Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMI LET	LD
		HAL092032	B. WING		04/13/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST	611 SOUTH	I BROOKS ST	REET		
		WAKE FOR	REST, NC 275	87		
(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
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual survey on 04/12/22 to 04/13/22.					
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION					
	Based on observations, interviews and record reviews, the facility failed to ensure referral and follow-up to meet the healthcare needs for 2 of 5 sampled residents (#1 and #4) after an unwitnessed fall with a head injury (#4) and for elevated blood sugar levels and delayed insulin administration (#1).					
	The findings are:					
	11/09/21 revealed dia	1's current FL-2 dated gnoses included entia and type II diabetes				
	orders revealed: -A physician's order of Humalog (a fast-action hyperglycemia) give i following sliding scale before meals and at b blood sugar (FSBS) 1 201-250 give 2 units; units;FSBS 301-350 g	lated 02/01/22 for insuling insuling used to treat insuling according to the esubcutaneously (SQ) bedtime, for finger stick 151-200 give 1 unit; FSBS FSBS 251-300 give 5 give 8 units; FSBS 351-400 101-450 give 14; and FSBS				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co	(X2) MULTIPLE CONSTRUCTION (X3) D			
			7 ti Boile Billot			
HAL092032			B. WING		04	1/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
DD001/D	611 SOU			ET		
BROOKD	ALE WAKE FOREST	WAKE FO	OREST, NC 27587			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	-An endocrinologist of revealed an order for to the following sliding and at bedtime, for Founits; FSBS 201-250 give 2 units; FSBS 351 plus give 4	Humalog insulin according g scale SQ before meals SBS less than 200 give 0 give 1 unit; FSBS 251-300 01-350 give 3 units; and 4 units.				
	-A signed physician's order summary report dated 02/22/22 to check FSBS levels four times daily before meals and at bedtime and notify the PCP for results less than 50 or greater than 500. -A signed physician's order summary report dated 02/22/22 for Humalog insulin according to the following sliding scale SQ before meals and at bedtime, for FSBS 151-200 give 0 units; FSBS 201-250 give 1 unit; FSBS 251-300 give 2 units; FSBS 301-350 give 3 units; FSBS 351-400 give 4 units; FSBS 401-450 give 5 units and call endocrinology.					
	medication administrative revealed: -An entry starting 01/for Humalog sliding simeals and at bedtime units; FSBS 201-250 give 2 units; FSBS 30 351-400 give 4 units; and call endocrinolog-On 02/01/22 at 7:00 documented as 497On 02/01/22 at 11:30 documented as 572A second entry startive ending 02/15/22, for 1 before meals and at 1 give 1 unit; FSBS 20	30/22 and ending 02/01/22, cale coverage SQ before e, for FSBS 151-200 give 0 give 1 unit; FSBS 251-300 01-350 give 3 units; FSBS FSBS 401-500 give 5 units ly.				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 2 of 39

Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	JRVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLE	TED
			7 ti Boilebiiroi -			
HAL092032		B. WING		04/1	3/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		611 SOUT	H BROOKS ST	REET		
BROOKDA	ALE WAKE FOREST	WAKE FO	REST, NC 275	R7		
			11201,110 270			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORY OR E	LOCIDEIVIII TIIVO IIVI OKWATION)	TAG	DEFICIENCY)	NAIL	5, 2
				,		
D 273	Continued From page	2	D 273			
	Continuou i ioni page	, _				
	FSBS 351-400 give 1	1 units; FSBS 401-450 give				
	14: FSBS greater tha	n 451 give 16 units and call				
	the PCP.	g				
		oam, the FSBS result was				
	documented as 600.	Jaili, tile i ODO lesuit was				
) H FODOH				
		Dam, the FSBS result was				
	documented as 600.					
	-On 02/11/22 at 11:00	am, the FSBS result was				
	documented as 478.					
	-On 02/13/22 at 11:00	am, the FSBS result was				
	documented as 600.					
	-A third entry starting	02/15/22 at 11:00am, for				
		e SQ before meals and at				
		51-200 give 0 units; FSBS				
	•	FSBS 251-300 give 2 units;				
	•	units; FSBS 351-400 give 4				
	units; FSBS 401-450	give 5 units and call				
	endocrinology.					
	-On 02/17/22 at 11:00	am, the FSBS result was				
	documented as 517.					
	-On 02/19/22 at 7:00a	am, the FSBS result was				
	documented as 467.					
		am, the FSBS result was				
	documented as 467.	yam, me i ebe recait was				
		om, the FSBS result was				
		oni, the robo result was				
	documented as 443.	the FODO				
		om, the FSBS result was				
	documented as 442.					
		am, the FSBS result was				
	documented as 450.					
	-On 02/24/22 at 11:00	am, the FSBS result was				
	documented as 600.					
	-On 02/28/22 at 11:00	oam, the FSBS result was				
	documented as 452.	,				
		nentation the endocrinologist				
		ent's FSBS was greater than				
		ents rodo was greater triali				
	401.					
			1	İ		

Division of Health Service Regulation

progress notes revealed:

Review of Resident #1's February 2022 electronic

STATE FORM 6899 HTQL11 If continuation sheet 3 of 39

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPL	
			7. BOILDING.			
	HAL092032 B. WING			04/1	3/2022	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET.			TE, ZIP CODE		
			I BROOKS ST			
BROOKD	ALE WAKE FOREST					
			REST, NC 275			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
D 273	Continued From page	3	D 273			
	On 00/47/22 at 12:03	Dam Eunita of Humalas				
		Bpm, 5 units of Humalog red, and a physician was				
		red, and a physician was				
	notified.	Dam Eunita of Humalas				
		Opm, 5 units of Humalog				
	notified.	red, and a physician was				
		om, FSBS result was "HI", a				
	message was left for					
	message was left for	Endocrinology.				
Review of Resident #1's March 2022 eMAR						
	revealed:					
		g sliding scale SQ coverage				
		pedtime, for FSBS 151-200				
		01-250 give 1 unit; FSBS				
		FSBS 301-350 give 3 units;				
		units; FSBS 401-450 give 5				
	units and call endocri	nology.				
		am, the FSBS result was				
	documented as 425.					
	-On 03/03/22 at 11:00	am, the FSBS result was				
	documented as 412.					
	-On 03/04/22 at 7:00a	am, the FSBS result was				
	documented as 475.					
		Dam, the FSBS result was				
	documented as 532.					
		om, the FSBS result was				
	documented as 428.					
		am, the FSBS result was				
	documented as 438.					
		Dam, the FSBS result was				
	documented as 447.					
		Dam, the FSBS result was				
	documented as 586.) th FODO				
		am, the FSBS result was				
	documented as 490.	om the ESDS requitives				
	-	om, the FSBS result was				
	documented as 405.	om the ESPS result was				
	-On 03/10/22 at 11:00 documented as 443.	am, the FSBS result was				
	Tuocumented as 443.		1	1		1

Division of Health Service Regulation

-On 458 on 03/13/22 at 11:00am, the FSBS result

STATE FORM 6899 HTQL11 If continuation sheet 4 of 39

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
			A. DOILDING.			
HAL092032		B. WING		04/1	3/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	BROOKDALE WAKE FOREST 611 SOU			REET		
BROOKE	TEL WARE I OREOT	WAKE FO	REST, NC 275	37		
(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	(X5) COMPLETE DATE
D 273	Continued From page	÷ 4	D 273			
D 2/3	was documented as 4-On 03/17/22 at 4:00p documented as 502On 03/18/22 at 11:00 documented as 450On 03/19/22 at 11:00 documented as 520On 03/19/22 at 8:00p documented as 529On 03/20/22 at 11:00 documented as 468On 03/20/22 at 4:00p documented as 468On 03/20/22 at 11:00 documented as 470On 03/21/22 at 11:00 documented as 470On 03/21/22 at 11:00 documented as 458On 03/22/22 at 11:00 documented as 458On 03/25/22 at 11:00 documented as 460. Review of a physician #1 dated 03/17/22 review of a physician #1 revealed: -On 03/22/22, a notific was 271 at 4:30pm at 02/28/22 at 8:49am the were attached.	ASS. Dom, the FSBS result was Doam, the FSBS result was Doam, the FSBS result was Dom, the FSBS result was Doam, the FSBS result was	D 273			
	greater than 401; on 0 03/01/22 FSBS 425, a Review of Resident # progress notes reveal					
	-On 03/07/22 at 12:11	lpm, 5 units of Humalog				

Division of Health Service Regulation

insulin was administered, and a physician was

STATE FORM 6899 HTQL11 If continuation sheet 5 of 39

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL092032		B. WING		04/13/20	22		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
BROOKD	ALE WAKE FOREST		TH BROOKS STI				
(V4) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIES	OREST, NC 2758	PROVIDER'S PLAN OF CORRECT	TION	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE CO	(X5) DMPLETE DATE	
D 273	Continued From page	e 5	D 273				
	notified.	1am, 5 units of Humalog					
		ered, and a physician was					
		pm, a physician was faxed					
		6am, 5 units of Humalog					
	insulin was given, and a physician was called. Review of Resident #1's April 2022 eMAR revealed: -An entry for Humalog sliding scale coverage SQ						
		bedtime, for FSBS 151-200					
	, •	01-250 give 1 unit; FSBS FSBS 301-350 give 3 units;					
	FSBS 351-400 give 4	4 units; FSBS 401-450 give 5					
	units and call endocri	inology. pm, the FSBS result was					
	documented as 425.	pm, the robo result was					
	-On 04/03/22 at 8:00 documented as 540.	pm, the FSBS result was					
	-On 04/04/22 at 7:00am, the FSBS result was documented as 467.						
	-On 04/06/22 at 4:00 documented as 411.	pm, the FSBS result was					
	-On 04/08/22 at 11:00	0am, the FSBS result was					
	documented as 450.	pm, the FSBS result was					
	documented as 415.	prii, trie PODO result was					
	Review of Resident #	#1's April 2022 electronic					
		9pm, the resident's FSBS					
	was 425 before dinne	er, 540 after dinner and					
	endocrinology was ca -On 04/04/22 at 6:17	alled and faxed. am a physician was notified.					
	Review of a physicial	n's notification for Resident					
		vealed a notification the					

Division of Health Service Regulation

resident's FSBS was 540.

STATE FORM 6899 HTQL11 If continuation sheet 6 of 39

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL092032		B. WING		04/13/2022	
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST	611 SOUTH	RESS, CITY, STA BROOKS STI EST, NC 2758	REET		
PREFIX (EACH DEFICIENCY MU	EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273 Continued From page 6		D 273			
Review of physician notifications do results greater than 401. Interview with a medicatio 4/12/22 at 10:07 am review and a contacted the physician notifications with the sesident #1's FSBS results over 500 at progress notes. Telephone interview with 04/13/22 at 3:00 pm reveils was told to call the Director (HWD) when Resident HWD would say shingh FSBS. The HWD would say shingh FSBS. The HWD told her not to just give the insulin. There was one occasion read "hi" where she had because the FSBS level. Telephone interview with assistant at the Endocrin 04/12/22 at 3:24 pm reveils at the Endocrin 04/12/22 at 3:24 pm reveils at the Endocrin 04/12/22 at 3:24 pm reveils and office assistants. The medical office assistants. The medical office assistants. There were no calls on FSBS of 436 for Resider. She did not have inform the resident's diabetes medical office assistants.	ifications and electronic of there were no additional occumented for FSBS. Ition aide (MA) on wealed: mad to do anything for sult of 436. sician by calling or faxing and documented in the In a second MA on ealed: Health and Wellness esident #1's FSBS was The knew the resident had The co call the physician and the whole of the physician and the phys				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 7 of 39

STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL092032		B. WING		04/13/2022		
					1 04/13/2022	—
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
BROOKD	ALE WAKE FOREST		TH BROOKS STI DREST, NC 2758			
	CLIMMADY CT				d ogs	_
(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 COMPLET	E
D 273	Continued From page	e 7	D 273			
	(HWD) on 04/13/22 a -She supervised MAs Coordinator (RCC)She had not done ar contacting the physici -She had spoken with general; if something was not donePrior to 04/12/22, she number of high FSBS been reported to the I #1She was still learning -She had been able to records, but Resident records.	and the Resident Care by trainings at the facility on the staff on documentation in was not documented then it the did not know of the stevels that should have Endocrinologist for Resident of the role of the HWD. The bound and the staff about the staff about delayed insulin				
	5:20pm revealed: -All orders should incomedication and when -MAs should be report to written parameters after hoursEverything should be electronic progress not result, what they did a physician providedThere was also an addocumentation on the administration record enter a noteStaff did not contact	to notify the physician. ting FSBS results according by calling and/or faxing if e documented in the otes including the FSBS and any instructions the rea named supplementary e electronic medication (eMAR) where staff could ther regarding high FSBS 1; the order clearly states to				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 8 of 39

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION (X3) DATI A. BUILDING: COM		
	HAL092032	B. WING		04	/13/2022
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ALE WAKE FOREST	611 SOU	TH BROOKS STRE	ET		
ALL WARE I ORLOT	WAKE F	OREST, NC 27587			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	e 8	D 273			
Attempted telephone #1's Endocrinologist	interviews with Resident on 04/12/22 at 4:05pm and				
Primary Care Provide	er (PCP) on 04/12/22 at				
	· ·				
revealed staff were to provide first aid or cal	assist the resident and				
revealed: -Diagnoses included anxiety, and chronic of	dementia, hypertension, constipation.				
04/08/22 revealed: -Resident #4 had an head on the nightstar 11:30pm.	unwitnessed fall and hit her nd on 04/08/22 around				
-The resident was pro- The family member vinjury on 04/09/22 at -The Hospice Nurse head injury and would morning to assess the -The Hospice Nurse	ovided first aid by staff. was notified of the fall and 12:40am. was notified of the fall and d come to the facility in the e resident. recommended to staff not to				
	ROVIDER OR SUPPLIER SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page Attempted telephone #1's Endocrinologist on 04/13/22 at 2:42pr Attempted telephone Primary Care Provide 2:52pm was unsucce Based on observation reviews, it was determinerviewable. 2. Review of the Faci revealed staff were to provide first aid or call the directions of the Soccurred. Review of Resident # revealed: -Diagnoses included anxiety, and chronic of the resident was interviewable anxiety, and chronic of the resident #4 had an head on the nightstar 11:30pmThe resident #4 had an head on the nightstar 11:30pmThe type of injury was the sident was profiled in the provide injury and would morning to assess the the Hospice Nurse send the resident to the summary side of the sident to the send the resident to the summary side of the send the resident to the summary side of the sum	ROVIDER OR SUPPLIER ALE WAKE FOREST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 Attempted telephone interviews with Resident #1's Endocrinologist on 04/12/22 at 4:05pm and on 04/13/22 at 2:42pm were unsuccessful. Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 04/12/22 at 2:52pm was unsuccessful. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable. 2. Review of the Facility's Fall Policy on 04/13/22 revealed staff were to assist the resident and provide first aid or call 911 as indicated and follow the directions of the 911 operator when a fall occurred. Review of Resident #4's FL-2 dated 11/09/21 revealed: -Diagnoses included dementia, hypertension, anxiety, and chronic constipation. -The resident was intermittently disoriented. Review of the Facility's Incident Report dated 04/08/22 revealed: -Resident #4 had an unwitnessed fall and hit her head on the nightstand on 04/08/22 around	ROVIDER OR SUPPLIER ALE WAKE FOREST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 Attempted telephone interviews with Resident #1's Endocrinologist on 04/12/22 at 4:05pm and on 04/13/22 at 2:42pm were unsuccessful. Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 04/12/22 at 2:52pm was unsuccessful. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable. 2. Review of the Facility's Fall Policy on 04/13/22 revealed staff were to assist the resident and provide first aid or call 911 as indicated and follow the directions of the 911 operator when a fall occurred. Review of Resident #4's FL-2 dated 11/09/21 revealed: -Diagnoses included dementia, hypertension, anxiety, and chronic constipationThe resident was intermittently disoriented. Review of the Facility's Incident Report dated 04/08/22 revealed: -Resident #4 had an unwitnessed fall and hit her head on the nightstand on 04/08/22 around 11:30pmThe type of injury was a cut to the scalpThe resident was provided first aid by staffThe family member was notified of the fall and injury on 04/09/22 at 12:40amThe Hospice Nurse was notified of the fall and head injury and would come to the facility in the morning to assess the residentThe Hospice Nurse recommended to staff not to send the resident to the emergency room (ER)	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST (RECH OPERICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 8 Attempted telephone interviews with Resident #1's Endocrinologist on 04/12/22 at 4:05pm and on 04/13/22 at 2:42pm were unsuccessful. Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 04/12/22 at 2:52pm was unsuccessful. Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 04/12/22 at 2:52pm was determined Resident #1 was not interviewable. 2. Review of the Facility's Fall Policy on 04/13/22 revealed staff were to assist the resident and provide first aid or call 911 as indicated and follow the directions of the 911 operator when a fall occurred. Review of Resident #4's FL-2 dated 11/09/21 revealed: -Diagnoses included dementia, hypertension, anxiety, and chronic constipationThe resident was intermittently disoriented. Review of the Facility's Incident Report dated 04/08/22 revealed: -Resident #4 had an unwitnessed fall and hit her head on the nightstand on 04/08/22 around 11:30pmThe resident was provided first aid by staffThe family member was notified of the fall and injury on 04/09/22 at 12:40amThe Hospice Nurse was notified of the fall and ainjury and would come to the facility in the morning to assess the residentThe Hospice Nurse was notified of the fall and ainjury and would come to the facility in the morning to assess the residentThe Hospice Nurse was notified of the fall and head injury and would come to the facility in the morning to assess the resident to the emergency room (ER)	RALE WAKE FOREST SIMMARY STATEMENT OF DEFICIENCIES (11 SOUTH BROOKS STREET WAKE FOREST, NC 27887) SUMMARY STATEMENT OF DEFICIENCIES (12 CHORNEST, NC 27887) SUMMARY STATEMENT OF DEFICIENCIES (13 OUTH BROOKS STREET WAKE FOREST, NC 27887) SUMMARY STATEMENT OF DEFICIENCIES (14 CHORNECT NA 14 CHORNECT NA 15 CHORNECT NA 15 CHORNECT NA 15 CHORNECT NA 16 CHORNECT NA 1

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 9 of 39

TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 9 was stable. -The family member came to the facility the next day (time not indicated) and insisted Resident #4 be sent to the ER. -Resident #4 was transported to the ER by the emergency medical services (EMS) and received two staples to the scalp. Review of Resident #4's hospital discharge summary dated 04/09/22 revealed: -The reason for Resident #4's ER visit was a fallDiagnosis included laceration of the scalp. -The hospital provided laceration repair with staples. Interview with Resident #4 on 04/12/22 at 9:30am revealed: -She fell and hit her head. -She could not recall the dayShe was transported to the ER and received two staples to the scalp. Interview with Resident #4's family member at 04/12/22 at 9:00am revealed: -She was notated on 04/09/22 early in the morning (about an hour after midnight) that the resident fell out of bed and hit her head. -She was to the facility on 04/09/22 the next morning around 10:00am and observed the cut on Resident #4's scalp to be worse than she had	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
### Continued From page 9 ### Was table. ### The family member came to the facility the next day (time not indicated) and insisted Resident ## be sent to the ER. ### Resident ## as transported to the ER by the emergency medical services (EMS) and received two staples to the scalp. ### Interview with Resident ## on 04/12/22 at 9:30am revealed: ### She was transported to the ER and received two staples to the scalp. ### Interview with Resident ## family member at 04/12/22 at 9:00am revealed: ### She was from the ER and received two staples to the scalp. ### Interview with Resident ## family member at 04/12/22 at 9:00am revealed: ### She was transported to the ER and received two staples to the scalp. ### Interview with Resident ## on 04/12/22 at 9:30am revealed: ### She was transported to the ER and received two staples to the scalp. ### Interview with Resident ## sample and received two staples to the scalp. ### Interview with Resident ## sample member at 04/12/22 at 9:00am revealed: ### She was fortal by staff the resident was fine. ### She was not on 04/09/22 ten ext. morning around 10:00am and observed the cut on Resident ## socialp to be worse than she had #### Interview with Resident was fine. ### She was to do by staff the resident was fine. ### She was to do by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by staff the resident was fine. ### She was fold by worse than she had			HAL092032	B. WING			I/13/2022
XAST DEPARTMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES DEPARTMENT OF DEFICIENCES PREFIX TAG	NAME OF P	ROVIDER OR SUPPLIER					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 9 was stable. -The family member came to the facility the next day (time not indicated) and insisted Resident #4 be sent to the ER. -Resident #4 was transported to the ER by the emergency medical services (EMS) and received two staples to the scalp. Review of Resident #4's hospital discharge summary dated 04/09/22 revealed: -The reason for Resident #4's FR visit was a fallDiagnosis included laceration of the scalp. Interview with Resident #4 on 04/12/22 at 9:30am revealed: -She fell and hit her headShe could not recall the dayShe was transported to the ER and received two staples to the scalp. Interview with Resident #4's family member at 04/12/22 at 9:00am revealed: -She was transported to the ER and received two staples to the scalp. Interview with Resident #4's family member at 04/12/22 at 9:00am revealed: -She was totaled on 04/09/22 early in the morning (about an hour after midnight) that the resident fell out of bed and hit her headShe was totale by staff the resident was fineShe was totale by staff the resident was fineShe was notified on 04/09/22 the next morning around 10:00am and observed the cut on Resident #4's scalp to be worse than she had	BROOKD	ALE WAKE FOREST			EI		
was stable. -The family member came to the facility the next day (time not indicated) and insisted Resident #4 be sent to the ER. -Resident #4 was transported to the ER by the emergency medical services (EMS) and received two staples to the scalp. Review of Resident #4's hospital discharge summary dated 04/09/22 revealed: -The reason for Resident #4's ER visit was a fallDiagnosis included laceration of the scalp. -The hospital provided laceration repair with staples. Interview with Resident #4 on 04/12/22 at 9:30am revealed: -She fell and hit her headShe could not recall the dayShe was transported to the ER and received two staples to the scalp. Interview with Resident #4's family member at 04/12/22 at 9:00am revealed: -She was notified on 04/09/22 early in the morning (about an hour after midnight) that the resident fell out of bed and hit her headShe was told by staff the resident was fineShe was notified on 04/09/22 the next morning around 10:00am and observed the cut on Resident #4's scalp to be worse than she had	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	COMPLETE
-She insisted staff call the EMS to transport the resident to the ER for evaluation and treatmentThe resident was transported to the ER and received two staples to the scalp. Interview with the medication aide (MA) 04/13/22 at 5:37pm revealed:	D 273	was stable. -The family member of day (time not indicate be sent to the ER. -Resident #4 was train emergency medical state two staples to the scale of two staples to the scale. Review of Resident #5 summary dated 04/09. -The reason for Resident End of the hospital provide staples. Interview with Reside revealed: -She fell and hit her his examples to the scale. Interview with Reside of the was transported staples to the scale. Interview with Reside of the was notified on morning (about an horesident fell out of be she was told by staff she came to the fact morning around 10:0 on Resident #4's scathought. -She insisted staff caresident to the ER for The resident was trained the received two staples. Interview with the medical staff of the resident was trained to the	came to the facility the next ed) and insisted Resident #4 Insported to the ER by the services (EMS) and received alp. #4's hospital discharge 9/22 revealed: dent #4's ER visit was a fall. acceration of the scalp. In acceration repair with ent #4 on 04/12/22 at 9:30am and the day. If to the ER and received two ent #4's family member at evealed: 04/09/22 early in the pur after midnight) that the day and hit her head. If the resident was fine. If the resident was fine. If the resident was fine and observed the cut lip to be worse than she had to the ER and to the ER and to the scalp.	D 273			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 10 of 39

Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING			0/0000
		HAL092032	B: Wiito		04/1	3/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		611 SOUT	H BROOKS ST	REET		
BROOKD	ALE WAKE FOREST		REST, NC 275			
0/10/15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	N.	0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
			1	DEFICIENCY)		
D 273	Continued From page	10	D 273			
D 210	. •		5275			
	the floor beside her b	ed and nightstand on				
	04/08/22 around 11:3	•				
	-There was a cut in the	ne middle of her scalp less				
	than a half an inch in	size that was bleeding a				
	small amount.					
	-She provided first aid	d and took vital signs.				
	-She did not think the	injury was bad enough for				
	the resident to be ser	nt to the ER.				
	-She notified the Hos	pice nurse, the family				
	member, the primary	care provider (PCP), and				
	the Health and Wellne	ess Director (HWD)				
	regarding the fall and	injury and told them the				
	resident was fine.					
	-The Hospice Nurse i	nstructed her to not send				
	the resident to the EF	R and she would come to the				
	facility in the morning	to assess the resident.				
	-The resident was no	t sent to the ER until the				
	family member came	to the facility (time not				
	provided) the next da	y and insisted the resident				
	be transported to the	ER to evaluate the injury				
	and treat the cut on the	ne scalp.				
	-The resident was tra	nsported to the ER and				
	received 2 staples to	the scalp.				
		spice Nurse on 04/13/22 at				
	3:21pm revealed:					
	-She was notified on					
		nt #4 had fallen out of the				
	bed and hit her head.					
	=	offered to come to the facility				
	_	dicated the Resident #4 was				
	fine.					
	=	nstructed staff to monitor				
		hanges and she would come				
	to the facility the next					
	-	nstructed staff to send the				
	resident to the ER if t	hey felt it was indicated				
	based on the injury.					
		onsible for adhering to their				
	policy and the wishes	of the family regarding				

STATE FORM 6899 HTQL11 If continuation sheet 11 of 39

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 BOILBING.	A. BOILDING.		
HAL092032		HAL092032	B. WING		04/1	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST		H BROOKS ST REST, NC 275			
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETE DATE
D 273	Continued From page	e 11	D 273			
	residents on hospice	care.				
	revealed: -When a resident exp in a head injury, the re ER for evaluation to e bleed or hemorrhage life-threateningThe Hospice Nurse of for their recommenda proceed with the care Interview with the HW revealed:4 -Resident #4 should the fall that resulted in for her safetyIf a resident is on ho	was notified of the incident ation regarding how to be of the resident. I/D on 04/13/22 at 4:36pm Inave been sent to the ER for a head injury for evaluation aspice, the PCP and hospice ecommendations on how to				
	5:28pm revealed: -She was aware of th Resident #4's scalp o -The facility notified h guidance regarding R	ospice first for direction and Resident #4 fall and injury.				
	-Her expectation was immediately sent to the management to ensu					
	to meet the healthcar contacting the Endoc on multiple occasions	rinologist for FSBS over 401				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 12 of 39

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL092032	B. WING		04	¥/13/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	. ZIP CODE		
			JTH BROOKS STRE			
BROOKD	ALE WAKE FOREST	WAKE F	OREST, NC 27587			
(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	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	wound closure with s created a substantial occur which constitut The facility provided accordance with G.S this violation. THE CORRECTION	treatment after an an open head wound r 12 hours that required taples (#4). This failure serious risk that harm will es a Type A2 violation. a plan of protection in 131D-34 on 04/13/22 for DATE FOR THE TYPE A2 NOT EXCEED MAY 13,	D 273			
	Administration 10A NCAC 13F .1004 (a) An adult care hor preparation and admi prescription and non-by staff are in accord (1) orders by a licens which are maintained (2) rules in this Secti and procedures. This Rule is not met TYPE B VIOLATION Based on observation reviews, the facility famedications as order #3 and #5) with errors.	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner I in the resident's record; and on and the facility's policies as evidenced by: ns, interviews and record alled to administer ed for 3 of 5 residents (#1, so of insulin administration lieving patches (#3) and a				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 13 of 39

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL092032	B. WING		04/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE WAKE FOREST		H BROOKS ST		
			REST, NC 2758		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 13	D 358		
	Administration policy revision on 03/31/22 revision on 03/31/22 reduction assistant be in accordance with accordance with the individual assist medication should characterist the right medicatime and right method giving the medication 1. Review of Residen 11/09/21 revealed dia	te and administration should the prescriber's orders. ing and/or administering the eck the label (3) times to ation, right dosage, right d of administration before.			
	summary report dated to check finger stick b times daily before me	1's signed physician's order d 02/22/22 revealed an order olood sugar (FSBS) four als and at bedtime and e provider (PCP) for results or than 500.			
	increase Humalog to	/08/22 revealed an order to 7 units SQ four times daily log is a fast acting insulin			
	#1 dated 04/08/22 rev Lantus to 12 units SC	nologist order for Resident vealed an order to increase every morning. (Lantus is a led to treat hyperglycemia.)			
	Observations during ton 04/12/22 from 10:0 revealed: -At 10:00am Residen -The MA administered	t #1's FSBS was 436.			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 14 of 39

DIVISION	of Health Service Regu	liation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL092032	B. WING		04/13/2022
			1		I VTI I VI EVEE
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
BROOKD	ALE WAKE FOREST	611 SOU	TH BROOKS STR	REET	
	WAIL I OILOI	WAKE F	OREST, NC 2758	7	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	NEODENIONI ON	200 .DETTILL THE HA ORWINTORY	TAG	DEFICIENCY)	
D 358	Continued From page	e 14	D 358		
	10:04am.				
	-The MA administered	d Humalog 7 units at			
	10:05am.	3			
	Interview with the MA	on 04/12/22 at 10:07am			
	revealed:				
	-She was not adminis	stering sliding scale insulin			
	for the FSBS result of				
		FSBS checks for 1st shift			
		another check was being			
		ause it was past due.			
		ave another FSBS check at			
	11:00am.				
		administer insulin for the			
	FSBS result of 436.				
	·	hysician by calling or faxing			
		0 and documented in the			
	progress notes.				
	Second interview with	n the MA on 04/12/22 at			
	1:00pm revealed:	1 410 W/ (OIT OT/ 12/22 Gt			
		esident #1's 7:30am dose of			
		0:05am today (04/12/22)			
	during the morning m	,			
		e Health and Wellness			
		was instructed to administer			
	today's Humalog sch				
	10:05am.				
	-She let the PCP kno	w what had happened when			
	he was at the facility				
		VD on 04/12/22 at 2:37pm			
	revealed:				
	-She was not aware t				
		n dose of Humalog at			
	10:05am today (04/12				
		what the MA was explaining			
	related the resident's	insulin administration times	1		

Division of Health Service Regulation

scheduled times.

-MAs were expected to give insulin at the

STATE FORM 6899 HTQL11 If continuation sheet 15 of 39

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	1, ,	E SURVEY PLETED
		HAL092032	B. WING		04	1/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST		H BROOKS ST REST, NC 2758			
	OLIMANA DV OT		T .		ODDECTION	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	: 15	D 358			
	-The MA scheduled to (04/12/22) was a no ordelay in administering -Resident #1's FSBS shift MA today (04/12) at 7:00am so the Hum 7:30am should have to the total	o work 1st shift today call no show so there was a general three the three to the shift today was checked by the 3rd (22) and the result was 117 malog insulin scheduled for open held. The MA on 04/12/22 at coked Resident #1's FSBS at 10:00am coked insulins. The MA on 04/12/22 at coked Resident #1's FSBS at 10:00am coked insulins. The following or scheduled insulins coked with the 7:30am coked and administered the Lantus. The following or not coked Humalog BS result which was why S at 10:00am. The HWD on 04/12/22 at coked and the physician coked for directions with on the doses. The following or resent at shift change FSBS result, so she				
	result on the electroni record (eMAR) and do 7:30am dose of Huma less than 120.	uid have entered the FSBS ic medication administration ocumented holding the alog due to the FSBS being ent orders for Resident #1				
	-A primary care provid	der (PCP) order dated				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 16 of 39

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092032	B. WING		04/1	3/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BBOOKD	ALE WAKE FOREST	611 SOUTH	H BROOKS ST	REET		
ВКООКЫ	ALL WARL FOREST	WAKE FOR	REST, NC 275	37		
(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
D 358	Continued From page	e 16	D 358			
D 358	02/01/22 for insulin H subcutaneously (SQ) FSBS less than 120. An Endocrinologist of order for insulin Humal daily before meals for mellitus. A signed physician's 02/22/22 order for insulin before meals; hold for an endocrinologist of revealed an order to inform 5 units SQ four times. An Endocrinologist of revealed an order to information and the second for Humalog insulin 5 scheduled at 7:30 am for FSBS less than 12-Documentation dose 4:30 pm on 02/01/22 to including 02/05/22 at 1-A second entry beging 02/28/22 for Humalog meals scheduled at 7:30 pm, hold for FSB -Documentation dose 11:30 pm on 02/15/22 -An entry for FSBS cheals and at bedtime results less than 120 pm insuling 120 pm insuling 120 pm insuling 130 pm on 02/15/22 -An entry for FSBS cheals and at bedtime results less than 120 pm insuling	umalog 5 units before meals; hold for order dated 02/10/22 an alog 3 units SQ four times or poorly controlled diabetes order summary report dated dulin Humalog 3 units SQ or FSBS less than 120. order dated 03/23/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily before meals. order dated 04/08/22 orcrease insulin Humalog to daily bef	D 358			
	-An entry for FSBS ch meals and at bedtime results less than 120 FSBS of 101 on 02/0	necks four times daily before with 13 of 112 FSBS at mealtimes including a 5/22 at 6:30am where there dose of Humalog insulin				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 17 of 39

Division of	<u>of Health Service Regu</u>	ılation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			_		
			B. WING		
		HAL092032	B. WING		04/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE	
		611 SOL	JTH BROOKS STI	REET	
BROOKD	ALE WAKE FOREST	WAKE F	OREST, NC 2758	37	
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF CORRECTION)N (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
				DEFICIENCY)	
D 358	Continued From page	e 17	D 358		
		1's March 2022 eMAR			
	revealed:				
	-An entry beginning 0				
		g insulin 3 units SQ before			
	meals scheduled at 7				
	4:30pm, hold for FSB				
		es were administered from			
	7:30am on 03/01/22 t	· ·			
	03/30/22 except 5 do				
	_	4:30pm and 03/21/22 at			
	11:30am.	ing 03/30/32 and anding			
	_	ing 03/30/22 and ending			
	meals scheduled at 7	g insulin 5 units SQ before			
	4:30pm, hold for FSB				
	· ·	doses administered from			
		and 4:30pm on 03/31/22.			
	I	necks four times daily before			
	•	e with 3 of 112 FSBS results			
	less than 120 at meal				
		om the FSBS result was 229			
	_ ·	1:30am the FSBS result was			
		documentation doses of			
	Humalog insulin befo				
	J				
	Review of Resident #	1's April 2022 eMAR			
	revealed:	•			
	-An entry beginning 0	04/01/22 and ending on			
		g insulin 5 units SQ before			
	meals scheduled at 7	′:30am, 11:30am and			
	4:30pm, hold for FSB				
		es were administered from			
		through 7:30am on 04/09/22			
	except 1 dose which	was held on 04/01/22 at			
	7:30am.				
		ing 04/09/22 for Humalog			
		fore meals scheduled at			
	7:30am, 11:30am and	d 4:30pm, hold for FSBS			

less than 120.

-Documentation doses were administered from

STATE FORM 6899 HTQL11 If continuation sheet 18 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		, , ,	E SURVEY PLETED
	HAL092032	B. WING		04	1/13/2022
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		DDRESS, CITY, STATE			
BROOKBALL WAKE FOREST	WAKE F	OREST, NC 27587			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
04/09/22 at 11:30amAn entry for FSBS cl meals and at bedtime less than 120 at mea at 4:30pm on 04/05/2 on 04/11/22 and FSB there was no docume insulin before meals of c. Review of an Endo Resident #1 dated 02 insulin Humalog slidin meals and at bedtime give 0 units; FSBS 20 251-300 give 2 units; and FSBS 351 plus go Review of Resident # summary report date for insulin Humalog s before meals and at 8 give 0 units; FSBS 20 251-300 give 2 units; FSBS 351-400 give 4 units and call endocri Review of Resident # medication administrative revealed: -An entry beginning 0 02/01/22 for Humalog before meals and at 8 give 0 units; FSBS 20 251-300 give 2 units; FSBS 351-400 give 4 units and call endocri	through 11:30am on se which was held on hecks four times daily before with 5 of 45 FSBS results altimes including FSBS of 113 three including FSBS of 113 three including FSBS of 113 three including FSBS of 115 at 6:30am three including FSBS of 117 on 04/12/22 where entation doses of Humalog was held. Social coverage SQ before the including scale coverage SQ before the including scale including solution including scale including scale including scale including scale including scale coverage SQ bedtime, for FSBS 151-200 three including scale including s	D 358			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 19 of 39

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI E	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLETED
			A. BUILDING: _		
		HAL092032	B. WING		04/13/2022
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIR CODE	
NAME OF T	NOVIDER OR GOLT EIER				
BROOKD	ALE WAKE FOREST		H BROOKS STI		
		WAKE FO	REST, NC 2758	87	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGOLATORI ORE	100 IDENTIFY THE INTONVATION	TAG	DEFICIENCY)	UATE
D 358	Continued From page	e 19	D 358		
	-Δ second entry starti	ng 02/01/22 and ending			
		sliding scale insulin SQ			
	_	pedtime, for FSBS 151-200			
		I-250 give 2 units; FSBS			
	_	FSBS 301-350 give 8 units;			
		1 units; FSBS 401-450 give			
	_	n 451 give 16 units and call			
	the PCP; scheduled to				
	7:00am, 11:00am, 4:0	•			
		ng 02/15/22 and ending			
	02/28/22 for Humalog				
	•	meals and at bedtime, for			
	_	units; FSBS 201-250 give 1			
		give 2 units; FSBS 301-350			
	_	51-400 give 4 units; FSBS			
	_	and call endocrinology;			
	scheduled to be admi				
	11:00am, 4:00pm and	•			
	-There were 4 results				
		documented: FSBS = 517			
		am; FSBS = 467 on 02/19/22			
	· ·	67 on 02/19/22 at 11:00am;			
	and FSBS = 600 on 0	02/24/22 at 11:00am.			
	Pavious of Pasidont #	1's March 2022 eMAR			
	revealed:	15 March 2022 EMAN			
	ା-An entry for Humalo	a inculin alidina acala			
	,	•			
	_				
	, 0				
	_	•			
		,			
		•			
	FSBS 151-200 give 0 unit; FSBS 251-300 give 3 units; FSBS 35 401-450 give 5 units a scheduled to be admi 11:00am, 4:00pm and -There were 12 result administered was not on 03/04/22 at 7:00am	d 8:00pm.			

Division of Health Service Regulation

FSBS = 490 on 03/07/22 at 11:00am; FSBS = 458 on 03/13/22 at 11:00am; FSBS = 502 on

STATE FORM 6899 HTQL11 If continuation sheet 20 of 39

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL092032	B. WING		04	1/13/2022
	PROVIDER OR SUPPLIER	611 SOL	ADDRESS, CITY, STATE JTH BROOKS STRE OREST, NC 27587			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	03/17/22 at 4:00pm; 11:00am; FSBS = 52 FSBS = 468 on 03/20 577 on 03/21/22 at 11:00am; 03/25/22 at 11:00am; 03/25/22 at 11:00am. Review of an electror 03/04/22 for Residen aide (MA) documents sliding scale insulin prinstructions from ano Review of Resident #revealed: -An entry for Humalo coverage SQ before FSBS 151-200 give 0 unit; FSBS 251-300 give 3 units; FSBS 34 401-450 give 5 units scheduled to be adm 11:00am, 4:00pm and There were 3 results administered was not on 04/03/22 at 8:00pm at 7:00am; and FSBS 4:00pm.	FSBS = 520 on 03/19/22 at 9 on 03/19/22 at 8:00pm; 0/22 at 11:00am; FSBS = 1:00am; FSBS = 458 on 3; and FSBS = 460 on 5. Inic progress note dated at #1 revealed a medication and administering 8 units over the medication label and ther MA. It's April 2022 eMAR Ig insulin sliding scale meals and at bedtime, for 0 units; FSBS 201-250 give 1 give 2 units; FSBS 301-350 51-400 give 4 units; FSBS and call endocrinology; inistered at 7:00am, d 8:00pm.	D 358			
	(HWD) on 04/13/22 a -She supervised MAs Coordinator (RCC)She had not done ar insulin administration -She had spoken with general; if it was not doneShe did not recall kn	at 4:36pm revealed: s and the Resident Care ny trainings at the facility on				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 21 of 39

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST (X4) ID PREFIX 1A0 D SUMMARY STATEMENT OF DEFICIENCIES (EAC) DEFICIENCY MUST BE PRECEDED BY FULL 1A0 D STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27887 D 358 Continued From page 21 units of sliding scale insulin had been administered. -Prior to 04/12/22, she did not know of the frequency of late insulin administrations for Resident #1. -She was still learning the role of the HWDShe had been able to audit some resident records, but Resident #1's was not one of those records. -She had not been contacted by any staff about insulin administration for Resident #1. Interview with the Administrator on 04/13/22 at 12:25pm revealed: -Insulin should be administered as ordered and held according to how the orders were written by the physician. -The HWD had access to the eMAR system to monitor insulin administration and reporting of FSBS results to the physician. Attempted telephone interview with a 1st shift medication aide on 04/13/22 at 2:38pm was unsuccessful. Attempted telephone interview with a 2nd shift medication aide on 04/13/22 at 2:38pm was unsuccessful. Attempted telephone interview with a 2nd shift medication aide on 04/13/22 at 3:38pm was unsuccessful.		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES TAG			HAL092032	B. WING		04	1/13/2022
CA1 D SUMMARY STATEMENT OF DEFICIENCIES D PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY) D 358 Continued From page 21 Units of sliding scale insulin had been administered. Prior to 04/12/22, she did not know of the frequency of late insulin administrations for Resident #1. -She was still learning the role of the HWDShe had not been contacted by any staff about insulin administration for Resident #1's was not one of those records. Learning the role of the HWDShe had not been contacted by any staff about insulin administration for Resident #1. Interview with the Administrator on 04/13/22 at 12:25pm revealed: -Insulin should be administered as ordered and held according to how the orders were written by the physician. -The HWD had access to the eMAR system to monitor insulin administration and reporting of FSBS results to the physician. Attempted telephone interview with a 1st shift medication aide on 04/13/22 at 2:49pm was unsuccessful. Attempted telephone interview with a 2nd shift medication aide on 04/13/22 at 3:33pm was unsuccessful. Attempted telephone interview with a 2nd shift medication aide on 04/13/22 at 3:33pm was	NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
PREFIX TAG EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO TH	BROOKD	ALE WAKE FOREST					
units of sliding scale insulin had been administered. -Prior to 04/12/22, she did not know of the frequency of late insulin administrations for Resident #1. -She was still learning the role of the HWDShe had been able to audit some resident records, but Resident #1's was not one of those records. -She had not been contacted by any staff about insulin administration for Resident #1. Interview with the Administrator on 04/13/22 at 12:25pm revealed: -Insulin should be administered as ordered and held according to how the orders were written by the physicianThe HWD had access to the eMAR system to monitor insulin administration and reporting of FSBS results to the physician. Attempted telephone interview with a 1st shift medication aide on 04/13/22 at 2:38pm was unsuccessful. Attempted telephone interview with a second 1st shift medication aide on 04/13/22 at 2:40pm was unsuccessful. Attempted telephone interview with a 2nd shift medication aide on 04/13/22 at 3:38pm was	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	COMPLETE
Attempted telephone interview with Resident #1's Primary Care Provider on 04/12/22 at 2:52pm was unsuccessful. Attempted telephone interviews with Resident #1's Endocrinologist on 04/12/22 at 4:05pm and	D 358	units of sliding scale administeredPrior to 04/12/22, sh frequency of late instruction Resident #1She was still learning. She had been able to records, but Resident recordsShe had not been continually administration. Interview with the Add 12:25pm revealed: -Insuling should be add held according to how the physicianThe HWD had access monitor insuling administrationThe HWD had access monitor insuling administration aide on the physicianThe HWD had access monitor insuling administration aide on the physician aide on the phy	insulin had been the did not know of the fulin administrations for ag the role of the HWD. It is audit some resident at #1's was not one of those contacted by any staff about an for Resident #1. Iministrator on 04/13/22 at diministered as ordered and we the orders were written by ses to the eMAR system to instration and reporting of physician. In interview with a 1st shift 04/13/22 at 2:38pm was In interview with a second 1st at an 04/13/22 at 2:40pm was In interview with a 2nd shift 04/13/22 at 3:38pm was In interview with Resident #1's er on 04/12/22 at 2:52pm In interviews with Resident #1's er on 04/12/22 at 2:52pm	D 358			

Division of Health Service Regulation

on 04/13/22 at 2:42pm were unsuccessful.

STATE FORM 6899 HTQL11 If continuation sheet 22 of 39

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092032	B. WING		04/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE WAKE FOREST		H BROOKS ST		
040.1-	CLIMMADV CT		REST, NC 2758		N are
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 22	D 358		
		ns, interviews and record nined Resident #1 was not			
	02/01/22 revealed:				
	Review of Resident #3's physician orders dated 03/01/22 revealed an order for hospice care.				
	03/10/22 revealed: -He was found on the -Staff attempted to do his upper and lower e -He screamed out in his upper extremities.	o range of motion (ROM) on extremities. pain when staff did ROM on			
	instructions dated 03/ with a closed head in	3's hospital discharge /10/22 revealed he had a fall jury, injury to his cervical anterolisthesis (a slipped ical spine.			
	03/22/22 revealed an	3's physician orders dated order for a Fentanyl 25mcg be applied every 72 hours			
		ent #'s medications 4/13/22 at 8:57am revealed			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 23 of 39

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BOILDING.			
		HAL092032	B. WING		04/1	3/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST	611 SOUTH	H BROOKS STI	REET		
		WAKE FOR	REST, NC 2758	37		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	23	D 358			
D 358	Interview with the Head (HWD) on 04/13/22 a -There were no patch Resident #3He would sometimes wanted to talk to hospineed themHe would let the staff Interview with Reside revealed: -He was not currently -He had several falls -He was not wearing Review of Resident # Medication Administratevealed: -There was an entry fapplied every 72 hour -On 04/09/22, there we Fentanyl patch was now prescriptionOn 04/12/22, there we Fentanyl patch was now pharmacy action. Telephone interview we pharmacist on 04/13/3	alth and Wellness Director at 9:02am revealed: alth available to give to as peel them off and she bice to see if he continued to af know when he was in pain. ant #3 on 04/13/22 at 9:47am a in pain. arecently. a patch. as April 2022 electronic ation Record (eMAR) are Fentanyl 25mcg patch	D 358			
	03/22/22The pharmacy had n from the facilityThe pharmacy faxed hospice physician on prescription but had n	oot received a refill request				
	Resident #3's hospice	agency on 04/13/22 at	1			, ,

Division of Health Service Regulation

2:48pm revealed:

STATE FORM 6899 HTQL11 If continuation sheet 24 of 39

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL092032	B. WING		04	1/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
BROOKD	ALE WAKE FOREST		JTH BROOKS STRE OREST, NC 27587			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI		(X5) COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY		DATE
D 358	Continued From pag	e 24	D 358			
		ceived a request from the				
	_	on refill for Resident #3's				
	Fentanyl patches.	proporintions for the				
	-Hospice will obtain prescriptions for the medications when requested by the facility.					
	Interview with a MA	Interview with a MA on 04/13/22 at 3:25pm				
	revealed Resident #3's hospice wanted Resident					
	#3's primary care physician to write the					
	prescription for medi	cation refills.				
		th the HWD on 04/13/22 at				
	4:28pm revealed:					
		for Resident #3 was in the				
	facility every 1-2 wee	may have sent a medication				
		nacy but she was not sure.				
		alled hospice when Resident				
	#3 missed doses of	•				
	3. Review of Resider 11/03/21 revealed:	nt #5's current FL-2 dated				
		hypotension and heart				
	failure.	Trypoteriolori and flear				
		mentation that Resident #3				
	had cognitive impair					
	Review of Resident	#5's physician orders dated				
		n order for Midodrine 2.5mg				
		pressure) if systolic blood				
	' '	under 100 and diastolic				
	blood pressure (DBF	y was under 60.				
		#5's April 2022 electronic				
		Medication Administration Record (eMAR)				
	revealed:	for midodrino 2 5mg and				
	_	for midodrine 2.5mg one er SBP was under 100 and				
	DBP was under 60.	N ODI WAS UNUEL TOO ANU				
		ımented as administered 6 of				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 25 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
741012741	or dorate of the transfer of t	IDEITH IO/HIGH HOMBER	A. BUILDING: _		JONII EETEB	
		HAL092032	B. WING		04/13/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST		H BROOKS ST			
			REST, NC 2758			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page 25		D 358			
	12 days when her blo ordered parameters in 04/02/22, her blood p 04/03/22, her blood p 04/05/22, her blood p 04/06/22, her blood p 04/09/22, her blood p 04/12/22, her blood p 04/12/22, her blood p 04/13/22 at 3:20pm re-The eMAR system w blood pressure readir-Once the blood pressystem, the MA will dwas administeredIf the medication was mark would be docum lnterview with the Hea (HWD) on 04/13/22 a -Midodrine should not #5's blood pressure w	od pressure was above the including: ressure was 120/60. ressure was 129/78. ressure was 170/146. ressure was 133/88. ressure was 124/72. cation aide (MA) on evealed: rill prompt the MA to take the ing. sure is entered into the occument if the medication administered, a check mented in that date's entry. ealth and Wellness Director t 4:28pm revealed: t be given unless Resident vas less than 100/60. nistered to Resident #5				
		ministrator on 04/13/22 at f are expected to follow the en administering				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 26 of 39

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D 11/11/0			
		HAL092032	B. WING		04/1	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST		H BROOKS STI			
	QUILLA DV QT		REST, NC 2758			
(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 CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	O 358 Continued From page 26					
	well-being of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/13/22 for this violation.					
		DATE FOR THE TYPE B NOT EXCEED May 28, 2022.				
D 364	10A NCAC 13F .1004 Administration	4(g) Medication	D 364			
	10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.					
	reviews, the facility fa were administered wi prescribed times for 1	ns, interviews, and record illed to ensure medications				
	11/09/21 revealed dia	e1's current FL-2 dated agnoses included entia and type II diabetes				
	revealed: -A primary care provide 02/01/22 for insulin H subcutaneously (SQ) FSBS less than 120.	der (PCP) order dated lumalog 5 units before meals; hold for				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 27 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL092032	B. WING		04/13/2022	
	ROVIDER OR SUPPLIER ALE WAKE FOREST	611 SOUT	DRESS, CITY, STA H BROOKS STI REST, NC 275	REET		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE	(X5) COMPLETE DATE
D 364	daily before meals for mellitus. -A signed physician's 02/22/22 order for insigned physician's 02/22/22 order for insigned physician's 02/22/22 order for insigned physician's 02/24/22 order for insigned an order to ins	alog 3 units SQ four times roporly controlled diabetes order summary report dated fulin Humalog 3 units SQ resummary responsive dated of the summary report dated of the s	D 364			

Division of Health Service Regulation

scheduled 11:30am dose administered at

STATE FORM 6899 HTQL11 If continuation sheet 28 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL092032	B. WING		04	1/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
BROOKD	ALE WAKE FOREST		TH BROOKS STRE			
	T		OREST, NC 27587			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	11:28am), and on 02 -The 4:30pm dose of administered on 02/0 -The 11:30am dose of administered on 02/1 02/16/22 at 4:40pmThe 4:30pm dose of administered on 02/1 at 6:50pm, on 02/18/8:59pm, for 02/23/22 02/24/22 at 4:49am, 02/25/22 at 9:43pm, -The Humalog insulir out of 47 times great the scheduled admin Review of Resident # revealed: -An entry beginning 003/30/22 for Humalog meals scheduled at 74:30pm, hold for FSE-A second entry start 03/31/22 for Humalog meals scheduled at 74:30pm, hold for FSE-Review of Resident # time variance report -The 7:30am dose of administered on 03/0 scheduled 11:30am of 10:39am), on 03/18/2 11:25am (with the sc	/28/22 at 8:49am. Flumalog insulin had been 19/22 at 5:52pm. of Humalog insulin had been 19/22 at 1:57pm and on 19/22 at 1:57pm and on 19/22 at 1:57pm and on 19/22 at 8:10pm, on 02/16/22 at 8:04pm, on 02/21/22 at 19/22	D 364			
	11:02am (with the sc administered at 11:03 -The 4:30pm dose of administered on 03/0	heduled 11:30am dose				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 29 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		HAL092032	B. WING		04	4/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
BROOKD	ALE WAKE FOREST		JTH BROOKS STRE FOREST, NC 27587	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	out of 89 times great the scheduled times. Review of Resident a revealed: -An entry beginning of 04/09/22 for Humalo meals scheduled at 34:30pm, hold for FSE-A second entry start insulin 7 units SQ be 7:30am, 11:30am an less than 120. Review of Resident a time variance report -The 7:30am dose of administered on 04/0 scheduled 11:30am of 12:50pm), on 04/03/2 scheduled 11:30am of 11:39am), and on 04-The Humalog insulin out of 31 times great the scheduled times. b. Review of a subsective provided an order for scale coverage subcand at bedtime, for FSBS 201-250 give 32 units; FSBS 301-350 give 11 units; FSBS 301-350 give 11 units; FSBS 301-350 greater than 451 give Review of an Endocri	h had been administered 8 fer than 90 minutes outside #1's April 2022 eMAR 04/01/22 and ending on g insulin 5 units SQ before 7:30am, 11:30am and 3S less than 120. ting 04/09/22 for Humalog fore meals scheduled at d 4:30pm, hold for FSBS #1's April 2022 medication revealed: f Humalog insulin had been 02/22 at 12:51pm (with the dose administered at 22 at 11:40am (with the dose administered at /12/22 at 9:59am. h had been administered 3 fer than 90 minutes outside	D 364			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 30 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRU			
		HAL092032	B. WING		04	./13/2 02 2
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIR CODE	1 0	10/2022
NAME OF I	NOVIDER OR SOLT EIER		TH BROOKS STRE			
BROOKD	ALE WAKE FOREST		DREST, NC 27587	.L!		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 364	D 364 Continued From page 30		D 364			
	Humalog sliding scale coverage SQ before meals and at bedtime, for FSBS less than 200 give 0 units; FSBS 201-250 give 1 unit; FSBS 251-300 give 2 units; FSBS 301-350 give 3 units; and FSBS 351 plus give 4 units. Review of Resident #1's signed physician's order summary report dated 02/22/22 revealed an order for insulin Humalog sliding scale coverage SQ before meals and at bedtime, for FSBS 151-200 give 0 units; FSBS 201-250 give 1 unit; FSBS 251-300 give 2 units; FSBS 301-350 give 3 units; FSBS 351-400 give 4 units; FSBS 401-450 give 5 units and call endocrinology. Review of Resident #1's February 2022 electronic medication administration record (eMAR) revealed: -An entry beginning 01/30/22 and ending 02/01/22 for Humalog sliding scale insulin SQ before meals and at bedtime, for FSBS 151-200 give 0 units; FSBS 201-250 give 1 unit; FSBS 251-300 give 2 units; FSBS 301-350 give 3 units; FSBS 351-400 give 4 units; FSBS 401-500 give 5 units and call endocrinology; scheduled to be administered at 7:00am, 11:00am, 4:00pm and 8:00pm. -Documentation doses were administered on 02/01/22 at 7:00am and 11:30am. -A second entry starting 02/01/22 and ending 02/15/22 for Humalog sliding scale insulin SQ before meals and at bedtime, for FSBS 151-200 give 1 unit; FSBS 201-250 give 2 units; FSBS 251-300 give 5 units; FSBS 301-350 give 8 units; FSBS 351-400 give 1 unit; FSBS 201-250 give 2 units; FSBS 251-300 give 5 units; FSBS 301-350 give 8 units; FSBS 351-400 give 1 units; FSBS 401-450 give 14; FSBS greater than 451 give 16 units and call the PCP; scheduled to be administered at 7:00am, 11:00am, 4:00pm and 8:00pm.					
	the PCP; scheduled t 7:00am, 11:00am, 4:0	o be administered at 00pm and 8:00pm. ng 02/15/22 and ending				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 31 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092032	B. WING		04	l/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	•	
			TH BROOKS STRE			
BROOKD	ALE WAKE FOREST		OREST, NC 27587			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	FSBS 151-200 give 0 unit; FSBS 251-300 give 3 units; FSBS 35401-450 give 5 units scheduled to be adm 11:00am, 4:00pm and Review of Resident # medication time varia -The 11:00am dose of insulin had been adm 1:56pm and on 02/16 -The 4:00pm dose of insulin had been adm 8:41pm (with the scheduled 8 8:10pm), on 02/16/22 8:58pm (with the scheduled 8 8:10pm), on 02/16/22 8:58pm (with the scheduled 8 8:50pm), on 02/25/22 at 6:53pm (with the sadministered at 7:18p -The 8:00pm dose of insulin had been adm 9:43pmThe Humalog sliding administered 9 out of minutes outside the servealed:	meals and at bedtime, for units; FSBS 201-250 give 1 give 2 units; FSBS 301-350 51-400 give 4 units; FSBS and call endocrinology; inistered at 7:00am, it 8:00pm. It's February 2022 core report revealed: f Humalog sliding scale inistered on 02/10/22 at //22 at 4:39pm. Humalog sliding scale inistered on 02/08/22 at eduled 8:00pm dose om), on 02/13/22 at 8:09pm :00pm dose administered at at 6:49pm, on 02/21/22 at eduled 8:00pm dose om), on 02/24/22 at 8:48pm :00pm dose administered at at 9:42pm, and on 02/28/22 cheduled 8:00pm dose om). Humalog sliding scale inistered on 02/25/22 at scale insulin had been 77 times greater than 90 cheduled times.	D 364	DEFICIENCY		
	FSBS 151-200 give 0 unit; FSBS 251-300 g give 3 units; FSBS 35	meals and at bedtime, for units; FSBS 201-250 give 1 give 2 units; FSBS 301-350 51-400 give 4 units; FSBS and call endocrinology;				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 32 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DA A. BUILDING: CC			
		HAL092032	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
BROOKD	ALE WAKE FOREST		TH BROOKS STR			
	T		DREST, NC 2758			T
(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)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 364	D 364 Continued From page 32		D 364			
	scheduled to be administered at 7:00am, 11:00am, 4:00pm and 8:00pm. Review of Resident #1's March 2022 medication time variance report revealed:					
	insulin had been adm	Humalog sliding scale iinistered on 03/02/22 at				
	6:24pm, on 03/04/22 7:11pm (with the sche	at 6:08pm, on 03/08/22 at eduled 8:00pm dose				
	administered at 7:13p and on 03/26/22 at 9:	om), on 03/12/22 at 6:32pm, 40pm.				
	-The 8:00pm dose of Humalog sliding scale insulin had been administered on 03/03/22 at					
	9:35pm, on 03/05/22	at 9:33pm, on 03/10/22 at				
	-	2 at 10:19pm, on 03/15/22 at 2 at 9:44pm, on 03/22/22 at				
	10:03pm, on 03/24/22 10:14pm, and on 03/2	2 at 10:23pm, on 03/27/22 at				
	-The Humalog sliding	scale insulin had been				
	minutes outside the s	of 92 times greater than 90 scheduled times.				
	Review of Resident #	•				
	scale coverage SQ be	Humalog insulin sliding efore meals and at bedtime,				
		ve 0 units; FSBS 201-250 1-300 give 2 units; FSBS				
	301-350 give 3 units;	FSBS 351-400 give 4 units;				
	FSBS 401-450 give 5	units and call uled to be administered at				
	7:00am, 11:00am, 4:0					
		1's April 2022 medication				
	time variance report r doses of Humalog sli	evealed there were no ding scale insulin				
	_	nistered greater than 90				
	Telephone interview v 04/13/22 at 3:00pm re	with a medication aide on evealed:				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 33 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL092032	B. WING		04	1/13/2022
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE WAKE FOREST		JTH BROOKS STRE OREST, NC 27587			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
D 364	-She worked 2nd and -When she arrived to shift MA would tell he gotten her 11:30am it the 4:30pm insulinThis was why the re always highThis happened repe -She was responsible FSBS before she left was not able to admit -She had asked to be 7:30am insulin befort because the resident the morning dose. Telephone interview facility's contracted p 2:21pm revealed: -The onset for Huma after administrationIt was standard prace before meals so the was being digestedFood digesting caus riseDelayed administrat offset the rising blood Interview with the He (HWD) on 04/13/22 a -She supervised MA Coordinator (RCC)She had not done a insulin administratior -Prior to 04/12/22, sh frequency of late insu Resident #1.	d 3rd shifts at the facility. b work for 2nd shift, the 1st er Resident #1 had just insulin so she could not give esident's FSBS levels were estedly. e for checking the morning t at the end of 3rd shift but inister the 7:30am Humalog. e able to administer the e she left in the morning t was consistently not getting with a pharmacist at the oharmacy on 04/13/22 at alog insulin was 45 minutes and peaked 2.4 to 2.8 hours ctice to administer Humalog Humalog would peak as food sed the blood sugar level to tion of Humalog would not d sugar level. ealth and Wellness Director at 4:36pm revealed: s and the Resident Care my trainings at the facility on	D 364			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 34 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092032	B. WING		04/13/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE WAKE FOREST		H BROOKS ST REST, NC 2758			
(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 APPROF	D BE	(X5) COMPLETE DATE
D 364	medication administra- She was still learning She had been able to records, but Resident records. She had not been co delayed insulin admin Interview with the Adr 12:25pm revealed: -MAs were expected one hour before to on timeInsulin should be adr held according to how the physicianThe HWD had acces monitor insulin admin FSBS results to the p Attempted telephone medication aide on 04 unsuccessful. Attempted telephone Primary Care Provide was unsuccessful.	nift and there was a delay in ation. g the role of the HWD. c audit some resident t #1's was not one of those entacted by any staff about histration for Resident #1. ministrator on 04/13/22 at to administer medications he hour after the scheduled ministered as ordered and with enders were written by es to the eMAR system to istration and reporting of	D 364			
	on 04/13/22 at 2:42pr					

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 35 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL092032	B. WING		04	/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
BROOKD	ALE WAKE FOREST		TH BROOKS STR DREST, NC 2758			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 35	D 364			
		ns, interviews and record mined Resident #1 was not				
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to health care and medication administration.		D912			
	The findings are:					
	reviews, the facility far follow-up to meet the sampled residents (# unwitnessed fall with elevated blood sugar administration (#1). [I	tions, interviews and record ailed to ensure referral and healthcare needs for 2 of 5 1 and #4) after an a head injury (#4) and for levels and delayed insulin Refer to Tag D 273, 10A Health Care (Type A2				
	reviews, the facility fa	tions, interviews and record hiled to administer ed for 1 of 4 residents				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 36 of 39

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL092032	B. WING		04	/13/2022
	ROVIDER OR SUPPLIER ALE WAKE FOREST	611 SOU	DDRESS, CITY, STATE ITH BROOKS STRE OREST, NC 27587			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D912	with errors of insulin a of 5 residents (#1, #3 review including error pain relieving patches medication (#5). [Refe	e 36 morning medication pass administration (#1) and for 3 and #5) sampled for record is with insulin (#1), narcotic is (#3) and a hypotensive er to Tag D 358 10A NCAC tion Administration (Type B	D912			
D935	Training and Competer G.S. § 131D-4.5B (b) Medication Aides; Transcription Evaluation Requirement (b) Beginning Octobe home is prohibited from any unsupervised methat individual has present to a finite the following: (1) A five-hour training Department that incluin all of the following: a. The key principles administration. b. The federal Center Prevention guidelines applicable, safe inject procedures for monitor bleeding occurs or the exists. (2) A clinical skills evan NCAC 13F .0503 and (3) Within 60 days from	Adult Care Home sining and Competency ents. r 1, 2013, an adult care om allowing staff to perform dication aide duties unless eviously worked as a g the previous 24 months in r successfully completed all g program developed by the des training and instruction of medication s for Disease Control and c on infection control and, if	D935			

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 37 of 39

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COIVII EE	ILD	
		HAL092032	B. WING		04/13	3/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
BROOKD	ALE WAKE FOREST		H BROOKS STI				
			REST, NC 2758				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D935	Continued From page 37		D935				
	developed by the Deptraining and instruction. 1. The key principles administration. 2. The federal Center Prevention guidelines applicable, safe inject procedures for monitor bleeding occurs or the exists. b. An examination derivision of Hear accordance with substitute This Rule is not met Based on interviews a facility failed to mainterview.	partment that includes on in all of the following: of medication as of Disease Control and on infection control and, if tion practices and pring or testing in which the potential for bleeding to veloped and administered alth Service Regulation in section (c) of this section. as evidenced by: and record reviews, the ain documentation of 15 inistration training for 1 of 5 aff E) sampled for					
	The findings are:						
	-Staff E was hired 09. (MA)She passed her med 05/21/09 and her med 10/05/21There was no docum	ersonnel record revealed: /21/21 as a medication aide lication aide examinatione dication skills checkoff on nentation of the required 15 aide training or a medication					
	Administration Recorrevealed: -Staff E documented medications to Residue						

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 38 of 39

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092032	B. WING		04	/13/2022	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT				
BROOKD	ALE WAKE FOREST		TH BROOKS STR OREST, NC 2758				
(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	
D935	including blood thinner and eye drops. Interview with the Re (RCC) on 04/13/22 at -Staff E had worked i company previouslyThe other facility had E's medication training	ers, controlled medications, sident Care Coordinator t 5:25pm revealed: n another facility in the same d the documentation of Staff tig. g for the documentation to	D935				

Division of Health Service Regulation

STATE FORM 6899 HTQL11 If continuation sheet 39 of 39