of infection, diabetic retinopathy (a complication of diabetes that can lead to blindness), and kidney disease. This failure was detrimental to the health, safety, and welfare of Resident #1 and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 28, 2022. 10A NCAC 13F .1004(j) Medication Administration record (MAR) shall be accurate and include the following:	ROVIDER OR SUPPLIER ALE FOREST CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 -Medications and treatments should be administered within the parameters of the Physician/Health Care Professional ordersMedications should be administered within one hour before or one hour after the prescribed frequency and time. The facility failed to ensure medications were administered as ordered to 4 of 6 sampled residents, including Resident #1 who did not receive a rapid-acting insulin as ordered on multiple occasions resulting in hemoglobin A1C values increasing from 9.8% to 10.7% in a 3 month period of time (normal range is below 5.7%), putting the resident at risk of infection, diabetic retinopathy (a complication of diabetes that can lead to blindness), and kidney disease. This failure was detrimental to the health, safety, and welfare of Resident #1 and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The resident's medication administration (j) The resident's medication administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:	ROVIDER OR SUPPLIER ALE FOREST CITY 433 PINEY RIDGE ROAD FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 -Medications and treatments should be administered within the parameters of the Physician/Health Care Professional ordersMedications should be administered within one hour before or one hour after the prescribed frequency and time. The facility failed to ensure medications were administered as ordered to 4 of 6 sampled residents, including Resident #1 who did not receive a rapid-acting insulin as ordered on multiple occasions resulting in hemoglobin A1 C values increasing from 9.8% to 10.7% in a 3 month period of time (normal range is below 5.7%), putting the resident at risk of infection, diabetic retinopathy (a complication of diabetes that can lead to blindness), and kidney disease. This failure was detrimental to the health, safety, and welfare of Resident #1 and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. The Tacility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation.	A BUILDING: HALB81014 STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, WC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 26 ABILE Properties of the Physician Health Care Professional orders. Abdications and treatments should be administered within the parameters of the Physician/Health Care Professional orders. Abdications should be administered within one hour before or one hour after the prescribed frequency and time. The facility failed to ensure medications were administered as ordered to 4 of 6 sampled residents, including Resident #1 who did not receive a rapid-acting insulin as ordered on multiple occasions resulting in hemoglobin A1C values increasing from 9.8% to 10.7% in a 3 month period of time (normal range is below 5.7%), putting the resident at risk of infection, diabetic retinopathy (a complication of diabetes that can lead to blindness), and kidney disease. This failure was detrimental to the health, safety, and welfare of Resident #1 and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/22 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 28, 2022. 10A NCAC 13F .1004(i) Medication Administration record (MAR) shall be accurate and include the following:

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		D.C	
		HAL081014	B. WING		R-C 02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD ITY, NC 28043			
			111, NC 20043			_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETI	Ē.
D 367	Continued From page	27	D 367			
	(2) name of the medic (3) strength and dosa administered; (4) instructions for ad or treatment; (5) reason or justifical medications or treatm documenting the resu (6) date and time of a (7) documentation of medications or treatm omission, including re (8) name or initials of the medication or treat signature equivalent to documented and main administration record	cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the efusals; and, the person administering tentent. If initials are used, a to those initials is to be intained with the medication (MAR).				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration records (eMARs) were accurate for 1 of 7 residents sampled (#7) related to documentation of fingerstick blood sugar (FSBS) entries.					
	The findings are:					
	Review of Resident # 12/16/21 revealed diadetes.	7's current FL2 dated agnoses included type 2				
	Review of Resident #7's physician's orders dated 01/18/22 revealed there was an order for fingerstick blood sugar (FSBS) testing before every meal and at bedtime.					
		ent #7's FSBS test during ion pass on 02/09/22 at				

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MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 433 PINDY FIDDER OAD PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 434 PINDY FIDDER OAD PROVIDER'S PLAN OF CORRECTION (PA) D (STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 483 PINEY RIDGE ROAD FOREST CITY 493 PINEY RIDGE ROAD FOREST CITY, NC 28043 PRECINC TYA, NC 28043 PRECINC TYA, NC 28043 D PROVIDER'S PLAN OF CORRECTION CONSTRUCTIVE, NC 28043 D PRECINC TAG CRACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR USC DENTIFYING INFORMATION) D 367 Continued From page 28 -The medication aide (MA) removed a black zippered hard case from the top drawer of the medication cart. -There was a second black zippered soft case clearly labeled with another resident's name located in the same drawer where the MA removed the black zippered case was not labeled with a resident name. -Inside the black zippered case was not labeled with a resident name. Interview with the same MA on 02/09/22 at 12:24pm revealed: -The black zippered hard case with the Brand A glucometer belonged to Resident #7. -Resident #7 and no on the resident were the only two residents on the medication cart with FSBs testing equipment. -Resident #7 and no on the resident two re the only two residents on the medication cart with FSBs testing equipment. -Resident #7 was the only resident to have a black zippered hard case and a Brand A glucometer. -She never shared resident glucometers.				A. BUILDING: _		D	,	
PROOKDALE FOREST CITY			HAL081014	B. WING		1		
CALL DEFICIENCY SUMMARY STATEMENT OF DEFICIENCES	NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCES D 367	BROOKDA	ALE FOREST CITY						
EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 367 Continued From page 28 -The medication aide (MA) removed a black zippered hard case from the top drawer of the medication cartThere was a second black zippered soft case clearly labeled with another resident's name located in the same drawer where the MA removed the black zippered case was not labeled with a resident nameInside the black zippered case was and labeled with a resident name. Interview with the same MA on 02/09/22 at 12:24pm revealed: -The black zippered hard case with the Brand A glucometer pelonged to Resident #7Resident #7 had brought the case and glucometer from homeShe did not know why it did not have Resident #7's name on the outside of the case or written on the glucometer insideResident #7 and one other resident were the only two residents on the medication cart with FSBS testing equipmentResident #7 was the only resident to have a black zippered hard case and a Brand A glucometerShe never shared resident glucometers.				CITY, NC 28043				
-The medication aide (MA) removed a black zippered hard case from the top drawer of the medication cart. -There was a second black zippered soft case clearly labeled with another resident's name located in the same drawer where the MA removed the black zippered hard case. -The black zippered case was not labeled with a resident name. -Inside the black zippered case was a Brand A glucometer. -The Brand A glucometer was not labeled with a resident name. Interview with the same MA on 02/09/22 at 12:24pm revealed: -The black zippered hard case with the Brand A glucometer belonged to Resident #7. -Resident #7 had brought the case and glucometer from home. -She did not know why it did not have Resident #7's name on the outside of the case or written on the glucometer inside. -Resident #7 and one other resident were the only two residents on the medication cart with FSBS testing equipment. -Resident #7 was the only resident to have a black zippered hard case and a Brand A glucometer. -She never shared resident glucometers.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE	
zippered hard case from the top drawer of the medication cart. -There was a second black zippered soft case clearly labeled with another resident's name located in the same drawer where the MA removed the black zippered hard case. -The black zippered case was not labeled with a resident name. -Inside the black zippered case was a Brand A glucometer. -The Brand A glucometer was not labeled with a resident name. Interview with the same MA on 02/09/22 at 12:24pm revealed: -The black zippered hard case with the Brand A glucometer belonged to Resident #7. -Resident #7 had brought the case and glucometer from home. -She did not know why it did not have Resident #7's name on the outside of the case or written on the glucometer inside. -Resident #7 and one other resident were the only two residents on the medication cart with FSBS testing equipment. -Resident #7 was the only resident to have a black zippered hard case and a Brand A glucometer. -She never shared resident glucometers.	D 367	Continued From page	28	D 367				
consecutive results from 01/23/22 to 02 09/22 at 3:25pm revealed: -There were 66 values in the glucometer memory dated 01/23/22 to 02/09/22Of the 66 values in the glucometer memory dated 01/23/22 to 02/09/22, 8 values did not		-The medication aide zippered hard case fr medication cartThere was a second clearly labeled with all located in the same dremoved the black zippered cresident nameInside the black zippered cresident nameInside the black zippered from the glucometerThe Brand A glucomeresident name. Interview with the same described to the black zippered from the glucometer from home she did not know with the same on the outson the glucometer insident #7 and one only two residents on FSBS testing equipmentsResident #7 was the black zippered hard or glucometerShe never shared results from the second the secon	(MA) removed a black om the top drawer of the black zippered soft case nother resident's name rawer where the MA opered hard case. Hase was not labeled with a ered case was a Brand A eter was not labeled with a me MA on 02/09/22 at hard case with the Brand A to Resident #7. The property of the case or written side of the case or written side. The other resident were the the medication cart with ent. The only resident to have a hase and a Brand A sident glucometers. 7's glucometer memory on 01/23/22 to 02 09/22 at sin the glucometer memory 09/22. The glucometer memory on glucometer memory o					

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electronic Medication Administration Record

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DIVIDION	of vision of Fleatin Service Regulation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			1		
			D MINO		R-C
		HAL081014	B. WING		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE	
TWANE OF T	NOVIDER OR OUT FIER				
BROOKDA	ALE FOREST CITY		RIDGE ROAD		
		FOREST	CITY, NC 28043	3	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(* /
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	SIATE DATE
D 367	Continued From page	29	D 367		
	. •				
	(eMAR).				
	-On 02/07/22 at 10:24	lam the glucometer value			
	was 115, the eMAR d	ocumentation was 02/07/22			
	at 9:46am was 215.				
	-On 02/04/22 at 5:51p	om the glucometer value			
	was 166, the eMAR d	ocumentation was 02/04/22			
	at 5:54pm was 132				
	-On 02/04/22 at 1:22p	om the glucometer value			
		ocumentation was 02/04/22			
	at 12:32pm was 152.				
	=	pm the glucometer value			
		ocumentation was 02/04/22			
	at 12:29am was 115.				
		Spm the glucometer value			
		ocumentation was 01/31/22			
	at 10:31pm was 316.	ocumentation was 01/31/22			
		One the alugemeter value			
		2pm the glucometer value			
	·	o eMAR documentation.			
		am the glucometer value			
	· ·	ocumentation was 01/28/22			
	at 10:01am was 127.				
		2pm the glucometer value			
	· ·	ocumentation was 01/23/22			
	at 10:37pm was 330.				
		7's January 2022 eMAR			
	from 01/23/22 to 01/3				
	-On 01/24/22 at 5:53p				
		corresponding value in the			
	glucometer history.				
	-On 01/26/22 at 8:55p	om there was a 215			
	documented, but no o	corresponding value in the			
	glucometer history.				
	-On 01/29/22 at 9:12p	om there was a 167			
	-	corresponding value in the			
	glucometer history.				
	· · · · · · · · · · · · · · · · · · ·				
	Review of Resident #	7's February 2022 eMAR			
	from 02/01/22 to 02/0	<u> </u>			

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-On 02/04/22 at 12:29am there was a 115

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED	
		HAL081014	B. WING		l l	R-C 2/11/2022
NAME OF D			DDECC CITY CTA	TE ZID CODE	1 02	111/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE Y RIDGE ROAD	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 367	glucometer historyOn 02/05/22 at 6:31pdocumented, but no confidence of the street o	corresponding value in the om there was a 172 corresponding value in the	D 367			
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care ar adequate, appropriate	laration of Residents' Rights ration of Residents' Rights have the following rights: and services which are e, and in compliance with state laws and rules and	D912			
	reviews, the facility fa received care and se appropriate and in co federal and state laws	as evidenced by: ns, interviews and record illed to ensure residents rvices which were adequate, mpliance with relevant s and rules and regulations administration and staff				
	Based on observatinterviews, the facility medications as order residents (#1, #2, #3,	ed for 4 of 6 sampled				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL081014	B. WING		R-C 02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	
BROOKD	ALE FOREST CITY		EY RIDGE ROAD CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D912	levels (#1), a medical stiffness, and difficulty medications used to the anxiety (#2), and medication and pain (NCAC 13F .1004(a) (Type B Violation)]. 2. Based on interview facility failed to ensure B) who administered the 5, 10, and 15 hou training course or had medication aide verification aide verification aide emedications (B).[Reference of the stiff of the medication (B).[Reference of the stiff of the medications (B).[Reference of the stiff of the medications (B).[Reference of the stiff o	control high blood sugar cion used to treat tremors, y with movement (#6), treat fluid retention and dications used to treat (#3). [Refer to Tag 358 10A Medication Administration ws, and record reviews the e 2 of 3 sampled staff (A and medications had completed or medication administration didocumentation of the cation form (A), and staff in for verification of passing exam prior to administering er to Tag 935, G.S. Care Home Medication Aides ency Evaluation	D912		
D935	Training and Competer G.S. § 131D-4.5B (b) Medication Aides; Transcription (b) Beginning Octobe home is prohibited from any unsupervised methat individual has promedication aide during an adult care home of the following: (1) A five-hour training	Adult Care Home aining and Competency ents. r 1, 2013, an adult care om allowing staff to perform dication aide duties unless	D935		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1141 004044	B. WING		R-(
		HAL081014	B. WINO		02/1	1/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKDA	ALE FOREST CITY		RIDGE ROAD			
			ITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D935	Continued From page	32	D935			
D935	a. The key principles administration. b. The federal Center Prevention guidelines applicable, safe inject procedures for monito bleeding occurs or the exists. (2) A clinical skills evan NCAC 13F .0503 and (3) Within 60 days froindividual must have (a. An additional 10-hodeveloped by the Deptraining and instruction 1. The key principles administration. 2. The federal Center Prevention guidelines applicable, safe inject procedures for monito bleeding occurs or the exists. b. An examination deby the Division of Heactordance with substitute 1. The secondance 1. The s	of medication s for Disease Control and on infection control and, if tion practices and oring or testing in which the potential for bleeding aluation consistent with 10A 10A NCAC 13G .0503. In the date of hire, the completed the following: our training program coartment that includes in in all of the following: of medication s of Disease Control and on infection control and, if tion practices and oring or testing in which the potential for bleeding veloped and administered alth Service Regulation in section (c) of this section.	D930			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R-C	
		HAL081014	B. WING		02/11/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKDA	ALE FOREST CITY		RIDGE ROAD			
		FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D935	Continued From page	e 33	D935			
	The findings are:					
	-Staff A's hire date ward-Staff A passed the mon 07/25/17There was documen 5-hour medication ad on 11/16/21There was no documen the 10-hour or 15-hour training courseThere was no document or 15-hour o	personnel record revealed: as documented as 10/22/21. dedication aide (MA) exam tation Staff A completed the ministration training course mentation Staff A completed for medication administration mentation of medication aide on in Staff A's personnel				
	medication administrative revealed: -There was an entry to meals and at bedtime and at bedtime and the second of t	o check blood sugars before c. for Novolog (a medication ugar levels) 100 units, 5 s needed if the blood sugar han 200. administering 13 doses of cortunities when the blood eater than 200. tation Staff A administered sugar reading less than 200 ading of 55 and again on				
	revealed: -There was an entry t meals and at bedtime -There was an entry f	or Novolog 100 units, 5 s needed if the blood sugar				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SI COMPLE	
			7. BOILBING.		R-0	C
		HAL081014	B. WING		1	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		Y RIDGE ROAD CITY, NC 28043	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D935	Novolog out of 14 oppsugar reading was ground and the sugar reading was a MA since and the sugar revealed: -Staff A was hired on 5-hour medication administration administration administration administration administration administration docum was required to have administration docum verification form. -She thought Staff A have the MA training. 2. Review of Staff B's -Staff B's hire date was -There was document 15-hour medication amon 08/19/21. -Staff B completed the Competency Evaluation and docum written medication and Review of a resident's Review of a resident's Review of a resident's sugar reading was ground and sugar reading was a manufacture was no docum written medication and Review of a resident's sugar reading was a sugar reading	administering 11 doses of contunities when the blood eater than 200. medication aide (MA) on revealed: etic care training in she was hired in October 2017. ministrator on 02/11/22 at 10/22/21 and completed the ministration training ning on 11/16/21. ete the 10-hour or 15-hour ation training. edication administration d she did not know Staff A the 15-hour medication entation or an employment mad 6 months to complete personnel record revealed: as documented as 02/17/21. Eation Staff B completed the dministration training course the Medication Clinical Skills on on 10/12/21. Entation Staff B passed the le (MA) examination.	D935			
	medication administrate revealed:	ation record (eMAK)				

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-There was an entry to check blood sugars before

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL081014	B. WING		R-C 02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE		
		493 PINEY	RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST C	CITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPL	ETE
D935	meals and at bedtime -There was an entry tunits every four hours sugar reading was gr -Staff B documented Novolog out of 8 opps sugar reading was gr -There was documen Novolog on 12/23/21 less than 200. Review of a resident's revealed: -There was an entry to meals and at bedtime -There was an entry to units every 4 hours a reading was greater to -Staff B documented Novolog out of 18 opps sugar reading was gr -There was documen Novolog on 01/30/22 less than 200. Review of a resident's revealed: -There was an entry to sugar reading was gr -There was an entry to sugar reading was gr -There was an entry to sugar reading was gr -There was an entry to sugar reading was gr -There was an entry to sugar reading was greater to -Staff B documented Novolog out of 2 opps sugar reading was gr Interview with the Add 2:30pm revealed:	for Novolog 100 units, 5 is as needed if the blood reater than 200. administering 7 doses of cortunities when the blood reater than 200. Itation Staff B administered with a blood sugar reading is January 2022 eMAR is check blood sugars before expected if the blood sugar than 200. Itation Staff B administering 9 doses of portunities when the blood reater than 200. Itation Staff B administered with a blood sugar reading is February 2022 eMAR is seeded if the blood sugar reading is February 2022 eMAR is for Novolog 100 units, 5 is needed if the blood sugar seeded if the blood sugar than 200. Itation Staff B administered with a blood sugar seeded if the blood sugar seeded if the blood sugar than 200. administering one dose of cortunities when the blood	D935			
	08/19/21 and the Med					

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HAL081014 B. WING R-C 02/11/202	
11AC001014 UZ/111/202	
	2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE FOREST CITY 493 PINEY RIDGE ROAD FOREST CITY, NC 28043	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	(X5) COMPLETE DATE
Evaluation was completed on 10/12/21She did not know Staff B had to successfully pass the written state exam within 60 days of hireStaff B notified her a "couple days" prior he was unsuccessful scheduling an appointment to take the MA examination. The facility failed to ensure 2 of 3 sampled staff (A and B), who were administering medications to residents in the facility completed the 5, 10, or 15-hour medication administration training course or had documentation of employment as a medication aide (MA) in the previous 24 months (staff A), and successfully passed the MA examination within 60 days of hire (staff B). The facility s failure to ensure MA's met training requirements prior to the administration of medications resulted in insulin errors which 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 02/11/22 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 28, 2022.	

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