| TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION | IX1. PROVIDER SUPPLIER OLIA IDENTIFICATION NUMBER | 72, MQCTIPLE OU | | HIS UNITE SURVEY NUMBERTIES | | |
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| PARTOPRO MORE. CARROL | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING MEDRICATION | 7 25.5 1.44 | FACH TORKS TORKS OF ACTIONS FACH TORKS OF VEACTIONS ORUSS PERS HERONOMINAL | ##### (1 7 M/PHE | | |
| D 000 Initial Comments | | D 530 | | Ï | | |
| a seem to be a see | A | | | | | |
| The Adult Care Licens annual and follow up a 04/21/22 | sure Section conducted an survey on 04/19/22 to | ĺ | | ĺ | | |
| 0 344 10A NCAC 13F .1002 | (a) Medication Orders | D 344 | | | | |
| 10A NCAC 13F 1002 (a) An adult care hon | ne shall ensure contact with | | | 3 | | |
| for verification or clari medications and treat | ments: | | | 1 | | |
| resident are not dated of admission of readr | | į | | - | | |
| (2) if orders are not clear or complete: or (3) if multiple admission forms are received upon admission or reacmission and orders on the forms are not the same | | | | 4 | | |
| The facility shall ensu | re that this verification or ented in the resident's | i | | | | |
| record. | | | | • | | |
| | sidesand ou | | | į | | |
| | ns interviews and record | | | i | | |
| orders for 3 of 7 sam steroic medication (# | piled to clarify medication pied residents including a 2), sliding scale insulin | | | | | |
| orders (#5) and a ste | roid innaier (#5; | | | | | |
| | t #2's current FL-2 dated | | | ux. | | |
| 02/17/22 revealed: -Diagnoses included | | | | | | |
| obstructive pulmonar | | | | | | |
| -There was an order tablet every day, (Pre | for Prednisone 10mg one dnisone is a steroid | | 14 | | | |
| alon of Health Service Regulation | | 11/1/1 | How I've | five. | | |
| ARATORY EMRECTOR'S OF FROME BRI | SUPPLIER REPRESENTATIVES SIGNAL | " Met | a may | Trato 5/2 | | |
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1: PROVIDER/SUPPLIER/QUA CHAIL THEE CONSTRUCTION. X7-04LE SURVEY AND PLAN OF CORRECTION CENTIFICATION NUMBER COMPLETED ف الديال -HALOS6026 04/21/2022 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS O'TH STATE DIP NUDB 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECT OF REACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORS OR USO DENTIFYING INFORMATION. HEACH CORRECTIVE ACTION SHOULD BE CROSS-REFOREMEND TO THE ARPHORRISTS DIPLETE PROFIL PRETY TAG *:7 DEFICIENCY. D 344 Continued From page 1 D 344 medication used to decrease inflammation.; Review of Resident #2's physician's orders dated 03/07/22 revealed there was an order for Prednisone 40mg for 5 days, then continue regular dose of Prednisone. i Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed. - There was an entry for Prednisona 10mg one time a day to be administered at 8am 1 -The Prednisone 10mg was documented as , administered every day except 03/16/22-03/23/22 which was noted that the resident was in the nospital and on 03/30/22-03/31/22 which was noted that the medication was on hold -There was an entry for Prednisone 40mg one time a day to be started on 03/10/22 and administered at 8 00am. The Prednisone 40mg was documented as administered on 03/10/22 and 03/11/22 Interview with the facility's Health and Wellness Director (HWD) on 04/21/22 at 1.16pm revealed. -The physician order for Prednisone 40mg dated 03/07/22 was unclear about whether the : Prednisone 10mc and the Prednisone 40mg should have been given at the same time -A medication aide (MA) should have contacted Resident #2's primary care provider (PCP) to clarify the Prednisone 40mg order. -Resident #2 could have received too high of a dose of Prednisone since he was receiving two different doses of the same medication at the same time. Telephone interview with Resident #2's PCP on 04/21/22 at 11:16am revealed; -She ordered Prednisone 40mg on 03/07/22

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| D 344' Considered Store and | 10.7 | 0 344 | and the specific state of the specific state | į. |
| D 3441 Continued From pag | | | | i |
| because Resident# | 2 had an exacerbation of his | , | | |
| COPD. | | 1 | | j |
| -Resident #2 should | not have received | 1 | | g - |
| | nd Prednisone 10mg at the | 3: | | |
| same time. | on the section of the | | | |
| | have stopped giving Resident | | | ı |
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| | Omg while he was receiving | | | |
| the Prednisone 40m | | 1 | | ř |
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| 40mg order with her | of they felt the croer was | | | |
| unclear. | | 1 | | , |
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| 2. Review of Reside | ent #5's current FL-2 dated | 1 | | |
| 03/17/22 revealed | | | | 1 |
| | d type 2 diabetes mellitus | | | 1 |
| 1 -Diagnoses included | r for Novolin R Insulin |] 1 | | |
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| Solution 100units/m | L inject per sliding scale | • | | |
| entities and a second s | acting insulin used to treat | Ī | | |
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| | #5's physician orders dated | | | |
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| R Insulin Solution in | nject as per sliding scale: if | | | |
| blood sugar 150-20 | 0 give 3 units 201-250 give 6 | <u> </u> | | i |
| unite 251-300 dive | 9 units, 301-350 give 12 units. | | | ŀ |
| 351-400 give 15 uni | its, if greater than 400 notify | 1 : | | 100 |
| | ously two times a day. | 1 | | - |
| provider, subcutante | cool, the times a day. | 1 1 | | |
| Doubers of Courtoot | #5's March 2022 electronic | | | |
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| | tration record (eMAR) | 1 ! | | |
| revealed. | for Nevetin P Insulin Calution | t | | |
| | y for Novelin R Insulin Solution | | | • |
| | structions to inject per stiding | | | |
| | 150 200 give 3 units. | | | |
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| 301-350 give 12 un | its. 351-400 give 15 units. If | | | |
| The state of the s | itify provider, before meals | | | |
| and at bedtime. | | 1 | | |
| | Solution 100units/mL was | | | |
| scheduled for admit | nistration at 7:00am, 11:00am | | | |

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation YOU DATE SURVEY YOU THE CONSTRUCT ON X1: PROVIDER SUPPLEPICUA DOMELETED. STATEMENT OF CHRICIENCIES IDENTIFICATION NUMBER AND PLAN OF CORRECTION ನ ಕರ್ಚರಿಗಳನ್ನು 04/21/2022 8 Miles______ HAL096626 STREET ADDRESS OF STATE IN NODE NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROVIDER SIPLANIOR OF FRESTION EACH COMPRESTIVE ACTION SHOULD AS SUMMARY STATEMENT OF CERICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL MACETO CHI SAPEFERENCES TO THE APPROPRIATE DOCE PREFIX REQUIATORY OR USO IDENTIFYING PERMATION ≎ಕಿಕೆ ದಿ**ಕಿ**ಗರಿಗ TAG D 344 D 344 | Continued From page 3 4:00pm, and 8:00pm, and documented as administered from 04/01/22 to 04/19/22 Review of Resident #5's April 2022 eMAR revealed. -There was an entry for Novolin R Insulin Sciution 100units/mL with instructions to inject per sliding scale if blood sugar 150-200 give 3 units. 201-250 give 6 units, 251-300 give 9 units. 301-350 give 12 units, 351-400 give 15 units, if greater than 400 notify provider, before meals and at bedtime. -Novolin R Insulin Solution 100units/mL was scheduled for administration at 7:00am, 11:00am 4:00pm and 8:00pm, and documented as administered from 03/01/22 to 03/31/22 Interview with the Health and Wellness : Gcordinator (HWC) on 04/21/22 at 9:00am revealed: -It was her responsibility to copy FL-2's yearly and have the resident's primary care provider (PCP) sign the new FL-2. -She should have written out Resident #5's sliding scale instead of noting on the FL-2 "per sliding scale". -She recently became responsible for renewing FL-2 as part of her position since the facility hired a second HWC within the last couple of weeks. -There was no one that checked behind her to ensure that the FL-2s were correctly transcribed expect the PCP who signed the document. -The facility did not have a standing sliding scale order. Interview with the Health and Wellness Director (HWD) on 04/20/22 at 2:35pm revealed: -It was the responsibility of the HWC to complete yearly FL-2. -She expected the HWC to write out the sliding

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| 1.5 | scale instructions for | Resident #5 rather than say | | | £ | |
| | per sliding scale". | es information onto the | , | | Ĩ | |
| | | ne information onto the | | | | |
| 1.5 | MAR from the FL-2 | or physician orders. | | | 1 | |
| ('- | There was no audit | process in place to ensure | [| | ĩ | |
| , 1 | hat FL-2 orders are | correctly entered by the | 1 | | | |
|] | HWC | | j 1 | | 1 | |
|] . | -She would reach ou | it to Resident #5's PCP to | 1 | | | |
| | clarify Resident #5's | "per sliding scale" order on | | | | |
| 1 | her FL-2. | | 1 | | | |
| | -FL-2 and physician: | s orders did not get faxed to | | | 1 | |
| 1 | the pharmacy unless | s there was a change in | ı | | | |
| | medications | | | | + | |
| 1 ! | | | | | e e | |
|] t | Interview with Resid | ent #5's primary care provider | | | 1 | |
| | (PCP) on 04/21/22 a | at 9:30am revealed: | 1 1 | | ë | |
| | -She did not realize | that Resident #5's FL-2 said | 1 1 | | | |
| 1 | "per sliding scale" w | hen she signed it. | 1 | | Ü | |
| ı | There were no med | lication changes on Resident | | | | |
| | #5's FL-2 signed 03 | /17 <i>i</i> 22. | } | | | |
| 1 ' | The facility contact | ed her yesterday (04/20/21) to | | | • | |
| i | clarks Regions #6's | Novolin R sliding scale dose | | | * | |
| | Ciality Nesibern #0 5 | , 1,0,0 m, 1, 4n - 1,0 4 m, - 1,0 4 | | | ł | |
| 1 : | 2 Dougou of Papido | ent #3's current FL-2 dated | | | • | |
| 1 | 02/24/22 revealed. | ARREST DOMESTIC E LA CONTRA | | | | |
| | | d chronic obstructive | | | i | |
| 1 | | | | | i | |
| 1 | pulmonary disease | (COPU). | | | | |
|] | There was an orde | r for Trelegy Ellipta innaier | r | | • | |
| 1 | 100-62.5-25 inhale | 1 puff once a day (Trelegy | | | | |
| 1 | Ellipta is a medication | on used to treat COPD). | 1 ' | | | |
| | - inere was no orde | r for Spiriva inhaler (Spiriva is | 1 | | 4 | |
| 1 ! | a medication used to | ed by the hospitalist that | 1 | | | |
| 1 | decharged Residen | ed by the hospitalist that It #3 from the hospital. | i | | | |
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| | Paviou of Posicions | #3's hospitalization discharge | ! | | j | |
| | MEVIEW OF RESIDENT | 72 rovealed sha should stop | | | ! | |
| | summary on UZ/24/. | 22 revealed she should stop | | ¥ | | |
| 1 | | er and begin taking Tretegy | | | | |
| | Ellipta inhaler | | | | | |
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Division of Health Service Regulation STATE FORM Division of Health Service Regulation ord, date supple-WONTOUSTRANCO BUS TOURISM. STATEMENT OF DEFICIENCIES IX1: PROVIDER SUPPLERIOUA COVEY STED AND PLAN OF CORRECTION IDENTIFICATION NUMBER. ÷ 60100.65 <u>_</u> 04/21/2022 5 (20)______ HAL096026 STREET ADDRESS DITN STATE DIP CODE NAME OF PROVIDER OR SUPPLIES. 380 COUNTRY DAY ROAD **BROOKDALE COUNTRY DAY ROAD** GOLDSBORQ, NC 27530 PHINGER'S PLAN OF DORPED HOW (FAUL) CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIATE OFFICIENCY SUMMARY STATEMENT OF DEFICIENCIES 7.80-27 LUCE . EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENT'S YING INFORMATION. TAG 0 344 D 344 (Continued From page 5 r Review of Resident #3's facility record revealed -There was a form from the pharmacy asking for I clarification after her hospitalization related to the Spinya inhaler and whether the resident was to continue the Spiriva while taking the Trelegy Ellipta. -The form was not signed or faxed to Resident #3's primary care provider (PCP). Review of Resident #3's February 2022 electronic medication administration record (eMAR) revealed: · -There was an entry for Spiriva 2.5mcg with instructions to inhale one 2 puffs one time a day scheduled for administration at 8:00am. -Spiriva 2.5mcg was documented as administered on 02/25/22 and 02/26/22 at 8:00am -Spiriva 2,5mcg was documented as not given due to waiting on pharmacy to send the medication on 02/26/22 and 02/27/22. Review of Resident #3's March 2022 eMAR revealed. -There was an entry for Spiriva 2.5mcg with instructions to inhale one 2 puffs one time a day scheduled for administration at 8 00am -Spiriva 2.5mcg was documented as administered from 03/01/22 to 03/31/22 at 8:00am. Review of Resident #3's April 2022 eMAR from 04/01/22 to 04/20/22 revealed: -There was an entry for Spiriva 2.5mog with instructions to innale one 2 puffs one time a day. scheduled for administration at 8:00am -Spiriva 2.5mcg was documented as administered from 04/01/22 to 04/20/22. Review of Resident #3's physician orders dated

Division of Fealth Service Regulation STATE FORM Division of Health Service Regulation CONTINUED SOUSTRUCTION HE DATE SURVEY STATEMENT OF DEFICIENCIES IX1: PROMDER SUPPLEPICUA OF CHARGE AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING _____ 04/21/2022 6 also __ _ _ _ _ _ _ _ _ _ _ HAL096026 STREET ADDRESS OF STATE OF UNDE NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD **PROOKDALE COUNTRY DAY ROAD** GOLDSBORO, NC 27530 populations of an of correct of SUMMARY STATEMENT OF DEFICIENCIES REACH CORRECTIVE ACTION SHOULD BE THE SHIPEFERENCED TO THE AMPROFITIATE DERHASHION (BACH DEFICIENCY MUST SE PRECEDED BY FULL RESULATORY OR USO IDENTIFY ME HYCPILATION PROFIX TATE PREFIX "AG 0.344 D 344 Continued From page 6 01/18/22 revealed there was an order for Spiriva 2.5mcg. 2 inhalations once a day. Interview with the Health and Weilness Coordinator (HWC) on 04/21/22 at 9:00am revealed. -When a resident returned from the hospital it was the medication aide (MA) that was working when the resident returned from the facility's responsibility to enter any new medication orders The hospital sent Resident #3's Trelegy Ellipta inhaler prescription directly to the pharmacy to be filled 1-The pharmacy clarification sheet was sent to the facility from the pharmacy when Resident #3 I returned from the hospital with medication changes. -li was the facilities responsibility she was not sure who specifically to get clarification from the resident's physician whether or not they wanted to the resident to continue to get the medication listed on the sheet. Interview with the Health and Weliness Director (HWD) on 04/20/22 at 2:35pm revealed: -She was not aware that there was an order to discontinue Spiriva after Resident #3's 02/24/22 hospitalization. -The pharmacy clarification form sent by the pharmacy after Resident #3's hospitalization should have been clarified by Residen; #3's PCP -It was the responsibility of the HWC to ensure that medication orders were clarified as needed upon residents returning from hospitalization. Attempted telephone interview with Resident #3's PCP on 04/21/22 at 10:55am and 12:45pm were นกรบccessful

Division of Health Service Regulation STATE FORM Division of Health Service Regulation YN DATE SUFVEY X1) PROVIDER SUPPLIENCEA CENTIFICATION NUMBER AL MULTIPLE DOMISTRUCTION. STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A BUILDING 4 AR-______ 04/21/2022 HAL096026 STREET ADDRESS OFF STATE DE 100H NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORD, NC 27530 PROMORTS ALAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 0.4:10 EACH CORRECT VEHICTION SHOULD BE CAUSHREISER NOSED TO THE APPROPRIATE ... NF. STF PACHIBER DENCY MUST BE PRECEDED BY FULL RESULATORY OF LSC TIENTERFING (INOPMATION) CPACE. PREFIX TAG DEFINENCY. 9 35€ O 353 Continued From page 7 D 358 D 368| 10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications. prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record and (2) rules in this Section and the faculty's policies and procedures. This Rule is not met as evidenced by. Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 3 residents (#3, #5, #7) during the morning medication pass including errors involving insulin administration (#5), medications used to treat constipation (#7) and medications used to treat chronic obstructive pulmonary disease (#3), and for 1 of 7 residents sampled for record review including errors involving insulin administration (#5) The findings are: 1 The medication error rate was 17% as evidenced by the observation of 5 errors with 28 opportunities during the morning medication pass on 04/20/22. a, Review of Resident #5's current FL-2 dated 03/17/22 revealed diagnoses included type 2 diabetes mellitus Observation of the morning medication bass on 04/20/22 revealed. -Resident #5's fingerstick blood sugar was 155 at 7.43am.

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Division of Health Service Regulation AS DATE SUPVEY AUGUSTORE IN USTRUCTION IXT, PROVICEPISUFPLIERICUA STATEMENT OF DEFICIENCIES SCHEDIFFE IDENTIFICATION NUMBER AND PLAN OF CORRECTION A Scalable 04/21/2022 HAL096026 STRUET ADDRESS OF CATE OF CORE NAME OF FROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROVIDER SIRUALION OF RESIDENT LEACH USPRENTIVE WITHOUS ROUSE BE URIONS-REFERENCED TO THE HERR PROVIDE URIONS-REFERENCED TO THE HERR PROVIDER SUMMARY STATEMENT OF DEFICIENCIES / SMPLETE THE PERCENCY MUNTER PRECEDED BY "ULL FRE- Y **DESERV** RESULATORY OR USC IDENTIFY NG INFORMATION - : 146 D 355 D 358, Continued From page 8 -The medication aide (MA) administered 3 units of Novelin R insulin to Resident #3 - her i abdomen at 7:46am (Novolin R is a fast-acting insulin used to lower blood sugar). -The MA did not prime the insulin pen by performing a 2-unit air shot to remove any air bubbles and to make sure the insulin was flowing I through the needle so that the resident received the full dose of insulin Review of the manufacturer's prescribing information for Novolin R insulin pen revealed -After the needle was attached, a safety test should have been performed. -The safety test is performed by dialing a test dose of 2 units and pressing the injection button and check to see that insulin comes out of the , needle. ; Review of Resident #5's physician orders dated 04/20/22 revealed there was an order for Novolin. R insulin inject subcutaneously before meals and at bedtime as per sliding scale for plood sugar results of 150-200 give 3 units: 201-250 give 6 units. 251-300 give 9 units; 301-350 give 12 units. 351-400 give 15 units; if greater than 400 notify Review of Resident #5's April 2022 electronic medication administration record (eMAR) revealed. -There was an entry for Novolin R insufin inject subcutaneously before meals and at bedtime as per sliding scale for blood sugar results of : 150-200 give 3 units: 201-250 give 6 units: 251-300 give 9 units: 301-350 give 12 units: 351-400 give 15 units. if greater than 400 notify provider, scheduled for administration at 7:00am. 11.00am 4.00pm and 8:00pm. -Novolin R Insulin 3 units was documented as

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation AL MULTIPLE CONSTRUCTION CONDUTE SURVEY IXTH PROVIDEP SUPPLIER CLA STATEMENT OF DEFICIENCIES LUMPLETED CENTIFICATION NUMBER AND PLAN OF CORRECTION ڪ جا ان ان ان ڪ خ 04/21/2022 8 WW._________ HAL096026 STREET ADDRESS C.T. STATE DIP DOOS NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PARTY DERIVATION OF CORRECTORS SUMMARY STATEMENT OF DEFICIENCIES CACH CURRECTIVE ACTION SHOULT BE 934HD 1 TACH DESIGNENCY MUST BE PRECEDED BY FULL PREFA PROPERTY OF ALL TAKE AND STREET OF THE LARRANGE LATER OF THE LARRANGE LATER OF THE LARRANGE LATER OF THE LARRANGE LATER OF THE LATER OF PREFIX REGULATORY OR USO IDENTIFYING MIFORMATION. TAG D 258 D 353 Continued From page 9 administered on 04/20/22 at 7:00am. Interview with the MA on 04/20/22 at 10:45am revesied -She was trained to prime the insulin pens with two units prior to dialing the resident's ordered dose for administration. I -She was "thrown off" this morning (04/20/22) because Resident #5's blood sugar was not I normally high enough in the morning for her to receive insulin. 1 -It was important to orme the insulin pens prior to use so that the resident received all of the ordered insulin. Interview with the Health and Weliness Coordinator on 04/21/22 at 9:00am revealed MAs were trained to prime the insufin pens prior to dialing the ordered amount so that the resident received all of the ordered insulin. Interview with the Health and Wellness Director on 04/20/22 at 11 50am revealed it was the responsibility of the MA to ensure that Resident #5 received her ordered insulin per the manufacturer's guidelines, including priming the needle. Interview with Resident #5's primary care provider (PCP) on 04/21/22 at 9.30am revealed. She expected MAs to administer medications per the manufacturers guidelines which included priming the insulin pen for Novella injections -If a resident didn't receive the full dose of medication, that could result in Resident #5's blood sugar being elevated which included ! symptoms such as fatigue, nausea, vomiting, and increased thirst. b. Review of Resident #7's current FL-2 dated

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FURM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES ALC PROVIEERS JPPLIER OF IN PLE CONSTRUCTION KONDATE SURVEY AND PLAN OF COPRECTION DENTIFICATION NUMBER COMPLETER A BULLFRON HAL096026 04/21/2022 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS CITY STATE OF 1006 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PHILUDER'S PLANTOF CORRECTION REQUIDER'S PERSON STORES SUMMARY STATEMENT OF DEFICIENCIES .X4, (D LEACH DEMOIDING MUST BE PRECEDED BY FULL REGULATORY OR USO DEMORYING INFORMATION. PREFIX *RE**X HANGE HEREFERICHD TO THE APPENDAMENT OF 7.17 TAG TEF CENCY: D 3581 Continued From page 10 D 350 1 12/08/20 revealed diagnoses included chronic constipation and anxiety Review of Resident #7's physician's orders dated 04/06/22 revealed there was an order for Miralax 17cm once daily (Miraiax is a laxative used to reat constipation, Deservation of the morning medication bass on . 04/20/22 revealed. -The medication aide (MA) handed Resident #7 , her Miralax mixed in an 8-ounce cup of water at 8:12am. -Resident #7 used % of the cup of Miralax to swallow her pills from \$113am until 8.16am -She then took two puffs of an inhaler medication at 8:18am and began drinking the Miralax to "swish out her mouth" and splt it back into the -The MA discarded the tiquid that was spit back into the cup into the trash can -Resident #7 did not receive the full dose of the Miralax Interview with Resident #7 at 04/20/22 at 8:57am revealed she didn't like to take her Miralax in water and she normally took the Miralax powder down to the dining room to drink it with her orange juice which is why she spit out the water. Interview with the MA on 04/20/22 at 11:36am revealed: -She was not sure what to do with the Miralax when the resident spit it back in the cup, but she figured it was not a big deal because she drank most of the dose. -She did not mix Resident #7's Miralax in orange juice because she wasn't aware that Resident #7

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would only take the Miralax with orange juice.

-When the resident told her that she wanted the

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| STATEMENT (| OF DEFICIENCIES | X1. PROVIDER SUPFLIER C. A | SECTION FOR CONTRACTOR | | | LOURLETER |
| AND PLAN OF | CORRECTION | IDENTIFICATION NUMBER | A 5010-1463 | ì | | |
| | 1 | | | | } | |
| | | HAL096026 | F 5737-3 | | · | 04/21/2022 |
| posta a maria | | अस्य तद्या १८ | CORESS OF S | FAT± CE | 多。这是 | |
| NAME OF PR | OWDER OF SUPPLIER | | NTRY DAY RO | | | |
| BROOKDA | LE COUNTRY DAY ROA | un. | ORO. NC 275 | | | 80 NAMES |
| | | | | | PROVIDER SIRVANIO FICH PROPERTIES | |
| (4: (D) | JEACH CERTS SNC | ATEMBIAT OF DEFICIENCIES Y MUST AS PRECHOSO BY FULL |) 5p\$v. | | JAANA JOARRESTIVE ACTION, SHOULD RE | i ilan uene I ilan |
| PREFUL 1 | REQULATORY OR (| LSD JENTIFY '43 MFORMAT IN | *3.4 | 114 | LANGE HEREHHMOED TO THE APPROPRIAT DEFINITION | - |
| Ī | | | | | | T . |
| D 358 | Continued From page | e 11 | 0.355 | 1 | | 4% |
| | Miralax in orange juic | | j | 200 | | t. |
| ļ | resident had already | started to drink the Miralax | 1 | | | |
| | in water so she was t | trying to get her to finish | | 41 | | 8 |
| | drinking the water | waana n∓aanaadiina | | ľ | | |
| | and the season of the control of the control | 950 | | x | | u. |
| Į. | Interview with the He | alth and Wellness | Į | 1 | | |
| ! | Coordinator (HWC) of | on 04/21/22 at 9:00am | | 1 | | • |
| 1 | revealed she expect | ed the MA to ensure that | Ì | ı | | i i |
| | Kesident #/ received | d her full dose of Miralax or nat she could notify the | l |), 4 | | |
| 1 | | iar and Andra Horn), rue | | 1 | | |
| | provider | | | 12. | | |
| | Telephone interview | with Resident #7's primary | 1 | | | |
| 1 | care provider (PCP) | on 04/21/22 at 3:30am | | į | | |
| | revealed she expect | ed Resident #7 to receive the | į | ŧ | | |
| | full dose of Miralax to | o prevent any issues with | į | | | ₽ |
| | constitution | | 1 | | | |
| 1 | a Decidence of Decides | nt #7's physician orders dated | | 8.1 | | • |
|] | : BAJCR/22 revealed th | nt #7 s physician orders dated here was an order for Advair | | i | | |
| 1 | | dose, 1 inhalation every 12 | ļ | | | |
| İ | | ns to rinse mouth after each | | 6.5 | | |
| | use Advair is a med | lication used to treat asthma | ļ | | | * |
| 1 | and shortness of bre | | | | | 1 |
| | | | | | | Ì |
| İ | | noming medication bass on | | | | 1 |
| | 04/20/22 at 8:20am | revealed: e (MA) primed the resident's | | | | |
| | Advair Diskus and th | | | | | |
| 1 | inhalation at 8 19am | | | | | |
| | -The resident reques | sted a second puff and the | İ | | | |
| | | ir Diskus a second time and | | | | |
| - | | econd inharation at 3:20am | | | | |
| | Downey of Position | #7's April 2022 electronic | | | | |
| | | #/ s April 2022 electromo ration record (eMAR) | | | | e E |
| 1 | revealed: | | | | | : ! |
| | -There was an entry | for Advair Diskus 250-50 | | | | i |
| | | on every 12 hours with | | M. | | Ì |
| 1 | | mouth after each use. | | | No. 1990 | |

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Division of Health Service Requiation NU DATE SURVEY OL MULTIFLE CONSTRUCT CO STATEMENT OF DEFICIENCIES X1 PROVIDER SUPPLIER THA COMPLETER AND PLANICE CORRECTION IDENTIFICATION NUMBER # EURLDING ___ 5 W/O _ _ _ _ _ _ _ 04/21/2022 HAL096026 STREET ACCRESS OFF STATE OFF TIME NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD **BROOKDALE COUNTRY DAY ROAD** GOLDSBORO, NC 27530 PROVIDER SELAN OF COPRECIDEN SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEIFED BY FU PROVENERS OF THE CONTRACT SHOULD BE CHOSEN FOR THE CONTRACT OF PET : PREFIX TAG REQULATORY OR LISC IDENTIFYING INFORMATION 74: SHE CLENCY i D 358 D 358 | Continued From page 12 scheduled for administration at 8:00am and ma00:3 -Advair Diskus was documented as administered on 04/20/22 at 8:00am. Interview with the MA on 04/20/22 at 11 36am revealed. -Resident #7 could be difficult to administer medications to because she doesn't aways trust that you primed the medication correctly. . -Resident #7 requested an additional dose of Advair Diskus and she should have told the resident that she needed to call the doctor before administering the dose. Interview with the Resident Care Director on 04/20/22 at 11:50am revealed she expected the MA to administer only one inhalation of the Advair Diskus to Resident #7 to prevent her from receiving to much medication Telephone interview with Resident #7's pamary care provider (PCP) on 04/21/22 at 8:30am revealed: -She expected Resident #7 to receive the Advair inhaler as ordered, which was one inhalation · daily -Overuse of Advair could cause the resident to have thrush in her mouth or throat. d. Review of Resident #3's current FL-2 dated 02/24/22 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD). There was no order for Spiriva inhaler (Spiriva is a medication used to treat COPD). Review of Resident #3's hospitalization discharge summary dated 02/24/22 revealed she should stop taking Spiriva inhaler and begin taking

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| | OF DESIGNATES IX1: PROVIDER SUPPLIER OLIA | REMARKS PLE CONSTRUCTION | ANTH DATE SURVEY |
| AND PLAN C | OF CORRECTION IDENTIFICATION NUMBER | A SULDING | Properties |
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| | | A1 4001s | |
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| | 380 CC | DUNTRY DAY ROAD | |
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| | GOLD | | |
| 7.44 (C) | SUMMARY STATEMENT OF DEFICIENCIES | PROVIDER SIPLANUE COMPRESS. | |
| Spetis | EACH DEPICIPMOY MUST BE PRECEDED BY FULL | FARTH BACH CORRECTIVE ACTION SHOULD THE APPEARS RETIFICATION THE APPEARS | |
| 7A-5 I | REGULATORY OR LIST DENTIFICING INFORMATION | 14.5 (1995) | |
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| D 250 | Continued From page 13 | 0.358 | ' |
| D 300 i | Condition From page 13 | | |
| ' | Trelegy Ellipta inhaier. | | Li Li |
| | | ! | |
| | Observation of the morning medication pass on | İ | * |
| | 04/20/22 revealed: | ! | r. |
| , | | | V. |
| | -The medication aide (MA) handed Resident #3 | 1 | |
| | the Spinva inhaler | | • |
| | -Resident #3 took one ouff of the Spiriva inhale: | | |
| 1 | at 8.35am | | • |
| | -The MA did not provide instruction to Resident | l l | |
| | #3 about now many puffs to take. | * | |
| ļ | The about not many point to take | 1 | |
| | Descriptions #2's Appl 2022 alentranic | | T. |
| | Review of Resident #3's April 2022 electronic | T. | |
| 1 | medication administration record (eMAR) from | | ſ |
| | 04/01/22 to 04/20/22 revealed: | · · | Ĵ |
| 1 | -There was an entry for Spiriva 2.5mcg with | | |
| 1 | instructions to inhale 2 puffs one time a cay. | 1 | |
|] | scheduled for administration at 0800 | | |
| <u> </u> | -Spiriva 2 5mcg was documented as | | r. |
| | administered on 04/20/22 at 6:00am. | 84 | İ |
| } | scrippistered on own of the action of the | • | |
| | | | |
| | Interview with the MA on 04/20/22 at 11:36am | | \$1 |
| | revealed: | | |
| ļ | -She should have checked the eMAR to see how | | |
| | many inhalations Resident #3 was to receive from | i | |
| | ner Spiriva inhaler | | |
| | -She thought that Resident #3 knew how many | | |
| | innalations she should get | | 14 25 |
| | managerio one enous get | | |
| • | Interview with the Health and Wallness | | |
| | | 9 | |
| | Coordinator (HWC) on 04/21/22 at 9 00am | | |
| | revealed she expected staff to review the eMAR | İ | |
| 1 | and label on the medication packaging before | | |
| 6 | administering the medication to the residents | | |
| -97 | | | The state of the s |
| | Attempted telephone interview with Resident #3's | | |
| | primary care provider (PCP) on 04/21/22 at | | |
| | 10:55am and 12:45pm were unsuccessiu | | ì |
| | t. 1005 t. | | ì |
| | Based on observation and interviews, it was | • | |
| | determined that Resident #3 was not | | |
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Division of Health Service Requiation KS IMPE SURVEY ROLL OF EXPLOSIBLE OF STRUCTION IXI. PROVIDER SUPPLIER OL A STATEMENT OF DEFICIENCIES CONFLETE? IDENTIFICATION GUMBER AND PLAN OF CORRECTION 4 EU (17.3 ___ 04/21/2022 5 3015_______ HAL096025 STREET ADDRESS. OF STATE DROVEE NAME OF PROVIDER OR SUPPLIEF 38B COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROVIDER'S PLANT OF COMPRISHING SUMMARY STATEMENT OF DEFICIENCIES PACH CORRECTIVE ACTION SHIPLINGS BE ORDERED TO THE APPROPRIATE ORDER SECTION OF THE APPROPRIATE OFFICIAL ACTIONS OFFICIAL ACTIONS OF THE APPROPRIATE OFFICIAL ACTIONS OFF dime.are CACH DEPOSENCY MUST BE PRECEDED BY FULL REGULATORY OR USO CLEMITE YOR THEORIMATION. page,v TATE SPEFA TAG L 358 D 3581 Continued From page 14 , interviewable e Review of Resident #3's current FL-2 dated 02/24/22 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD) -There was an order for Trelegy Ellipta inhaler 1 100-62.5-25 inhate 1 puff once a day (Trelegy Ellipta is a medication used to treat COPD) Observation of the morning medication pass on 04/20/22 revealed: -The medication aide (MA) nanded Resident #3 the Trelegy Ellipta inhaler to use. -The resident inhaled the Trelegy Ellipta inhaler at 8:35am. -The resident did not rinse her mouth out after using the inhaler. -The MA did not instruct the resident to rinse out her mouth. Review of the Trelegy website for patient instructions revealed there was a warning that orepharyngeal Candidiasis could occur so patients should be instructed to rinse his/her mouth cut with water and do not swallow to minimize risk of infection, (oropharyngeal candidiasis is a fungal infection of the mouth.) Review of Resident #3's April electronic medication administration record (eMAR) revealed -There was an entry for Trelegy Eliopta inhaler 100-62.5-25, innale 1 puff once a day with instructions to rinse mouth with water after use. scheduled for administration at 8:00am.

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8:00am

-Trelegy Ellipta inhaler 100-62.5-25 was documented as administered on 04/20/22 at

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| STATEMENT OF DEPICIENCIES IX1 PROVIDER/SUPPLIER/CLIA | | IKOMAL TPLE CONSTRUCTION COMPLETED COMPLETED | | |
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| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER | is Brittleton | | Coprese and a But |
| | HAL096026 | E 3863 | | 04/21/2022 |
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| NAME OF PROVICER OF SUPPLIEF | | LETTE ON BOAR | Production | |
| BROOKDALE COUNTRY DAY RO | A.C. | NTRY DAY ROAD | | |
| | GOLDSS | ORO, NC 27530 | | |
| | PATEMENT OF OFFICIENCIES OY MUST BE PRECEDED BY FULL | FMERA 1 | PROVIDER'S PLANT OF SPRING VORSE. LUCIES FOUR PARTY BARRON OF SPRING. | nes Liveums |
| | LSC (DEMTIEVING DISCRIMATION | 7-72 | OPC SE REFERENCIES TO THE APPROL DISPOSENCY: | PRIATE PART |
| | | -! | End Courte | <u>-</u> |
| D 358 Continued From pag | e 15 | D 358 | | 9 |
| | dent #3's medications on | | | ji . |
| | 12:00pm revealed the | | | |
| | the Trelegy Ellipta inhaler had | 1 | | , and the second |
| instructions to rise m | outh out with water after use | | | 3 |
| | | | | 1 |
| S1 41 W | A on 64/20/22 at 11:36am | í i | | |
| revealed | he order instructions on the | 1 | | 11 |
| | nstructed the resident to rinse | 1 1 | | • |
| out her mouth with w | rator after use | - | | i |
| | oked at the eMAR notes and | 1 | | • |
| I label packaging to e | | i ' | | |
| administering the me | | 1 . | | : |
| T and the second | | | | |
| | ealth and Wellness Director | | | 1 |
| | am revealed that she | | | |
| | ow the instructions on the | 1 | | |
| | tuding the instructions for ly Ellipta inhaler to rinse her | | | i |
| mouth out after use. | N=01 (1000) (1000) (1000) (1000) (1000) | | | 2 |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | interview with Resident #3's | | | |
| | r (PCP) on 04/21/22 at | | | |
| 10:55am and 12:45p | om were unsuccessful. | | | Ţ |
| Doggad on Aban-1111 | in and interviews, it was | į į | | |
| determined that Res | | | | |
| interviewable. | | j ' | | |
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| | nt #5's current FL-2 dated | | | |
| | agnoses included type 2 | | | ļ. |
| diabetes mellitus. | | | | |
| · Rayiew of Basicant | #5's physician orders dated | | | |
| | ere was an order for Novoim | | | |
| | utaneously before meals and | | | |
| | ding scale for blood sugar | į | | |
| | ve 3 units, 201-250 give 6 | | | |
| | 9 units; 301-350 give 12 units; | | | • |
| 351-400 give 15 unit | ts: if greater than 400 notify | <u> </u> | | |

Division of Health Service Requiation A SHEET SURVEY X1 PROVIDER/SUPPLIER/OUA NO MULTIPLE SUNSTRUCTION STATEMENT OF DEFICIENCIES COMPLETER AND PLAN OF CORRECTION IDENTIFICATION NUMBER a BUILD'5/8 ____ 04/21/2022 HAL096026 STREET ADDRESS OT - STATE OF CORE NAME OF PROMDER OR SUPPLIER 320 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27520 PRIMITERS FLANGE CORRECTION (PACH CORRECTIVE ACTION SHOULD RE TRISPINGER REPIGED TO THE APPRIADAL) SUMMARY STATEMENT OF DEFICIENCIES JEACH DEPOSENCY MUST BE PRECEDED BY FULL RESULATORY OR USE DENTIFY NO INFORMATION unger. CERCLEMON TAR D 358 D 358 | Continued From page 16 1 provider. Review of Resident #5's February 2022 electronic medication administration record (eMAR) revealed: There was an entry for Novolin R insutin inject , subcutaneously before meals and at cedtime as per stiding scale for blood sugar results of 1 150-200 give 3 units: 201-250 give 6 units 251-300 give 9 units: 301-350 give 12 units: 1 351-400 give 15 units; if greater than 400 notify provider, scheduled for administration at 7.00am. 11:00am, 4:00pm, and 8:00pm. -On 02/16/22 at 7 00am was documented as 190 which required 3 units of Novolin R to be administered: zero units were documented as administered. Review of Resident #5's March 2022 eMAR revealed: -There was an entry for Novolin R insulin inject suboxtaneously before meals and at bedtime as per sliding scale for blood sugar results of 150-200 give 3 units: 201-250 give 6 units. 251-300 give 9 units: 301-350 give 12 units. 351-400 give 15 units, if greater than 400 notify provider, scheduled for administration at 7:00am 11:00am, 4:00pm, and 3:00pm. -On 03/10/22 at 7 00am was documented as 161 which required 3 units of Novolin R to be administered: zero units were documented as administered. -Resident #5's blood sugar on 03/10/22 at 11.00am was documented as 263. Interview with the Health and Wellness Director on 04/21/22 at 9:30am revealed: -MAs should refer to the sliding scale insulin order to determine now much insulin to administer to Resident #5.

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. PO CHIE SUPVEY LONDI RIBO Division of Health Service Regulation CONTRACTOR LE CONSTRUCTION IXT: PROVIDERSUPPLEFIC. A STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER u edici ika ____ AND PLACE OF CORRECTION 04/21/2022 F ANO..... HAL096026 STREET ADDRESS OF STATE OF DIDE HAME OF PROVIDER OR SUPPLIED 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROVIDER SPURY OF WIRRETTION SALAN GARAGAME ACTION SAME DE PA CHOSE PARESHAND TO THE AREA OF THE DETIDENT SUMMARY STATEMENT OF DEPICIFYORS BACK DEPICIENCY MUST BE SERICE, ED SY FULL 17. 034-00 I REGULATORY OR USC IDENTIFIANS INFURNATION PREFIX AG L € 358 D 358 Continued From page 17 -If Resident ≠5 did not receive the amount of insulin ordered the MA should notify the pomary care provider (PCP) and document the reason why the medication was not administered. 1 Interview with Resident #5's PCP on 04/21/22 at 9:30am revealed: -She expected Resident #5 to receive her stiding scale insulin as ordered. -If Resident #5 die not receive her insulin as ordered, it may cause her to experience elevated l blood sugars -She monitored the resident's blood sugars and made adjustments based on what she believed the resident was receiving. 0 366 D 366 10A NCAC 13F 1004 (i) Medication - Administration 10A NCAC 13F 1004 Medication Administration ! (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure the recording of medication administration occurred immediately following the administration of medications including observations of morning medications left in a resident's room (#5) The findings are:

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| STATEMENT | OF DEFICIENCIES | X1. PROVIDER/SUPPLIER C | 41. MULTIFLE COL | 0.5- DATE SURVE - OGMALETES | |
| AND PLAN O | F CORRECTION | DENTIFICATION NUMBER | A 80",00% | | |
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| NAME OF SE | CVIDER OR SUPPLIER | STREETAL | COPESS, WITH STATE, C | the Judge | |
| 10000000000000000000000000000000000000 | | | NTRY DAY ROAD | | 6 |
| BROOKDA | LE COUNTRY DAY ROA | GOLDSB | ORO, NC 27530 | | |
| | TP VOARUE:S | ATEMENT OF DEPICIENCIES | , 16 | PERMIT A PARTICIPANT BIRBON DEPORTED CONTRACTOR ACCURACY DATE. | |
| REFX . | FACE DEFICIENC | MINUST BE PRECELED BY FULL | FREE A | Prices asked BEST of THE STREET | -1 C 2C |
| 789 1 | REGULATORY OR | LSC IDENTIFYING INFORMATION | i | DESIGNON. | |
| | | | D 366 | | t |
| D 366 | Continued From page | e 18 | 1 | | |
| | | | i i | | į |
| <u> </u> | Review of the facility | 's policy for Medication and Guidelines for Medication | | | 1 |
| | Administration/Assis | tance dated 04/22 revealed | * | | Ü |
| | -Residents should be | e observed taking the | | | ì |
| | medication followed | by the offering of water or | i | | • |
| | other fluids | | 1 | | 14 |
| | | no be left for the resident to | | | T |
| 1 | consume at a later ti | ate. | 1 | | |
| | Observation of Resid | dent #5's side table next to | 1 . | | U |
| 1 | the recliner on 04/19 | 922 at 9:25am revealed there | i | | • |
| | was a medication cu | p with 10 pills inside the cuc | | | |
| | 2 2 22 | | | | 1 |
| | i Interview with Resid revealed: | ent #5 on 04/19/22 at 9:25am | 1 | | |
| 1 | | es (MAs) were responsible | | | |
| | for bringing her med | cation. | , | | |
| | -Sometimes the MA | s would bring in her | | | į |
| | medication and leav | e it for her on the side table | 1 | | ı |
| 1 | next to her recliner to breakfast. | or when she returned from | | | |
| | . Dicariost | | | | |
| | Review of Resident | #5's current FL-2 dated | | | |
| | 03/17/22 revealed: | | ļ | | |
| 67 | -Diagnoses included | mild cognitive impairment. | | | Ţ |
| | -She was intermitter | ay disoriented. | | | i |
| | Review of Resident | #5's facility record revealed | | | |
| 2 | | f-administration orders | | | I. |
| | 4 | A 01/20/00 At 10 15 A | 6 48 | | e E |
| | Interview with the Mi revealed: | A on 04/20/22 at 10.45am | | | ļ. |
| 1 | | per leaving Resident #5's | | | |
| | medication on her ta | ibie yesterday (04/19/22) | ** | | ļ |
| | | led residents swallow their | j | | |
| | medications | watch resident's swallow their | | | |
| | | re they received them | | | , |
| | | a may receive e viens | | N MARK C A | |
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Division of Health Service Requiation MO TATE SURVEY AC MULTIPLE DURSTRUCTION IXT. PROVIDER/SUPFLIEP/DUA COMPLETED STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER A SUILDING AND PLAN OF CORRECTION 04/21/2022 5 2846 . ______ HAL096026 STREET ADDRESS, OUT 1 STATE DE LABOR. NAME OF PROMDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 AO TORRACO PO MALA SMEDUMORA PE DALGHE AO TOR BUITGARRIO HORE. ATAIRACERRA BIT OT DECHIBRIFERIZED PO SUMMARY STATEMENT OF CERCIONORS (EACH DEPOTRICY MUST BE PRECEDED BY FULL PEGULATORY OR USC (DERTIFYING BIFORMATION) 0000 PUFFT ERECY PREMIX 72.7 DEFINENC: 76/3 2 363 D 366 Continued From page 19 Interview with the Health and Wellness Director on 04/21/22 at 11:20am revealed. -She was not aware that MAs were not observing residents take their medications. r -Unless a resident had self-administration orders, MAs were to observe residents take their medication. -There were no wanderers in the facility that would go into other resident's rooms but it was important that if staff were documenting that medications were administered that they would observe them taking the medication. Interview with Resident #5's primary care provider (PCP) on 04/21/22 at 9:00am revealed: -She was concerned that staff was not observing Resident #5 take ner medication. -Resident #5 had mild cognitive impairment which resulted in some forgetfulness and it was important that she received all of her medication timely which was the facility's responsibility. D 367 D 367 10A NCAC 13F .1004(j) Medication Administration · 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name: (2) name of the medication or treatment order: (3) strength and dosage or quantity of medication administered. (4) instructions for administering the medication or treatment: (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident: (5) date and time of administration:

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| STATEMENT OF DEPICIENCIES | IN1: PROVIDER:SUPPLIER:C., A | SCANDITIFUE DIST | VSTRUCT (*V | OR TATE SURVEY |
| AND PLAN OF CORRECTION | DENTIFICATION NUMBER | A SUNLINUT | | OWENES FO |
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| | HAL096026 | E WMS | | 04/21/2022 |
| | | SERRESS DITE STATE I | ran en mu | ! |
| NAME OF PROYOUR OR SUPPLIER | | | a • m= | ì |
| BROOKDALE COUNTRY DAY RO | ۸۵ | JNTRY DAY ROAD | | 1 |
| BROOKBALL OPPING DIE | GOLDSI | BORO, NC 27530 | | |
| | TATEMENT OF DEFICIENCIES | . د. | polygodars peak of Jorgan | |
| Species (FACH DEFICIES) | ov Must be preceded by Full | PMEH: | EACH CORRECTIVE ACTION SHI BROWN THE WEIGHT BY THE APP | |
| TAG REGULATORY OF | CRO (DEHALLANDE DIE DEPREDICATE | YAG | rightage 37 | 1 |
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| D 367 Continued From pag | e 20 | □ 567 | | 1 |
| Depth proper of a complete set with the set of the set | | | | , i |
| i (7) documentation of | any omission of | | | ı |
| | ments and the reason for the | i i | | |
| omission, including r | | | | • |
| i (8) name or initials o | of the person administering | 1 | | • |
| the medication or tre | eatment. If initials are used a | ì | | |
| signature equivalent | to those initials is to be | | | |
| | aintained with the medication | 1 | | • |
| administration record | d (MAR). | 1 | | * |
| | | i . | | I |
| This Rule is not me: | t as evidenced by | | | E. |
| Based on observation | ons, record reviews and | | | 1 |
| interviews, the facilit | ty falled to ensure medication | | | |
| administration record | ds were complete and | | | |
| accurate for 2 of 7 re | esidents sampled including a | | | • |
| medication used to t | reat symptoms of dementia | | | |
| (#3), tapering steroid | i medication (#2), and a | | | i |
| resident that was ou | it of the facility for a hospital | | | 1 |
| stay (#3). | | | | SI SI |
| | | | | 8) |
| The findings are: | | 1 | | ı |
| 1 | | | | Ĭ. |
| Review of the facility | s oolicy for Medication and | | | |
| Treatment- General | Guidelines for Medication | 1 | | |
| Administration/Assis | stance dated 04,22 revealed. | | | |
| | associates administering or | 1 | | |
| assisting with medic | ations should document | | | į. |
| I = | stered or assisted with on | | | |
| : electronic administra | ation records. | | | · · |
| -Documentation of m | nedications or treatments | | | |
| 1 | occur promptly after the | | | |
| resident has taken th | | i i | | |
| | sign the paper copy of the | • | | |
| l E | ration record with their full | | | ,, |
| signature and title ar | nd initial each medication | , | | į į |
| administered or follo | w the eMAR procedure as | 1 | | |
| required. | | | | |
| 2008 10 300000 044,000 | | į. | | |
| | nt #3's current PL-2 dated | | | |
| 02/24/22 reveales: | | | | |
| -Diagnoses included | chronic abstructive | | | |

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| STATEMENT OF DEPYCENCIES (X1) PROVIDER/SUPPLIER/CUA | The state of the s | JUNE EVAL |
| AND PLAN OF CORRECTION HUMBER | A EURONO | |
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| | 2 WH2 | 04/21/2022 |
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| name is recovired on control | | • |
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| BROOKDALE COUNTRY DAY ROAD GOLDS50 | DRG. NC 27530 | |
| | EBOY: DERISH, AS OF CORRECT OF | 1 7115 FF |
| X44-C SUMMARY STATEMENT OF DEFICIENCES EPOERS (EACH DEFICIENCY MUST BE PREDEDED 5 Y PULL) | | |
| ANALY AND AND AN AN INCIDENTIFYING A CORRECTION | PREFIX * IMPRESIDENTED TO THE COMPONENTA OF THE COMPONENTA OF CONTROL OF THE COMPONENTA OF THE COMPONE | |
| TAG DEGULATORY ON LIST DESCRIPTION | | |
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| D 367 Continued From page 21 | 3~. | |
| pulmonary disease (COPD), lymphedema and | | 1 |
| , pulmonary disease (COPD). lymphisosine and | 1 | |
| diabeles meliitus. | · | r |
| -There was an order for Aricept 5 mg daily at | Ţ | |
| bedtime (Aricapt is a medication used to treat | | |
| symptoms of dementia). | | |
| | | ŧ |
| Observation of the morning medication pass on | 1 | |
| 1 04/20/22 from 3:34am to 3:40am revealed | | ! |
| -The medication side (MA) removed the blister | T. | |
| package of Aricept from the medication cart for | | ï |
| Resident #3 | | ļ |
| -She held Resident #3's Aricept 5mg because the | | |
| -She held Resident 43's Alloset or ig booken but the | 1 1 | |
| eMAR said to administer at 8:00am but the | , | |
| medication package label stated to give at | | • |
| bedtime. | | 1 |
| -She was going to clarify with the nurse before | 1 | ,, |
| she gave Resident #3 any Ancept. | | |
| -She did not administer Aricept 5mg at 8:40am | | |
| n e | 1 | |
| Review of Resident #3's April 2022 electronic | | } |
| medication administration record (eMAR) | ł | |
| revealed: | | į. |
| -There was an entry for Ariceot 5mg with | | |
| instructions to give one tablet once a daily. | | |
| scheduled for administration at 5:00am. | | |
| : -Ancept 5mg was documented as administered | 1 | |
| ; -Angept and was documented as administrated | | |
| on 04/20/22 at 8:00am. | | |
| the state of the s | ļ | • |
| Interview with the medication aide (MA) on | 14 | i i |
| 04/20/22 at 11:36am revealed: | i | |
| -She was busy and did not get a chance to clarify | | |
| whether or not Resident #3's Ariceot order was to | i i | |
| be given in the morning, as the eMAR stated, or | } | |
| at pedtime as the package stated. | 1 | |
| -She should have charted not administered on | | |
| the eMAR and typed in a comment but was | · | |
| running behind this morning and did not | | |
| document correctly | | |
| | 1 | |
| Refer to the interview with the Health and | | <u>l</u> |

Division of Health Service Regulation SOME TREES STRUCTURE NE DATE BURVEY IX1: PROVIDER SUFFLERICLE STATEMENT OF DEFICIENCIES CONFLETEN IDENTIFICATION NUMBER AND PLAN OF CORRECTION A SULCHIG ____ 04/21/2022 5 WM - - - - - - - - - - - - -HAL096026 STRITET ACCRESS OF A STATE DIR COOK NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PRIVIDER'S PLAN OF CURRECT OF SUMMARY STATEMENT OF DEFICIENCIES 19,12°, 6°°4. FACH CORRECTIVE ACTION SHOULD PE (Y4) D REGULATORY OF LIGHT STREET AND THE STREET OF CHI SSIMOMERENCES TO THE APPROPRIATE PREFEY ! PREF . 2---Sec. 3 DEFICIENCY. TA:3 D 357 D 367 | Continued From page 22 Weilness Coordinator on 04/21/22 at 9:00am. Refer to the interview with the Health and Wellness Director on 04/20/22 at 11:50am. Refer to the interview with a facility contracted I primary care provider (PCP) on 04/21/22 at 9:30am 2 Review of Resident #2's current FL-2 dated 02/17/22 revealed diagnoses included acute and chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease (COPD) Review of Resident #2's record revealed -There was a copy of a prescription dated 03/23/22 for Prednisone 10mg take 5 pills for 2 days, then take 4 pills for 2 days, then take 3 pills for 2 days, then take 2 pills for 2 days, then take 1 pill for 2 days. (Prednisone is a steroid medication used to decrease inflammation. -The prescription was written to discense 30 tablets Interview with a pharmacist at the facility's contracted pharmacy on 04/21/22 at 11:36am revealed 30 tablets of Pregnisone 10mg were i dispensed for Resident #2. Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed. -There was an entry for Predhisons 10mg 5 tablets once a day. -The Prednisone 10mg 5 tablets was documented as administered on 03/26/22 and 03/27/22 -There was an entry for Prednisone 10mg 4 tablets once a day. -The Prednisone 10mg 4 tablets was

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Division of Health Service Regulation ALL THUS THEE TONISTRUM ON CALLATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERGL A SOMPLETED DENTIFICATION NUMBER AND PLAN OF CORRECTION - ಕಟ್ಟುಗಳು _ 04/21/2022 8 WHO ______ HAL096026 STREET ADDRESS OFF STATE OF OWNER NAME OF PROVICER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PAGNICER'S PLANTE CORRECTION TRACH CORRECTIVE ACTION SHOULD SE SEITER REFERENCES TO THE APPRICACE. SUMMARY STATEMENT OF DEFICIENCIES CMF:E76 SUMMERS PROCESS OF DEFOUENCES BY FULL REGULATORY OR USO WINTERWAY INFORMATION FREEKX The CEFRUETUR D 367 Continued From page 23 documented as administered on 03/28/22. 03/29/22, and 03/30/22. -There was an entry for Preonisone 10mg 3 i tablets once a day. -The Prednisone 10mg 3 tablets was documented as administered on 03/31/22. I -There was documentation that a total of 25 tablets of Prednisone 10mg was administered from 03/26/22-03/31/22 Review of Resident #2's April 2022 eMAR revealed 1 -There was an entry for Prednisone 10mg 3 tablets once a day -The Prednisone 10mg 3 tablets was documented as administered on 04/01/22 "There was an entry for Prednisone 10mg 2 tablets once a day -The Prednisone 10mg 2 tablets was documented as administered on 04/02/22 and 04/03/22 -There was an entry for Prechisone 10mg 1 tablet once a day. -The Prednisone 10mg 1 tablet was documented as administered on 04/04/22 and 04/05/22. -There was documentation that a total of 9 tablets of Prednisone 10mg was administered from 04/01/22-04/05/22. Interview with the Health and Wellness Director (HWD) on 04/21/22 at 1:16pm revealed. -When a medication order is received the medication aides (IMAs) enter the medication orders onto the cMARs -The eMAR was then checked for accuracy by the Health and Wellness Coordinator (HVVC: -The HWC should check daily for new orders. -The eMAR is then checked for accuracy by the

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HWD

-She was concerned that Resident #2's eMAR ato

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLER CUA WE MULTIPLE CONSTRUCTION UNITED SUBVEY AND PLAN OF CORRECTION. DESTIFICATION NUMBER ONE-EFFE a to "Idas ___ 8 (993 _ _ _ _ _ _ _ _ _ _ _ _ _ 04/21/2022 HAL096026 NAME OF PROVIDER OR SUPPLIES STREET ACCRESS OFF STATE IN CORE 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROVIDERS PLANTON CORPROTION (EACH DORRECT OF ACTION SHOULD SE DAVINGHERENEISED TO THE APPROPRICE SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENC! MUST BE PRECEDED EF raise is PRESIDE T....T. REQULATORY OF USO IDENTIFYING INFORMATION. TAG DEFICIENCY O 367 1 D 367 Continued From page 24 not get checked properly for accuracy I -She did not recall ever seeing the entry for Resident #2's new Prednisone order and did not believe it ever came to her for her to check it Refer to the interview with the Health and Weliness Coordinator on 04/21/22 at 9:00am Refer to the interview with the Health and Wellness Director on 04/20/22 at 11.50am. Refer to the interview with a facility contracted primary care provider (PCP) on 04/21/22 at 9:30am 3 Review of Resident #3's current FL-2 dated 02/24/22 revealed diagnoses included chronic obstructive pulmonary disease (COPD). lymphedema, and diabetes meliitus. Review of Resident #3's physician orders signed 01/18/22 revealed: -There was an order for Aricept 5mg daily scheduled for administration at 8:00am (Ancept is a medication used to treat memory loss). -The was an order for Claritin 10mg daily. scheduled for administration at 8:00am (Clantin is a medication used to treat allergy symptoms) 1-There was an order for Colace 100mg to be given every Moncey/Wednesday/Friday. scheduled for administration at 8:00am (Colace is a medication used to treat constination? -There was an order for Multivitamin one time a day, scheduled for administration at 8:00am (Multivitamin is used to treat vitamin depletion) -There was an order for Potassium-Chloride 10mEq take one tablet daily, scheduled for administration at 8:00am (Potassium-Chlorida is used to treat low potassium levels; -There was an order for Spiriva 2 5mcg. 2

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Division of Health Service Regulation THE SURVEY NO MULTIPLE CONSTRUCT OF X1: PROMDER SUPPLIEROLA 000 TTE: STATEMENT OF DEFICIENCES DENTIFICATION YUMBER AND PLAN OF CORRECTION. 4 SOLDING 04/21/2022 # Mbd _______ HAL098026 STREET ADDRESS OUT : STATE IN THE NAME OF PROVICER OF SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROVIDEDS PLAN OF CUPPACTION BACH COHESOTIVE ACTION SMOULD SE DROSS PERFECANCED TO THE APPINIONALE DREAMENCY. JOHN BY SUMMARY STATEMENT OF DESICIENCIES WAND 1 REACH DEFICIENCY MUST BE PRECEDED BY FULL PEGULATORY OR LISC DENTIFYING MYCHILATION be Ecit. 1/40 TAG D 367 D 367 Continued From page 25 inhalations one time a day scheduled for administration at \$:00am (Spiriva is used to treat chronic obstructive pulmonary disease). ! -There was an order for Vitamin D 50mog one tablet, once a cally scheduled for administration at 8:00am (Vitamin D is used to treat low levels of Vitamin D). -There was an order for Eliquis 5mg give one tablet twice a day, scheduled for administration, at 8:00am and 8:00pm (Eliquis is used medication used to promote thinning of the blood). -There was an order for Tyleno! 500mg to be given three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm (Tylenol is a mild pain reliever). Review of Resident #3's physician discharge summary revealed the resident was hospitalized from 02/19/23 through 02/24/22 Review of Resident #3's February 2022 electronic medication coministration record (eMAR) revealed: -There was an entry for Aricept 5mg daily. scheduled for administration at 8:00am. -Aricept 5mg was documented as administered on 02/21/22 at 8:00am. -The was an entry for Clantin 10mg daily scheduled for administration at 8:00am -Claritic 10mg was documented as administered on 02/21/22 at 8:00am -There was an entry for Colace 100mg to be given every Monday/Wednesday/Friday scheduled for administration at 8.00am -Colace 100mg was documented as administered on 02/21/22 at 8:00am. -There was an entry for Multivitamin one time a day, scheduled for administration at 8:00am -Multivitamin 1 tablet was documented as

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1. PROVIDERSLAPHERICUA (DENTIFICATION NUMBER | A BUILDING TABLE | j | XY DATE SUPVEY THERETER |
|--|---|---|--|----------------------------|
| | 21A1 00007C | e wes | 04/21/2022 | |
| | HAL096026 | <u> </u> | | 0474112022 |
| NAME OF PROVIDER OR SUPPLIER | | -COMESSION - STATE CIRCULA LINTRY DAY ROAD | • | |
| BROOKDALE COUNTRY DAY ROA | תא | BORO. NC 27530 | | |
| BREEN I BAGH DERICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL USD DENTIFYING INFORMATION | E | PROVIDER'S PLAN AF CORRECTION (ACH OCPRECTIVE ACTION SHIPUL) S (ASI PERFAMINISTITATIVE NERVICES) (ASI PERFAMINISTITATIVE (ASICENT) | ii. Miriste |
| D 367 Continued From page | e 26 | D 387 | | II. |
| administered on 02/2 | | Ì | | · |
| There was an entry | for Potassium-Chloride | S | | Ĩ |
| ' flore was an ency . | et daily, scheduled for | i r | | |
| administration at 8:00 | | 1 | | |
| | 10mEs was documented as | | | .ii |
| administered on 02/2 | | | | , |
| -There was an entry t | for Spinus 2 Space 2 | | | ĵ |
| inhalations one time | a day scheduled for | i i | | v. |
| administration at 8:00 | Dom | 1 . | | • |
| soministration at 6 Ut | documented as | | | i |
| administered on 02/2 | | 8 | | i |
| | for Vitamin D 50mcg one | | | |
| tablet, once a daily so at 8:00am. | cheduled for administration | | | 1 |
| -Vitamin D 50 mog wi administered on 02/2 | 1/22 at 8.00am. | | | à |
| | for Eliquis 5mg give one | | | |
| ************************************** | chequied for administration | | | |
| at 8:00am and 8:00pr | | i l | | |
| on 02/21/22 at 8:00ar | | | | i |
| I -There was an entry figure times a da | for Tylenol 500mg to be | | | |
| | Dam. 2:00pm. and 8:00pm | | | |
| | documented as administered | | | il . |
| on 02/21/22 at 8:00ar | | | | |
| 011 022 1122 dt 0.00di | | | | |
| : Attempted telephone | interview with Resident #3's | İ | | |
| | 0.55am and 12:45pm were | • | | i |
| unsuccessful | | | | |
| | | | | |
| Refer to the interview | with the Health and | | | |
| Wellness Coordinator | on 04/21/22 at 9:00am. | | | |
| | | | | ; |
| Refer to the interview | | | | |
| Wellness Director on | 04/20/22 at 11:50am. | | | |
| İ - | | | | Si . |
| Interview with the Hea | | | | ÷ .1 |
| 1 | 22 at 9:00am revealed. | | | E |
| | n administration records | | | ί |
| vision of needth Service Regulation | | | | |

Division of Health Service Reculation CONTACT SURVEY KEN MULTIPLE CONSTRUCT OF STATEMENT OF DEFICIENCIES UCH PROVIDER/SUPPLIER/CLA DOMPLETED. DENTIFICATION NUMBER AND PLAN OF CORRECTION 4 30 2016 ____ 04/21/2022 5 Mile). _ _ _ _ _ _ _ _ _ HAL096026 STREET 400RESS OF STATE ZINGOME NAME OF PROVIDER OF SUPPLER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PROCESS AND AN OF CORRECT TO BACH CORRECTIVE ACTION SHUCKS OF CROSS-PEFERENCES TO THE JUDGLORIAN วสุดสาดาล SUMMARY STATEMENT OF DEPIC ENGES :£ COTE. FEACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE IDENTIFYING INFORMATION. FRETS. PREFIX 7000 DEDICIENC". TAG D 367 D 367 Continued From page 27 (eMAR) should accurately reflect what was given at the time it was documented. 1 If a resident was cut of the facility, refused the medication, or there was a change in dosage the eMAR should accurately reflect that. i -It was the responsibility of the medication aides (MA) to document accurately and completely on the eMAR. -There was no audit process in place that she was aware of to review the sMAR documentation Interview with the Health and Wellness Director on 04/20/22 at 11.50am revealed she expected staff to document accurately and completed on the eMAR interview with a facility contracted primary care provider (PCP) on 04/21/22 at 9:30am revealed: -Sne did not have access to the facility's electronic documentation system so she expected the eMAR that was printed by the facility and given to her during her onsite visits to be accurate and complete. -She used the eMAR to make changes to treatments and adjust cosing based on what was documented so it was important that it was accurate and correct D 371 D 371 10A NOAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.

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| | OF DEFICIENCIES OF CORRECTION | Win PROVIDER SUPPLIER C. A | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | MS-64TE SUPVEN |
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| | | HAL096026 | 5 (a) | | j 04/21/2022 |
| NAME OF P | ROVIDER OA SUPPLIER | STREET | DOARS HITY STAFF DEPOSE | " | |
| BBOOKD4 | LE COUNTRY DAY ROA | הו | INTRY DAY ROAD | | |
| anound, | THE GOOK THE SET TOP | GOLDSE | BORD, NC 27530 | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| (X4),0 PRSHX 746 | FACT TEFT CIPNO | ATEMBATIOF DEFICIENCES Y MUSY BE PRECEDED BY PULL JBC (DENTIFYING INFORMATION) | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | AP CARLARDES AL AN OR CORRECTOR FACH CARRECTIVE ACTION PHOLICI CARLARDER BENDEN TO THE APPROPE CARLARDER CORRECTOR | ee complete |
| D 371 | Continued From page | 28 | D 371 | | t |
| | This Rule is not met | er cydenead by | | | i |
| | | ns, interviews, and record | î | | |
| | reviews, the facility fa | aled to ensure infection | | | ï |
| 1 | contro! measures wer | re implemented during the | į. | | |
| , | morning medication p | pass on 04/20/22 by 1 of 2 | İ | | |
| | | erved who failed to wash or | | | 1 |
| l | | etween administering | 1 | | |
| 1 | medication to multiple | e residents | 1 | | P |
| | Tu Sudiana ass | | 1 | | ·• |
| | The findings are. | | | | |
| | Review of the facility | s policy for Medication and | | | |
| | | Buidelines for Medication | | | |
| Ì | Administration/Assist | ance dated 04/22 revealed: | * | | |
| | | associates administering or | | | |
| ļ | | tions should use infection | | | |
| | | n practices based on the | | | 8 |
| | | Control and Prevention | | | |
| | (CDC) guidelines for | nano nyglene. rash their hands or usa hand | | | 1 |
| | senitizer prior to med | | | | |
| | | ance for each resident. | | | |
| | | | 1 | | |
| İ | | orning medication pass on | | | |
| | | n to 8:50am revealed: itizer on the medication cart | i i | | |
| | -The medication aide | | | | |
| Ì | | administering medications | | | |
| E . | to a resident at 8:05a | 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 | | | |
| | -She did not perform | hand hygiene using hand | | | |
| 120 | · · | water prior to beginning to | | | |
| is . | prepare the next resid | ient's medications at | | | |
| | 8:06am | | | | |
| | The MA entered the administer medication | | | | |
| | | ne medication can from | | | |
|) | | tions to the resident at | | | |
| 1 | 8:23am | | | | |
| · | -She did not perform ! | hand hygiene using hand | i | | |
| _== | sanitizer or scap and | water prior to beginning to | r/ | 9 11092 110 a 10700 a | |
| | Th Serves Portulation | 4110 Table 1 | | WALL BY BANKS OF | -1x40x00 |

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Division of Health Service Regulation WE MUST PLEIG MISTRUCTION OUR DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ATT PROVIDER/SUPPLIER OUT COMPLETED CENTIFICATION NUMBER a 85-2000 ____ 04/21/2022 F VIVE HAL096026 STABET ADURESS NOT STATE DE WOOR NAME OF PROVIDER OR SUPPLIER 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSZORO, NC 27530 PRIATUSP'S FLAN, ST CORPECT IN FACH CORRECTIVE ACTION SHOULD BE OR INSURERED NATE TO THE ARROSPICATE 114 m 574 SUMMARY STATEMENT OF DEFICIENCIES BACH OFFICIENCY MUST BE PRECEDED BY YO 14.75 Jac: " REGULATORY OR USO IDENTIFYING INFORMATION PRESIX -- 3 DEFORM THE 7AG : 2 37 1 D 371 Continued From page 29 prepare the next resident's medications at 8:25am -The MA entered the resident's room to administer medications at 8-34am. 1 -The MA returned to the medication cast from administering medications to the resident at 8:49am. -She did not perform hand hygiene using hand sanitizer or soap and water prior to beginning to prepare the next resident's medications at 8:50am. A second observation of the MA performing morning medication pass 04/20/22 from 9:14am to 9:32am revealed. -The MA returned to the medication cart from administering medications to a resident at 9:14am. -She did not perform hand hygiene using hand sanitizer or soap and water prior to beginning to prepare the next resident's medications at 9:16am -The MA returned to the medication cart from administering medications to a resident at 9,22am. -She did not perform hand hygiene using hand sanitizer or soap and water prior to beginning to prepare the next resident's medications at 9:25sm -The MA returned to the medication cart from administering medications to a resident at 9:29am -She did not perform hand hygiene using hand sanitizer or soap and water prior to beginning to prepare the next resident's medications at 9:32am. Interview with the MA on 04/20/22 at 11:36am revealed:

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-She normally would wash her hands with soap

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Division of Health Service Regulation 334 DATE SUPPLE IKE-MULTIPLE OCHSTRUKTION STATEMENT OF DEFICIENCIES IX1: PROVIDER/SUPPLIER/CUA COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION 4 BULLYS 04/21/2022 Estros ___ nerentere HAL096026 STREET ADDRESS DM . STATE OF LIGHT NAME OF PROVIDER OR SUPFLIEF. 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27630 PROVIDER SIR, AN IT CORPORTING
WEALH COPERCTIVE ACTION SHOULD BE
YEARS REPERSIONED TO THE ACTION PRIATE ı-SUMMARY STATEMENT OF DEFICIENCIES PREFIX -BACH OUP O'S TRUE PRECEDED STALL REGULATORY OR USO IDENTIFYING INFORMATION ٠.,٥ DEF DENCY 5.371 D 371, Continued From page 30 and water before and after administering each , resident their medications, but she was thrown of this morning because she was called late to come in which out her behind. -It was important to perform hand hygiene with either hand sanitizer or soap and water between administering medications to reduce the risk of infection -She was not sure about the facility's handwashing policy because this was only her I second snift here and she worked for a staffing agency Interview with the Health and Wallness Coordinator (HWC) on 04:21/22 at 9:00am revealed -MAs should perform hand hygiene with hand sanitizer or soap and water after administering medications to each resident or if their hands become visibly soiled. -Hand sanitizer was located on each of the 6 medication carts and residents had soap in their rooms at the sink. -It was important for MAs to wash their hands to prevent cross-contamination and reduce the risk of spreading infection. Interview with the Health and Wellness Director (HWD) on 04/20/22 at 11:50am revealed staff were expected to wash their hands with hand sanitizer or soap and water in between administering medications to prevent the spread of infection. Telephone interview with one of the facility's contracted primary care providers (PCP) at 04/21/22 at 8:30am revealed she expected staff to use hand sanitizer or soap and water in between administering medications to the residents to prevent the risk of infection.

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Division of Health Service Regulation NO CATE SUPPLE INDIA MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IX1. PROVIDER SUPPLIER CLIF. o publication DENT FIGATION NUMBER AND PLAN OF CORRECTION A POILS for ____ 04/21/2022 9 WIN3 _______ HAL096026 STREET ADDRESS OF STATE OF DEDE NAME OF PROVICER OR SUPPLIED 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOLDSBORO, NC 27530 PRINTER'S PLAN OF CORRECTOR :.vF++T2 AR NUMBER OF PUR PURPOS ASSESSED AS A NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PURPOS ASSESSED AS A SECOND OF THE PURPOS AS A SECOND OF THE PUR SUMMARY STATEMENT OF DEALCHENCES angr.4 FACE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USO (DENTIFYING TEORMATION) PREFIX. 74. DEFICIENCY 756 D 371 D 3711 Continued From page 31 Interview with a second facility's contracted PCP on 04/21/22 at 9:30am revealed: , -She expected staff to perform hand hygiene between administering medications to the residents. I -It was very important to perform hand hygiene and proper infection control prevention especially , now during the times of COVID-19. D 373 D 378, 10e NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F . 1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility including those I requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration. This Rule is not that as evidenced by Based on observations, record reviews and interviews, the facility failed to ensure medications were locked up when not under the direct physical supervision of staff in charge of medication administration including 1 medication car, a medication used to treat dementia, and a patch used for smoking pessation. The findings are: Review of the facility's policy for Medication and Treatment- Storage dated 10/13 revealed medications and treatments stored by the community are to be stored in designated locations that must be locked when not in use or when unattended.

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| Interview with the He | CANCES OF COURSE | | | |
| · Coordinator (HVVC) (| on 04/21/22 at 9:00am | 1 | | i i |
| revesied. | acus (14 e de la companya de la comp | L | | , |
| i -iviedication carts sh | ould be locked if the MA was | 1 . | | |
| not obviolative at the | medication carr | | | • |
| 1. If medication carts \ | were not locked, there was a | i | | ī |
| the for regidents to | no in the medication call | | | |
| Charge not aware | of any residents that were | I. | | • |
| -She was not are a | n the medication cart | Í | | |
| Kupwu te da mione. | 7 516 | 1 | | 1 |
| | - We and Meticope Pirector | ^ | | i i |
| Interview with the H | ealth and Weliness Director | 1 : | | } |
| (HWD) on 04/20/22 | at 11:50am revesied: | 1 | | |
| -She expected staff | to lock the medication carts if | | | |
| they were not in use | 8 | | | |
| I -She was not awara | of any residents that were | | | |
| known to de through | h the medication cart. | | | |
| . 100 | | ** | | j |
| Telephone interview | with one of the facility's | 1 | | 1 |
| contracted primary | care providers .PCP; at | | | |
| 04/21/22 at 8 30sm | revealed she expected staff | Ī | | |
| to lock the medicati | on carts when not in use to | 1 | | |
| prevent residents v | risitors or staff from getting | ì | | İ |
| into the medication | cer | | | , |
| i i i i i i i i i i i i i i i i i i i | | | | |
| Interview with a coa | condifacility's contracted PCP | | | i. |
| | | i | | 8 |
| on 04/21/22 at 9:30 | /am revealed: | | | |
| | medication carts at the facility | | | |
| to remain locked wi | nen notin use | | | |
| -She had observed | on her visits to the facility | | | ļ |
| residents standing : | at the medication caris | 0 | | i |
| | 100 to 100 and a | ; | | i |
| | ne medication cart on 04/20/22 | | | |
| at 8:30am to 8:50a | m revealed. | | | |
| -The medication aid | de (MA) prepared medication | | | |
| for a resident. | | - | | |
| -She was unsure a | pout administration of Aricept | 1 | | |
| and wanted to pet of | clarification from the nurse | | | |
| prior to administerir | ng the medication (Aricept is a | | | |
| merication used to | symptoms of cementia or | 1 | | |
| | | 1 | | |
| memory loss) | | l <u></u> | <u> </u> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/QUA IDENTIFICATION NUMBER | SIG MUCTIPUE OUR STRUCTION | INAL CATE GURNAN DOMPLETED |
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| NAME OF PROMDER OR SUPPLIER STREET ACCRESSION - STATE OF CODE | | | |
| 380 COUNTRY DAY ROAD BROOKDALE COUNTRY DAY ROAD GOUDSBORO NC 27530 | | | |
| GOLDSOCKS NO 1700 | | | |
| 1A4-10 SUMMARY STATEMENT OF DEPICIENCIES PREFIX (EACH DEPICIENCY MUST SE PRECEDED BY PULL TAG REGULATORY OR USO IDENTIFYING INFORMATION | | FINERY LAUN COMPRESSION (1414 COMPRESSION | AN DE PORRE TO ON 15 DE |
| D 378 Continued From page 34 | | D 378 | • |
| -At 8:34am she placed the blister package of | | <u>.</u> | t l |
| Aricept on top of the medication cart, locked the | | L E | 1 |
| can and entered the resident's room leaving the | | 1 | |
| i package unattended. | | | "2 |
| -The blister package of Ancept had 22 pills | | | ; |
| remaining in the package. | | ļ l | ı |
| -At \$:49am she returned to the cart and placed | | 8 | *1 |
| the Ancept blister package back into the | | 1 | • |
| medication cart with the resident's other | | | i |
| medications. | | | • |
| Interview with the MA on 04/20/22 at 11:36am | | | ĺ |
| Interview with the MA on 04/20/22 at 11.30/21/ | | | Ĺ |
| i -She did not remember leaving the Ancept | | | |
| medication package on top of the medication | | l i | |
| cart | | ! | l l |
| -All medications should be placed in the | | | 1 |
| medication cart and locked when a staff member | | | |
| is not at the cart. | | | |
| -This was her second day at the facility, but she | | , | |
| was not made aware of any residents that may | | * | 1 |
| take medications from the cart that were not theirs. | | | |
| -There were residents that came to the | | | |
| medication cart waiting to get their medication | | | ļ |
| 86 | | | _ |
| Interview with the Health and Welfness | | | |
| Coordinator (HWC) on 04/21/22 at 9:00am | | | |
| revealed medications should not be left | | | |
| unattended on top of | the cart. | | 1 |
| Interview with the Har | elth and Wellness Director | | Í |
| (HWD) on 04/20/22 at 51/50am revealed she | | | |
| expected staff to lock all medications inside the | | İ | j |
| medication cart and never leave any medications | | | j |
| unattended on top of the medication cart. | | | ì |
| 3. Review of Resident #3's current F1-2 deted | | | i |
| 08/02/21 revealed diagnoses included obstructive | | | |
| sleep apnea. | | | |
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of their series which will be the restaurance of th

:Plan of Correction is in regard to the Corrective Action Report dated 04/21/2022. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the State of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation, not have we identified mitigating factors.

10A NCAC 13f.1002(a) Medication Orders

- (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:
 - (1) If orders for admission or readmission of the resident are not dated and signed within 24 hours of admission ore readmission to the facility
 - (2) If orders are not clear or complete; or
 - (3) If multiple admission forms are received upon admission or readmission and orders on the forms are not the same.

The facility shall ensure that this verification or clarification is documented in the resident's record.

Plan of Correction D344

(1). The Executive Director(ED)/Health and Wellness Director(HWD) and or designee will conduct retraining and re-education to care associates in regards to the Brookdale New Orders Tracking form, writing orders in the electronic health record, process for verification/clarification and all other required forms to ensure safe medication administration for the residents. To assist with ongoing compliance, the ED/HWC or designee will provide weekly monitoring of all orders for 3 months and then monthly reviews with the ED/HWD for a period of 6 months. Plan of correction will be completed by June 23rd, 2022.

10A NCAC 13F.1004(a) Medication Administration

- (a) An adult care home shall assure that the preparation and administration of medications prescription and non-prescription and treatments by staff are in accordance with:
 - (1). Orders by a licensed prescribing practitioner which are maintained in the resident's record; and
 - (2) rules in this Section and the facility's policies and procedures.

Plan of Correction D358

(1). The ED/HWD or designee will re in-service medication aids on the 7 rights of medication administration, to be completed by June 23rd, 2022. The HWC/Health and Wellness Coordinator (HWC) will conduct med pass audits on medication aides at a minimum of one per month for 6 months checking compliance with the 7 rights of medication administration. To assist with ongoing

compliance, the ED/HWD/HWC/Clinical Care Coordinator(CCC) or designee will follow up on all New Order Tracking forms and review for accuracy and proper transcription of physician orders on a daily basis for one (1) month. Plan of correction to be completed by June 23rd, 2022.

10A NCAC 13F.1004 (i) Medication Administration

Medication Administration

(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

Plan of Correction D366

The ED/HWD/HWC and or designee will conduct retraining and re-education to the care associates regarding documentation of medication administration. Training will include the 7 rights of medication administration and Brookdale policies regarding medication administration. To assist with ongoing compliance, the ED/HWD/HWC will audit medication documentation at point of care once a week on each shift for four (4) weeks. Plan of correction to be completed by June 23rd, 2022.

10A NCAC 13F.1004 (j) Medication Administration

- (j) The resident's medication administration record (MAR) shall be accurate and include the following:
 - (1) resident's name
 - (2) name of the medication or treatment order
 - (3) strength and dosage or quantity of medication administered
 - (4) instructions for administering the medication or treatment
 - (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident.
 - (6) dare and time of administration

Plan of Correction D367

(1). The ED/HWD or designee will re in-service medication aids on the 7 rights of medication administration, to be completed by June 23rd, 2022. The HWC/Health and Wellness Coordinator (HWC) will conduct med pass audits on medication aides at a minimum of one per month for 6 months checking compliance with the 7 rights of medication administration. To

assist with ongoing compliance, the ED/HWD/HWC/Clinical Care Coordinator(CCC) or designee will follow up on all New Order Tracking forms and review for accuracy and proper transcription of physician orders on a daily basis for one (1) month. Plan of correction to be completed by June 23rd, 2022.

10A NCAC 13F.1004 (n) Medication Administration

(n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.

Plan of Correction D 371

(1). The ED/HWD/HWC will re-educate the staff on infection control measures utilize to ensure a safe environment for the staff and the resident. To assist with ongoing compliance, each staff member will be audited by HWD/HWC for these measures daily for four weeks and then monthly reviews of infection control principals at each staff meeting. Plan of correction will be completed by June 23rd, 2022.

10A NCAC 13F.1006 (b) Medication Storage

(b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration.

Plan of Correction D 378

(1) The ED/HWD/HWC will re-education all staff on the importance of ensuring that medications are properly stored and under locked security. To assists with ongoing compliance, the ED/HWD/HWC will perform unannounced spot audits of medication carts, medication refrigerator and resident's rooms on all shifts once a week to ensure compliance with this requirement. Plan of correction to be completed June 23rd, 2022.