

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section and the Durham County Department of Social Services conducted an annual, follow-up and complaint investigation on August 3rd - 5th, 2022 with an exit conference via telephone on August 8th, 2022.	D 000		
D 079	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the facility was clean and free from hazards as evidenced by multiple unsecured oxygen tanks in two resident's room.</p> <p>The findings are:</p> <p>According to guidance from the National Fire Protection Association (NFPA) compressed oxygen (O2) cylinders must be secured in a rack or stand to prevent tipping over.</p> <p>Review of the facility's oxygen policy dated April 2018 revealed: -Community management team should check that the compressed gas cylinders have no leaks, are used properly and are stored in a safe location. -Safety and fire prevention included cylinders</p>	D 079		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 1</p> <p>should be provided with chaining, strapping or stand to prevent tipping exposure.</p> <p>Observation of resident room 221 on 08/03/22 at 11:50am revealed: -There were five O2 cylinders standing on the floor of the kitchenette. -There were five O2 cylinders in a metal rack placed beside the O2 cylinders without a rack.</p> <p>Observation of resident room 221 on 08/05/22 at 8:50am revealed: -There were five O2 cylinders standing on the floor of the kitchenette. -There were five O2 cylinders in a metal rack placed beside the O2 cylinders without a rack.</p> <p>Telephone interview with a representative of the resident in room 221's oxygen provider on 08/08/22 at 3:24pm revealed: -O2 tanks should be stored upright and secured. -They only provided O2 racks when requested. -There was no documentation anyone had requested O2 racks for the residents O2 tanks.</p> <p>Observation of resident room 207 on 08/04/22 at 10:24am revealed there were eight O2 cylinders standing on the floor of the resident's living room; they were not secured.</p> <p>Interview with the resident in room 207 on 08/04/22 at 10:24am revealed: -No one had told him how the O2 tanks should be stored. -He was not concerned the O2 tanks could be knocked over.</p> <p>Observation of resident room 207 on 08/04/22 at 10:24am revealed: -There were eight O2 cylinders standing on the</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 2</p> <p>floor of the resident's living room; they were not secured.</p> <p>-There were three O2 cylinders in the resident's closet without a rack.</p> <p>-No one from the facility had been in to talk to him about the O2 tank storage.</p> <p>Telephone interview with a representative of the resident in room 207's oxygen provider on 08/08/22 at 3:16pm revealed:</p> <p>-O2 tanks should be stored upright and secured.</p> <p>-They only provided O2 racks when requested.</p> <p>-There was no documentation anyone had requested O2 racks for the residents O2 tanks.</p> <p>Interview with a personal care aide (PCA) on 08/04/22 at 10:41am revealed:</p> <p>-She had seen the O2 cylinders in resident room 221 but had not noticed if the O2 tanks were secured or not.</p> <p>-No one had told her anything to do with unsecured O2 tanks.</p> <p>Interview with a housekeeper on 08/04/22 at 10:59am revealed:</p> <p>-She had not "paid attention to" oxygen tanks in resident rooms.</p> <p>-She had not noticed if O2 tanks in residents' rooms were secured or not.</p> <p>-No one had told her how O2 tanks should be stored.</p> <p>Interview with a medication aide (MA) on 08/04/22 at 11:48am revealed:</p> <p>-O2 tanks needed to be stored in a crate to keep the tanks upright.</p> <p>-The O2 company was responsible for providing a crate when the tanks were delivered.</p> <p>-She had not noticed unsecured oxygen tanks in room 221 or 207.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 3</p> <p>-She did not know if the PCAs had been in-serviced on the proper storage of oxygen tanks.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/04/22 at 3:21pm revealed: -O2 tanks should be stored in a rack. -She had not noticed any O2 tanks not stored in a rack. -If she had known there were O2 tanks that needed a rack, she would have reached out to the oxygen provider and requested a rack for storing the O2 tanks.</p> <p>Interview with the Health and Wellness Director (HWD) on 08/04/22 at 11:10am revealed: -O2 tanks needed to be stored upright in a manner that prevented the tank from being knocked over. -It was concerning there were unsecured O2 tanks in the residents' rooms because the tanks could be dangerous if they were knocked over. -She expected the staff to let her know the residents had oxygen that was not properly stored.</p> <p>Interview with the Administrator-in-Charge (AIC) on 08/04/22 at 11:21am revealed: -O2 tanks should be stored standing upright and in racks to prevent the O2 tanks from falling over. -If an O2 tank fell over it could be a tripping hazard, -She expected the PCAs, MAs, and housekeepers to notify her, the HWC, or the HWD when a resident had unsecured oxygen tanks and needed a rack.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	Continued From page 4	D 137		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 6 sampled staff (A, B, E) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire.</p> <p>The findings are:</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure 3 of 6 sampled staff (A, B, E) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide (PCA) on 12/20/22. -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed upon hire.</p> <p>Interview with Staff A on 08/08/22 at 12:20pm revealed: -She started working at the facility in January 2022. -She worked second shift as a PCA.</p>	D 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	<p>Continued From page 5</p> <p>-She did not know if the HCPR check had been completed prior to her employment.</p> <p>The HCPR check was received, prior to exit on 08/08/22, verifying there were no pending investigations or substantiated findings for Staff A.</p> <p>Refer to the interview with the Health Wellness Director (HWD) on 08/08/22 at 3:06pm.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm.</p> <p>Refer to the interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:35pm.</p> <p>2. Review of Staff B's personnel record on 08/07/22 revealed: -Staff B was hired as a personal care aide (PCA) on 02/14/22. -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed upon hire.</p> <p>Attempted telephone interview with Staff B on 08/08/22 at 11:30am was unsuccessful.</p> <p>An HCPR check was received, prior to exit on 08/08/22, verifying there were no pending investigations or substantiated findings for Staff B.</p> <p>Refer to the interview with the Health Wellness Director on 08/08/22 at 3:06pm.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm.</p>	D 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	<p>Continued From page 6</p> <p>Refer to the interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:35pm.</p> <p>3. Review of Staff E's personnel record on 08/07/22 revealed: -Staff E was hired as a medication aide (MA) on 01/04/22. -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed upon hire.</p> <p>Observation on 09/04/18 at 3:50pm revealed Staff E was on duty.</p> <p>Interview with Staff E on 08/08/22 at 11:39am revealed: -She was hired as a medication aide (MA) in January 2022. -She worked as a MA on second shift. -She did not know what a HCPR check was and did not know if it had been completed prior to her employment.</p> <p>An HCPR check was received, prior to exit on 08/08/22, verifying there were no pending investigations or substantiated findings for Staff E.</p> <p>Refer to the interview with the Health Wellness Director on 08/08/22 at 3:06pm.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm.</p> <p>Refer to the interview with the Administrator-in-Charge (AIM) on 08/08/22 at 5:35pm.</p> <p>Interview with the Health Wellness Director</p>	D 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	<p>Continued From page 7</p> <p>(HWD) on 08/08/22 at 3:06pm revealed: -She was not responsible for checking the Health Care Personnel Registry (HCPR) for new hires. -She thought the Business Office Manager (BOM) was responsible for checking the HCPR for new hires.</p> <p>Interview with the BOM on 08/08/22 at 3:59pm revealed: -She was responsible for checking the HCPR for new hires since April 2022. -The previous HWD assumed the responsibility of checking HCPR in December 2021. -The previous HWD worked from December 2021 to April 2022. -The previous HWD would check the HCPR and print a copy of the verification. -A copy of the HCPR check would be given to the BOM to file in the personnel records. -She did not always receive a copy of the HCPR verification. -She attempted to audit the personnel records every 2-3 months; she had not audited the personnel records recently. -She had not audited the personnel records as often as were needed.</p> <p>Interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:35pm revealed: -The previous HWD was responsible for checking the HCPR from December 2021 to April 2022. -The HCPR was verified by the previous HWD; a printed copy of the verification was placed in the personnel record. -She did not know the printed copy of the HCPR was not in the personnel record. -She knew some personnel record information was missing from December 2021 to April 2022. -The BOM would check the HCPR upon hire of each employee since April 2022.</p>	D 137		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	Continued From page 8  -The BOM was responsible for auditing the personnel records. -She expected the HCPR to be checked prior to employees starting work with the residents and for a copy of the verification to be placed in the employees personnel file.	D 137		
D 188	10A NCAC 13F .0604(e) Personal Care And Other Staffing  10A NCAC 13F .0604 Personal Care And Other Staffing (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply. (1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least: (A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	<p>Continued From page 9</p> <p>(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, "heavy care resident", means an individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments.</p> <p>(E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the required staffing hours for the assisted living (AL) unit with a census of 48 residents on 07/03 /22 and 07/04/22 were met for 2 of 2 sampled third shifts.</p> <p>The findings are:</p> <p>Review of the facility's license effective 01/01/22 revealed the facility was licensed for a capacity of 119 beds including 99 beds for the assisted living (AL) area and 20 beds for the special care unit (SCU).</p> <p>Observation of the facility on 08/03/22 at 7:30am revealed: -The facility was a multi level facility. -There were assisted living (AL) resident's rooms on the 1st, 2nd, and 3rd floors. -There was a special care unit (SCU) accessible by a locked door, adjacent to the main lobby area of the first floor.</p> <p>Confidential interview with an AL resident on 08/03/22 revealed: -No one came to help when you called them.</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	<p>Continued From page 10</p> <p>-The resident had to wait as long as 1.5 hours for someone to help him after the call bell had been pulled for assistance, it was dark outside, but they could not recall the time.</p> <p>Interview with another AL resident on 08/03/2022 at 8:05am revealed:                      -He was blind, could not see very well.                      -He waited for staff to come and get him out of the bed.                      -He did not know how long he waited for staff to bring him his food and get him out of bed.                      -He was told the pendent around his neck was for emergency purposes only.                      -He was told not to use the pendent to call for assistance.</p> <p>Interview with a third AL resident on 08/03/22 at 8:15am revealed:                      -She thought there was a lack of staffing on the night shift.                      -She was told by staff that there were usually one or two staff in the entire building to cover all 3 floors of the AL and the SCU.                      -She would have to wait 6 hours for someone from third shift staff to assist her once she calls them by her call bell or pendent.                      -She thought staffing was short on the first shift, because she waited up to 2 hours to get someone to assist her.                      -She waited for assistance from the staff to get a sponge bathe.</p> <p>Interview with a fourth AL resident on 08/03/22 at 9:10am revealed the facility did not have enough staff, especially at night.</p> <p>Interview with a fifth AL resident on 08/03/22 at 9:26am revealed:                      -No one came when she pulled her call bell.</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-Another resident had a fall and she pulled the call bell.</li> <li>-After no one came, she walked the hall twice and did not find any staff.</li> <li>-She went to another floor, where she found a staff to assist.</li> </ul> <p>Interview with a sixth AL resident on 08/03/22 at 11:50am revealed:</p> <ul style="list-style-type: none"> <li>-Staff did not respond to the call bell.</li> <li>-He had pushed the call bell before, and no one ever responded.</li> </ul> <p>Review of the facility's resident census reports dated 07/03/22 revealed there was a census of 48 residents in the AL, which required 16 staff hours on third shift.</p> <p>Review of the facility's daily assignment sheet for third shift dated 07/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-One medication aide (MA) was assigned to the facility.</li> <li>-One personal care aide (PCA) was assigned to the AL.</li> </ul> <p>Review of the employee timecards dated 07/03/22 revealed there was a total of 16 staff hours provided on third shift in the AL area.</p> <p>Telephone interview with the MA on 08/08/22 at 4:55pm revealed when she was the only MA in the facility, she worked "about" 5 hours in AL.</p> <p>Based on review of times cards and staff interviews the AL unit was 3 hours short on third shift on 07/03/22.</p> <p>Review of the facility's resident census reports dated 07/04/22 revealed there was a census of 48 residents in the AL, which required 16 staff</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	<p>Continued From page 12</p> <p>hours on third shift.</p> <p>Review of the facility's daily assignment sheet for third shift dated 07/04/22 revealed: -One MA was assigned to the facility. -One PCA was assigned to the AL.</p> <p>Review of the employee timecards dated 07/04/22 revealed there was a total of 16 staff hours provided on third shift in the AL area.</p> <p>Telephone interview with the medication aide (MA) on 08/08/22 at 4:55pm revealed when she was the only MA in the facility, she worked "about" 5 hours in AL.</p> <p>Based on review of times cards and staff interviews the AL unit was 3 hours short on third shift on 07/04/22.</p> <p>Interview with a personal care aide (PCA) on 08/04/2022 at 10:08am revealed: -She worked on the AL unit second and third floors. -There were residents that were two persons assist. -When she provided personal care to a resident who was a two person assist she called staff in the building to assist her. -Residents used their call bell or pendent and the front desk receptionist radioed staff on the floor of the location of the resident's room who needed assistance. -Staff used to call the front desk receptionist to reset the call bell or pendant.</p> <p>Interview with a third shift medication aide (MA) on 08/05/22 at 7:32am revealed: -The third shift was short staffed every other weekend.</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-When the third shift was short staffed there was one MA and two PCAs for the entire building.</li> <li>-She told the PCA assigned to the Special Care Unit to not leave and to use the radio if anything was needed.</li> <li>-The last time she remembered that the thirds shift was short staffed was two to three weeks ago.</li> <li>-There were two residents on the first floor, seven residents on the second floor, and five residents on the third floor that required incontinence care.</li> </ul> <p>Telephone interview with a PCA on 08/08/22 at 2:14pm revealed:</p> <ul style="list-style-type: none"> <li>-She worked third shift.</li> <li>-There were times when she was the only staff working in AL.</li> <li>-The MA was back and forth between AL and the special care unit (SCU).</li> <li>-The MA would assist her when needed.</li> </ul> <p>Telephone interview with a MA on 08/08/22 at 2:29pm revealed:</p> <ul style="list-style-type: none"> <li>-Staffing had been difficult.</li> <li>-On third shift, she had an evening medication pass and an early morning medication pass.</li> <li>-She went between the SCU and AL.</li> <li>-She could not give a specific amount of time, it depended on how many PCAs were assigned to the SCU and what was going on.</li> <li>-If there was only one PCA in AL, she had to work as a PCA and do resident care.</li> <li>-The residents on the second floor required the most assistance, the second floor in AL needed one PCA assigned to just that floor.</li> <li>-When there were two MAs, one for the SCU and one for AL, along with the PCAs, it was better.</li> </ul> <p>Telephone interview with the Health and Wellness Director on 08/08/22 at 4:00pm revealed:</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-She was new to the facility and started orientation 07/05/22; she started working in the facility on 07/25/22.</li> <li>-The Health and Wellness Coordinator (HWC) was doing the scheduling.</li> <li>-There had been ups and downs with staff retention.</li> <li>-There had been problems with no-shows and staff calling out.</li> <li>-Ideally, there should be at least two PCAs in AL.</li> <li>-They were doing the best they could with what they had.</li> <li>-They had not scheduled the AL short; it was related to someone not coming in their shift.</li> <li>-She had not had any residents complain about call bells not being answered or receiving assistance.</li> <li>-She did not know the state regulations for staffing in AL.</li> </ul> <p>Telephone interview with the Administrator on 08/08/22 at 5:31pm revealed:</p> <ul style="list-style-type: none"> <li>-She had been monitoring the schedule since March and making the daily assignment sheets.</li> <li>-There should be at least two staff in the SCU, and two staff in AL.</li> <li>-She would have never just scheduled three staff for the facility.</li> <li>-She was not sure what happened on 07/03/22 and 07/04/22, but it would not have been scheduled that way.</li> <li>-She was not aware there was ever just three staff in the facility on third shift.</li> <li>-Most resident complaints came after a weekend, but she investigated it and did not see a staffing issue.</li> <li>-The issue was more of accountability and systems, but not actually short-staffed.</li> </ul> <p>The HWC was not available for a telephone</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 188	Continued From page 15 interview on 08/08/22.	D 188		
D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam &amp; Immunizatio</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination &amp; Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#5) had completed two-step tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 06/21/21 revealed diagnoses included hypothyroidism, hypoxia, depression, gastro-esophageal reflux disease, anxiety, macular degeneration, arthritis, gastro-intestinal bleed, constipation, insomnia, altered mental status, and delirium.</p> <p>Review of Resident #5's Resident Register revealed an admission date of 06/25//21.</p> <p>Review of Resident #5's record revealed there</p>	D 234		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	<p>Continued From page 16</p> <p>was no documentation of a second tuberculosis (TB) skin test.</p> <p>Interview with the Health Wellness Director (HWD) on 08/08/22 at 3:06pm revealed: -She had worked as the HWD for 2 weeks. -Each resident was required to have a 2-step TB test. -The HWD would be responsible for administering and reading the TB test. -The results of the TB test would be filed in the resident's record. -She was not aware Resident #5 did not have a second TB test filed her record.</p> <p>Interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:30pm revealed: -A 2 step TB test was required for all admissions. -The TB test was administered and read by the HWD. -The HWD would complete the TB form and file in Resident #5's medical record. -She was not aware that Resident #5 did not have a second TB test in her medical record. -She expected the residents to have a two-step TB test and the results filed in the resident's medical record.</p> <p>Attempted telephone interview with Resident #5's Power of Attorney on 08/08/22 at 9:30am was unsuccessful.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.</p>	D 234		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	<p>Continued From page 17</p> <p>10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to provide personal care assistance according to the care plans for 1 of 5 sampled residents (#3) who required assistance with bathing.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 05/26/22 revealed: -Diagnoses included generalized muscle weakness, bilateral lower extremity edema, osteoarthritis, spinal stenosis, lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation. -Resident #3 was oriented and required assistance with bathing.</p> <p>Review of Resident #3's care plan dated 03/02/22 revealed: -Resident #3's care plan was incomplete and did not contain assessment level for activities of daily living. -Resident #3 used a motorized scooter to assist with mobility. -Resident #3 had daily incontinence of bladder.</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-Resident #3 required no assistance with bathing and dressing.</li> </ul> <p>Review of the facility's shower schedule for Resident #3 revealed Resident #3 was listed under the third shift to receive showers on Thursday and Sunday at 6:00am.</p> <p>Review of the facility's shower binder on the second floor revealed:</p> <ul style="list-style-type: none"> <li>-There was a shower and laundry schedule.</li> <li>-Resident #3 was scheduled for a shower on third shift on Sunday and Thursday at 6:00am.</li> <li>-There were shower forms in the binder with spaces for name, date, time and notes.</li> <li>-There were no shower forms for Resident #3.</li> </ul> <p>Observations of Resident #3 at various times on 08/04/22 at 10:59am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was sitting in her motorized wheelchair.</li> <li>-She was sorting incontinent briefs in her bedroom.</li> <li>-Resident #3 had a pendant around her neck to use for calling staff for assistance.</li> </ul> <p>Interview with a personal care aide (PCA) on 08/04/2022 at 10:08am revealed:</p> <ul style="list-style-type: none"> <li>-Each floor had a shower schedule and a laundry schedule.</li> <li>-The new Health and Wellness Coordinator (HWC) made a schedule for the showers and laundry.</li> <li>-The HWC made form/checklist for staff to complete when they assisted residents with their showers.</li> <li>-If a resident refused to shower both the resident and staff had to sign the form indicating the shower was refused.</li> <li>-No documentation was placed in the record of</li> </ul>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	<p>Continued From page 19</p> <p>the resident if a shower was refused.</p> <ul style="list-style-type: none"> <li>-There was no protocol to document showers in the record.</li> <li>-The new form/checklist of the shower sheets were placed in the HWC's mailbox.</li> <li>-She thought the form/checklist for the showers was implemented a month ago.</li> </ul> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed:</p> <ul style="list-style-type: none"> <li>-She needed assistance getting into bed but some mornings by herself.</li> <li>-Staff sometimes came around at night to assist her with incontinence care, it was not consistent.</li> <li>-Staff had improved on checking her for incontinence care during the past week.</li> <li>-She thought night shift or day shift staff were supposed to assist her out of bed and with dressing.</li> <li>-Many times, she was able to get herself out of bed and dressed.</li> <li>-However, she had shoulder pain and it was difficult for her to dress herself.</li> </ul> <p>A second interview with Resident #3 on 08/05/22 at 10:48am revealed:</p> <ul style="list-style-type: none"> <li>-She thought staff were supposed to assist her with dressing, but they did not assist her.</li> <li>-Staff did not check on her every two hours as she was told when she was admitted.</li> <li>-She had been a resident at the facility since March 2022 and only had 3 or 4 baths.</li> <li>-She did not want to get anyone in trouble, but she was not offered showers or baths twice weekly.</li> <li>-She thought she was bathed a month ago.</li> <li>-Her family member had spoken with the Administrator in Charge (AIC) concerning her lack of assistance with bathing.</li> <li>-Each time her family member spoke with the AIC</li> </ul>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	<p>Continued From page 20</p> <p>she received assistance with bathing. -To stay clean, she did her own sponge baths at the sink. -She was not able to stand so she sat in her motorized wheelchair to try to complete a sponge bath.</p> <p>Interview with a day shift medication aide (MA) on 08/05/22 at 4:00pm revealed: -She expected the personal care aides (PCA) to complete their job duties for the shift. -However, she was not able to monitor to ensure the PCAs completed the scheduled showers. -She had too many of her own duties to follow up with the PCAs to ensure residents were bathed.</p> <p>Interview with another PCA on 08/05/22 at 2:14pm revealed: -She had worked at the facility for a little more than a month. -She worked all three shifts. -Resident #3 did not need a lot of assistance and she sometimes assisted her with incontinence care. -She had not offered Resident #3 assistance with bathing because her showers were scheduled for another shift.</p> <p>Interview with a third PCA on 08/05/22 at 4:22pm revealed: -Resident #3 took some time to get use to accepting help from him. -When Resident #3 was admitted, he would call a female staff to assist her with changing clothes for bed. -Now Resident #3 allowed him to assist her with getting into the bed, assisting with changing her clothes and incontinence care. -He had not offered her a shower on second shift. -To his knowledge, she was not receiving a bath</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	<p>Continued From page 21</p> <p>from third shift.</p> <ul style="list-style-type: none"> <li>-He completed and initialed the MA/caregiver checklist to document his work for the shift.</li> <li>-He gave the checklist to the Health and Wellness Coordinator (HWC) at the end of his shift by sliding it under her door.</li> </ul> <p>Telephone interview with a third shift PCA on 08/08/22 at 10:57am revealed:</p> <ul style="list-style-type: none"> <li>-She worked at the facility more than one month.</li> <li>-She was oriented to nights by another third shift PCA.</li> <li>-She was told there was one resident who received a shower on third shift, and Resident #3 was not the resident.</li> <li>-She did not know Resident #3 was supposed to receive assistance with bathing on third shift.</li> <li>-She had not provided assistance to Resident #3 with bathing.</li> </ul> <p>Telephone interview with a second third shift PCA on 08/08/22 at 11:49am revealed:</p> <ul style="list-style-type: none"> <li>-She had over 20 years of experience as a PCA and she had worked at the facility since October 2021.</li> <li>-She thought Resident #3 was receiving assistance with bathing.</li> <li>-She overheard other staff stating they had bathed Resident #3.</li> <li>-She did not know which staff bathed Resident #3 nor when Resident #3 was bathed.</li> <li>-She did not know the last date Resident #3 was offered assistance with bathing.</li> </ul> <p>Telephone interview with a third third shift PCA on 08/08/22 at 12:21pm revealed:</p> <ul style="list-style-type: none"> <li>-There was only one resident scheduled on the shower schedule to receive a shower for third shift.</li> <li>-Resident #3 was not the resident who was</li> </ul>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	<p>Continued From page 22</p> <p>scheduled to receive a shower on third shift. -She did not know Resident #3 was supposed to receive assistance with bathing on third shift.</p> <p>Telephone interview with an evening/night shift MA on 08/08/22 at 12:32pm revealed: -She thought Resident #3 was scheduled for showers on second shift. -She did not know Resident #3 was scheduled to receive a shower on third shift. -She knew there was one resident who received showers on third shift, but it was not Resident #3. -The last time she was told that Resident #3 received assistance with bathing was on 2nd shift, but she could not remember the date.</p> <p>Telephone interview with the AIC on 08/08/22 at 5:00pm revealed: -The HWC planned to institute a new process to document when residents refused or received showers. -She expected the PCAs to follow the shower schedule. -The shower forms that were used now were given to the HWC once completed. -The AIC had met with Resident #3's family concerning personal care services. -The last time she met with the family concerning Resident #3 receiving assistance with bathing was July 2022, but she could not remember the date. -As a result of the meetings with the family she was supposed to monitor Resident #3's showers. -She monitored Resident #3's showers by speaking with staff and Resident #3 to determine if Resident #3 was receiving assistance. -She thought Resident #3 was on the shower schedule for second shift.</p> <p>Attempted telephone interview with the HWC on</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 23 08/08/22 at 9:28am was unsuccessful.	D 269		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow up and physician notification for 2 of 5 sampled resident (#1, #2); referral and follow with the Urologist after a hospitalization resulting in a foley catheter (#1); and physician notification of weight loss greater than 10% (#2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 06/10/22 revealed diagnoses included pneumonia, hypertension, heart failure, bilateral hydronephrosis, cerebrovascular disease, chronic abdominal pain, closed wedge compression fracture of twelfth thoracic vertebra, osteoarthritis, hyperlipidemia and peripheral neuropathy.</p> <p>Review of Resident #1's physician's order dated 06/11/22 revealed there was an order for a referral and follow-up with the Urologist.</p> <p>Review of Resident #1's hospital discharge summary dated 06/11/22 revealed: -He was hospitalized from 06/09/22 to 06/11/22. -He had chronic urinary retention and a possible left renal stone. -He had an indwelling foley catheter placed in the hospital due to urinary retention.</p>	D 273		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 24</p> <ul style="list-style-type: none"> <li>-He was discharged to the facility with the indwelling foley catheter.</li> <li>-He was to follow up with the Urologist regarding the indwelling foley catheter, urinary retention, and possible renal stone.</li> <li>-He did not want further work-up in the hospital but preferred to have it outpatient.</li> </ul> <p>Observation of Resident #1 on 08/04/22 at 10:20am revealed:</p> <ul style="list-style-type: none"> <li>-He was sitting in his wheelchair in his room watching television.</li> <li>-He had an indwelling foley catheter; the foley bag was attached to his wheelchair.</li> </ul> <p>Interview with Resident #1 on 08/04/22 at 10:20am revealed:</p> <ul style="list-style-type: none"> <li>-He was hospitalized in June 2022 for pneumonia and severe pain.</li> <li>-The indwelling foley catheter was placed during the hospitalization.</li> <li>-He was told that he needed the indwelling foley catheter because he could not empty his bladder.</li> <li>-He thought he was to follow-up with a Specialist.</li> <li>-He did not know if an appointment had been made to see the Specialist.</li> <li>-He had not seen a Specialist about the indwelling foley catheter.</li> </ul> <p>Interview with a medication aide (MA) on 08/04/22 at 4:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not recall seeing Resident #1's hospital discharge summary dated 06/11/22.</li> <li>-She did not know Resident #1 was to see the Urologist.</li> <li>-The Health Wellness Coordinator (HWC) and the Health Wellness Director (HWD) were to review all hospital discharge summaries.</li> <li>-The HWC and HWD would make the Urology appointment for Resident #1.</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 25</p> <p>Interview with a second MA on 08/05/22 at 7:58am revealed:                      -She did not see Resident #1's hospital discharge summary when he returned on 06/11/22.                      -She knew Resident #1 had an indwelling foley catheter, but she didn't know why.                      -She did not know Resident #1 had a referral to see the Urologist.                      -She did not know if Resident #1 had seen the Urologist.</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:                      -He did not know Resident #1 had been in the hospital.                      -He had not seen Resident #1's hospital discharge summary.                      -He did not know there was a referral to see a Urologist.                      -Resident #1 could experience issues with the indwelling foley catheter or the renal stone and needed to be under the care of the Urologist.                      -The Urologist could determine if Resident #1 needed to continue with the indwelling foley catheter and if any procedure was needed for the renal stone.</p> <p>Interview with the HWC on 08/04/22 at 9:45am revealed:                      -Hospital discharge summaries should be reviewed by the MA, HWC or HWD for new orders.                      -She did not know Resident #1 was in the hospital in June 2022; she was not employed with the facility at that time.                      -All referral appointments for Specialist should be set-up by the family.                      -Resident #1 needed to see the Urologist</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 26</p> <p>because of the indwelling foley catheter.</p> <p>Interview with the HWD on 08/05/22 at 1:35pm revealed: -She did not see Resident #1's hospital discharge orders dated 06/11/22. -She had worked in the facility as the HWD for two weeks. -She did expect the staff to review and follow all orders. -Resident #1 could experience issues with the indwelling foley catheter.</p> <p>Interview with the Administrator-in-Charge (AIC) on 08/05/22 at 11:50am revealed: -The MA, HWC and HWD were responsible for reviewing all orders for changes. -The HWC or the HWD would make referrals or speak with the family regarding a Residents need to see a Specialist; the family would make the appointment. -She did not know Resident #1 had a referral to see a Urologist. -She expected all orders to be reviewed and implemented.</p> <p>2. Review of the facility's weight policy dated November 2018 revealed: -Each resident should be weighed upon move-in, monthly, and when returning from an alternate healthcare setting unless otherwise directed by his/her physician. -A resident's weight should be recorded on the vital section in the eMAR. -Significant weight loss or gain was determined by the following percentages and should be reported to the resident/legally responsible party, the Executive Director, the Nurse and/or designee, Dinning Services Manager and Dietitian if available and the resident's physician.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 27</p> <ul style="list-style-type: none"> <li>-Percentages were 5% gain/loss within 30-days, 7.5% gain/loss within the last 3 months and/or 10% gain/loss within the last 6 months.</li> <li>-A Registered Nurse (RN) comprehensive assessment and/or other assessment as determined by state regulation are required for significant weight loss/gain followed by documentation in the resident's log/progress notes and updating the service/care plan addendum.</li> </ul> <p>Review of Resident #2's current FL-2 dated 12/30/21 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included cerebral infarct, muscle weakness, atrial fibrillation, chronic obstructive pulmonary disease (COPD), and respiratory failure with hypoxia.</li> <li>-Resident #2 was intermittently confused.</li> </ul> <p>Review of Resident #2's weights and vital summary revealed:</p> <ul style="list-style-type: none"> <li>-On 02/01/22, Resident #2's weight was documented as 117.</li> <li>-On 03/01/22, Resident #2's weight was documented as 117.6.</li> <li>-On 04/05/22, Resident #2's weight was documented as 118.2.</li> <li>-There was no weight recorded for May 2022.</li> <li>-On 06/09/22, Resident #2's weight was documented as 105.8.</li> <li>-There was documentation of weight comparisons. There was a 10% weight change compared to 03/01/22 and a 10.5% weight change compared to 04/05/22.</li> <li>-On 07/27/22, Resident #2's weight was documented as 108.2.</li> </ul> <p>Review of Resident #2 progress notes dated from 03/01/22-08/04/22 revealed no documentation related to the residents weight loss.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 28</p> <p>Interview with Resident #2 on 08/03/22 at 8:45am revealed:                      -He was depressed.                      -He was not eating.                      -He self-administered his medications.                      -He had also stopped taking his Mirtazapine but had started back taking the medication yesterday, 08/02/22.                      -He started back taking the Mirtazapine because his son told him to because he thought it would help with his depression.</p> <p>Interview with Resident #2 on 08/04/22 at 10:01am revealed:                      -He stopped going to meals about a week ago.                      -He thought he stopped going to meals because he was depressed.                      -No one had asked him why he stopped going to meals.                      -He had not told any staff he thought he was depressed.                      -"No staff really come in to talk to me."</p> <p>Interview with a personal care aide (PCA) on 08/04/22 at 10:41am revealed:                      -Resident #2 stopped going down for meals "about a week and a half ago."                      -Resident #2 said he was just not hungry.                      -Resident #2's meals were delivered to his room, but he was not eating them.                      -She had looked at his tray, and he had not eaten anything.                      -Everybody knew Resident #2 was not eating; the Health and Wellness Director (HWD) knew.                      -No one told her to do anything differently; she just knew to encourage him to eat.                      -Resident #2's daughter was concerned he was not eating.                      -Resident #2's daughter had provided them with a</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 29</p> <p>notebook to record if Resident #2 ate each meal.</p> <p>Review of Resident #2's meal notebook on 08/04/22 at 10:43am revealed:</p> <ul style="list-style-type: none"> <li>-The first entry was 08/01/22, Resident #2 came down to get his lunch, but he did not eat.</li> <li>-Resident #2 did not eat dinner.</li> <li>-Resident #2 did not eat breakfast on 08/02/22.</li> <li>-Resident #2 ate lunch on 08/02/22.</li> <li>-Resident #2 did not eat dinner on 08/02/22.</li> <li>-Resident #2 ate breakfast on 08/03/22.</li> <li>-Resident #2 did not eat lunch on 08/03/22.</li> <li>-Resident #2 ate dinner on 08/03/22.</li> <li>-There was no other documentation.</li> </ul> <p>Interview another PCA on 08/04/22 at 11:05am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 stopped going to meals about 2 weeks ago.</li> <li>-She did not tell anyone Resident #2 had stopped going to meals.</li> <li>-Resident #2 was not eating the meals that were provided in his room.</li> <li>-She did not know who knew Resident #2 was not eating, all she knew was Resident #2's daughter had told them to keep a log of when he ate or not.</li> </ul> <p>Interview with the medication aide (MA) on 08/04/22 at 2:10pm revealed:</p> <ul style="list-style-type: none"> <li>-A PCA told her on Monday, 08/01/22, about the notebook for Resident #2's meals.</li> <li>-No one had told her Resident #2 was not eating prior to hearing about the log on 08/01/22.</li> <li>-She relied on the PCAs to be her eyes.</li> <li>-If she had known Resident #2 was not eating, she would have reached out to the nurse and put interventions in place.</li> </ul> <p>Telephone interview with Resident #2's private duty care manager on 08/05/22 at 9:14am</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 30</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She visited with Resident #2 weekly to "check-in" and to communicate to his family.</li> <li>-She coordinated with the staff at the facility when she identified an issue.</li> <li>-Resident #2 had acknowledged to her this week that he was depressed.</li> <li>-Resident #2 was prescribed an anti-depressant, but he would just stop taking medication on his own.</li> <li>-Resident #2 was not eating.</li> <li>-She had put her hand on Resident #2's back and noted his back was "boney" and he seemed weak.</li> <li>-On 07/25/22, she asked the Health and Wellness Coordinator (HWC) what Resident #2's weights were and was told there was no weight for May 2022 or July 2022.</li> <li>-On 07/27/22, she was notified Resident #2's weight was 108.</li> <li>-She requested a log be kept of his meals so she could see how much he was eating.</li> <li>-She provided the notebook to log Resident #2's meals, not his daughter.</li> <li>-She had made an appointment for Resident #2 to see his PCP next week, week of 08/08/22.</li> <li>-She did not know if the facility staff had reached out to Resident #2's PCP about the weight loss.</li> </ul> <p>Interview with Resident #2 on 08/05/22 at 1:49pm revealed he reviewed his medical records from a physician's visit dated 02/02/22 and he weighed 117.9, and on 04/25/22 he weighed 117.</p> <p>Observation of Resident #2's weight on 08/05/22 at 2:27pm revealed a weight of 110.5</p> <p>Interview with the HWC on 08/04/22 at 11:15am revealed:</p> <ul style="list-style-type: none"> <li>-Weights were obtained monthly on each resident</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	<p>Continued From page 31</p> <p>by the PCA.</p> <ul style="list-style-type: none"> <li>-The PCA was to give the weight results to the MA, who would enter the weights into the eMAR.</li> <li>-If the weight changed, the MA would notify the HWC or the HWD.</li> <li>-They had a collaborative care review once a week and weight loss was discussed.</li> <li>-Depending on the weight loss, they would reach out to the family and physician.</li> <li>-A significant weight loss would be per the facility's policy on weight loss.</li> <li>-They had their first collaborative care meeting a couple of weeks ago and made a list of what resident weights needed to be obtained.</li> <li>-She thought Resident #2's name was on the list.</li> <li>-Resident #2's private duty care manager asked for the resident's weight, so she had the PCA weigh Resident #2.</li> <li>-Resident #2's weight was entered into the eMAR system and it did not trigger a significant change because it was not a weight loss from the previous month.</li> <li>-If she had seen the weight loss from previous weights, she would have reached out to the resident to see what was going on and documented the change and follow-up in the resident's progress notes.</li> </ul> <p>Interview with the HWD on 08/04/22 at 11:54am revealed:</p> <ul style="list-style-type: none"> <li>-She knew Resident #2's case manager had initiated the log to monitor how much he was eating.</li> <li>-The PCAs were responsible for weighing residents monthly and entering into the eMAR system.</li> <li>-If a PCA noticed a weight change they were to notify the HWD or the HWC.</li> <li>-When the weight was input into the electronic medication administration record (eMAR) if there</li> </ul>	D 273		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 32  was a significant weight change the system would highlight the weight red. -Whoever put the weight in the eMAR and saw it was highlighted would let the HWC or HWD know. -She would have expected to have been notified Resident #2 had a weight loss.  Interview with the Administrator in Charge (AIC) on 08/05/22 at 11:39am revealed: -A weight of 118 to 105 would have triggered a significant weight loss. -The PCAs were responsible for obtaining resident weights. -The HWD reviewed resident weights monthly. -Resident #2's weight should have been obtained in May 2022. -They had an in-service on vital and weights about three weeks ago because there was no system in place. -The new system was vitals/weights were to be obtained and input into the eMAR by the 8th of each month. -If Resident #2's weight had been obtained and there had been a significant weight change, it would have been discussed in the monthly meeting. -A significant weight change would have been a red flag, and the HWD would have caught it. -Significant weight changes needed to be discussed with the resident, family and physician and interventions implemented to maintain or increase weight.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care  10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record:	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	<p>Continued From page 33</p> <p>(3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure physician's orders were implemented for 1 of 5 sampled residents (#1) related to an oxygen order.</p> <p>The findings are:</p> <p>Observation of Resident #1 on 08/04/22 at 10:20am revealed: -He was seated in his wheelchair in his room watching television. -He had a nasal cannula properly placed in his nares, with the oxygen extension tubing connected to a concentrator. -The concentrator was set at 3.5L/M. -He was in no respiratory distress.</p> <p>Review of Resident #1's current FL-2 dated 06/10/22 revealed diagnoses included pneumonia, hypertension, heart failure, bilateral hydronephrosis, cerebrovascular disease, chronic abdominal pain, closed wedge compression fracture of twelfth thoracic vertebra, osteoarthritis, hyperlipidemia and peripheral neuropathy.</p> <p>Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for continuous oxygen at 5L/M by nasal cannula.</p> <p>Review of Resident #1's current FL-2 dated 06/10/22 revealed there was an order for continuous oxygen at 4L/M by nasal cannula.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	<p>Continued From page 34</p> <p>Review of Resident #1's hospice physician's orders dated 07/26/22 revealed there was an order for continuous oxygen at 5L/M.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed there was no entry for oxygen to be administered.</p> <p>Review of Resident #1's July 2022 eMAR revealed there was no entry for oxygen to be administered.</p> <p>Review of Resident #1's August 2022 eMAR revealed there was no entry for oxygen to be administered.</p> <p>Interview with Resident #1 on 08/04/22 at 10:20am revealed: -He thought he had been on oxygen about one year. -He did not know how many liters of oxygen he currently received; he thought it was 3L/M or 4L/M. -He used his oxygen continuously. -The staff would connect him to an oxygen tank when he left his room; the staff would set the oxygen tank to 3L/M.</p> <p>Interview with the Pharmacist at the facility's contracted pharmacy on 08/05/22 at 9:34am revealed: -The pharmacy could enter an oxygen orders on the eMAR; they could not enter oxygen orders on the eMAR for this facility. -They could not enter the oxygen orders for the facility due to the type of electronic system the facility used. -The facility would have to enter the oxygen</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	<p>Continued From page 35</p> <p>orders onto the eMAR.</p> <p>Interview with a personal care aide (PCA) on 08/04/22 at 10:48am revealed: -She would connect Resident #1 to the oxygen tanks when he left his room; she would connect Resident #1 to the concentrator when he returned to his room. -She did not know how many L/M Resident #1 was on; he would tell her to set his oxygen at 3L/M when she connected him to the oxygen tanks. -She did not turn the concentrator off; she never adjusted the flow meter on the concentrator. -She did not know that Resident #1 was ordered 5L/M; she had not been informed of the change in the oxygen order.</p> <p>Interview with a second PCA on 08/04/22 at 10:58am revealed: -Resident #1's oxygen was on 3L/M. -She would connect Resident #1 to his oxygen tank or to the concentrator. -She did not turn the concentrator off or adjust the flow meter on the concentrator. -She was not aware Resident #1 had a change in his oxygen order. -She expected the medication aide (MA), the Health Wellness Coordinator (HWC) or the Health Wellness Director (HWD) to keep the staff informed of any changes to orders.</p> <p>Interview with a MA on 08/04/22 at 2:30 pm revealed: -Resident #1 was currently receiving 3L/M. -Resident #1's order for oxygen was not on his eMAR. -She was told that Resident #1 was to be on 3L/M; she did not recall who informed her of the oxygen order or when she was informed.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	<p>Continued From page 36</p> <ul style="list-style-type: none"> <li>-She had not seen Resident #1's FL-2 dated 06/10/22 or the hospice orders dated 07/26/22.</li> <li>-She did not know Resident #1 had new orders for oxygen of 5L/M.</li> <li>-Resident #1 did not complain of shortness of breath.</li> </ul> <p>Interview with a second MA on 08/04/22 at 4:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She knew Resident #1 was on oxygen at 3L/M continuously.</li> <li>-Resident #1 had oxygen tanks in his room set to 3L/M that were used when he left his room.</li> <li>-Resident #1 used the concentrator when he was in his room.</li> <li>-She did not check the liters of oxygen on his concentrator; the concentrator was always on.</li> <li>-The concentrator was not turned off when Resident #1 was connected to the oxygen tanks when leaving his room.</li> <li>-She had not seen Resident #1's FL-2 dated 06/10/22 or the hospice orders dated 07/26/22.</li> <li>-She did not know Resident #1 had new orders for oxygen of 5L/M.</li> <li>-Oxygen orders were not placed on the eMAR.</li> <li>-The oxygen orders were not documented anywhere to ensure the oxygen was delivered correctly.</li> </ul> <p>Interview with the HWC on 08/04/22 at 9:15am revealed:</p> <ul style="list-style-type: none"> <li>-She did not know how many liters of oxygen Resident #1 was on without looking at his orders.</li> <li>-She did not receive Resident #1's FL-2 dated 06/10/22 or hospice orders dated 07/26/22.</li> <li>-She was not employed by the facility on 06/10/22.</li> <li>-She was not aware that Resident #1's oxygen orders were 4L/M on his FL-2 dated 06/10/22 and 5L/M on the hospice orders.</li> </ul>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	<p>Continued From page 37</p> <p>-She was not aware that Resident #1's physician's orders dated 05/12/22 had an order for oxygen 5L/M.</p> <p>-She thought oxygen orders should be on the eMAR so the order could be quickly referred to.</p> <p>Observation of Resident #1 on 08/05/22 at 9:40am revealed his oxygen concentrator flow meter was set at 4L/M.</p> <p>Interview with a PCA on 08/05/22 at 10:03am revealed:</p> <p>-He did not know how many L/M Resident #1 was ordered.</p> <p>-He did not adjust the flow meter; the MAs would adjust the flow meters.</p> <p>Interview with the HWD on 08/05/22 at 1:35pm revealed:</p> <p>-She did not see Resident #1's FL-2 dated 06/10/22 or hospice orders dated 07/26/22.</p> <p>-She had worked in the facility as the HWD for two weeks.</p> <p>-She did expect the staff to review and follow all orders.</p> <p>-Resident #1 could experience shortness of breath if the oxygen was not administered as ordered.</p> <p>Interview with the Administrator-in-Charge (AIC) on 08/05/22 at 11:50am revealed:</p> <p>-It was the responsibility of the MAs, HWC and the HWD to ensure all orders were entered into the electronic system and on the eMAR.</p> <p>-All oxygen orders should be on the eMAR.</p> <p>-All orders should be reviewed and implemented as ordered.</p> <p>-She expected the staff to follow all orders as written.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 38	D 282		
D 282	<p>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure the kitchen and food storage areas were clean and free from contamination including the reach-in cooler, the walk-in cooler, the freezer, the pantry, and the oven.</p> <p>The findings are:</p> <p>Observation of the kitchen on 08/03/22 at 10:32am revealed:</p> <ul style="list-style-type: none"> <li>-The reach-in cooler had white splatters on the wall, a pink liquid spilled on the bottom shelf, and the gasket of the door was covered in a black substance.</li> <li>-The door and door handle to the walk-in cooler was covered in a brown substance that was wiped off with a fingernail.</li> <li>-The gaskets on the inside of the doors had a build-up of dirt and grime and a dried black substance.</li> <li>-The floor of the walk-in cooler had debris including pieces of various foods, and liquid that had been spilled and dried.</li> <li>-The shelves in the walk-in cooler had a build-up of a white substance that wiped off when</li> </ul>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	<p>Continued From page 39</p> <p>touched.</p> <ul style="list-style-type: none"> <li>-The over-head fan area had a build-up of dust.</li> <li>-The door and door handle to the freezer was covered in a brown substance that was wiped off with a fingernail.</li> <li>-The gaskets on the inside of the doors had a build-up of dirt and grime and a dried black substance.</li> <li>-The floor of the freezer had a lot of debris including pieces of various foods and pieces of cardboard.</li> <li>-The shelves in the freezer had a build-up of a brown and white substance that wiped off when touched.</li> <li>-The floor of the pantry underneath the shelves had a pack of crackers, a sugar packet, and a pudding container on the floor, as well as other pieces of torn paper and general debris.</li> <li>-There was discolored water with food particles in the hot holding wells of the steam table.</li> <li>-The inside of the oven and the oven doors were covered in a brown buildup.</li> </ul> <p>Observation of the kitchen on 08/04/22 at 7:59am revealed:</p> <ul style="list-style-type: none"> <li>-The inside of the oven and the oven doors had been cleaned and had no buildup.</li> <li>-The hot holding wells on the hot serving service table had been cleaned.</li> <li>-All other areas noted had not been cleaned and the debris remained on the floor of the walk-in cooler, freezer, and pantry.</li> </ul> <p>Review of the daily and weekly kitchen cleaning schedule on 08/05/22 at 2:39pm dated 07/31/22-08/0622 revealed:</p> <ul style="list-style-type: none"> <li>-The shelves were to be wiped down on Monday and Thursday; there were no initials this task had been completed from Sunday-Thursday.</li> <li>-The walk-in freezer, the walk-in cooler, and the</li> </ul>	D 282		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

D 282	<p>Continued From page 40</p> <p>pantry floors were to be cleaned daily; there were no initials this task had been completed from Sunday-Thursday. -Steam table and lids were listed and there was no documentation of frequency; there were no initials this task had been completed from Sunday-Thursday. -The walls and doors were to be wiped on Monday and Thursday; there were no initials this task had been completed from Sunday-Thursday.</p> <p>Interview with the Dietary Manager (DM) on 08/05/22 at 2:41pm revealed: -She knew the kitchen area needed to be cleaned. -She was having staffing issues and the priority was to prepare meals for the residents. -She had talked to the Administrator-in-Charge (AIC) and they were actively looking to hire kitchen staff. -The AIC had talked with her about cleaning the kitchen (she did not recall when). -They would start cleaning, have to stop to prepare meals, then clean up after meals, and then it is time to start cooking for the next meal. -She worked every day for all three meals because they did not have enough kitchen staff. -In addition to her role as the DM, she also worked as a cook, and a server when she had to. -The floors in the walk-in cooler, the walk-in freezer, and the pantry were supposed to be swept and mopped daily. -The shelves and racks were supposed to be wiped down weekly. -The last time the oven was cleaned was about two months ago; she cleaned it on 08/04/22. -The oven should be cleaned once a week and wiped down after every meal. -The steam table should be cleaned every day and drained at least twice a week.</p>	D 282		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	<p>Continued From page 41</p> <ul style="list-style-type: none"> <li>-The steam table was not draining and was last cleaned a couple of weeks ago.</li> <li>-She knew the holding wells on the steam table were dirty.</li> <li>-She had to scoop the water out to clean the table.</li> <li>-She had put a work order in to repair the steam table (she did not recall the date).</li> <li>-The outside of the walk-in cooler and freezer should be cleaned daily.</li> <li>-She knew the gasket to the freezer door had black build-up and a new gasket had been ordered (she did not recall the date).</li> <li>-She had not noticed the gaskets on the door of the reach-in cooler or the walk-in cooler.</li> <li>-She knew there was a lot of cleaning to do but her focus was on the day-to-day operation of the kitchen regarding cooking and serving meals to the residents.</li> </ul> <p>Telephone interview with the AIC on 08/08/22 at 5:31pm revealed:</p> <ul style="list-style-type: none"> <li>-She made rounds daily in the dining room and had been into the kitchen to obtain items for residents at meals.</li> <li>-She did a walk-through in the kitchen during the first part of July 2022.</li> <li>-She had noted a couple of areas that needed maintenance and cleanliness in general.</li> <li>-She had the floors cleaned in June 2022 and would need to schedule the floors to be cleaned again.</li> <li>-The kitchen staff had a cleaning schedule and she would need to make rounds and ensure the cleaning schedule was being completed. She expected the kitchen to be cleaned according to the cleaning schedule.</li> </ul>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310  D 310	<p>Continued From page 42</p> <p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure therapeutic diets were served as ordered for 3 of 3 sampled residents (Residents #1, #3, and #12) with an order for a carbohydrate-controlled diet (#12); a mechanical soft diet (#1); and a low fat/low cholesterol diet (#3).</p> <p>The findings are:</p> <p>1. Review of Resident #12's current FL-2 dated 01/11/22 revealed diagnosis included type 2 diabetes mellitus.</p> <p>Review of Resident #12's facility's diet order form dated 01/11/22 revealed: -Diet type was a carbohydrate-controlled diet. -A carbohydrate-controlled diet was defined as a diet that offers a consistent amount of carbohydrates at meals and snacks on a day-to-day basis. Foods containing sugar and other concentrated sweets may be allowed when planned into the total carbohydrate allowance for the meal.</p>	D 310  D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 43</p> <p>Review of the diet order spreadsheet 08/03/22 revealed Resident #12's diet order was carbohydrate controlled.</p> <p>Review of a large bulletin board across from the meal prep area in the kitchen on 08/03/22 at 10:58am revealed Resident #12 was listed as a carbohydrate-controlled diet.</p> <p>Observation of the breakfast meal service on 08/04/22 at 8:24am revealed Resident #12 was served scrambled eggs, 1.5 cups of oatmeal, three sausage patties, and a piece of toast, and jelly.</p> <p>Review of the therapeutic menu spreadsheet for a carbohydrate-controlled diet revealed one half a cup of oatmeal should be served and to limit the bread to one serving.</p> <p>Observation of the dinner meal service on 08/04/22 at 5:31pm revealed:                      -Resident #12 was served a bowl of potato soup chowder soup; he ate 100%.                      -Resident #12 was served potato salad; he ate 100%.                      -Resident #12 was served a dinner roll and chicken salad; he ate 100%.                      -Resident #12 was served two packs of saltine crackers; he did not eat the crackers.                      -Resident #12 was served a large bowl of two cups of mixed tropical fruit; he ate 100%.</p> <p>Review of the therapeutic menu spreadsheet for a carbohydrate-controlled diet revealed:                      -The potato chowder soup should be omitted and substituted with a chicken vegetable soup.                      -Potato salad should be omitted and substituted with a tossed green salad.                      -The tropical fruit should be omitted and</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 44</p> <p>substituted with one-half a cup of pineapple chunks.</p> <p>Interview with Resident #12 on 08/05/22 at 3:43pm revealed: -He was diabetic. -He did not know if he had an order for a carbohydrate-controlled diet. -He ate what was served to him at meals. -No one had talked to him about his meals. -He would do whatever his Primary Care Provider (PCP) wanted him to. -He always got two servings of fruit and did not know he should eat only one-half a cup because of the carbohydrate-controlled diet.</p> <p>Interview with a personal care aide (PCA) on 08/05/22 at 9:18am revealed: -Resident #12 ordered his meals from a menu and she would give the order to the staff in the kitchen. -If Resident #12 ordered something he was not supposed to eat, the Dietary Manager (DM) would say "he cannot have that." -She thought Resident #12 might be on a diabetic diet. -She assumed whatever was on the plate she was given was food the resident could have.</p> <p>Interview with the DM on 08/05/22 at 2:41pm revealed: -Resident #12 was on a carbohydrate-controlled diet. -She did not look at the therapeutic menu spreadsheet when preparing plates/meals because she knew what the residents could have and not have. -A carbohydrate-controlled diet was to receive ½ portion of starch. -She did not know a carbohydrate-controlled diet</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 45</p> <p>was not supposed to receive potato chowder soup, potato salad, or fruit.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm revealed: -Resident #12 was listed as having a carbohydrate-controlled diet on the facility's nutritional tracker. -Resident #12 was a type 2 diabetic. -If Resident #12 was not served his diet as ordered, his blood sugar might not be controlled.</p> <p>Telephone interview with a nurse at Resident #12's PCP's office on 08/08/22 at 8:18am revealed: -Resident #12 was ordered a carbohydrate-controlled diet because he was diabetic and had high cholesterol. -If Resident #12 was not served a carbohydrate-controlled diet correctly, he could experience a rise in his blood sugar. -The PCP expected the facility to follow the diet ordered.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm revealed: -She did not know what diet Resident #12 was ordered. -A carb-controlled diet was ordered for diabetics. -If a diabetic was not served a carbohydrate-controlled diet, the resident might experience a spike in their blood sugar as the body processes carbohydrates into sugars.</p> <p>Telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm revealed: -She was not familiar with Resident #12's diet order. -A carbohydrate-controlled diet was ordered for</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 46</p> <p>diabetics. -Resident #12 should be receiving a carbohydrate-controlled diet as ordered.</p> <p>Refer to the interview with a personal care aide (PCA) on 08/05/22 at 9:18am.</p> <p>Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm.</p> <p>Refer to the telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm.</p> <p>Refer to the telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm.</p> <p>2. Review of Resident #1's current FL-2 dated 05/20/21 revealed: -Diagnoses included carcinoma of the stomach and cerebral infarction. . -Resident #1's diet was listed as texture modified with no added salt (NAS).</p> <p>Review of Resident #1's physician's orders dated 05/12/22 listed the resident's diet as regular, mechanical soft, regular liquids.</p> <p>Review of Resident #1's facility's diet order form dated 08/03/22 revealed: -Diet type was a regular diet and texture modified. -Texture modified was described as food that was moist and soft. All meats and poultry were ground with the exception of small pieces of meat allowed in soups.</p> <p>Review of a large bulletin board across from the meal prep area in the kitchen on 08/03/22 at</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 47</p> <p>10:58am revealed Resident #1 was listed as a no added salt (NAS) texture modified diet.</p> <p>Observation of the breakfast meal service on 08/04/22 at 8:31am revealed Resident #1 was served ground sausage; he ate 100%.</p> <p>Interview with Resident #1 on 08/04/22 at 8:31am: -He did not like his meat "like this" (pointing at his sausage). -"They did not usually do it like this and I do not like it." -He liked his meat cut-up.</p> <p>Observation of the lunch meal service on 08/04/22 at 12:05pm revealed: -Resident #1 was served baked ham; the pieces were cut into 2-inch size pieces; he ate 75%. -Resident #1 was served one cup of scalloped potatoes; he ate 100%. -Resident #1 added salt to his potatoes from the saltshaker on his table.</p> <p>Review of the therapeutic menu spreadsheet for a texture-modified diet revealed the baked ham should be ground and served with gravy.</p> <p>Interview with Resident #1 on 08/03/22 at 12:05pm revealed: -The food was not salted when it was cooked, and he liked a "little" salt on his food. -He did not know if he should have salt or not but "only added a little." -He liked the way his ham was cut up, he did not like his meat ground.</p> <p>Observation of the dinner meal service on 08/04/22 at 5:04pm revealed: -Resident #1 was served salisbury steak with</p>	D 310		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 48</p> <p>gravy; the pieces were cut into 2-inch size pieces; he ate 75%.</p> <p>-Resident #1 was served one cup of potato salad with chunks of potato; he ate 75%.</p> <p>Review of the therapeutic menu spreadsheet for a texture-modified diet revealed the salisbury steak should be ground and served with gravy.</p> <p>Interview with a personal care aide (PCA) on 08/05/22 at 9:18am revealed Resident #1 was not on a special diet.</p> <p>Interview with the Dietary Manager (DM) on 08/05/22 at 2:41pm revealed:</p> <ul style="list-style-type: none"> <li>- Resident #1 was on a chopped diet.</li> <li>-A chopped diet was supposed to have meats chopped with gravy.</li> <li>-She was not sure why Resident #1 was on a chopped diet.</li> <li>-Resident #1 had complained about meat when it was served chopped and was not eating the chopped meat.</li> <li>-It was important for Resident #1 to eat, so they cut the meat into bite-size pieces instead of chopping it, and he ate better.</li> <li>-She had not talked to the Health and Wellness Coordinator (HWC) or the Health and Wellness Director (HWD) about Resident #1's diet or food preferences.</li> </ul> <p>Interview with the HWC on 08/05/22 at 3:23pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1's diet was listed as a regular diet with an order date of 09/30/21.</li> <li>-She did not know why Resident #1 was ordered a texture-modified diet.</li> </ul> <p>Telephone interview with the HWD on 08/08/22 at 2:55pm revealed:</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 49</p> <p>-Resident #1 diet was listed as a texture-modified diet.</p> <p>-A texture-modified diet was chopped or soft.</p> <p>Refer to the interview with a personal care aide (PCA) on 08/05/22 at 9:18am.</p> <p>Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm.</p> <p>Refer to the telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm.</p> <p>Refer to the telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm.</p> <p>3. Review of Resident #3's current FL2 dated 05/26/22 revealed: -Diagnoses included generalized muscle weakness, bilateral lower extremity edema, osteoarthritis, spinal stenosis, lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation. -There was a diet order for a low fat, low cholesterol diet for Resident #3.</p> <p>Review of the diet order spreadsheet on 08/03/22 revealed Resident #3's diet order was not listed.</p> <p>Review of a large bulletin board across from the meal prep area in the kitchen on 08/03/22 at 10:58am revealed Resident #3 was not listed as a therapeutic modified diet.</p> <p>Interview with the Dietary Manager (DM) on</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 50</p> <p>08/03/22 at 10:58am revealed if a resident was not listed on the board, the resident was on a regular diet.</p> <p>Observation of the dinner meal service on 08/04/22 at 5:31pm revealed: -Resident #3 was served a bowl of potato chowder soup; she ate 100%. -Resident #3 was served one cup of potato salad; she ate 100%. -Resident #3 was served one cup of chicken salad; she ate 100%. -Resident #12 was served one cup of mixed tropical fruit; she ate 100%.</p> <p>Review of the therapeutic menu spreadsheet for a low fat/low carbohydrate diet revealed that potato chowder soup should be omitted and substituted with a chicken vegetable soup.</p> <p>Interview with Resident #3 on 08/05/22 at revealed: -She thought she had a no added salt diet ordered. -She did not add any salt to her meals.</p> <p>Telephone interview with Resident #3's Primary Care Provider (PCP) on 08/08/22 at revealed: -He did not review resident #3's hospital discharge paperwork dated 05/26/22 until 06/21/22. -He did not know a low fat/low cholesterol diet was ordered on Resident #3's hospital discharge paperwork. -He thought a low fat/low cholesterol diet was ordered for Resident #3 due to her history of heart conditions and obesity.</p> <p>Interview with a personal care aide (PCA) on 08/05/22 at 9:18am revealed Resident #3 was not</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 51</p> <p>on a special diet.</p> <p>Interview with the Dietary Manager (DM) on 08/05/22 at 2:41pm revealed: - Resident #3 was on a regular diet. -She did not know Resident #3's diet was a low fat/low cholesterol diet. -No one had given her a new diet order on Resident #3.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm revealed: -Resident #3's diet was not listed. -She was not aware Resident #3 had an order for a low carbohydrate/low-fat diet.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm revealed: -Resident #3 diet was not listed in their computer system. -A low fat/low cholesterol diet was ordered for cardiac reasons and for weight. -If Resident #3's diet was not served as ordered she could cause further strain on her heart.</p> <p>Refer to the interview with a personal care aide (PCA) on 08/05/22 at 9:18am.</p> <p>Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm.</p> <p>Refer to the telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm.</p> <p>Refer to the telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm.</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 52</p> <p>Interview with a personal care aide (PCA) on 08/05/22 at 9:18am revealed she assumed whatever was on the plate she was given to serve to the resident was food the resident could have.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm revealed: -The HWC and/or the Health and Wellness Director (HWD) gave all diet orders to the Dietary Manager (DM). -She expected the kitchen staff to follow the diet orders.</p> <p>Telephone interview with the HWD on 08/08/22 at 2:55pm revealed she expected all diets to be served as ordered.</p> <p>Telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm revealed: -Diet orders were given to the DM upon a resident's admission to the facility. -Any diet order changes should be updated in the resident's record and given to the DM. -She expected all residents receive the appropriate meal according to the diet ordered.</p>	D 310		
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the residents were treated with</p>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 53</p> <p>respect and dignity by not providing adequate furnishings for residents to eat in their rooms (#5).</p> <p>The findings are:</p> <p>Observation of the Special Care Unit (SCU) on 08/03/22 at 8:22am revealed: -Resident #5 was sitting up in her bed. -Resident #5 had a long bib on and her breakfast plate sitting on her lap. -Resident #5 did not have a bedside table.</p> <p>Observation of the lunch meal for Resident #5 on 08/3/22 at 12:05pm to 12:22pm revealed: -Resident #5 was sitting up in her bed. -The personal care aide (PCA) placed a long bib around Resident #5's neck. -The PCA placed Resident #5's plate in her lap. -The PCA moved a table beside Resident #5's bed and placed her cup on the table. -There was no bedside table in Resident #5's room to place her meal upon.</p> <p>Observation of the breakfast meal on 08/04/22 from 8:17am-8:34am revealed: -Resident #5 was sitting up in her bed. -The personal care aide (PCA) placed a long bib around Resident #5's neck. -The PCA placed Resident #5's plate in her lap. -The PCA moved a table beside Resident #5's bed and placed her cup on the table. -There was no bedside table in Resident #5's room to place her meal upon.</p> <p>Interview with a personal care aide (PCA) on 08/04/22 at 8:18am revealed: -Resident #5 wanted to eat all meals in her bed. -Resident #5 had a side table but it would not slide under her bed.</p>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 54</p> <ul style="list-style-type: none"> <li>-The side table had been used before but Resident #5's plate would be too far from her and she would drop her food.</li> <li>-She had not seen an over the bed table in Resident #5's room.</li> <li>-She knew a few residents in the SCU had an over the bed table in their rooms.</li> <li>-She had never asked management for an over the bed table for Resident #5.</li> </ul> <p>Interview with a second PCA on 08/04/22 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 ate her meals in her room; she refused to get out of bed.</li> <li>-Resident had a small table by her bedside that was used to sit her cups and glasses on, but it did not fit over her bed.</li> <li>-Resident #5 would hold her plate in her lap and feed herself each meal.</li> <li>-She had never asked management about an over the bed table for Resident #5.</li> </ul> <p>Interview with a medication aide (MA) on 08/04/22 at 12:08 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 had been eating all meals in her bed for about 6 months.</li> <li>-She did not want to get out of bed.</li> <li>-Resident #5 had a side table that her plate was placed on.</li> <li>-Resident #5 would remove her plate from the table and sit the plate in her lap.</li> <li>-She had never seen a bedside table in her room.</li> <li>-She had never asked management about a bedside table for her room.</li> </ul> <p>Interview with the HWC on 08/005/22 at 8:25am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 preferred to eat in her bed.</li> <li>-She was not aware Resident #5 held her plate in her lap.</li> </ul>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 55</p> <p>-No one had asked her about an over the bed table for Resident #5.</p> <p>Interview with the Administrator on 08/05/22 at 1:30pm revealed:</p> <p>-She was aware Resident #5 ate her meals while in the bed.</p> <p>-She refused to get out of bed for meals.</p> <p>-She had a table at her bedside that would hold her plate and glass or cup.</p> <p>-Resident #5 could eat her meals without any problems for the table at her bedside.</p> <p>-She was not aware that the bed did not go over the bed and only sat to the side of the bed.</p> <p>-No staff had asked for an over the bed table for Resident #5.</p> <p>Attempted telephone interview with Resident #5's Power of Attorney on 08/08/22 at 9:30am.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.</p>	D 338		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 56</p> <p>Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered for 2 of 5 residents (#7 and #8) observed during the morning medication pass including errors with the omission of a nasal spray (#8) and a medication used to treat intestinal ulcers (#7); and for 3 of 5 sampled residents (#1, #3, and #4) for record review including errors with an antibiotic, three pain medications, a blood pressure medication, a medication for fluid retention and a medication, depression and mood and a blood thinner (#1); three cardiac medications and a medication used to treat hypothyroidism (#3); a topical gel used to treat pain, an oral steroid and supplements (#4).</p> <p>The findings are:</p> <p>1. The medication error rate was 9% as evidenced by the observation of 3 errors out of 32 opportunities during the 8:00am medication pass on 08/03/22.</p> <p>a. Review of Resident #7's current FL2 dated 06/22/21 revealed: -There were no diagnoses documented on the FL-2. -There was no order for famotidine (used to treat and prevent ulcers) 20mg one tablet daily.</p> <p>Review of Resident #7's six-month physician orders dated 05/12/22 revealed there were no diagnoses and there was an order for famotidine 20mg one tablet daily.</p> <p>Review of Resident #7's Primary Care Provider (PCP) orders dated 07/14/22 revealed there was an order for famotidine 20mg twice daily.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 57</p> <p>Observation of the medication pass for Resident #7 on 08/03/22 at 8:10am revealed:</p> <ul style="list-style-type: none"> <li>-There were four oral medications placed into the medication cup for Resident #7.</li> <li>-The medication aide (MA) looked in the medication cart for famotidine for Resident #7.</li> <li>-The MA reported the famotidine was ordered this week from the pharmacy but had not arrived from the pharmacy.</li> <li>-She did not have famotidine available to administer to Resident #7.</li> <li>-The MA administered four oral medications and an eye drop to Resident #7 at 8:15am.</li> </ul> <p>Review of Resident #7's August 2022 electronic medication administration record (eMAR) from 08/01/22 to 08/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for famotidine 20mg one tablet twice daily, scheduled for 8:00am and 8:00pm.</li> <li>-There was documentation of administration of famotidine from 08/01/22 to 08/02/22 at 8:00am and 8:00pm.</li> <li>-There was documentation "pharmacy action required" on 08/03/22 at 8:00am.</li> </ul> <p>Interview with the MA who completed the morning medication pass on 08/03/22 at 1:42pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #7's famotidine was ordered for a refill before 08/03/22, but she planned to call the pharmacy to ask about the medication.</li> <li>-Each shift she worked, she attempted to look through the medication cart to determine if there were medications that needed refills.</li> <li>-She ordered refills of medication when there were 5 to 7 tablets remaining.</li> <li>-Resident #7 had not received her daily dose of famotidine and she hoped the pharmacy delivered the medications on the second or third shift for 08/03/22.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 58</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 08/05/22 at 10:29am revealed:                      -A quantity of 28 famotidine 20mg tablets was dispensed on 07/13/22.                      -A quantity of 60 famotidine 20mg tablets was dispensed on 08/03/22.                      -The most recent order for Resident #7's famotidine was dated 07/14/22 for famotidine 20mg twice daily.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed:                      -She did not know Resident #7 did not have any famotidine to administer for the morning medication pass.                      -She expected MAs to reorder medications before the package or bottle was empty.                      -MAs should request refills for medications when there were medications still available to administer in the bubble package.</p> <p>Interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm revealed she did not know Resident #7 did not have any famotidine available for administration.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm:                      -She expected the MAs to request refills when there were 5-7 tablets remaining.                      -The refill requests were supposed to be faxed to the pharmacy.                      -The MAs were responsible for requesting refills of medications prior to running out of medications.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 59</p> <p>Based on observations, record reviews, and interviews, it was determined Resident #7 was not interviewable.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>b. Review of Resident #8's current FL-2 dated 11/18/21 revealed diagnoses included allergic rhinitis, dementia, type 2 diabetes mellitus with stage 3 chronic kidney disease, hypothyroidism, hyperlipidemia, gastro-esophageal reflux disease, and vitamin D deficiency.</p> <p>Review of Resident #8's Primary Care Provider (PCP) orders dated 12/06/21 revealed there was an order for fluticasone (used to control symptoms of allergic rhinitis) 27.5mcg/spray nasally one spray in each nostril daily.</p> <p>Review of Resident #8's PCP orders dated 03/22/22 revealed there was an order for ipratropium 0.06% nasal spray two sprays each nostril three times daily as needed for congestion.</p> <p>Observation of the medication pass for Resident #8 on 08/03/22 at 8:18am revealed: -There were 6 oral medications and one nasal spray, ipratropium (used to treat runny nose related to seasonal allergies) 0.6% prepared for Resident #8. -The MA administered 6 oral medications and two sprays of ipratropium in each nostril to Resident #8 at 8:28am.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 60</p> <p>Review of Resident #8's August 2022 electronic medication administration record (eMAR) from 08/01/22 to 08/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for fluticasone one spray in each nostril daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of fluticasone from 08/01/22 to 08/03/22 at 8:00am.</li> </ul> <p>Interview with the medication aide (MA) who conducted the morning medication pass on 08/03/22 at 1:42pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #8 was given a nasal spray during the morning medication pass.</li> <li>-She documented administration of the medications after she administered the medications to Resident #8.</li> <li>-She saw on the eMAR that she signed for fluticasone but she did not have any fluticasone available to administer to Resident #8.</li> <li>-She administered ipratropium nasal spray to Resident #8 instead of fluticasone nasal spray.</li> </ul> <p>Telephone interview with a representative from the facility's contracted pharmacy on 08/05/22 at 10:29am revealed:</p> <ul style="list-style-type: none"> <li>-A bottle of fluticasone was dispensed for Resident #8 on 12/07/21 and 08/03/22.</li> <li>-There were no other dispense dates for Resident #8's fluticasone.</li> <li>-The most recent order for Resident #8's fluticasone was dated 08/03/22 for fluticasone two sprays each nostril for allergies as needed.</li> <li>-Resident #8's previous order was dated 12/06/21 and it was for fluticasone one spray each nostril daily.</li> </ul> <p>Interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm revealed:</p> <ul style="list-style-type: none"> <li>-She expected the MAs to use the six rights of</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 61</p> <p>medication administration.</p> <p>-She expected the MAs to read the eMAR and compare to the medication they were preparing to administer.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed:</p> <p>-She expected the MAs to administer the medications as ordered.</p> <p>-She did not have a clinical background but she depended on the HWC and HWD to be responsible for the clinical responsibilities.</p> <p>Based on observations, record reviews, and interviews it was determined that Resident #8 was not interviewable.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>2. Review of Resident #1's current FL-2 dated 06/10/22 revealed diagnoses included pneumonia, hypertension, heart failure, cerebrovascular disease, chronic abdominal pain, closed wedge compression fracture of twelfth thoracic vertebra, osteoarthritis, and peripheral neuropathy.</p> <p>a. Review of Resident #1's current FL-2 dated 06/10/22 revealed there was an order for Augmentin (used to treat bacterial infection) 875-125mg one every 12 hours for 3 days.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 62</p> <p>Review of Resident #1's discharge summary dated 06/11/22 revealed:                      -He was hospitalized from 06/09/22 to 06/11/22.                      -He was diagnosed with pneumonia.                      -He was ordered Augmentin 875-125mg for 5 days; he received 2 of the 5 days of Augmentin 875-125mg while hospitalized.                      -He was to complete his 5-day course of Augmentin 875-125mg after discharge to the facility.                      -He was prescribed Augmentin 875-125mg every 12 hours for three days to complete his 5-day course.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed:                      -There was no entry for Augmentin 875-125mg every 12 hours to be administered.                      -There was no documentation that Augmentin 875-125mg every 12 hours was administered.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/05/22 at 9:40am revealed:                      -The pharmacy received a faxed order for Resident #1 from the hospital discharge physician on 06/27/22 for Augmentin 875-125mg every 12 hours for 3 days.                      -She did not know why the order for Augmentin 875-125mg was faxed to the pharmacy about 2 weeks after Resident #1 was discharged from the hospital.                      -The pharmacy dispensed 6 tablets of Augmentin 875-125mg for Resident #1 on 06/27/22.                      -The Pharmacy did not receive Resident #1's FL-2 dated 06/10/22 or the discharge summary dated 06/11/22.</p> <p>Observation of Resident #1's medication on hand</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 63</p> <p>on 08/05/22 at 10:15am revealed: -There was a bubble pack labeled Augmentin 875-125mg with a dispense dated of 06/27/22. -The bubble pack contained 6 tablets of Augmentin 875-125mg. -The bubble pack of Augmentin was located in the overstock drawer of the medication cart.</p> <p>Interview with Resident #1 on 08/05/22 at 10:16am revealed: -He was in the hospital for pneumonia; he was treated with antibiotics. -He was to continue receiving antibiotics after discharge from the hospital. -He did not know if he received the antibiotics after returning to the facility.</p> <p>Interview with a medication aide (MA) on 08/04/22 at 3:35pm revealed: -She knew Resident #1 was admitted to the hospital in June 2022. -She did not recall reviewing Resident #1's FL-2 dated 06/10/22 or the hospital discharge summary dated 06/11/22. -She did not know Resident #1 had an order for Augmentin 875-125mg twice daily for 3 days. -She had not seen an entry for Augmentin on Resident #1's eMAR. -The MA who received the FL- 2 and hospital discharge summary should have entered the medication changes on the eMAR. -The third shift MA would receive any new medications filled by the pharmacy and place them on the medication cart when delivered.</p> <p>Interview with a second MA on 08/05/22 at 8:05am revealed: -She knew Resident #1 was hospitalized in June 2022. -She was not working when Resident #1 returned</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 64</p> <p>from the hospital; she did not see the hospital discharge orders.</p> <ul style="list-style-type: none"> <li>-She did not know Resident #1 had an order for Augmentin 875-125mg twice daily for 3 days.</li> <li>-She had not seen an entry for Augmentin on Resident #1's eMAR.</li> <li>-She noticed the bubble pack of Augmentin for Resident #1 in the overstock drawer of the medication cart the morning of 08/05/22.</li> <li>-The MA who received Resident #1 from the hospital would have been responsible for reviewing and entering new or changed orders.</li> <li>-She did not know who received Resident #1's FL-2 dated 06/10/22 and the hospital discharge orders dated 06/11/22.</li> </ul> <p>Interview with a third MA on 08/05/22 at 10:15am revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #1 had an order for Augmentin 875-125mg twice daily; she did not know the medication was on the medication cart.</li> <li>-The Augmentin for Resident #1 was removed from the medication cart the morning of 08/05/22.</li> <li>-She had not seen Resident #1's FL-2 or hospital discharge orders from June 2022.</li> <li>-She did not know Resident #1 was diagnosed with pneumonia when in the hospital from 06/09/22 to 06/11/22.</li> </ul> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-He was not aware Resident #1 was in the hospital from 06/09/22 to 06/11/22.</li> <li>-He did not receive a hospital discharge summary or orders for Resident #1 to review.</li> <li>-Resident #1 should have completed his course of Augmentin to treat the pneumonia.</li> <li>-He could have gotten worse and possibly been re-hospitalized.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 65</p> <ul style="list-style-type: none"> <li>-All discharge orders for his residents were to be placed in a binder at the front desk for review.</li> <li>-The staff did not place Resident #1's discharge summary in the binder for review.</li> <li>-The process was not utilized as designed.</li> <li>-He expected to be notified when residents were admitted and discharged from the hospital.</li> <li>-He expected to be notified regarding any orders written by other physicians.</li> </ul> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>b. Review of Resident #1's current FL-2 dated 06/10/22 revealed there was an order for morphine (used to treat and manage sever pain) 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed.</p> <p>Review of Resident #1's discharge summary dated 06/10/22 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 complained of severe pain in the morning when getting out of bed and into his wheelchair.</li> <li>-Resident #1 was to receive morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed.</li> </ul> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was no entry for morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 66</p> <p>-There was no documentation that morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed was administered.</p> <p>Review of Resident #1's July 2022 eMAR revealed:</p> <p>-There was no entry for morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed as ordered.</p> <p>-There was no documentation that morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed was administered.</p> <p>Review of Resident #1's August 2022 eMAR from 08/01/22 to 08/03/22 revealed:</p> <p>-There was no entry for morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed.</p> <p>-There was no documentation that morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed was administered.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/05/22 at 9:40am revealed:</p> <p>-The pharmacy received a faxed order for Resident #1 from the hospital discharge physician on 06/27/22 for morphine 20mg/ml (.25mls) 20 minutes each morning prior to getting out of bed.</p> <p>-She did not know why the order for morphine solution was faxed to the pharmacy about 2 weeks after Resident #1 was discharged from the hospital.</p> <p>-The pharmacy dispensed 30 syringes of morphine 20mg/ml (.25ml) for Resident #1 on 06/27/22.</p> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:50pm revealed:</p> <p>-There was a zip lock bag that contained two dark</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 67</p> <p>brown bags.</p> <ul style="list-style-type: none"> <li>-One brown bag contained 4 syringes of morphine 20mg/ml (.25mls) per syringe.</li> <li>-The second brown bag contained 10 syringes of morphine 20mg/ml (.25mls) per syringe.</li> <li>-The prescription label instructions on the zip lock bag were "administer one prefilled syringe 20 minutes prior to getting out of bed.</li> <li>-The morphine 20mg/ml (.25mls) prefilled syringes were dispensed on 06/27/22.</li> </ul> <p>Interview with Resident #1 on 08/05/22 at 10:16am revealed:</p> <ul style="list-style-type: none"> <li>-He had back and shoulder pain which was worse in the morning after being in bed all night.</li> <li>-He received morphine for pain when requested.</li> <li>-He did not received morphine 20 minutes before getting out of bed each morning.</li> </ul> <p>Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #1 had an order for morphine 20mg/ml (.25mls) 20 minutes prior to getting out of bed each morning upon returning from the hospital.</li> <li>-She worked first shift; she had not administered morphine to Resident #1 twenty minutes before getting out of bed.</li> </ul> <p>Interview with a second MA on 08/05/22 at 10:25am revealed:</p> <ul style="list-style-type: none"> <li>-Hospital discharge orders were faxed to the facility.</li> <li>-She did not receive Resident #1's hospital discharge orders.</li> <li>-The staff member who removed the hospital discharge orders from the fax machine was responsible for reviewing the orders for new or changed orders and entering new orders on the eMAR.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 68</p> <p>-She did not see an order to administer morphine 20mg/ml (.25mls) 20 minutes before getting out of bed.</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:</p> <p>-He was not aware Resident #1 was in the hospital from 06/09/22 to 06/11/22.</p> <p>-He did not receive a hospital discharge summary or orders for Resident #1 to review.</p> <p>-Resident #1 had chronic pain.</p> <p>-He did not know Resident #1 had an order for morphine 20mg/ml (.25ml) 20 minutes before getting out of bed.</p> <p>-All discharge orders were to be placed in the binder at the front desk; he would review the information in the binder with each visit to the facility.</p> <p>-The staff did not place Resident #1's discharge summary and orders in the binder for review.</p> <p>-He expected the staff to notify him when residents were hospitalized and discharged back to the facility.</p> <p>-He expected to be given a discharge summary for review after a resident was hospitalized.</p> <p>Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 69</p> <p>c. Review of Resident #1's current FL-2 dated 06/10/22 revealed there was an order for acetaminophen (used for pain) 500mg 2 tablets three times daily.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for acetaminophen 325mg 2 tablets three times daily with a scheduled administration time of 8:00am, 2:00pm and 8:00pm.</li> <li>-There was documentation that acetaminophen 325mg 2 tablets were administered three times daily from 06/01/22 to 06/30/22.</li> <li>-There was no documentation on 06/13/22 and 06/15/22 that acetaminophen 325mg 2 tablets three times daily was administered.</li> <li>-There was no entry for acetaminophen 500mg 2 tablets three times daily scheduled for administration.</li> </ul> <p>Review of Resident #1's July 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for acetaminophen 325mg 2 tablets three times daily with a scheduled administration time of 8:00am, 2:00pm and 8:00pm.</li> <li>-There was documentation that acetaminophen 325mg 2 tablets were administered three times daily from 07/01/22 to 07/31/22.</li> <li>-There was no entry for acetaminophen 500mg 2 tablets three times daily scheduled for administration.</li> </ul> <p>Review of Resident #1's August 2022 eMAR from 08/01/22 to 08/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for acetaminophen 325mg 2 tablets three times daily with a scheduled administration time of 8:00am, 2:00pm and</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 70</p> <p>8:00pm.</p> <ul style="list-style-type: none"> <li>-There was documentation that acetaminophen 325mg 2 tablets were administered three times daily from 08/01/22 to 08/02/22 and at 8:00am on 08/03/22.</li> <li>-There was no documentation on 08/02/22 at 2:00pm that acetaminophen 325mg was administered.</li> <li>-There was no entry for acetaminophen 500mg 2 tablets three times daily scheduled for administration.</li> </ul> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy had an order for acetaminophen 325mg 2 tablets three times daily dated 05/12/22.</li> <li>-The pharmacy dispensed 180 acetaminophen 325mg on 05/20/22, 06/15/22 and 06/29/22.</li> <li>-The pharmacy did not have an order for acetaminophen 500mg 2 tablets three times daily.</li> <li>-The pharmacy did not receive Resident #1's FL-2 dated 06/10/22 or the hospital discharge summary dated 06/11/22.</li> <li>-The facility should fax all new orders to the pharmacy.</li> </ul> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:49pm revealed there was a bubble pack with 64 acetaminophen 325mg 2 tablets three times daily with a dispensed date of 06/29/22.</p> <p>Interview with Resident #1 on 08/04/22 at 10:15am revealed he knew he received acetaminophen several times a day but he did not know the strength that he was administered.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed:</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 71</p> <ul style="list-style-type: none"> <li>-She knew Resident #1 had an order for acetaminophen 325mg 2 tablets three times daily.</li> <li>-She had administered acetaminophen 325mg 2 tablets to Resident #1.</li> <li>-Resident #1 had acetaminophen 325mg on the medication cart and entered on the eMAR.</li> <li>-She did not know Resident #1 had an order for acetaminophen 500mg 2 tablets three times daily.</li> <li>-She did not see acetaminophen 500mg 2 tablets three times a day on the medication cart or entered on the eMAR for Resident #1.</li> <li>-She did not see the FL-2 dated 06/10/22.</li> </ul> <p>Interview with a second MA on 08/05/22 at 10:25am revealed:</p> <ul style="list-style-type: none"> <li>-Hospital discharge orders were faxed to the facility when the residents were discharged from the hospital.</li> <li>-She did not know when Resident #1's hospital discharge orders where faxed to the facility; she did not see them.</li> <li>-She did not receive Resident #1's hospital discharge orders.</li> <li>-The staff member who removed the hospital discharge orders from the fax machine was responsible for reviewing the orders for new or changed orders and entering new orders on the eMAR.</li> <li>-She administered acetaminophen 325mg 2 tablets three times daily to Resident #1 as it was entered on the eMAR and dispensed from the pharmacy.</li> </ul> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 had chronic pain and acetaminophen was one medication he received to assist with pain control.</li> <li>-The facility staff should administer medications</li> </ul>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 72</p> <p>as ordered.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>d. Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for carvedilol (used to treat elevated blood pressure) 3.125mg twice daily.</p> <p>Review of Resident #1's current FL-2 dated 06/10/22 revealed there was an order for carvedilol 12.5mg every 12 hours.</p> <p>Review of Resident #1's hospice orders dated 07/26/22 revealed there was an order for carvedilol 12.5mg every 12 hours.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for carvedilol 3.125mg twice daily with a scheduled administration time of 7:00am and 7:00pm. -There was documentation that carvedilol 3.125mg was administered twice a day from 06/01/22 to 06/30/22. -There was no entry for carvedilol 12.5mg every 12 hours scheduled for administration and no documentation of administration.</p> <p>Review of Resident #1's July 2022 eMAR revealed: -There was an entry for carvedilol 3.125mg twice</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 73</p> <p>daily with a scheduled administration time of 7:00am and 7:00pm.</p> <p>-There was documentation that carvedilol 3.125mg was administered twice a day from 07/01/22 to 07/31/22.</p> <p>-There was no entry for carvedilol 12.5mg every 12 hours scheduled for administration and no documentation of administration.</p> <p>Review of Resident #1's August 2022 eMAR from 08/01/22 to 08/03/22 revealed:</p> <p>-There was an entry for carvedilol 3.125mg twice daily with a scheduled administration time of 7:00am and 7:00pm.</p> <p>-There was documentation that carvedilol 3.125mg was administered twice daily from 08/01/22 to 08/02/22 and at 7:00am on 08/03/22.</p> <p>-There was no entry for carvedilol 12.5mg every 12 hours scheduled for administration and no documentation of administration.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed:</p> <p>-The pharmacy had an order for carvedilol 3.125mg twice daily dated 05/12/22.</p> <p>-The pharmacy dispensed 60 tablets of carvedilol 3.125 on 06/12/22, 07/07/22 and 08/01/22.</p> <p>-The pharmacy did not receive an order for carvedilol 12.5mg every 12 hours on 06/11/22 or 07/26/22.</p> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:48pm revealed:</p> <p>-There was a bubble pack with 29 tablets of carvedilol 3.125mg twice daily with a dispensed date of 08/02/22.</p> <p>-The bubble pack was labeled 1 of 2 cards.</p> <p>Interview with a medication aide (MA) on</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 74</p> <p>08/05/22 at 8:15am revealed: -She knew Resident #1 had an order for carvedilol for his blood pressure. -She had administered carvedilol 3.125mg twice daily to Resident #1. -She did not know Resident #1's carvedilol dosage was changed to 12.5mg every 12 hours. -She did not see the new order on the FL-2 dated 06/10/22 or the hospice order dated 07/26/22. -She administered carvedilol as it was entered on the eMAR and as dispensed by the pharmacy.</p> <p>Interview with a second MA on 08/05/22 at 10:25am revealed: -Resident #1's hospital discharge orders were faxed to the facility. -She did not receive Resident #1's hospital discharge orders or FL-2 dated 06/10/22. -The staff member who removed the hospital discharge orders and FL-2 from the fax machine was responsible for reviewing the orders for new or changed orders and entering new orders on the eMAR. -She administered the dosage of carvedilol that was dispensed by the pharmacy and entered on the eMAR.</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed: -Resident #1 was ordered carvedilol 3.125mg twice daily for hypertension and heart failure. -He did not know Resident #1 was hospitalized in June 2022 and that carvedilol had been changed to 12.5mg every 12 hours. -He had not see any discharged orders from Resident #1's hospitalization. -He should be notified of all medication changes made by other physicians.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 75</p> <p>-Resident #1's medications should be administered as ordered.</p> <p>Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>e. Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for gabapentin (used to treat nerve pain) 100mg 2 capsules twice daily.</p> <p>Review of Resident #1's discharge summary dated 06/10/22 revealed there was an order for gabapentin 100mg 2 capsules every 12 hours.</p> <p>Review of Resident #1's hospice orders dated 07/26/22 revealed there was an order for gabapentin 100mg three times daily.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) from revealed:</p> <p>-There was an entry for gabapentin 100mg 1 capsule three times a day with a scheduled administration time of 8:00am, 2:00pm and 8:00pm.</p> <p>-There was documentation that gabapentin 100mg 1 capsule was administered three times a day from 06/01/22 to 06/24/22 and at 8:00am and 2:00pm on 06/25/22.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 76</p> <ul style="list-style-type: none"> <li>-There was a second entry for gabapentin 100mg 2 capsules twice daily with a scheduled administration time of 8:00am and 8:00pm.</li> <li>-There was documentation gabapentin 100mg 2 capsules twice daily was administered on 06/25/22 at 8:00pm and from 06/26/22 to 06/30/22 at 8:00am and 8:00pm.</li> </ul> <p>Review of Resident #1's July 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for gabapentin 100mg 2 capsules every 12 hours with a scheduled administration time of 8:00am and 8:00pm.</li> <li>-There was documentation that gabapentin was administered every 12 hours from 07/01/22 to 07/31/22.</li> <li>-There was no entry for gabapentin 100mg 1 capsule three times daily as ordered on 07/26/22.</li> </ul> <p>Review of Resident #1's August 2022 eMAR from 08/01/22 to 08/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for gabapentin 100mg 2 twice daily with a scheduled administration time of 8:00am and 8:00pm.</li> <li>-There was documentation that gabapentin was administered twice daily at 8:00am and 8:00pm from 08/01/22 to 08/02/22 and on 08/03/22 at 8:00am.</li> <li>-There was no entry for gabapentin 100mg 1 capsule three times daily as ordered.</li> </ul> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/05/22 at 1:46pm revealed:</p> <ul style="list-style-type: none"> <li>-There was an order dated 05/12/22 for gabapentin 100mg 2 capsules twice daily.</li> <li>-There was an order dated 06/22/22 for gabapentin 100mg 2 capsules every 12 hours.</li> <li>-The pharmacy dispensed 60 capsules of gabapentin 100mg 2 capsules every 12 hours on</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 77</p> <p>06/22/22, 07/08/22 and 07/26/22.</p> <p>-The pharmacy did not have an order for gabapentin 100mg three times daily dated 07/26/22.</p> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:47pm revealed:</p> <p>-There was a bubble pack labeled gabapentin 100mg with a dispensed date of 07/26/22.</p> <p>-The bubble pack contained 30 of 60 capsules dispensed on 07/26/22.</p> <p>-The prescription label instructions were gabapentin 100mg 2 capsules every 12 hours.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed:</p> <p>-She knew Resident #1 had an order for gabapentin 100mg 2 capsules every 12 hours for pain.</p> <p>-She had administered gabapentin 100mg 2 capsules every 12 hours to Resident #1.</p> <p>-She did not review Resident #1's hospice orders dated 07/26/22.</p> <p>-She did not know Resident #1's gabapentin 100mg was changed to 1 capsule three times daily.</p> <p>-The MA who reviewed the hospice orders was responsible for entering the new orders into the eMAR.</p> <p>-She did not know who reviewed the hospice orders.</p> <p>Interview with a second MA on 08/05/22 at 10:25am revealed:</p> <p>-Hospice orders were faxed to the facility.</p> <p>-She did not receive Resident #1's hospice orders dated 07/26/22.</p> <p>-The staff member who removed the hospice orders from the fax machine was responsible for reviewing the orders for new or changed orders</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 78</p> <p>and entering new orders on the eMAR. -She did not know Resident #1's gabapentin 100mg was changed to 1 capsule three times daily. -She administered the dosage of gabapentin that was dispensed by the pharmacy and matched the eMAR, which was gabapentin 100mg 2 capsules twice daily.</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed: -Resident #1 was ordered gabapentin 100mg 2 capsules twice daily for pain. -He had not reviewed the orders from hospice dated 07/26/22. -The staff had not made him aware of new hospice orders. -Resident #1's medications should be administered as ordered. -He expected to be notified of medication changes ordered by hospice.</p> <p>Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>f. Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for Cymbalta (used to treat depression) 30mg 3 capsules daily.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 79</p> <p>Review of Resident #1's discharge summary dated 06/10/22 revealed there was an order for Cymbalta 30mg 3 capsules daily.</p> <p>Review of Resident #1's hospice orders dated 07/26/22 revealed an order for Cymbalta 30mg 1 capsule daily.</p> <p>Review of Resident #1's July 2022 eMAR revealed: -There was an entry for Cymbalta 30mg 3 capsules daily with a scheduled administration time of 8:00am. -There was documentation that Cymbalta 30mg 3 capsules were administered daily from 07/01/22 to 07/31/22. -There was no entry for Cymbalta 30mg 1 capsule daily to be administered as ordered on 07/26/22.</p> <p>Review of Resident #1's August 2022 eMAR from 08/01/22 - 08/03/22 revealed: -There was an entry for Cymbalta 30mg 3 capsules daily with a scheduled administration time of 8:00am. -There was documentation that Cymbalta 30mg 3 capsules were administered daily from 08/01/22 to 08/03/22. -There was no entry for Cymbalta 30mg 1 capsule daily to be administered as ordered on 07/26/22</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed: -There was an order for Cymbalta 30mg 3 capsule daily dated 05/12/22 -The pharmacy dispensed 90 capsules on 05/13/22.</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 80</p> <ul style="list-style-type: none"> <li>-The pharmacy dispensed 84 capsules on 06/15/22 and 07/20/22.</li> <li>-The pharmacy did not receive an order dated 07/26/22 for Cymbalta 30mg 1 capsule daily.</li> </ul> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:48pm revealed:</p> <ul style="list-style-type: none"> <li>-There was a bubble pack labeled Cymbalta 30mg with a dispensed date of 07/20/22.</li> <li>-The bubble pack contained 42 of 84 capsules.</li> <li>-The directions on the pharmacy label read "take 3 capsules daily for a total of 90mg."</li> </ul> <p>Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed:</p> <ul style="list-style-type: none"> <li>-She did not review Resident #1's hospice orders.</li> <li>-She did not know Resident #1's Cymbalta's dosage had changed.</li> <li>-She administered Resident #1 Cymbalta based on the entry on the eMAR and medication dispensed from the pharmacy.</li> </ul> <p>Interview with a second MA on 08/05/22 at 10:25am revealed:</p> <ul style="list-style-type: none"> <li>-Hospice orders were faxed to the facility.</li> <li>-She did not receive Resident #1's hospice orders dated 07/2</li> <li>-The staff member who removed the hospice orders from the fax machine was responsible for reviewing the orders for new or changed orders and entering new orders on the eMAR.</li> <li>-She did not know Resident #1's Cymbalta dosage had changed.</li> <li>-She administered Resident #1 Cymbalta as entered on the eMAR.</li> </ul> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was ordered Cymbalta for mood</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 81</p> <p>and depression.</p> <p>-The staff had not notified him of any changes in Resident #1's mood or depression.</p> <p>-He had not reviewed the orders from hospice dated 07/26/22.</p> <p>-Resident #1's medications should be administered as ordered.</p> <p>Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>g. Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for furosemide (used for fluid retention and swelling) 20mg 2 tablets twice daily.</p> <p>Review of Resident #1's discharge summary dated 06/10/22 revealed there was an order for furosemide 20mg 2 tablets twice a day.</p> <p>Review of Resident #1's hospice orders dated 07/26/22 revealed an order for furosemide 20mg daily.</p> <p>Review of Resident #1's July 2022 eMAR from revealed:</p> <p>-There was an entry for furosemide 20mg 2 tablets twice daily with a scheduled administration time of 7:00am and 7:00pm.</p> <p>-There was documentation that furosemide was</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 82</p> <p>administered twice daily from 07/01/22 to 07/31/22.</p> <p>-There was no entry for furosemide 20mg 1 tablet daily to be administered as ordered on 07/26/22.</p> <p>Review of Resident #1's August 2022 eMAR from 08/01/22-08/03/22 revealed:</p> <p>-There was an entry for furosemide 20mg 2 tablets twice daily with a scheduled administration time of 7:00am and 7:00pm.</p> <p>-There was documentation that furosemide 20mg 2 tablets twice daily were administered twice daily from 08/01/22 to 08/02/22 and on 08/03/22 at 8:00am.</p> <p>-There was no entry for furosemide 20mg 1 tablet daily to be administered.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed:</p> <p>-There was an order for furosemide 20mg 2 tablets twice daily dated 05/12/22.</p> <p>-The pharmacy dispensed 120 tablets of furosemide 20mg on 05/13/22 and 06/12/22.</p> <p>-The pharmacy dispensed 112 tablets of furosemide 20 mg on 07/20/22.</p> <p>-The pharmacy did not have an order for furosemide 20mg 1 tablet twice daily dated 07/26/22.</p> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:48pm revealed:</p> <p>-There was a bubble pack labeled furosemide 20mg with a dispensed date of 07/20/22.</p> <p>-The bubble pack, labeled 1 of 2 cards, contained 58 of 60 tablets.</p> <p>-The directions on the pharmacy label read "take 2 tablets twice daily for a total of 40mg."</p> <p>Interview with a medication aide (MA) on</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 83</p> <p>08/05/22 at 8:15am revealed: -She did not review Resident #1's hospice orders. -She did not know who reviewed Resident #1's hospice orders. -She did not know Resident #1's furosemide dosage had changed to furosemide 20mg 1 tablet daily. -She administered Resident #1 furosemide 20mg 2 tablets twice daily based on the entry on the eMAR and medication dispensed from the pharmacy.</p> <p>Interview with a second MA on 08/05/22 at 10:25am revealed: -Hospice orders were faxed to the facility. -She did not receive Resident #1's hospice orders dated 07/26/22. -She did not know who reviewed Resident #1's hospice orders. -The staff member who removed the hospice orders from the fax machine was responsible for reviewing the orders for new or changed orders and entering new orders on the eMAR. -She did not know Resident #1's furosemide dosage had changed to furosemide 20mg 1 tablet daily. -She would not know the dosage was changed to furosemide 20mg 1 tablet twice daily unless she saw the hospice orders or it was entered in the eMAR.</p> <p>Telephone interview with Resident #1's PCP on 08/05/22 at 1:35pm revealed: -Resident #1 was ordered furosemide 20mg 2 tablets twice daily to lower blood pressure and decrease edema. -He had not reviewed the orders from hospice dated 07/26/22. -He did not know the hospice physician had changed the furosemide order to 20mg 1 tablet</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 84</p> <p>twice daily.</p> <ul style="list-style-type: none"> <li>-Resident #1's medications should be administered as ordered.</li> <li>-The staff should clarify all discrepancies.</li> </ul> <p>Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>h. Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for Plavix (used to thin blood) 75mg daily.</p> <p>Review of the discharge summary dated 06/11/22 revealed there was no order for Plavix 75mg daily.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Plavix 75mg daily with a scheduled administration time of 9:00am.</li> <li>-There was documentation that Plavix was administered daily from 06/01/22 to 06/30/22.</li> </ul> <p>Review of Resident #1's hospice orders dated 07/26/22 revealed an order for Plavix 75mg daily.</p> <p>Review of Resident #1's July 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Plavix 75mg daily with a</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 85</p> <p>scheduled administration time of 9:00am. -There was documentation that Plavix was administered daily from 07/01/22 to 07/31/22.</p> <p>Review of Resident #1's discharge summary dated 06/11/22 revealed Resident #1's Plavix 75mg daily was to be discontinued; his last stent was many years ago.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed: -The pharmacy had an order for Plavix 75mg daily dated 05/12/22. -The pharmacy dispensed 30 Plavix 75 mg on 05/13/22. -The pharmacy dispensed 28 Plavix 75mg on 06/15/22 and 07/20/22. -The pharmacy did not receive an order to discontinue Plavix 75mg on 06/11/22.</p> <p>Observation of Resident #1's medication on hand on 08/03/22 at 3:48pm revealed: -There was a bubble pack labeled Plavix 75mg 1 tablet daily with a dispensed date of 07/20/22. -The bubble pack contained 14 of 28 tablets.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed: -She knew Resident #1 had been receiving Plavix 75mg 1 tablet daily prior to the June 2022 hospitalization. -She did not see Resident #1's FL-2 dated 06/10/22 or the discharge summary dated 06/11/22. -She did not know Resident #1's Plavix 75mg 1 tablet daily was discontinued when he was in the hospital. -She continued administering Resident #1's Plavix 75mg 1 tablet daily since it was on the</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 86</p> <p>eMAR and the medication was on the medication cart.</p> <p>Interview with a second MA on 08/05/22 at 10:25am revealed:</p> <ul style="list-style-type: none"> <li>-Hospital discharge orders were faxed to the facility.</li> <li>-She did not receive Resident #1's hospital discharge orders dated 07/26/22.</li> <li>-She did not know who received Resident #1's hospital discharge orders from the fax machine.</li> <li>-The staff member who removed the hospital discharge orders from the fax machine was responsible for reviewing the orders for new or changed orders and entering new orders on the eMAR.</li> <li>-She did not know Resident #1's Plavix 75mg 1 tablet daily was discontinued when he was hospitalized.</li> <li>-She administered the Plavix 75mg 1 tablet daily because it was on the eMAR and in the medication cart.</li> <li>-She would not know the medication had been discontinued after the hospitalization if she did not see the hospital discharge orders and if the new orders were not entered in the eMAR or faxed to the pharmacy.</li> </ul> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-He was not aware Resident #1 was in the hospital from 06/19/22 to 06/11/22.</li> <li>-He did not receive a hospital discharge summary or orders to review.</li> <li>-He was not aware that Resident #1's Plavix was discontinued upon discharge from the hospital.</li> <li>-All discharge orders for his residents were to be placed in a binder at the front desk for review.</li> <li>-The staff did not place Resident #1's discharge</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 87</p> <p>summary in the binder for review.</p> <ul style="list-style-type: none"> <li>-The process was not utilized as designed.</li> <li>-He expected to be notified when residents were admitted and discharged from the hospital.</li> <li>-He expected to be notified regarding any orders written by other physicians.</li> </ul> <p>Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>3. Review of Resident #3's current hospital FL-2 dated 05/26/22 revealed diagnoses included bilateral lower extremity edema, lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, generalized muscle weakness, and hypothyroidism.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 03/01/22/</p> <p>Review of Resident #3's hospital discharge paperwork revealed:</p> <ul style="list-style-type: none"> <li>-She was admitted to the hospital four times since her admission to the facility on 03/01/22.</li> <li>-The dates of her admission were 03/14/22, 04/13/22, 05/24/22 and 07/13/22.</li> </ul> <p>a. Review of Resident #3's current hospital FL-2 dated 05/26/22 revealed there was an order for potassium 20meq (used to treat or prevent low</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 88</p> <p>potassium levels) one tablet daily.</p> <p>Review of Resident #3's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for potassium 20meq one tablet daily, scheduled for 8:00am.</li> <li>-Potassium 20 meq was documented as administered from 06/04/22 to 06/06/22, from 06/08/22 to 06/10/22, and from 06/13/22 to 06/30/22 at 8:00am.</li> <li>-Potassium 20 meq was not documented as administered for potassium from 06/01/22 to 06/03/22 at 8:00am.</li> <li>-On 06/07/22, potassium 20 meq was not documented as administered with documentation of see other notes.</li> <li>-From 06/11/22 to 06/12/22 at 8:00am, potassium 20meq was not documented as administered with documentation of see other notes.</li> <li>-There were 6 of 30 missed opportunities to administer potassium to Resident #3.</li> </ul> <p>Review of Resident #3's progress notes revealed:</p> <ul style="list-style-type: none"> <li>-There was a note that an order for potassium 20meq was entered into the eMAR system on 06/03/22 at 10:21pm.</li> <li>-There was a note dated 06/07/22 at 7:42am that potassium 20meq needed to be refilled.</li> <li>-There was a note dated 06/12/22 at 12:05pm and 12:10pm that potassium was not on hand and the pharmacy was contacted.</li> </ul> <p>Review of Resident #3's lab results revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's potassium level on 05/24/22 was 4.2 upon admission to the hospital.</li> <li>-Resident #3's potassium level on 05/26/22 was 4.8 upon discharge from hospital.</li> <li>-There were no lab values for hospitalization on 07/13/22.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 89</p> <p>Observation of Resident #3's medication on hand on 08/04/22 at 5:30pm revealed there was one bubble package of potassium 20meq dispensed on 07/20/22, with 15 of 30 remaining tablets.</p> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed: -She did not know all the medications that she took but she received several tablets in the morning and in the evening. -She had been in the hospital three times. -The first time she went into the hospital was April 2022 and she thought it was because she received too much furosemide. -She went back to the hospital in May 2022 and it was because she was given too much diuretic and was diagnosed with a kidney injury. -She went to the hospital July 2022 and she thought it was due to the same thing, too much diuretic.</p> <p>Telephone interview with a representative of the facility's contracted pharmacy on 08/05/22 at 11:00am revealed: -There was an order for potassium dated 05/10/22 indicated on Resident #3's six-month physician orders. -Thirty tablets of potassium were dispensed on 06/15/22 and 07/20/22.</p> <p>Telephone interview with Resident #3's Primary Care Provider (PCP) on 08/08/22 at 11:38am revealed: -Resident #3 was on potassium because she used a diuretic that depleted her potassium levels. -He was not notified concerning any missed doses on potassium. -He expected the facility to notify him if Resident</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 90</p> <p>#3 missed any dose of potassium or any medication.</p> <p>-He found out Resident #3 had been hospitalized in May 2022 when he visited the facility in June 2022.</p> <p>-He reviewed her hospital paperwork on 06/21/22 and he had to contact her Cardiologist to clarify some medications.</p> <p>-He knew she was hospitalized in 05/24/22 but Resident #3's hospital discharge paperwork was not given to him to review upon her return on 05/26/22.</p> <p>-Resident #3's potassium dose did not change and she remained on the same dose.</p> <p>Interview with a day shift medication aide (MA) on 08/04/22 at 3:15pm revealed:</p> <p>-Resident #3 was admitted to the facility in 2022 and she brought many medications with her.</p> <p>-Medications were supposed to be reordered when there were 7 to 8 tablets remaining in the package.</p> <p>-Resident #3's potassium was probably not reordered in time to administer for the dates on the June 2022 eMAR.</p> <p>-The MAs were responsible for requesting refills.</p> <p>-She did not know Resident #3 had a new FL-2 from the May 2022 hospitalization.</p> <p>-The process for reviewing hospital paperwork was that it should be reviewed by the MA or nurse who accepted Resident #3 back into the facility.</p> <p>-She thought that Resident #3's hospital FL-2 was not reviewed because Resident #3 did not receive doses of potassium from 06/01/22 to 06/03/22.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed:</p> <p>-She did not know Resident #3 missed any doses of potassium in June 2022.</p> <p>-She was not the HWD at that time and she</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 91</p> <p>began this job two weeks ago.</p> <p>-She expected the MAs to request a medication refill so that the medications were always available to administer.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed:</p> <p>-She expected the MAs to review and process orders for residents as soon as the orders were faxed or received.</p> <p>-She expected MAs to request refills of medications.</p> <p>-She held the MAs responsible for ensuring medications were administered as ordered.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>b. Review of Resident #3's current FL-2 dated 05/26/22 revealed there was an order for levothyroxine (used to treat an underactive thyroid) 100mcg one tablet daily</p> <p>Review of Resident #3's physician orders revealed there was no discontinue order for levothyroxine.</p> <p>Review of Resident #3's June 2022 electronic medication administration record (eMAR)</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 92</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for levothyroxine 100mcg give one tablet daily, scheduled for 6:00am.</li> <li>-The entry for levothyroxine had a discontinue date of 06/24/22.</li> <li>-There was documentation of administration of levothyroxine 100mcg from 06/01/22 to 06/03/22, from 06/05/22 to 06/06/22, and from 06/14/22 to 06/24/22 at 6:00am.</li> <li>-There was documentation that levothyroxine was not administered on 06/04/22, from 06/07/22 to 06/13/22 and from 06/25/22 to 06/30/22 at 6:00am.</li> <li>-There were 14 of 30 opportunities when Resident #3 was not administered levothyroxine in June 2022.</li> </ul> <p>Revealed Resident #3's July 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for levothyroxine 100mcg give one tablet daily, scheduled for 6:00am.</li> <li>-The entry for levothyroxine had a start date of 07/14/22.</li> <li>-There was documentation of administration of levothyroxine 100mcg on 07/14/22, 07/16/22, and from 07/18/22 to 07/31/22 at 6:00am.</li> <li>-There was documentation that levothyroxine was not administered on 07/15/22, 07/17/22, and from 07/01/22 to 07/13/22 at 6:00am.</li> <li>-There were 15 of 31 opportunities when Resident #3 was not administered levothyroxine in July 2022.</li> </ul> <p>Review of Resident #3's progress notes revealed:</p> <ul style="list-style-type: none"> <li>-On 06/07/22 at 5:18am and 7:42am, there were notes that Resident #3's levothyroxine needed to be refilled.</li> <li>-On 06/09/22 at 5:05am, there was a noted that Resident #3's levothyroxine needed to be refilled.</li> <li>-On 06/10/22 at 6:41am, there was no note</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 93</p> <p>written but an entry was opened with levothyroxine written as the header for the note.</p> <ul style="list-style-type: none"> <li>-On 06/11/22 at 6:10am, there was a note that levothyroxine was "not in house".</li> <li>-On 06/12/22 at 6:07am, there was a note that levothyroxine was "not in house".</li> </ul> <p>Review of Resident #3's Primary Care Provider (PCP) note dated 07/05/22 revealed:</p> <ul style="list-style-type: none"> <li>-The PCPs note indicated under the heading of acquired hypothyroidism that he did not see levothyroxine on Resident #3's eMAR.</li> <li>-The PCP called the pharmacy to verify there was an active order and to verify the dose for levothyroxine on Resident #3's profile.</li> </ul> <p>Observation of Resident #3's medication on hand on 08/04/22 at 5:30pm revealed there was one bubble package with 10 tablets of levothyroxine 100mcg dispensed on 07/11/22.</p> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed:</p> <ul style="list-style-type: none"> <li>-She took levothyroxine for her thyroid.</li> <li>-The third shift MA came in to help her at 2:00am with incontinence care but she did not recall receiving medication at 6:00am.</li> <li>-The MA came in to assist her with dressing at 6:00am but she did not remember receiving medication until the day shift MA gave her medications.</li> </ul> <p>Telephone interview with a representative of the facility's contracted pharmacy on 08/04/22 at 11:18am revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy did not begin dispensing for Resident #3 until May 2022.</li> <li>-The pharmacy had not received a hospital FL-2 dated 05/26/22 for Resident #3.</li> <li>-Thirty tablets of levothyroxine 100mcg were</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 94</p> <p>dispensed on 05/10/22, 06/13/22 and 07/11/22.</p> <p>Telephone interview with Resident #3's current Primary Care Provider (PCP) on 08/08/22 at 11:38am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's previous PCP called the pharmacy about her levothyroxine.</li> <li>-He did not know the details of the conversation.</li> <li>-Resident #3 used levothyroxine for hypothyroidism.</li> <li>-He was not aware of any missed doses of levothyroxine for Resident #3.</li> <li>-He did not think missing dose of levothyroxine caused Resident #3 to be dizzy.</li> </ul> <p>Interview with a third shift medication aide (MA) on 08/05/22 at 7:32am revealed:</p> <ul style="list-style-type: none"> <li>-She gave Resident #3 her levothyroxine.</li> <li>-She recalled that Resident #3 ran out of the medication and she had reordered it.</li> <li>-She could not remember when Resident #3 had no levothyroxine to administer.</li> <li>-She thought she saw a discontinue order for Resident #3's levothyroxine but she did not know the dates.</li> <li>-She reviewed the hospital paperwork sometimes but not consistently.</li> <li>-She did not know Resident #3 missed several doses of levothyroxine because she administered it to Resident #3.</li> <li>-She thought the reason Resident #3 missed several doses of levothyroxine was because it was discontinued by her previous PCP.</li> </ul> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #3 missed any doses of levothyroxine in June 2022 and July 2022.</li> <li>-She was not the HWD at that time.</li> <li>-She expected the MAs to call the pharmacy if</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 95</p> <p>there were any difficulties in obtaining refills and then notify her if the medication was not delivered.</p> <p>Telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm revealed: -She did not know Resident #3 had missed doses of levothyroxine. -She expected the MAs to request refills and notify the PCP if there were missed doses.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>c. Review of Resident #3's current FL-2 dated 05/26/22 revealed there was an order for torsemide (used to reduce extra fluid in the body caused by heart failure) 40mg daily on Mondays, Wednesdays, and Fridays and 20mg daily on Sundays, Tuesdays, and Thursdays.</p> <p>Review of Resident #3's physicians's orders dated 06/28/22 revealed there was an order for torsemide 20mg daily.</p> <p>Review of Resident #3's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for torsemide 20mg daily every Tuesday, Thursday, and Sunday,</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 96</p> <p>scheduled for 8:00am and 9:00am.</p> <ul style="list-style-type: none"> <li>-There was another entry for torsemide 20mg give 2 tablets (40mg) every Monday, Wednesday, Friday and Saturday, scheduled for 9:00am.</li> <li>-There was no entry reflecting the order dated 06/28/22 for torsemide 20mg daily.</li> <li>-There was documentation of administration of torsemide 40mg on 06/29/22 at 8:00am instead of the correct dose of 20mg.</li> <li>-Resident #3 was administered the wrong dose, 40mg, of torsemide.</li> </ul> <p>Review of Resident #3's July 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for torsemide 20mg daily every Tuesday, Thursday, and Sunday, scheduled for 8:00am.</li> <li>-There was another entry for torsemide 20mg give 2 tablets (40mg) every Monday, Wednesday, Friday and Saturday, scheduled for 9:00am.</li> <li>-There was documentation of administration of torsemide 40mg on 07/01/22 and 07/02/22 at 8:00am.</li> <li>-There was an entry for torsemide 20mg daily, scheduled at 8:00am.</li> <li>-There were 2 of 31 opportunities when Resident #3 was administered 40 mg of torsemide instead of the correct dose of 20mg.</li> </ul> <p>Review of Resident #3's lab results dated 05/24/22 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's urea nitrogen (BUN) (a lab test used to determine how well your kidneys work normal range 7-20) of 61 and a creatinine (a lab test that indicates when kidney function has declined normal range 0.4-1.0 mg/dl) of 2.3 during her hospitalization.</li> <li>-On 05/26/22 the date of Resident #3's discharge from the hospital, her BUN was 20 and her creatinine was 1.0.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 97</p> <p>Review of Resident #3's Primary Care Provider (PCP) notes revealed:                      -On 07/05/22 Resident #3's creatinine level was 2.12 and likely due to the higher dose of torsemide which was recently decreased.                      -On 07/19/22, Resident #3's post hospital visit creatinine level was 1.5 and her kidney function had improved with lower doses of diuretics.</p> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed:                      -She thought that she received too much diuretic and it caused her to be hospitalized in May 2022.                      -She was told by the hospital physician that her dose was changed and that she had a kidney injury.                      -She did not know her daily dose of diuretic.                      -She had urinary frequency and she recently became incontinent after the May 2022 hospitalization.</p> <p>Telephone interview with a representative of the facility's contracted pharmacy on 08/05/22 at 11:18am revealed:                      -Resident #3 had different orders for torsemide.                      -There was a six-month physician order dated 05/10/22 for torsemide 20mg one tablet daily on Tuesday, Thursday and Sunday.                      -There was another order on the six-month physician order dated 05/10/22 for torsemide 40mg daily on Monday, Wednesday, Friday and Saturday.                      -On 06/28/22, an electronic prescription was submitted by Resident #3's PCP to discontinue the previous order for torsemide and start torsemide 20mg daily.</p> <p>Telephone interview with Resident #3's PCP on 08/08/22 at 11:38am revealed:</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 98</p> <ul style="list-style-type: none"> <li>-He reviewed Resident #3's hospital FL-2 and hospital discharge paperwork on 06/21/22.</li> <li>-He reached out to the hospital physician.</li> <li>-He was unsuccessful in contacting the hospital physician so he reached out to Resident #3's Cardiologist to clarify the dose of torsemide recommended by cardiology.</li> <li>-He received a reply and wrote an order to change her torsemide to 20mg daily.</li> <li>-He expected orders to be processed as soon as possible and began immediately.</li> <li>-To expedite the process, he sent his orders over via fax or electronic prescription.</li> </ul> <p>Interview with a day shift medication aide (MA) on 08/04/22 at 3:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's order for torsemide should have been processed by the person who received the order.</li> <li>-Resident #3's PCP often gave the Administrator in Charge a report of changes he made to residents medications or treatments when the facility did not have a RN.</li> <li>-She thought that due to a lack of consistent clinical management staff (RN) the orders were not processed in a timely manner.</li> <li>-The fax machine on the first floor was the location where all the orders were faxed to from residents' providers.</li> <li>-There were many days when the orders just piled up and the MAs could not process the orders and do their assigned duties.</li> </ul> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #3 received the wrong dose of torsemide in June 2022 and July 2022.</li> <li>-She expected the MAs to review and process orders as soon as the orders were received.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 99</p> <p>-She expected the MAs to fax the orders so the pharmacy could place the orders on the eMAR.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed she did not know Resident #3 received the wrong dose of torsemide.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>d. Review of Resident #3's current FL-2 dated 05/26/22 revealed there was an order for spiranolactone (used to treat hypertension and heart failure) 25mg two tablets (50mg) daily.</p> <p>Review of Resident #3's Primary Care Provider (PCP) orders revealed there was an order dated 06/28/22 for spiranolactone 25mg one tablet daily.</p> <p>Review of Resident #3's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for spiranolactone 25mg take two tablets daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of spiranolactone 50mg from 06/01/22 to 06/30/22 at 8:00am.</li> <li>-There was no entry reflecting the order dated</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 100</p> <p>06/28/22 for spironolactone 25mg one tablet daily.</p> <p>-There was documentation of administration of spiranolactone 50mg on 06/29/22 and 06/30/22 at 8:00am instead of the correct dose of 25mg.</p> <p>-Resident #3 was administered the wrong dose, 50mg, of spironolactone.</p> <p>Review of Resident #3's July 2022 eMAR revealed:</p> <p>-There was an entry for spiranolactone 25mg take two tablets daily, scheduled for 8:00am.</p> <p>-There was documentation of administration of spiranolactone 50mg from 07/01/22 to 07/03/22 at 8:00am, instead of the correct dose of 25mg.</p> <p>-There was an entry reflecting the order dated 06/28/22 for spiranolactone 25 mg one tablet daily, scheduled for 8:00am.</p> <p>Review of Resident #3's lab results dated 05/24/22 revealed:</p> <p>-Resident #3's urea nitrogen (BUN) (a lab test used to determine how well your kidneys work normal range 7-20) of 61 and a creatinine (a lab test that indicates when kidney function has declined normal range 0.4-1.0 mg/dl) of 2.3 during her hospitalization.</p> <p>-On 05/26/22 the date of Resident #3's discharge from the hospital, her BUN was 20 and her creatinine was 1.0.</p> <p>Review of Resident #3's Primary Care Provider (PCP) notes revealed on 07/19/22, Resident #3's post hospital visit creatinine level was 1.5 and her kidney function had improved with the lower dose of diuretics.</p> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed:</p> <p>-She thought her hospitalization in May 2022 was</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 101</p> <p>due to receiving too many diuretics. -She took the cup of pills given to her each morning, but she could not identify the pills. -She went to the hospital again in July 2022 due to dizziness, and shortness of breath. -She was not sure if any of her medications were changed from the July 2022 hospital visit.</p> <p>Telephone interview with a representative of the facility's contracted pharmacy on 08/04/22 at 11:18am revealed: -There was an order dated 05/10/22 for spiranolactone 25mg two tablets daily. -The next order was dated 06/28/22 for spiranolactone 25mg one tablet daily. -On 06/15/22, 60 tablets of spiranolactone 25mg were dispensed based on the first order of two tablets daily. -On 06/28/22 and 07/26/22, 30 tablets of spiranolactone 25mg were dispensed.</p> <p>Telephone interview with Resident #3's PCP on 08/08/22 at 11:38am revealed: -Resident #3 had acute kidney injury diagnosed in May 2022 as a result of her hospitalization. -He thought the information on Resident #3's hospital discharge summary dated 05/26/22 concerning spiranolactone was not clear. -He called Resident #3's Cardiologist to discuss the recommendations for her diuretics. -He changed Resident #3's spiranolactone dose to 25mg daily. -He expected orders to be processed as soon as possible by the facility staff. -He thought any delays in processing his orders could be related to staff changes. -He thought Resident #3's kidney function began improving when her diuretics were decreased.</p> <p>Interview with a day shift medication aide (MA) on</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 102</p> <p>08/04/22 at 3:15pm revealed: -If a MA or the RN did not receive a copy of the order and processed the order on the same day, the order was probably entered into the eMAR system when a MA or the RN was able. -She did not have enough time in the shift to administer medications to 50 residents, assist the personal care aides (PCA), answer resident requests, answer call bells, complete treatments and then be expected to process orders. -She thought the RN should be responsible for ensuring the orders from the PCP were processed. -She thought the delay in reviewing and processing orders was the reason Resident #3's spiranolactone dose was not changed until 07/04/22.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed she did not know Resident #3 received the wrong dose of spiranolactone in June 2022 and July 2022.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed she did not know Resident #3 the wrong dose of spiranolactone in June 2022 and July 2022.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 103</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>4. Review of Resident #4's current FL-2 dated 09/09/21 revealed diagnoses included gout, peripheral neuropathy, gait disorder, and hyperlipidemia.</p> <p>a. Review of Resident #4's physician orders dated 07/27/22 revealed: -There was an order for diclofenac 1% topical gel (used to reduce swelling, pain and stiffness in joints related to arthritis) apply 2 grams to the affected area by topical route 2-4 times per day to the left foot. -The order diagnosis was osteoarthritis in the left ankle and foot.</p> <p>Review of Resident #4's July 2022 and August 2022 electronic medication administration record (eMAR) revealed there was no entry for diclofenac 1% topical gel and no documentation of administration.</p> <p>Observation of Resident #4's medication on hand on 08/04/22 at 5:00pm revealed there were two unopened 100gram tubes of diclofenac dispensed on 07/27/22.</p> <p>Review of Resident #4's medication label for diclofenac gel revealed: -Both tubes of diclofenac gel were dispensed on 07/27/22 from a local pharmacy. -The instructions were to apply 2 grams to left foot 2-4 times daily. -There were two refills remaining. -The prescribing physician was Resident #4's orthopedic physician.</p> <p>Interview with Resident #4 on 08/04/22 at</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 104</p> <p>10:59am revealed</p> <ul style="list-style-type: none"> <li>-Her family member took her to the pharmacy on 08/04/22 to pick up her medications.</li> <li>-She had broken her toe a few months ago and she had left hip pain.</li> <li>-No one had given her a gel to use for pain, but if she had the gel with her she would use it.</li> <li>-She picked up the prescriptions prescribed by the orthopedic physician.</li> <li>-She had an oral medication that she used for pain.</li> </ul> <p>Telephone interview with a representative of the facility's contracted pharmacy on 08/05/22 at revealed:</p> <ul style="list-style-type: none"> <li>-Some of Resident #4's medications were not dispensed by the pharmacy.</li> <li>-Staff at the facility faxed Resident #4's orders to the pharmacy so that the orders could be added to her eMAR profile.</li> <li>-The pharmacy had not received an order for diclofenac 1% topical gel for Resident #4 and they had not dispensed it.</li> </ul> <p>Interview with a day shift medication aide (MA) on 08/04/22 at 3:15pm revealed:</p> <ul style="list-style-type: none"> <li>-She had not seen any order for diclofenac gel for Resident #4.</li> <li>-She had not seen diclofenac gel on Resident #4's eMAR.</li> <li>-The MA could place orders into the eMAR system if the MA was given the order.</li> <li>-There were new nurses in the positions of Health and Wellness Coordinator (HWC) and Health and Wellness Director (HWD) and she did not know how orders would be processed.</li> <li>-She thought the reason the diclofenac gel was not on the eMAR was because a MA or the HWC had not saw the order.</li> <li>-If she had seen the order for the diclofenac gel,</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 105</p> <p>she would have placed the order into the eMAR system and faxed it to the pharmacy. -She did not know there were two tubes of diclofenac gel for Resident #4 on the medication cart.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed: -The HWC requested that the order for Resident #4's diclofenac gel be faxed over to the facility on 08/04/22. -They did not have a copy of the order prior to 08/04/22. -The MAs should have asked about Resident #4's diclofenac gel tubes in the medication cart. -The MA who placed Resident #4's diclofenac gel tubes in the medication cart should have ensured there was an order and that the order was sent to the pharmacy.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed the MA who placed the diclofenac gel on the medication cart should have asked questions about an order.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Attempted telephone interview with Resident #4's orthopedic provider's office on 08/05/22 at 12:37pm was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 106</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>b. Review of Resident #4's orthopedic physician orders dated 07/27/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an order for dexamethasone (used to treat inflammatory conditions such as arthritis) 1mg one tablet daily in the morning for 30 days for osteoarthritis.</li> <li>-The order diagnosis was osteoarthritis in the left ankle and foot.</li> </ul> <p>Review of Resident #4's July 2022 and August 2022 electronic medication administration record (eMAR) revealed there was no entry for dexamethasone 1mg and no documentation of administration.</p> <p>Observation of Resident #4's medication on hand on 08/04/22 at 5:00pm revealed there was one bottle of thirty dexamethasone 1mg tablets dispensed on 07/27/22 by a local pharmacy.</p> <p>Interview with Resident #4 on 08/04/22 at 10:59am revealed:</p> <ul style="list-style-type: none"> <li>-She was seen by an orthopedic physician after she broke her toe.</li> <li>-She had left hip pain, but she took Lyrica (used to treat pain related to nerve damage) for pain.</li> <li>-Her prescriptions were sent to a local pharmacy and her family member transported her to pick up medications from the pharmacy.</li> <li>-She did not know if anyone had given her dexamethasone 1mg tablets.</li> </ul> <p>Telephone interview with a representative of the facility's contracted pharmacy on 08/05/22 at revealed the pharmacy had not received an order for dexamethasone 1mg for Resident #4.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 107</p> <p>Interview with a day shift medication aide (MA) on 08/04/22 at 3:15pm revealed: -She had not seen any orders for dexamethasone 1mg for Resident #4. -If the order came in and was given to her she would have placed it into Resident #4's eMAR profile. -She did not know who received the orders. -She did not know there was dexamethasone 1mg on the medication cart for Resident #4.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed: -She expected the MA who took the medication from Resident #4 to make sure there was an order for the dexamethasone 1mg. -She held the MA responsible for ensuring the order was processed or notify her about Resident #4's dexamethasone 1mg in the medication cart.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed the MA who placed the dexamethasone 1mg on the medication cart should have asked questions about an order and ensured there was an order for the medication.</p> <p>Attempted telephone interview with Resident #4's orthopedic provider's office on 08/05/22 at 12:37pm was unsuccessful.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 108</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>c. Review of Resident #4's current FL-2 dated 09/09/21 revealed there was a medication order for magnesium (used to support heart health, bones and metabolism) 100mg one tablet daily.</p> <p>Review of Resident #4's six-month physician orders dated 05/12/22 revealed an order for magnesium 100mg one tablet daily to treat low levels of magnesium.</p> <p>Review of Resident #4's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for magnesium 100mg one tablet daily, scheduled for 8:00am. -There was documentation of administration of magnesium from 06/01/22 to 06/30/22 at 8:00am.</p> <p>Review of Resident #4's July 2022 eMAR revealed: -There was an entry for magnesium 100mg one tablet daily, scheduled for 8:00am. -There was documentation of administration of magnesium from 07/01/22 to 07/31/22 at 8:00am.</p> <p>Review of Resident #4's August 2022 eMAR revealed: -There was an entry for magnesium 100mg one tablet daily, scheduled for 8:00am. -There was documentation of administration of magnesium from 08/01/22 to 08/04/22 at 8:00am.</p> <p>Observation of Resident #4's medication on hand on 08/04/22 at 5:00pm revealed: -There was an opened bottle of over the counter calcium, magnesium, and zinc with approximately</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 109</p> <p>250 tablets. -The amount of magnesium contained in each tablet was 133 mg.</p> <p>Telephone interview with Resident #4's PCP on 08/05/22 at revealed: -Resident #4 was ordered magnesium due to low magnesium levels. -He expected the medication aides (MA) to administer the dose of magnesium as ordered.</p> <p>Interview with a day shift MA on 08/05/22 at 3:30pm revealed: -She administered magnesium to Resident #4 using the bottle of calcium, magnesium, and zinc on the medication cart. -She had not looked at the amount of magnesium contained in the tablets and she did not know the tablets contained the wrong dose of magnesium. -Resident #4's family came to pick her up to transport her to the pharmacy. -Resident #4 did not use the facility's contract pharmacy because her health insurance was not accepted.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed: -She expected the MA to read the eMAR and compare it to the medication prior to administering the medication. -She held the MA responsible for ensuring that they administered the correct dose of supplement.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed: -The MA should look at the bottle of supplement before placing it on the cart to administer to the resident.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 110</p> <p>-If the wrong dose of supplement was provided, she expected the MA to contact the PCP.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>d. Review of Resident #4's current FL-2 dated 09/09/21 revealed there was a medication order for oyster shell calcium (used to treat low levels of calcium and weak bones) 500mg one tablet twice daily.</p> <p>Review of Resident #4's six-month physician orders dated 05/12/22 revealed an order for oyster shell calcium 500mg one tablet twice daily.</p> <p>Review of Resident #4's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for oyster shell calcium 500mg one tablet twice daily, scheduled for 8:00am and 8:00pm.</li> <li>-There was documentation of administration of calcium from 06/01/22 to 06/25/22 at 8:00am and 8:00pm.</li> <li>-There was documentation of administration of calcium on 06/27/22 and 06/30/22 at 8:00am and 8:00pm.</li> <li>-There was documentation of administration of calcium on 06/28/22 and 06/29/22 at 8:00am</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 111</p> <p>-There was documentation of "other/see notes on 06/26/22 at 8:00am and 8:00pm, 06/28/22 at 8:00pm, and.</p> <p>-There was documentation that the resident was out of the facility on 06/29/22 at 8:00pm.</p> <p>Review of Resident #4's July 2022 eMAR revealed:</p> <p>-There was an entry for oyster shell calcium 500mg one tablet twice daily, scheduled for 8:00am and 8:00pm.</p> <p>-There was documentation of administration of calcium on 07/01/22, from 07/03/22 to 07/06/22, 07/08/22, 07/11/22, from 07/14/22 to 07/18/22, from 07/20/22 to 07/31/22 at 8:00am and 8:00pm.</p> <p>-There was documentation of administration of calcium on 07/09/22, 07/12/22 at 8:00am.</p> <p>-There was documentation of administration of calcium on 07/02/22, 07/07/22, 07/13/22, and 07/19/22 at 8:00pm</p> <p>-There was documentation of "other/see notes on 07/09/22 at 8:00pm, 07/10/22 at 8:00am and 8:00pm, 07/12/22 at 8:00pm, and 07/13/22 at 8:00am.</p> <p>-There was documentation of "pharmacy action required" on 07/02/22, 07/07/22, 07/19/22 at 8:00am.</p> <p>Review of Resident #4's August 2022 eMAR revealed:</p> <p>-There was an entry for oyster shell calcium 500mg one tablet twice daily, scheduled for 8:00am and 8:00pm.</p> <p>-There was documentation of administration of calcium from 08/01/22 to 08/03/22 at 8:00am and 8:00pm, and 08/04/22 at 8:00am.</p> <p>Observation of Resident #4's medication on hand on 08/04/22 at 5:00pm revealed:</p> <p>-There was an opened bottle of over the counter</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 112</p> <p>calcium, magnesium, and zinc with approximately 250 tablets.</p> <ul style="list-style-type: none"> <li>-The amount of calcium contained in each tablet was 333 mg.</li> <li>-There was a second over the counter bottle of calcium 600mg without an open date.</li> <li>-There was no bottle or container of oyster shell calcium.</li> </ul> <p>Interview with Resident #4 on 08/04/22 at revealed she did not know the dose of calcium her Primary Care Provider (PCP) had ordered but she purchased the medication herself.</p> <p>Telephone interview with Resident #4's PCP on 08/05/22 at revealed:</p> <ul style="list-style-type: none"> <li>-Resident #4 was ordered calcium to supplement her magnesium supplement.</li> <li>-He expected the medication aides (MA) to administer the dose of calcium as ordered.</li> </ul> <p>Interview with a day shift MA on 08/05/22 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She administered calcium to Resident #4 using the bottle of calcium, magnesium, and zinc on the medication cart.</li> <li>-She had not looked at the amount of calcium contained in the tablets and she did not know the tablets contained the wrong dose of calcium.</li> <li>-She had not told Resident #4 or her family member the dose of calcium needed based on the PCP order.</li> </ul> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She expected the MA to read the eMAR and compare it to the medication prior to administering the medication.</li> <li>-She held the MA responsible for ensuring that they administered the correct dose of</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 113 supplement.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed: -The MA should look at the bottle of supplement before placing it on the cart to administer to the resident. -If the wrong dose of supplement was provided, she expected the MA to contact the PCP.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p> <p>e. Review of Resident #4's current FL-2 dated 09/09/21 revealed there was no medication order for zinc (used to support immune health).</p> <p>Review of Resident #4's six-month physician orders dated 05/12/22 revealed there was no order for zinc.</p> <p>Review of Resident #4's June 2022 electronic medication administration record (eMAR) revealed there was no entry for zinc and no documentation of administration of zinc.</p> <p>Review of Resident #4's July 2022 eMAR revealed there was no entry for zinc and no documentation of administration of zinc.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 114</p> <p>Review of Resident #4's August 2022 eMAR revealed there was no entry for zinc and no documentation of administration of zinc.</p> <p>Observation of Resident #4's medication on hand on 08/04/22 at 5:00pm revealed: -There was an opened bottle of over the counter calcium, magnesium, and zinc with approximately 250 tablets. -The amount of zinc contained in each tablet was 5 mg.</p> <p>Telephone interview with Resident #4's PCP on 08/05/22 at revealed he had not ordered zinc for Resident #4.</p> <p>Interview with a day shift MA on 08/05/22 at 3:30pm revealed: -She administered zinc to Resident #4 using the bottle of calcium, magnesium, and zinc on the medication cart. -She had not looked at the amounts of each mineral and she did not know the tablets contained zinc. -Resident #4 did not have an order for zinc.</p> <p>Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.</p> <p>Refer to the Interview with the HWC on 08/04/22 at 9:42am.</p> <p>Refer to the Interview with the HWD on 08/05/22 at 1:35pm.</p> <p>Refer to the Interview with the AIC on 08/05/22 at 11:50am.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 115</p> <p>Interview with the Health Wellness Coordinator (HWC) on 08/04/22 at 9:42am revealed:</p> <ul style="list-style-type: none"> <li>-The MA, HWC or Health Wellness Director (HWD) would review new orders, enter the orders into the eMAR and fax them to the pharmacy.</li> <li>-The new orders should be given to the HWC for review.</li> <li>-The HWC would place the orders in the PCP's binder at the front desk to be reviewed on the next PCP's visit.</li> <li>-She expected the staff to follow procedures for reviewing and data entry of all orders.</li> </ul> <p>Interview with the HWD on 08/05/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility received orders through the fax machine.</li> <li>-The MAs, HWC and HWD were responsible for checking the fax machine for new orders at least every two hours.</li> <li>-The staff that received the orders would enter the orders into the eMAR, then file the order in the resident's chart.</li> <li>-After review, the order would be placed in a binder at the front desk for the facility's contracted physician to review.</li> <li>-She expected the staff to follow procedures for reviewing and data entry for all orders.</li> </ul> <p>Interview with the Administrator-in-Charge (AIC) on 08/05/22 at 11:50am revealed:</p> <ul style="list-style-type: none"> <li>-All resident orders were faxed to the facility.</li> <li>-The MA would retrieve the orders from the fax machine and enter them into the eMAR.</li> <li>-The MA would make a copy of the order to give to the HWD and place the original order in the resident's record.</li> <li>-The HWC would verify the accuracy of the order.</li> <li>-There was an in-service held on 07/13/22 and 07/14/22 with all MAs and management regarding</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 116</p> <p>the process for resident orders. -If the MA received an order after hours or on the weekend, they would scan the orders into the system so the HWD or HWC could review them when away from the facility.</p> <hr/> <p>The facility failed to ensure medications were administered as ordered for 2 residents including a resident who did not receive their antibiotics a ordered after a hospitalization with pneumonia which could result in a re-hospitalization, an omission of a scheduled pain medication for chronic pain to be administered 20 minutes prior to getting out of bed administration resulting in an increase in pain with mobility each morning, administration of the wrong dose of two additional pain medications to assist with pain control and a blood thinner to prevent clotting around a stent placement (#1); omissions of administration of a medication for hypothyroidism and hypokalemia, and administration of the wrong dose of two diuretics (#3). The facility's failure to administer medication as ordered was detrimental to the health, safety, and welfare of the residents which constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/04/22 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED September 22, 2022.</p>	D 358		
D 366	<p>10A NCAC 13F .1004 (i) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 117</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the Medication Administration Records (MARs) were accurate to include the initials of the Medication Aide (MA) who administered the medication during the morning medication pass for 2 of 5 sampled residents (#3 and #9) observed in the Assisted Living.</p> <p>The findings are:</p> <p>1. Observation of the 08/03/22 8:00am/9:00am medication pass in the Assisted Living unit revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 wheeled up to the medication cart and medication aide (MA) on the second floor in the hallway.</li> <li>-The MA offered Resident #3 her medications in her room or there in the hallway.</li> <li>-Resident #3 agreed to accept her medications in the hallway.</li> <li>-The MA turned to the computer screen and pulled Resident #3 onto the screen.</li> <li>-The MA prepared and administered 9 oral medications and one eyedrop to Resident #3.</li> <li>-After the administration, the MA turned to the computer on the medication cart and clicked on medications administered to Resident #3.</li> </ul>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 118</p> <p>Review of Resident #3's current FL-2 dated 05/26/22 revealed:</p> <ul style="list-style-type: none"> <li>- Diagnoses included generalized muscle weakness, bilateral lower extremity edema, osteoarthritis, spinal stenosis, lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation.</li> <li>-There was an order for apixaban 5mg (used to prevent serious blood clots) one tablet every 12 hours.</li> <li>-There was an order for Tylenol extra strength 500mg (used to treat pain or fever) take two tablets (1000mg) daily.</li> <li>-There was an order for Amiodarone 200mg (used to treat certain types of irregular heart rhythms) one tablet daily.</li> <li>-There was an order for potassium 20meq (used to treat or prevent low potassium levels) one tablet daily.</li> <li>-There was an order for multi-vitamin tablet (used to provide multi-vitamin supplement) one tablet daily.</li> <li>-There was an order for sennosides 8.6mg (used to prevent constipation) one tablet daily.</li> <li>-There was an order for losartan 100mg (used to treat hypertension) ½ tablet daily.</li> <li>-There was an order for Cosopt 22.3-6.8mg/ml (used to treat high pressure in the eyes) ophthalmic solution one drop in each eye twice daily.</li> </ul> <p>Review of Resident #3's physician orders dated 06/28/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an order for torsemide 20mg (used to reduce extra fluid in the body caused by heart failure) one tablet daily.</li> <li>-There was an order for Spironolactone 25mg (used to treat high blood pressure and heart</li> </ul>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 119</p> <p>failure) one tablet daily.</p> <p>Review of Resident #3's August 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for acetaminophen 500mg give two tablets daily, scheduled for 8:00am.</li> <li>-There was an entry for Amiodarone 200mg give one tablet daily, scheduled for 8:00am.</li> <li>-There was an entry for multi-vitamin give one tablet daily, scheduled for 8:00am.</li> <li>-There was an entry for losartan 50mg give one tablet daily, scheduled for 9:00am.</li> <li>-There was an entry for potassium 20meq give one tablet daily, scheduled for 8:00am.</li> <li>-There was an entry for sennosides 8.6mg give one tablet daily, scheduled for 8:00am.</li> <li>-There was an entry for Spironolactone 25mg give 25mg daily, scheduled for 8:00am.</li> <li>-There was an entry for torsemide 20mg give 20mg daily, scheduled for 8:00am.</li> <li>-There was an entry for Cosopt solution 22.3-6.8mg/ml instill 1 drop in both eyes twice daily, scheduled for 8:00am and 8:00pm.</li> <li>-There was an entry for apixaban 5mg give one tablet every 12 hours, scheduled for 8:00am and 8 :00pm.</li> <li>-The only staff initials documented on 08/08/22 at 8:00am and 9:00am when medications were administered were the third shift MA.</li> </ul> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed the MA gave her medications to her in the morning and in the evening.</p> <p>Interview with the MA who conducted the 08/03/22 morning medication pass on 08/03/22 at 3:22pm revealed:</p> <ul style="list-style-type: none"> <li>-She administered medications to Resident #3 during the morning medication pass on 08/03/22.</li> </ul>	D 366		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 120</p> <p>-Her initials were not the initials on Resident #3's August 2022 eMAR and her initials were not documented for Resident #3's medications scheduled on 08/03/22 at 8:00am and 9:00am.</p> <p>-The initials of the third shift MA were documented for Resident #3's medications scheduled on 08/03/22 at 8:00am and 9:00am.</p> <p>-She forgot to sign-out the third shift MA and sign in to the eMAR system with her profile user-name and password.</p> <p>Refer to interview with a third shift MA on 08/05/22 at 7:32am.</p> <p>Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm.</p> <p>Refer to the interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm.</p> <p>Refer to the telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm.</p> <p>2. Observation of the 08/03/22 8:00am medication pass revealed:</p> <p>-The medication aide (MA) verbalized that she was planning to administer medications to Resident #9.</p> <p>-She pulled up Resident #9's medications onto the computer screen.</p> <p>-The MA prepared 6 oral medications for Resident #9 and took them into Resident #9's room.</p> <p>-Resident #9 was lying in bed and took all the medication.</p> <p>-The MA returned to the medication cart and the computer screen to click off Resident #9's medications.</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 121</p> <p>Review of Resident #9's current FL-2 dated 04/20/22 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included lymphedema, long term use of anticoagulants, gastro-esophageal reflux disease (GERD), pulmonary hypertension, overactive bladder, history of pulmonary embolus, urinary incontinence, and muscle wasting.</li> <li>-There was a medication order for gabapentin (used to treat nerve pain) 600mg three times a day.</li> <li>-There was a medication order for furosemide (used to remove extra fluid from the body caused by heart failure) 40mg twice daily.</li> <li>-There was a medication order for warfarin (used to prevent blood clots) 2mg daily on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays.</li> <li>-There was a medication order for acetaminophen (used to treat pain) 500mg two tablets twice daily as needed for pain.</li> <li>-There was a medication order for pantoprazole (used to treat certain stomach and intestinal problems) 20mg daily.</li> <li>-There was a medication order for sildenafil (used to treat pulmonary hypertension) 20mg three times a day.</li> </ul> <p>Review of Resident #9's August 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for furosemide 40mg one tablet in the morning, scheduled for 9:00am.</li> <li>-There was an entry for pantoprazole 20mg one tablet in the morning, scheduled for 9:00am.</li> <li>-There was an entry for warfarin 2mg one tablet daily on Monday, Tuesday, Wednesday, Thursdays, and Fridays, scheduled for 8:00am.</li> <li>-There was an entry for gabapentin 600mg one tablet three times daily, scheduled for 9:00am, 4:00pm, and 9:00pm.</li> </ul>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 122</p> <ul style="list-style-type: none"> <li>-There was an entry for sildenafil 20mg one tablet three times daily, scheduled for 9:00am, 4:00pm, and 9:00pm.</li> <li>-There was an entry for acetaminophen 500mg two tablets three times daily, scheduled for 8:00am, 2:00pm, and 8:00pm.</li> <li>-The only staff initials documented on 08/08/22 at 8:00am and 9:00am when medications were administered were the third shift MA.</li> </ul> <p>Interview with the MA who conducted the 08/03/22 morning medication pass on 08/03/22 at 3:22pm revealed:</p> <ul style="list-style-type: none"> <li>-She administered medications to Resident #9 during the morning medication pass on 08/03/22.</li> <li>-Her initials were not the initials on Resident #9's August 2022 eMAR and her initials were not documented for Resident #9's medications scheduled on 08/03/22 at 8:00am and 9:00am.</li> <li>-The initials of the third shift MA were documented for Resident #9's medications scheduled on 08/03/22 at 8:00am and 9:00am.</li> <li>-She forgot to sign-out the third shift MA and sign in to the eMAR system with her profile user-name and password.</li> <li>-Her initials were not documented on 08/03/22 for Resident #9's medications.</li> </ul> <p>Refer to interview with a third shift MA on 08/05/22 at 7:32am.</p> <p>Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm.</p> <p>Refer to interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm.</p> <p>Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	<p>Continued From page 123</p> <p>5:00pm.</p> <p>Attempted interview with Resident #8 on 08/03/22 at 12:30pm was unsuccessful.</p> <p>Interview with a third shift medication aide (MA) on 08/05/22 at 7:32am revealed:</p> <ul style="list-style-type: none"> <li>-She signed the eMARs on 08/03/22 for the residents she administered medications to that day.</li> <li>-The day shift MA was running late so she began the morning medication pass for 08/03/22.</li> <li>-She was signed into both computers on the second floor and forgot to sign out.</li> <li>-Since she forgot to sign out, it caused the day shift MA to document under her eMAR profile.</li> </ul> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at revealed:</p> <ul style="list-style-type: none"> <li>-She expected the MAs to document after medications were administered on the eMAR.</li> <li>-She expected the MA who administered the medications to sign for the administration of the medications.</li> <li>-She held the MA responsible for ensuring they documented the administration of medications.</li> </ul> <p>Interview with the Health and Wellness Director (HWD) on 08/03/22 at 5:32pm revealed the MAs were expected to sign the eMARs after a medication was administered.</p> <p>Telephone interview with the Administrator-in-charge (AIC) on 06/13/22 at 9:21am revealed she held the MA who administered the medications responsible for documenting administration of the medications.</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367  D 367	<p>Continued From page 124</p> <p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ul style="list-style-type: none"> <li>(1) resident's name;</li> <li>(2) name of the medication or treatment order;</li> <li>(3) strength and dosage or quantity of medication administered;</li> <li>(4) instructions for administering the medication or treatment;</li> <li>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</li> <li>(6) date and time of administration;</li> <li>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,</li> <li>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</li> </ul> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to accurately document administration of medications on the electronic Medication Administration Record (eMAR) for 3 of 5 residents (Residents #3, #5 and #8).</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of Resident #3's current FL2 dated 05/26/22 revealed diagnoses included generalized muscle weakness, bilateral lower extremity edema, osteoarthritis, spinal stenosis,</li> </ol>	D 367  D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 125</p> <p>lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation.</p> <p>a. Review of Resident #3's current FL-2 dated 05/26/22 revealed an order for Systane 0.4%-0.3% (used to treat symptoms of dry eye) one drop in each eye twice daily as needed for dry eyes.</p> <p>Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Systane solution 0.4%-0.3% instill one drop in both eyes as needed for dry eyes.</li> <li>-There was no documentation of administration.</li> <li>-There was another entry for Systane solution 0.4%-0.3% instill one drop in both eyes every 12 hours as needed for dry eyes.</li> <li>-There was no documentation of administration of Systane solution.</li> </ul> <p>Review of Resident #3's August 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Systane solution 0.4%-0.3% instill one drop in both eyes as needed for dry eyes.</li> <li>-There was no documentation of administration.</li> <li>-There was another entry for Systane solution 0.4%-0.3% instill one drop in both eyes every 12 hours as needed for dry eyes.</li> <li>-There was no documentation of administration of Systane solution.</li> </ul> <p>Observation of the medications on hand for Resident #3 on 08/05/22 at 11:15am revealed that there was one bottle of Systane eye drops in Resident #3's room on the kitchen table.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 126</p> <p>Interview with Resident #3 on 08/05/22 at 10:59am revealed: -She used the Systane eyedrops when she was preparing to read. -The eyedrops helped her eyes to prevent dryness. -She asked the medication aide (MA) if she could keep the Systane eye drops to use when she needed. -The MA gave her the bottle to keep in her room.</p> <p>Interview with a MA on 08/05/22 at 7:32am revealed: -There had been many changes in management which included the Registered Nurse (RN). -The MAs entered orders into the eMAR system or the RN who held the position of Health and Wellness Director (HWD) entered orders into the system. -If two different MAs entered a medication into the eMAR system, it was possible that two entries might appear on the eMAR. -She did not know of any other reason why there could be a duplicate entry for the same medication. -She had not attempted to remove entries previously, but it did not work. -She did not know how to remove duplicate entries.</p> <p>Interview with another MA on 08/05/22 at 3:30pm revealed: -She thought duplicate entries were caused by orders being entered more than once into the eMAR system. -She had not attempted to correct or remove duplicate entries. -There was no process in place that she knew of to review the eMARs for accuracy.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 127</p> <p>Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.</p> <p>Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm.</p> <p>b. Review of Resident #3's current FL-2 dated 05/26/22 revealed an order for sennosides 8.6mg one tablet daily.</p> <p>Review of Resident #3's June 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for sennosides one tablet in the evening, scheduled for 6:00pm.</li> <li>-There was documentation of administration of sennosides from 06/01/22 to 06/30/22 at 6:00pm.</li> <li>-There was another entry for sennosides one tablet daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of sennosides from 06/01/22 to 06/30/22 at 8:00am.</li> </ul> <p>Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for sennosides one tablet in the evening, scheduled for 6:00pm.</li> <li>-There was documentation of administration of sennosides from 07/01/22 to 07/31/22 at 6:00pm.</li> <li>-There was another entry for sennosides one tablet daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of sennosides from 07/01/22 to 07/31/22 at 8:00am.</li> </ul> <p>Review of Resident #3's August 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for sennosides one tablet in the evening, scheduled for 6:00pm.</li> </ul>	D 367		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 128</p> <ul style="list-style-type: none"> <li>-There was documentation of administration of sennosides from 08/01/22 to 08/02/22 at 6:00pm.</li> <li>-There was another entry for sennosides one tablet daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of sennosides from 08/01/22 to 08/03/22 at 8:00am.</li> </ul> <p>Observation of the medications on hand for Resident #3 on 08/04/22 at 4:20pm revealed there was one bubble package of 26 of 30 tablets of sennosides 8.6mg dispensed on 07/26/22.</p> <p>Interview with Resident #3 on 08/05/22 at revealed:</p> <ul style="list-style-type: none"> <li>-She took sennosides to help with her constipation and the pill was orange.</li> <li>-She received it once daily.</li> </ul> <p>Interview with a medication aide (MA) on 08/05/22 at 7:32am revealed:</p> <ul style="list-style-type: none"> <li>-She had noticed the duplicate entry for sennosides on Resident #3's eMAR.</li> <li>-She could not remove the duplicate entry, but she thought the system signed for both entries when it was administered.</li> <li>-She had attempted to remove one of the entries for sennosides on Resident #3's eMAR.</li> </ul> <p>Interview with another MA on 08/05/22 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #3 had two entries for sennosides on the eMAR.</li> <li>-There was no process in place for reviewing the eMAR for accuracy.</li> </ul> <p>Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.</p> <p>Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 129</p> <p>5:00pm.</p> <p>c. Review of Resident #3's physician orders revealed: -There was an order dated 04/08/22 for naproxen sodium 220mg one tablet every 12 hours as needed for pain. -There was an order dated 05/26/22 to discontinue naproxen sodium.</p> <p>Review of Resident #3's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for naproxen sodium 220mg give one tablet every 12 hours as needed. -There was no documentation of administration of naproxen sodium.</p> <p>Review of Resident #3's July 2022 eMAR revealed: -There was an entry for naproxen sodium 220mg give one tablet every 12 hours as needed. -There was no documentation of administration of naproxen sodium.</p> <p>Review of Resident #3's August 2022 eMAR revealed: -There was an entry for naproxen sodium 220mg give one tablet every 12 hours as needed. -There was no documentation of administration of naproxen sodium.</p> <p>Observation of the medications on hand for Resident #3 on 08/04/22 at 5:33pm revealed: -There was one bubble package with 12 tablets of naproxen sodium 220mg dispensed on 04/09/22. -There was a second bubble package with 15 tablets of naproxen sodium 220mg dispensed on 07/26/22.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 130</p> <p>Interview with Resident #3 on 08/04/22 at 10:59am revealed: -She took pain medication for her shoulder pain, but she did not know about naproxen. -She was given pain medication which she thought was acetaminophen for her shoulder pain. -To her knowledge, she had not taken any naproxen.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 7:32am revealed: -She did not know Resident #3 had a discontinue order for naproxen. -She recalled that Resident #3 had an order for naproxen. -Whomever accepted the order to discontinue Resident #3's naproxen, should have removed it from the eMAR system.</p> <p>Interview with another MA on 08/05/22 at 3:30pm revealed: -She did not know Resident #3 had a discontinue order for naproxen. -The MA who accepted the orders for Resident #3 should have discontinued the naproxen in the eMAR system.</p> <p>Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.</p> <p>Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm.</p> <p>2. Review of Resident #8's current FL-2 dated 11/18/21 revealed: -Diagnoses included allergic rhinitis, dementia, type 2 diabetes mellitus with stage 3 chronic kidney disease, hypothyroidism, hyperlipidemia,</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 131</p> <p>gastro-esophageal reflux disease, and vitamin D deficiency.</p> <p>-There was no order for ipratropium 0.06% (used to treat a runny nose) nasal spray.</p> <p>Review of Resident #8's Primary Care Provider (PCP) orders dated 03/22/22 revealed there was an order for ipratropium 0.06% nasal spray two sprays each nostril three times daily as needed for congestion.</p> <p>Observation of the medication pass for Resident #8 on 08/03/22 at 8:18am revealed:</p> <p>-The medication aide (MA) clicked on Resident #8's picture and name on the computer screen.</p> <p>-The MA prepared Resident #8's medication as she referred to the electronic medication administration record (eMAR).</p> <p>-There were 6 oral medications and one nasal spray, ipratropium 0.6% prepared for Resident #8.</p> <p>-The MA administered 6 oral medications and two sprays of ipratropium in each nostril to Resident #8 at 8:28am.</p> <p>Review of Resident #8's August 2022 eMAR from 08/01/22 to 08/03/22 revealed:</p> <p>-There was an entry for ipratropium solution 0.06% two sprays in each nostril every 8 hours as needed for congestion.</p> <p>-There was no documentation of administration of ipratropium on 08/03/22.</p> <p>Interview with the MA who conducted the morning medication pass on 08/03/22 at 1:42pm revealed:</p> <p>-Resident #8 had received ipratropium nasal spray during the morning medication pass.</p> <p>-She knew Resident #8 had ipratropium ordered but documented the administration of a scheduled nasal spray that she thought she</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 132</p> <p>administered.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 08/05/22 at 10:29am revealed: -A bottle of ipratropium was dispensed for Resident #8 on 03/22/22. -There were no other dispense dates for ipratropium.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed MAs were expected to document the medications after administration.</p> <p>Interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm revealed she expected MAs to document the medications given directly after administration.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed she expected the MAs to document when a medication was administered.</p> <p>Based on observations, record reviews, and interviews it was determined that Resident #8 was not interviewable.</p> <p>Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.</p> <p>Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm.</p> <p>3. Review of Resident #5's current FL-2 dated 06/21/21 revealed diagnoses included hypothyroidism, hypoxia, depression, gastro-esophageal reflux disease, arthritis, constipation, insomnia, altered mental status,</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 133</p> <p>delirium, anxiety and macular degeneration.</p> <p>Review of Resident #5's physician's orders dated 05/12/22 revealed there was an order for LiquiTears solution 1 drop in each eye four times daily.</p> <p>Review of Resident #5's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for LiquiTears solution 1 drop in each eye four times daily with a scheduled administration time of 8:00am, 12:00pm, 4:00pm and 8:00pm. -There was documentation the LiquiTears solution was administered four times daily from 06/01/22 to 06/30/22.</p> <p>Review of Resident #5's July 2022 eMAR revealed: -There was an entry for LiquiTears solution 1 drop in each eye four times daily with a scheduled administration time of 8:00am, 12:00pm, 4:00pm and 8:00pm. -There was documentation the LiquiTears solution was administered four times daily from 07/01/22 to 07/31/22.</p> <p>Review of Resident #5's August 2022 eMAR revealed: -There was an entry for LiquiTears solution 1 drop in each eye four times daily with a scheduled administration time of 8:00am, 12:00pm, 4:00pm and 8:00pm. -There was documentation the LiquiTears solution was administered four times daily from 08/01/22 to 08/03/22 and at 8:00am and 12:00pm on 08/04/22.</p> <p>Telephone interview with the Pharmacist from the</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 134</p> <p>facility's contracted pharmacy on 08/05/22 at 9:30am revealed:</p> <ul style="list-style-type: none"> <li>-There was an order for LiquiTears solution 1 drop in each eye four times a day as needed for dry eyes.</li> <li>-The pharmacy did not have an order for LiquiTears solution 1 drop in each eye four times a day.</li> <li>-The pharmacy dispensed one bottle of LiquiTears on 01/11/22 for 15mls, 03/29/22 for 15mls and 06/08/22 for 15mls.</li> <li>-LiquiTears 15mls ordered 4 times daily to each eye would last about 35 days.</li> </ul> <p>Observation of Resident #5's medication on hand on 08/04/22 at 3:29pm revealed:</p> <ul style="list-style-type: none"> <li>-There was a bottle labeled LiquiTears with a dispensed date of 06/08/22.</li> <li>-The directions on the pharmacy label read "instill one drop four times daily in each eye as needed."</li> </ul> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed MAs were expected to document the medications after administration.</p> <p>Interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm revealed she expected MAs to document the medications given directly after administration.</p> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed she expected the MAs to document when a medication was administered.</p> <p>Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.</p> <p>Refer to telephone interview with the</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 135</p> <p>Administrator in Charge (AIC) on 08/08/22 at 5:00pm.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-The medication aide (MA) were supposed to enter orders according to the physician orders.</li> <li>-The MA should fax the orders to the pharmacy so that the orders could be entered into the system.</li> <li>-There was no system in place to review the electronic medication administration records (eMAR) for accuracy.</li> <li>-There would be a new order tracking process put into place to improve the order processing system.</li> <li>-The MAs were responsible for ensuring the orders were entered accurately onto the eMAR.</li> </ul> <p>Telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know there were duplicate entries on Resident #3's eMAR.</li> <li>-She expected the MAs to administer medications as ordered and document accurately.</li> <li>-She knew that the order processing system needed to be changed.</li> <li>-The new clinical staff, Health and Wellness Coordinator (HWC) and the HWD, were instituting an order tracking form to ensure orders were entered into the eMAR system accurately.</li> <li>-The MAs were responsible for ensuring that residents eMAR entries were accurate.</li> </ul>	D 367		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371  D 371	Continued From page 136  10A NCAC 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.  This Rule is not met as evidenced by: Based on observations and interview, the facility failed to ensure infection control measures were implemented as evidenced by a Special Care Unit (SCU) medication aide (MA), who administered medications to three residents to include an eyedrop and a nasal spray with gloved hands and bare hands; and failed to sanitize her hands with hand sanitizer after glove removal and in between medication administration.  The findings are:  Observation of the morning medication pass in the Special Care Unit (SCU) on 08/03/22 at 8:10am revealed: -The medication aide (MA) initiated preparing a SCU resident's medications. -The MA placed gloves on and took the medications to include oral medications and an eyedrop into the resident's room. -The MA administered medications to the resident. -Next, the MA returned to the medication cart, removed and discarded the gloves, documented the administration on the computer, and began preparing medications for the next resident. -The MA did not sanitizer her hands. -She took the prepared oral medications to the	D 371  D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	<p>Continued From page 137</p> <p>resident in the dining room with bare hands and administered the medications to the resident. -The MA returned to the medication cart and began preparing the next resident's medications without sanitizing her hands. -She prepared oral medications and a nasal spray, donned gloves , took the medications to the resident in the dining room, administered medications to include the nasal spray, returned to the medication cart, removed the gloves, documented the medication administration and then began preparing medications for the next resident without sanitizing her hands.</p> <p>Interview with a SCU MA on 08/03/22 at 1:42pm revealed: -She would don gloves before administering topical medications, eye drops, or nasal sprays. -She was taught that she did not need to sanitize her hands after each resident but after every 2 residents. -She was taught to sanitize her hands after removing gloves and she should have sanitized her hands after removing the gloves.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed: -The MAs should wash their hands thoroughly before donning and doffing gloves. -The MAs were expected to sanitize their hands in between administering medications to residents. -The MAs were responsible for ensuring they sanitized their hands between residents.</p> <p>Interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm revealed: -She expected all MAs to sanitize their hands in between resident care and administering</p>	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	Continued From page 138  medications. -She was not familiar with any policy for the facility instructing MAs sanitize their hands between every 2 residents. -She held the MAs responsible for ensuring their hands were sanitized between each resident when administering medications.  Telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm revealed: -She expected the MAs to sanitize their hands after removing gloves. -This practice of sanitizing hands after removing gloves was a part of the facility's infection control policy. -She thought the MAs received this information as part of their training. -The MAs were responsible for sanitizing their hands after removing gloves and in between resident care.	D 371		
D 376	10A NCAC 13F .1005 (b) Self-Administration Of Medications  10A NCAC 13F .1005 Self-Administration Of Medications  (b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 139</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure compliance with the facility's policies and procedures for self-administration of medications for 2 of 3 sampled residents (#2, #4) with orders to self-administer medications (#2); and without orders to self-administer medications (#4).</p> <p>The findings are:</p> <p>Review of the facility's policy for self-administered medications dated March 2022 revealed: -Residents who desired to self-administer medication should be permitted to do so if the admitting physician verified it was appropriate, the nurse confirmed the resident's ability, and any applicable state requirements were met. -An evaluation would be conducted by the nurse, of the resident's cognitive, physical, and visual ability to carry this out. -The self-administration of medications review form would be completed initially, quarterly, or as per state regulation with change in the resident's condition. -The nurse should print a list of current medications to use when evaluating the resident's ability to self-administer medications. -The resident's ability to self-administer medication, including over-the-counter (OTC) medications, should be determined by means of a skills evaluation as follows. The resident should be able to identify the medication either by reading the label on the medication bottle or identifying the pill in a pill organizer. State what each medication is for. State what time the medication was to be taken. State the proper dosage and route of each medication. Verbalize the steps involved in medication administration</p>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 140</p> <p>for non-solid form. Properly store medication and lock the apartment door upon departure from the apartment.</p> <p>-If the resident passed the self-administration evaluation, an order should be obtained from the physician and should be reflected on the physician's plan of care.</p> <p>-Locking the resident's door was considered the first level for securing medications in their apartment.</p> <p>-If a resident was unable to successfully pass the self-medication evaluation, the resident should no longer be allowed to self-administer medications and an alternative plan should be devised.</p> <p>-The resident, the resident's physician, and their responsible party should be made aware the resident is no longer able to self-administer medications.</p> <p>1. Review of Resident #2's current FL-2 dated 12/30/21 revealed:</p> <p>-Diagnoses included cerebral infarct, muscle weakness, atrial fibrillation, chronic obstructive pulmonary disease (COPD), and respiratory failure with hypoxia.</p> <p>-Resident #2 was intermittently confused.</p> <p>-There was an order for Eliquis 5mg every 12 hours (used to treat and prevent strokes).</p> <p>-There was an order for Acetaminophen 500mg three times daily (used to treat mild pain).</p> <p>-There was an order for Claritin 10mg at bedtime (used to treat allergies).</p> <p>-There was an order for Flonase 50mcg each nostril twice daily (used to treat allergies).</p> <p>-There was an order for Mirtazapine 15mg at bedtime (used to treat depression).</p> <p>-There was an order for Midodrine 5mg twice daily (used to treat sudden drop in blood pressure).</p> <p>-There was an order for Thiamine HCL 100mg</p>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 141</p> <p>daily (a vitamin supplement).</p> <ul style="list-style-type: none"> <li>-There was an order for Atorvastatin 20mg at bedtime (used to treat high blood pressure and prevent stroke).</li> <li>-There was an order for Ellipta 200mcg powder, (used to treat COPD) inhale one puff daily.</li> <li>-There was an order for Lidocaine cream prn pain to his feet and toes (to assist with pain control).</li> <li>-There was an order for Robitussin DM (Guaifenesin) two teaspoons every four hours as needed for cough.</li> <li>-There was an order for Albuterol HFA 90mcg, two puffs every six hours as needed for shortness of breath.</li> </ul> <p>Review of Resident #2's self-administration assessment dated 02/01/22 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was able to identify his medication, identify the expiration of each medication, state what each medication was for, what time the medications were to be taken, the proper dosage of each medication, measure the appropriate amount of medication, state situations warranting the use of prn medications, document use of prn medications, and administer inhalant medications.</li> <li>-The form was completed and signed by the previous Health and Wellness Director (HWD) on 02/01/22.</li> <li>-The was no quarterly self-administration assessment for Resident #2 for May 2022 or August 2022.</li> </ul> <p>A request was made on 08/04/22 for Resident #2's quarterly self-administration assessment but was not provided by the exit date 08/08/22.</p> <p>Review of Resident #2's physician's order dated 02/03/22 revealed an order for Resident #2 to self-administer his medications.</p>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 142</p> <p>Observation of Resident #2's apartment on 08/03/22 at 8:45am revealed:</p> <ul style="list-style-type: none"> <li>-There were multiple punch cards of medication on the seat of a chair.</li> <li>-There were three punch cards for Acetaminophen 500 mg with a dispensed date of 05/13/22 for a total of 180 tablets; 180 tablets remained in the punch cards.</li> <li>-There was a punch card for Claritin 10mg with a dispensed date of 02/22/22 for 28 tablets; 1 tablet remained in the punch card.</li> <li>-There was a second punch card for Claritin 10mg with a dispensed date of 05/13/22 for 30 tablets; 22 tablets remained in the punch card.</li> <li>-There was a punch card for Thiamine 100mg with a dispensed date of 05/13/22 for 30 tablets; 30 tablets remained in the punch card.</li> <li>-There was a punch card for Mirtazapine 15mg with a dispensed date of 05/16/22 for 30 tablets; 20 tablets remained in the punch card.</li> <li>-There was a punch card for Atorvastatin 20mg with a dispensed date of 05/16/22 for 30 tablets; 5 tablets remained in the punch card.</li> <li>-There was a punch card for Eliquis 5mg with a dispensed date of 06/13/22 for 56 tabs; 14 tablets remained in the punch card.</li> <li>-There was a prescription bottle of Carvedilol 6.25mg with a dispensed date of 04/29/22 for 180 tablets; 25 tablets remained in the bottle.</li> <li>-There were 2 bottles of Fluticasone, neither bottle had a dispensed label.</li> <li>-There was an Albuterol inhaler with a dispensed date of 11/18/21; a handwritten date of opened 11/22/21 was written on the box.</li> <li>-There was a box of Roflumilast 250mcg with a dispensed date of 07/16/22 for 30 tablets; 6 tablets remained in the box.</li> <li>-There was an over-the-counter (OTC) box of Guaifenesin 1200mg tablets.</li> </ul>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 143</p> <ul style="list-style-type: none"> <li>-On the counter in Resident #2's bathroom there was a Trelegy Ellipta inhaler; there was no prescription label and the count was 30.</li> <li>-On the counter in Resident #2's bathroom, there was a prescription bottle of Chlorhexidine 0.12% (used to prevent bacteria) oral rinse with a dispensed date of 06/16/22; the directions were to rinse one time weekly with 1-2 tablespoons for 30 seconds.</li> </ul> <p>Second observation of Resident #2's bathroom on 08/04/22 at 10:14am revealed:</p> <ul style="list-style-type: none"> <li>-There was a prescription bottle of Furosemide 20mg with a dispensed date of 03/16/20.</li> <li>-There was a prescription bottle of Pregabalin 50mg with a dispensed date of 07/20/21.</li> <li>-There were multiple bottles of OTC medication and supplements including a Multi-Vitamin, Advil, and Tylenol.</li> <li>-There was a prescription box, unopened, that contained an Ellipta inhaler with a dispensed date of 09/09/21.</li> <li>-There was a prescription bag, unopened, with a label for Prevident 5000 plus cream (a toothpaste that is only available with a prescription).</li> </ul> <p>Interview with Resident #2 on 08/03/22 at 8:45am revealed:</p> <ul style="list-style-type: none"> <li>-He was depressed.</li> <li>-He was not eating.</li> <li>-He self-administered his medications.</li> <li>-He no longer took the medications that were on the seat of the chair.</li> <li>-He had also stopped taking his Mirtazapine but had started back taking the medication yesterday, 08/02/22.</li> <li>-He started back taking the Mirtazapine because his son told him to because he thought it would help with his depression.</li> <li>-He stopped taking the medications because he</li> </ul>	D 376		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 144</p> <p>was taking too many pills.</p> <ul style="list-style-type: none"> <li>-He was not taking the other medications because he did not feel that he needed them.</li> <li>-He had not talked to anyone about stopping the medication, he knew he did not need them.</li> </ul> <p>Review of Resident #2's electronic medication administration records (eMAR) for June 2022, July 2022, and 08/01/22-08/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Atorvastatin 20mg at bedtime unsupervised self-administration.</li> <li>-There was an entry for Claritin 10mg at bedtime unsupervised self-administration.</li> <li>-There was an entry for Mirtazapine 15mg at bedtime unsupervised self-administration.</li> <li>-There was an entry for Roflumilast 250mcg daily unsupervised self-administration.</li> <li>-There was an entry for Thiamine HCL (Vitamin B1) 100mg daily unsupervised self-administration.</li> <li>-There was an entry for Ellipta one puff daily unsupervised self-administration.</li> <li>-There was an entry for Eliquis 5mg one tablet every twelve hours unsupervised self-administration.</li> <li>-There was an entry for Flonase one spray in each nostril twice daily unsupervised self-administration.</li> <li>-There was an entry for Tylenol 1000mg three times daily unsupervised self-administration.</li> <li>-There was documentation for each medication daily as unsupervised self-administration.</li> <li>-There was an entry for Albuterol, Robitussin, and Lidocaine cream prn unsupervised self-administration.</li> <li>-There was no documentation prn medication had been self-administered.</li> <li>-There was no entry for Carvedilol 6.25mg daily.</li> <li>-There was no entry for Chlorhexidine 0.12% oral rinse weekly.</li> </ul>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 145</p> <p>Interview with Resident #2 on 08/04/22 at 10:01am revealed:</p> <ul style="list-style-type: none"> <li>-The staff never talked to him about his medication.</li> <li>-The staff never asked him if he took his medication or not.</li> <li>-The staff had not looked at his medications.</li> <li>-The staff used to get his refills, but they had not "in a while."</li> <li>-If he needed a refill, he would get it on his own.</li> <li>-He had a private duty care manager who assisted him with his appointments and picking up his prescriptions.</li> </ul> <p>Telephone interview with Resident #2's private duty care manager on 08/05/22 at 9:14am revealed:</p> <ul style="list-style-type: none"> <li>-She started working with Resident # in May 2022.</li> <li>-She transported Resident #2 to his appointments.</li> <li>-She visited with Resident #2 weekly to "check in" and to communicate with his family.</li> <li>-If she identified something, she thought would be helpful, she would coordinate that, such as occupational therapy.</li> <li>-She coordinated with the staff at the facility when she identified an issue.</li> <li>-Resident #2 had acknowledged to her this week that he was depressed.</li> <li>-Resident #2 was prescribed an anti-depressant, but he would just stop taking medication on his own.</li> <li>-Resident #2's PCP told him to stop taking Benadryl (an OTC medication used to treat itching and other allergic reactions).</li> <li>-Resident #2 took Benadryl to help with his mucous as he felt that worked better than the Mucinex.</li> </ul>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 146</p> <ul style="list-style-type: none"> <li>-The staff at the facility did not know what medications Resident #2 were taking or not taking.</li> <li>-She thought Resident #2's cognition was okay but that his overall health was impacting his cognition because Resident #2's overall health was poor.</li> <li>-She knew Resident #2 had a lot of excess medication in his room.</li> </ul> <p>Interview with a medication aide (MA) on 08/04/22 at 2:10pm revealed:</p> <ul style="list-style-type: none"> <li>-If a resident administered their own medication it was the responsibility of the Health and Wellness Coordinator (HWC)/Health and Wellness Director (HWD) to check to see what medications the resident was taking and how often.</li> <li>-She did not assist Resident #2 with his medications unless he asked her for a refill.</li> <li>-If Resident #2 still had medication in his punch cards dated May 2022, that would tell you he was not taking the medication correctly.</li> <li>-She did not know Resident #2 was not taking his medication correctly.</li> <li>-She thought his memory was good enough to administer his own medication.</li> <li>-At times she may "lay brief eyes on him" but she did not have time for conversation.</li> <li>-She did not know Resident #2 had stopped taking his anti-depressant medication.</li> </ul> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/04/22 at 3:21pm revealed:</p> <ul style="list-style-type: none"> <li>-She knew Resident #2 self-administered his own medications.</li> <li>-She had not talked to Resident #2 or checked on his medications.</li> </ul> <p>Interview with the HWD on 08/04/22 at 4:00pm</p>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 147</p> <p>revealed she had looked at Resident #2's medication in the eMAR but she had not had a chance to go to his room.</p> <p>Attempted telephone interview with Resident #2's family member on 08/03/22 at 3:40pm and 08/04/22 at 2:45pm were unsuccessful.</p> <p>Attempted telephone interview with Resident #2's PCP on 08/05/22 at 9:10am was unsuccessful.</p> <p>Attempted telephone interview with Resident #2's Pulmonary specialist on 08/03/22 at 4:35pm and 08/05/22 at 10:18am was unsuccessful.</p> <p>Refer to interview with a medication aide (MA) on 08/04/22 at 2:10pm.</p> <p>Refer to interview with the Health and Wellness Director (HWD) on 08/04/22 at 4:00pm.</p> <p>Refer to interview with the Administrator in Charge on 08/04/22 at 3:49pm.</p> <p>2. Review of Resident #4's current FL-2 dated 09/09/21 revealed:                      -Diagnoses included hypertension, gout, peripheral neuropathy, gait disorder, irritable bowel syndrome, insomnia and hyperlipidemia.                      -There was a medication order for Colcrys (used to prevent or treat gout attacks) 0.6mg one tablet as needed to treat and prevent gout attacks twice daily.                      -There was a medication order for magnesium (used to support bone and heart health) 100mg one tablet daily.                      -There was a medication order for Nitrostat sublingual (used to relieve chest pain) 0.3mg one tablet sublingually as needed for chest pain every</p>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 148</p> <p>5 minutes.</p> <ul style="list-style-type: none"> <li>-There was a medication order for Proair HFA Aerosol solution (used to prevent or treat wheezing or shortness of breath) 108 mcg/act 2 puffs inhale orally as needed for shortness of breath four times a day.</li> <li>-There was a medication order for Rozerem (used to treat sleeplessness) give 4 mg every 24 hours as needed for sleep at bedtime.</li> <li>-There was a medication order for simethicone (used to relieve symptoms of gas) 40mg one tablet as needed for gas four times a day.</li> <li>-There was no order to self-administer medications.</li> </ul> <p>Review of Resident #4's six-month physician orders dated 05/12/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was a medication order for Colcrys (used to prevent or treat gout attacks) 0.6mg one tablet as needed to treat and prevent gout attacks twice daily.</li> <li>-There was a medication order for magnesium (used to support bone and heart health) 100mg one tablet daily.</li> <li>-There was a medication order for Nitrostat sublingual (used to relieve chest pain) 0.3mg one tablet sublingually as needed for chest pain every 5 minutes.</li> <li>-There was a medication order for Proair HFA Aerosol solution (used to prevent or treat wheezing or shortness of breath) 108 mcg/act 2 puffs inhale orally as needed for shortness of breath four times a day.</li> <li>-There was a medication order for Rozerem (used to treat sleeplessness) give 4 mg every 24 hours as needed for sleep at bedtime.</li> <li>-There was a medication order for simethicone (used to relieve symptoms of gas) 40mg one tablet as needed for gas four times a day.</li> <li>-There was no order to self-administer</li> </ul>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 149</p> <p>medications.</p> <p>Review of Resident #4's Care Plan dated 06/18/22 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #4 did not self-administered her medications.</li> <li>-Resident #4 was supposed to have her medications administered by the medication aides (MA)</li> <li>-Resident #4 was alert, oriented and could communicate her needs.</li> </ul> <p>Review of the facility's Self-Administration of Medication Review for Resident #4 dated January 2019 revealed:</p> <ul style="list-style-type: none"> <li>-The resident was assessed for medication self-administration.</li> <li>-The assessment was completed by a previous Registered Nurse (RN).</li> <li>-The assessment outcome was that the resident could safely self-administer medications.</li> <li>-There were no other Self-Administration of Medication Reviews for Resident #4.</li> <li>-There were no quarterly Self-Administration of Medication Reviews in Resident #4's record.</li> </ul> <p>Interview with Resident #4 on 08/04/22 at 5:15pm revealed:</p> <ul style="list-style-type: none"> <li>-She has been at the facility since 2019.</li> <li>-She self-administered her own medications at the beginning of her stay at the facility but about one year ago the physician changed the order.</li> <li>-Now the MAs administered her medications.</li> <li>-She still kept certain medications in her room.</li> <li>-She thought she had a bottle of Colcrys in her bag in her bedroom, but she had not used it in a long time.</li> <li>-She went to the local drug store to pick up her medications with the help of a family member.</li> <li>-She picked up a bottle of magnesium from the</li> </ul>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 150</p> <p>local drug store and had it on her table. -The MA did not take the bottle of magnesium to store on the medication cart because she stated there was another bottle of magnesium on the cart that was being used. -She had Nitrostat, simethicone and ProAir inhaler in her purse. -She did not know where her Rozerem was in her room., but she had not taken Rozerem in a long time. -The facility staff did not check with her regarding what medications she takes because they gave her the other medications she had ordered.</p> <p>Observation of medications in Resident #4's room on 08/04/22 at 5:15pm revealed: -There was one ProAir inhaler and an unopened bottle of Magnesium 500mg on the table beside Resident #4's recliner. -There was an expired bottle of Nitrostat (expired 07/01/21) and pill package of 9 simethicone tablets in her purse. -There were no Colcrys tablets or Rozerem 4mg tablets found in Resident #4's room.</p> <p>Interview with a MA on 08/05/22 at 4:00pm revealed Resident #4 no longer administered her own medications, because she was taking too much of some medications and not taking other medications.</p> <p>Telephone interview with Resident #4's previous Primary Care Provider (PCP) on 08/05/22 at 10:20am revealed: -The self-administration of medication order was rescinded for Resident #4 because she was non-compliant with medications. -She was taking too much of some medications and not taking other medications as ordered. -Resident #4 should not have any medications in</p>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 151</p> <p>her room and she should not be managing her own refills. -Staff should call the pharmacy for refills for Resident #4.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed: -She had not completed a Self-Administration of Medication Review for Resident #4. -She planned to complete the Self-Administration of Medication Reviews every six months.</p> <p>Refer to interview with a medication aide (MA) on 08/04/22 at 2:10pm.</p> <p>Refer to interview with the Health and Wellness Director (HWD) on 08/04/22 at 4:00pm.</p> <p>Refer to interview with the Administrator in Charge (AIC) on 08/04/22 at 3:49pm.</p> <p>Attempted interview with Resident #4's primary care provider (PCP) on 08/04/22 at 11:31am was unsuccessful.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/04/22 at 3:21pm revealed: -The MA was only responsible for documenting that the medication was self-administered. -She would want the MA to ask the resident if they took the medications. -A resident needed to be re-assessed to ensure the resident would be able to continue to self-administer their medications. -She was not sure how often a resident needed to be re-assessed but thought it was quarterly.</p> <p>Interview with the Health and Wellness Director (HWD) on 08/04/22 at 4:00pm revealed:</p>	D 376		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 376	<p>Continued From page 152</p> <ul style="list-style-type: none"> <li>-Assessments were completed on residents who wanted to self-administer their medications to determine if the resident was competent and oriented in a way to be able to self-administer their own medications.</li> <li>-She thought assessments were to be done initially, and quarterly thereafter, and if there was a change in a resident's condition.</li> <li>-She expected the staff to notify the HWC or HWD when they noted a change in a resident's condition.</li> <li>-The MAs did not have a responsibility to residents who self-administered their own medications.</li> <li>-It was the responsibility of the resident or family of the resident to ensure medications were refilled.</li> </ul> <p>Interview with the Administrator in Charge (AIC) on 08/04/22 at 3:49pm revealed:</p> <ul style="list-style-type: none"> <li>-An order from the resident's PCP had to be in place for a resident to self-administer medications.</li> <li>-The MAs had no responsibility for the day-to-day administration of medication for residents who self-administered their own medication.</li> <li>-It was the resident's PCP's responsibility to ask those questions (if they were taking their medications).</li> <li>-Refills were the responsibility of the resident or the resident's family.</li> <li>-If a resident was self-administering their medication, that resident had been determined to be alert and oriented enough to manage the medications on their own.</li> <li>-Reassessments were to be done quarterly; the HWD was responsible for completing the quarterly reassessments.</li> </ul>	D 376		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377 D 377	<p>Continued From page 153</p> <p>10A NCAC 13F .1006(a) Medication Storage</p> <p>10a NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that the residents' medications were stored in a safe and secure manner for 3 of 3 sampled residents (#2, #10, #11) who self-administered medications.</p> <p>The findings are:</p> <p>Review of the facility's policy for self-administered medications dated March 2022 revealed: -The resident should be able to properly store medications and lock the apartment door upon departure from the apartment. -Locking the apartment door was considered the first level for securing medications in their apartment. -Residents who self-administered medications may store and secure their non-controlled medications in their apartment by locking the apartment door each time upon departure.</p> <p>1. Review of Resident #2's current FL-2 dated 12/30/21 revealed: -Diagnoses included cerebral infarct, muscle weakness, atrial fibrillation, chronic obstructive pulmonary disease (COPD), and respiratory failure with hypoxia.</p>	D 377 D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	<p>Continued From page 154</p> <ul style="list-style-type: none"> <li>-Resident #2 was intermittently confused.</li> <li>-Medication orders included Mirtazapine 15mg (used to treat depression), Atorvastatin 20mg (used to treat high cholesterol), Eliquis 5mg (used to treat and prevent blood clots), Flonase nasal spray (used to treat sneezing, itching, and running nose due to allergies) an Albuterol inhaler (used to treat or prevent bronchospasm), and a bottle of Carvedilol 6.25mg (used to treat high blood pressure and heart failure).</li> </ul> <p>Review of Resident #2's self-administration assessment dated 02/01/22 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was able to demonstrate secure storage for non-controlled medication by locking their door upon departure.</li> <li>-The form was completed and signed by the previous Health and Wellness Director (HWD) on 02/01/22.</li> </ul> <p>Review of Resident #2's physician's order dated 02/03/22 revealed an order for Resident #2 to self-administer his medications.</p> <p>Observation of Resident #2's apartment on 08/03/22 at 8:45am revealed:</p> <ul style="list-style-type: none"> <li>-There were multiple punch cards of medication on the seat of a chair including Tylenol 500mg, Loratadine 10mg, and Vitamin B1.</li> <li>-On the table beside Resident #2's chair were multiple punch cards of medication, bottles of medication including Mirtazapine 15mg, Atorvastatin 20mg, Eliquis 5mg, multiple bottles of nasal sprays, an Albuterol inhaler, and a bottle of Carvedilol 6.25mg.</li> <li>-On the counter in Resident #2's bathroom there was a Trelegy Ellipta inhaler.</li> </ul> <p>Interview with Resident #2 on 08/03/22 at 8:45am revealed:</p>	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	<p>Continued From page 155</p> <ul style="list-style-type: none"> <li>-He administered his own medications.</li> <li>-No one monitored his medications.</li> <li>-No one told him his medications needed to be locked.</li> </ul> <p>Interview with a personal care aide (PCA) on 08/08/22 at 9:18am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had medications in his room because he self-administered his medications.</li> <li>-Resident #2 left his door open when he left his room, it was easier for him because of his scooter.</li> </ul> <p>Interview with a medication aide (MA) on 08/05/22 at 11:54am revealed:</p> <ul style="list-style-type: none"> <li>-She did not regularly go into Resident #2's room because he self-administered his own medications.</li> <li>-She had not paid attention to where Resident #2's medication was stored.</li> </ul> <p>Refer to the interview with a personal care aide (PCA) on 08/08/22 at 9:18am.</p> <p>Refer to the interview with a medication aide (MA) on 08/05/22 at 11:54am.</p> <p>Refer to the interview with the Health and Wellness Coordinator on 08/05/22 at 3:33pm.</p> <p>Refer to the interview with the Health and Wellness Director on 08/05/22 at 12:18pm.</p> <p>Refer to the telephone interview with the Administrator on 08/08/22 at 4:12pm.</p> <p>2. Review of Resident #10's current FL-2 dated 06/27/21 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included compression fracture of the vertebral column, hypertensive disorder, mild</li> </ul>	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	<p>Continued From page 156</p> <p>cognitive impairment, and primary malignant neoplasm of the prostate.</p> <p>-There was an order for Atorvastatin 40mg (used to treat high blood pressure), Vitamin D3 (a supplement), Aspirin 81mg (used to prevent a heart attack and strokes), Lisinopril 40mg (used to treat high blood pressure), and Hydrochlorothiazide 25mg (used to treat blood pressure and fluid retention).</p> <p>Review of Resident #10's physician's orders revealed no order for self-administration of medications.</p> <p>Review of Resident #10's self-administration assessment revealed no assessment had been completed.</p> <p>Observation of Resident #10's room on 08/03/22 at 12:21pm revealed:</p> <p>-There was a multi-dose medication box sitting on the table beside his chair.</p> <p>-The multi-dose medication box had tablets in the individual labeled daily containers.</p> <p>-The door to Resident #10's apartment was unlocked, and the resident was not present.</p> <p>Interview with Resident #10 on 08/04/22 at 4:49pm revealed:</p> <p>-He kept his medications in his daily planner on the table by his chair to remember to take his medications.</p> <p>-He kept the pill bottles in a plastic bag in the arm of his chair.</p> <p>-No one had told him where he should keep his medications.</p> <p>-No one had told him to lock his door when he was not in his room.</p> <p>-He had not thought about the medication being accessible to other residents.</p>	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	<p>Continued From page 157</p> <p>Observation of Resident #10's plastic bag of medications on 08/04/22 at 4:50pm revealed: -There was a bottle of Atorvastatin 40mg (used to treat high blood pressure). -There was a bottle of Vitamin D3 (a supplement) -There was an over-the-counter bottle of Aspirin 81mg (used to prevent a heart attack and strokes).</p> <p>Interview with a personal care aide (PCA) on 08/08/22 at 9:18am revealed she had not noticed medications in Resident #10's room.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 11:54am revealed: -She did not regularly go into Resident #10's room because he self-administered his own medications. -She had not paid attention to where Resident #10's medication was stored.</p> <p>Refer to the interview with a personal care aide (PCA) on 08/08/22 at 9:18am.</p> <p>Refer to the interview with a medication aide (MA) on 08/05/22 at 11:54am.</p> <p>Refer to the interview with the Health and Wellness Coordinator on 08/05/22 at 3:33pm.</p> <p>Refer to the interview with the Health and Wellness Director on 08/05/22 at 12:18pm.</p> <p>Refer to the telephone interview with the Administrator on 08/08/22 at 4:12pm.</p> <p>3. Review of Resident #11's current FL2 dated 06/14/22 revealed diagnoses included chronic kidney disease stage 3, peripheral vascular</p>	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	<p>Continued From page 158</p> <p>disease, macular degeneration, and dementia. -The resident was intermittently confused. -There was an order for Eliquis 5mg, Donepezil 5mg, and a multi-vitamin.</p> <p>Observation of Resident #11's room on 08/04/22 at 9:12am revealed there were two medication punch cards labeled for Eliquis 5mg.</p> <p>Interview with Resident #11 on 08/04/22 at 9:12am revealed: -She self-administered her own medication. -She did not need anyone telling her how to take her medicine or what to do with it.</p> <p>Second observation of Resident #11's room on 08/04/22 at 9:12am revealed: -The door was unlocked; the resident was not present and there were two medication punch cards labeled for Eliquis 5mg on the counter. -There was also a bottle of Pepto (used to treat an upset stomach), an over the counter bottle of pain medication, and an over-the-counter package of allergy medication.</p> <p>Interview with a personal care aide (PCA) on 08/08/22 at 9:18am revealed: -She had not noticed medications in Resident #11's room. -Resident #11 usually met her at the door.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 11:54am revealed: -She did not regularly go into Resident #11's room because he self-administered his own medications. -She had not paid attention to where Resident #11's medication was stored.</p> <p>Refer to the interview with a personal care aide</p>	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	<p>Continued From page 159</p> <p>(PCA) on 08/08/22 at 9:18am.</p> <p>Refer to the interview with a medication aide (MA) on 08/05/22 at 11:54am.</p> <p>Refer to the interview with the Health and Wellness Coordinator on 08/05/22 at 3:33pm.</p> <p>Refer to the interview with the Health and Wellness Director on 08/05/22 at 12:18pm.</p> <p>Refer to the telephone interview with the Administrator on 08/08/22 at 4:12pm.</p> <p>Interview with a personal care aide (PCA) on 08/08/22 at 9:18am revealed: -She had not been told what to do if a resident had medications in their apartment. -No one told her where medications were supposed to be stored.</p> <p>Interview with a medication aide (MA) on 08/05/22 at 11:54am revealed residents who self-administered their medications were supposed to keep the medication behind something that was locked, and out of site.</p> <p>Interview with the Health and Wellness Director on 08/05/22 at 12:18pm revealed: -Residents who self-administered their medications kept medications in their rooms, and she did not know how they were "housing" the medications. -It was okay for residents who self-administered medications to have their medication out because most resident typically locked their rooms. -She was not sure what the regulations were related to the storage of medications in resident rooms who self-administered their medications.</p>	D 377		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	Continued From page 160  Interview with the Health and Wellness Coordinator on 08/05/22 at 3:33pm revealed: -She did not know where residents who self-administered their medications should keep their medications. -She knew narcotics should be locked. -All medication probably should be locked so another resident did not wander in and have access to the medication.  Telephone interview with the Administrator on 08/08/22 at 4:12pm revealed: -Medications that were self-administered should be stored behind locked doors. -She would expect the PCAs to notify the MA if medications were not stored behind a locked door and to educate the resident on the storage of their medications. -All residents should be rounded on every shift, regardless of care of medication needs. -She would have expected staff to have noticed the medications in the residents' rooms. -It was concerning medication was not locked because another resident could consume the medication.	D 377		
D 392	10A NCAC 13F .1008(a) Controlled Substances  10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 161</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances was maintained for 1 of 3 sampled residents related to pain medication (#1).</p> <p>The findings are:</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances was maintained for 1 of 3 sampled residents related to pain medication (#1).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 06/10/22 revealed diagnoses included pneumonia, hypertension, heart failure, bilateral hydronephrosis, cerebrovascular disease, chronic abdominal pain, closed wedge compression fracture of twelfth thoracic vertebra, osteoarthritis, hyperlipidemia and peripheral neuropathy.</p> <p>Review of Resident #1's physician's orders dated 05/12/22 revealed there was an order for morphine solution 20mg/ml every 4 hours as needed (PRN) for pain or shortness of breath.</p> <p>Review of Resident #1's FL-2 dated 06/10/22 revealed there was an order for morphine 20mg/ml .25mls 20 minutes each morning prior to getting out of bed and every 4 hours PRN for pain.</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 162</p> <p>Review of Resident #1's hospice orders dated 07/26/22 revealed there was an order for morphine 20mg/ml .25mls every 4 hours PRN pain or shortness of breath.</p> <p>Review of Resident #1's June 2022 electronic medication administration record (eMAR) compared to the controlled substance count sheet (CSCS) for morphine 20mg/ml dispensed on 05/24/22 for 10 syringes and on 06/28/22 for 30 syringes revealed:</p> <ul style="list-style-type: none"> <li>-On 06/04/22 at 10:40pm morphine solution was documented on CSCS but not on the eMAR as administered.</li> <li>-On 06/05/22 at 10:49pm morphine solution was documented on CSCS but not on the eMAR as administered.</li> <li>-On 06/13/22 at 10:30pm morphine solution was documented on CSCS but not on the eMAR as administered.</li> <li>-On 06/18/22 at 10:10pm morphine solution was documented on CSCS but not on the eMAR as administered.</li> <li>-On 06/25/22 at unknown time morphine solution was documented on the eMAR but not on CSCS.</li> <li>-On 06/30/22 at unknown time morphine solution was documented on the eMAR but not on CSCS.</li> </ul> <p>Review of Resident #1's July 2022 electronic eMAR compared to the controlled substance count sheet (CSCS) for morphine 20mg/ml dispensed on 06/28/22 for 30 syringes revealed:</p> <ul style="list-style-type: none"> <li>-On 07/01/22 at 12:07am morphine solution was documented on CSCS but not on the eMAR as administered.</li> <li>-On 07/07/22 at 12:34pm morphine solution was documented on CSCS but not on the eMAR as administered.</li> <li>-On 07/10/22 at 2:15pm morphine solution was</li> </ul>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 163</p> <p>documented on CSCS but not on the eMAR as administered.</p> <p>-On 07/25/22 at 10:52pm morphine solution was documented on CSCS but not on the eMAR as administered.</p> <p>-On 07/30/22 at 10:51pm morphine solution was documented on CSCS but not on the eMAR as administered.</p> <p>Observation on 08/4/22 of Resident #1's CSCS for morphine 20mg/ml dispensed on 06/28/22 for 30 syringes revealed 14 syringes remained matching the quantity on hand for administration.</p> <p>Interview with Resident #1 on 08/05/22 at 10:16am revealed:</p> <p>-He had back and shoulder pain which was worse in the morning after being in bed all night.</p> <p>-He received morphine for pain when requested.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/05/22 at 9:40am revealed:</p> <p>-The pharmacy received a faxed order for Resident #1 from the hospital discharge physician on 06/27/22 for morphine 20mg/ml .25mls 20 minutes each morning prior to getting out of bed and every 4 hours as needed for pain.</p> <p>-The pharmacy dispensed 30 syringes with .25mls of morphine 20mg/ml on 06/27/22 for Resident #1.</p> <p>Interview with a medication aide (MA) on 08/04/22 at 7:43am revealed:</p> <p>-She documented on the eMAR and the CSCS each time she administered an as needed (PRN) controlled medication.</p> <p>-She always signed the medication out on the CSCS.</p> <p>-She was not aware that she did not sign the</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 164</p> <p>eMAR for PRN medications.</p> <p>-Sometimes she would forget to document a PRN medication on the eMAR; she had worked third shift at times and was the only MA in the facility.</p> <p>Interview with a second MA on 08/04/22 at 4:05pm revealed:</p> <p>-She had administered morphine as needed to Resident #5.</p> <p>-She would sign the CSCS sheet each time she administered a narcotic.</p> <p>-She would sign the eMAR each time she administered an as needed medication.</p> <p>-She did not realize that she forgot to document a PRN on the eMAR.</p> <p>-She had been working as the MA and PCA due to not having enough staff and she forgot to document the PRN medication on the eMAR.</p> <p>Interview with the Health and Wellness Coordinator on 08/04/22 at 9:56am revealed:</p> <p>-The MAs were to document PRN medications on the eMAR when administered.</p> <p>-She expected the MAs to document all PRN medications on the eMAR.</p> <p>-Medication that was ordered PRN could be given to close together if it was not documented on the eMAR.</p> <p>-The MA should sign narcotics out on the CSCS and document on the eMAR.</p> <p>Interview with the Administrator on 08/05/22 at 5:30pm revealed:</p> <p>-She did not know there was missing documentation on Resident #1's June 2022 and July 2022 eMAR for the administration of morphine.</p> <p>-The MAs should document on the eMAR each time a PRN medication was administered.</p> <p>-The resident could receive a PRN medication</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 165  more frequently than ordered if the PRN medication was not documented on the eMAR. -She expected the MAs to document all PRNs on the eMAR when administered.	D 392		
D 465	<p>10A NCAC 13F .1308(a) Special Care Unit Staff</p> <p>10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the required staffing hours for the special care unit (SCU) with a census of 48 residents on 07/03 /22 and 07/04/22 were met for 2 of 2 sampled third shifts.</p> <p>The findings are:</p> <p>Review of the facility's license effective 01/01/22 revealed the facility was licensed for a capacity of 119 beds including 99 beds for the assisted living (AL) area and 20 beds for the special care unit (SCU).</p> <p>Review of the facility's resident census reports dated 07/03/22 revealed there was a census of 20 residents in the SCU, which required 16 staff hours on third shift.</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 166</p> <p>Review of the facility's daily assignment sheet for third shift dated 07/03/22 revealed: -One medication aide (MA) was assigned to the facility. -One personal care aide (PCA) was assigned to the SCU.</p> <p>Review of the MA and the SCU PCA's timecards dated 07/03/22 revealed there was a total of 16 staff hours provided on third shift in the SCU area.</p> <p>Telephone interview with the MA on 08/08/22 at 4:55pm revealed when she was the only MA in the facility, she worked "about" 3 hours in the SCU.</p> <p>Based on review of times cards and staff interviews the SCU unit was 5 hours short on third shift on 07/03/22.</p> <p>Review of the facility's resident census reports dated 07/04/22 revealed there was a census of 20 residents in the SCU, which required 16 staff hours on third shift.</p> <p>Review of the facility's daily assignment sheet for third shift dated 07/04/22 revealed: -One MA was assigned to the facility. -One personal care aide (PCA) was assigned to the SCU.</p> <p>Review of the MA and the SCU PCA's timecards dated 07/04/22 revealed there was a total of 16 staff hours provided on third shift in the SCU area.</p> <p>Telephone interview with the medication aide (MA) on 08/08/22 at 4:55pm revealed when she was the only MA in the facility, she worked</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 167</p> <p>"about" 3 hours in the SCU.</p> <p>Based on review of times cards and staff interviews the SCU unit was 5 hours short on third shift on 07/04/22.</p> <p>Interview with a third shift medication aide (MA) on 08/05/22 at 7:32am revealed:</p> <ul style="list-style-type: none"> <li>-The third shift was short staffed every other weekend.</li> <li>-When the third shift was short staffed there was one MA and two PCAs for the entire building.</li> <li>-She told the PCA assigned to the Special Care Unit (SCU) to not leave and to use the radio if anything was needed.</li> <li>-The last time she remembered that the thirds shift was short staffed was two to three weeks ago.</li> <li>-She would go to the SCU to administer medications and help with personal care.</li> </ul> <p>Telephone interview with a PCA on 08/08/22 at 2:14pm revealed the MA was back and forth between AL and the special care unit (SCU).</p> <p>Telephone interview with a MA on 08/08/22 at 2:29pm revealed:</p> <ul style="list-style-type: none"> <li>-Staffing had been difficult.</li> <li>-On third shift, she had an evening medication pass and an early morning medication pass.</li> <li>-She went between the SCU and AL.</li> <li>-She could not give a specific amount of time, it depended on how many PCAs were assigned to the SCU and what was going on.</li> <li>-When there were two MAs, one for the SCU and one for AL, along with the PCAs, it was better.</li> </ul> <p>Telephone interview with the Health and Wellness Director on 08/08/22 at 4:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She was new to the facility and started</li> </ul>	D 465		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 168</p> <p>orientation 07/05/22; she started working in the facility on 07/25/22.</p> <ul style="list-style-type: none"> <li>-The Health and Wellness Coordinator (HWC) was doing the scheduling.</li> <li>-There had been ups and downs with staff retention.</li> <li>-There had been problems with no-shows and staff calling out.</li> <li>-Ideally, there should be at least two PCAs in the SCU.</li> <li>-They were doing the best they could with what they had.</li> <li>-They had not scheduled the SCU short; it was related to someone not coming in their shift.</li> <li>-She did not know the state regulations for staffing in the SCU.</li> </ul> <p>Telephone interview with the Administrator on 08/08/22 at 5:31pm revealed:</p> <ul style="list-style-type: none"> <li>-She had been monitoring the schedule since March and making the daily assignment sheets.</li> <li>-There should be at least two staff in the SCU, and two staff in AL.</li> <li>-She would have never just scheduled three staff for the facility.</li> <li>-She was not sure what happened on 07/03/22 and 07/04/22, but it would not have been scheduled that way.</li> <li>-She was not aware there was ever just three staff in the facility on third shift.</li> </ul> <p>The HWC was not available for a telephone interview on 08/08/22.</p>	D 465		
D 612	<p>10A NCAC 13F .1801 (c) Infection Prevention &amp; Control Program (temp)</p> <p>10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 169</p> <p>(c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to 46 Assisted Living (AL) and 19 Special Care Unit (SCU) residents during the global coronavirus (COVID-19) pandemic as related to promptly notifying more than one positive resident or staff cases of COVID-19 to the local health department, perform contact tracing or broad based testing of residents and staff in response to newly identified resident or staff COVID-19 infection, and the screening of residents.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of the Centers for Disease Control (CDC) Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22</li> </ol>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 170</p> <p>revealed the local health department should be notified promptly of more than one resident or staff with suspected or confirmed COVID-19.</p> <p>Review of the North Carolina Department of Health and Human Services (NC DHHS) COVID-19 Post Acute Care Setting Infection Control Assessment and Response Tool dated 10/28/21 revealed facilities were to notify the local health department (LHD) immediately if there were any confirmed or suspected case of COVID-19 or severe respiratory disease, or if there is a cluster (?3 residents and/or staff) of any respiratory infections.</p> <p>Review of the facility's Communicable Disease Outbreak policy dated March 2022 revealed: -The Health and Wellness Director (HWD) would report suspected infections to the Communicable Disease Outbreak Response Coordinator/Designee. -The Communicable Disease Outbreak Response Coordinator/Designee would call the local health department (LHD) to report suspected outbreak and follow the recommendations of the LHD.</p> <p>Observation of the first floor of the Assisted Living (AL) on 08/03/22 at 10:00am revealed there was a personal protective equipment station outside the door of a resident on the 100-hall.</p> <p>Observation of the third floor of the AL on 08/03/22 at 10:30am revealed there was a personal protective equipment (PPE) station outside of the door of a resident on the 300-hall.</p> <p>Interview with a personal care aide (PCA) on 08/05/22 2:14pm revealed there were two residents who had tested positive for COVID-19,</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 171</p> <p>but she did not know when the residents tested positive.</p> <p>Telephone interview with a representative at the LHD on 08/04/22 at 9:26am revealed:</p> <ul style="list-style-type: none"> <li>-There were no recently reported cases of COVID-19 for the facility.</li> <li>-The last reported cases of COVID-19 for the facility was March 2022.</li> <li>-Facilities were expected to report new cases of COVID-19 via telephone or email.</li> <li>-Most facilities had a contact phone number due to previously reporting positive cases of COVID-19.</li> <li>-The LHD preferred the facilities to email the lab results which would indicate the date the resident became positive.</li> <li>-The LHD expected facilities to report new positive cases of COVID-19 within 24 hours of discovering the positive cases.</li> </ul> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed:</p> <ul style="list-style-type: none"> <li>-There were two residents who had tested positive for COVID-19.</li> <li>-One resident tested positive on 07/26/22 and the other resident tested positive on 07/28/22.</li> <li>-She notified the Administrator in Charge (AIC) and the District Nurse via email.</li> <li>-She did not notify the LHD concerning the two residents who tested positive cases of COVID-19.</li> <li>-She did not know who notified the LHD concerning the two residents who tested positive for COVID-19.</li> <li>-She was told by the District Nurse that all the reporting requirements were completed.</li> </ul> <p>Interview with the HWD on 08/03/22 at 4:13pm revealed:</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 172</p> <ul style="list-style-type: none"> <li>-She knew there were two residents who had tested positive for COVID-19.</li> <li>-She notified the AIC and the Regional Director.</li> <li>-She did not notify the LHD and she did not know if the case were reported to the LHD.</li> </ul> <p>Telephone interview with the AIC on 08/08/22 at 5:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know if anyone had notified the LHD.</li> <li>-She had not notified the LHD because she was on vacation when the residents tested positive for COVID-19.</li> <li>-She was responsible for ensuring the CDC guidelines were followed related to reporting new resident or staff cases of COVID-19.</li> </ul> <p>2. Review of the Centers for Disease Control (CDC) Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed:</p> <ul style="list-style-type: none"> <li>-If the facility did not have the expertise, resources, or ability to identify all the close contacts they should instead investigate the outbreak at a facility level or group level.</li> <li>-All residents and staff should be tested on the affected unit, regardless of vaccination status, immediately, and if negative, again 5-7 days later.</li> </ul> <p>Review of the North Carolina Department of Health and Human Services (NC DHHS) COVID-19 Infection Prevention Guidance for Long Term Facilities dated 02/10/22 revealed:</p> <ul style="list-style-type: none"> <li>-Outbreak testing should be conducted in response to a newly identified infection (resident or staff).</li> <li>-Facilities had the option to conduct contact tracing or broad- based testing.</li> </ul> <p>Telephone interview with a representative at the</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 173</p> <p>local health department (LHD) on 08/04/22 at 9:26am revealed: -Facilities expected to test all staff and residents after determining there were positive cases in the facility. -The LHD expected facilities to test weekly for two weeks and if all tests were negative, testing could cease. -If there were any positive cases of COVID-19 during the testing period the outbreak date started over again with the date of the last positive case of COVID-19.</p> <p>Interview with a resident on 0/05/22 at 11:17am revealed she was not tested for COVID-19 last week nor this week 07/31/22 to 08/05/22.</p> <p>Interview with a first shift personal care aide (PCA) on 08/05/22 at 4:15pm revealed: -She was tested for COVID-19 last Friday on 07/29/22 because she had symptoms of a headache and requested a test. -No one from management offered her a COVID-19 test during the week of 07/31/22 to 08/05/22.</p> <p>Interview with a second shift PCA on 08/05/22 at 2:14pm revealed: -He was tested on 07/25/22 for COVID-19 when he requested a test. -He had not been tested during the week of 07/31/22 to 08/05/22.</p> <p>Telephone interview with a third shift PCA on 08/08/22 at 10:57am revealed she had not been tested for COVID-19 last week after 07/26/22 or the week of 07/31/22 to 08/05/22.</p> <p>Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:13pm revealed:</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 174</p> <ul style="list-style-type: none"> <li>-She had not spoken with the LHD about testing of staff or residents after two residents tested positive for COVID-19.</li> <li>-She was told by the Regional Director to contact local labs to arrange testing for staff and residents.</li> <li>-When she contacted the local labs, they asked for information about the staff and residents that she could not access.</li> <li>-The Business Office Manager (BOM) was out on leave but she had access to the information needed by the labs to proceed with testing.</li> <li>-She tested residents and staff using a rapid test when they reported symptoms of COVID-19.</li> <li>-Staff and residents were not tested for COVID-19 for the past two weeks after two residents tested positive for COVID-19.</li> <li>-She did not contact the LHD about difficulty testing staff and residents at the facility.</li> <li>-She did not know the CDC guidelines concerning testing during an outbreak.</li> </ul> <p>Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Typically, all residents and staff were tested when there were residents who tested positive for COVID-19.</li> <li>-She was contacted on her vacation concerning the two residents who tested positive for COVID-19.</li> <li>-She told the HWD to test all residents and staff using the rapid COVID-19 tests.</li> <li>-She did not know why this was not done.</li> <li>-She returned from vacation and the rapid testing was not done.</li> <li>-She did not follow up on the rapid COVID-19 testing for staff and residents.</li> </ul> <p>3. Review of the Centers for Disease Control</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 175</p> <p>(CDC) Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents at least daily for fever.</p> <p>Review of the North Carolina Department of Health and Human Services COVID-19 Post Acute Care Setting Infection Control Assessment and Response (ICAR) tool dated 10/2021 revealed staff and residents should be actively screened daily for fever, signs and symptoms of COVID-19.</p> <p>Review of the facility's Communicable Disease Outbreak policy dated March 2022 revealed residents were supposed to be monitored for possible adverse effects such as anxiety, depression, and other mood disturbances, perceptions of stigma, reduced contact with clinical associates, and increases in preventable adverse events.</p> <p>Review of five residents' June 2022, July 2022, and August 2022 electronic medication administration records (eMARs) revealed there was no documentation of daily temperatures.</p> <p>Observation of thermometers in the facility on 08/03/22 at 8:00am revealed there was a thermal scan thermometer in the medication aide (MA) workstation.</p> <p>Interview with four residents on 08/03/22 between 8:18am-9:26am revealed staff did not take their temperatures daily; they did not recall the last time their temperatures had been taken.</p> <p>Interview with a medication aide (MA) on</p>	D 612		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	<p>Continued From page 176</p> <p>08/03/22 at 1:42pm revealed: -She did not check residents' temperatures daily. -She checked residents' temperatures if they did not feel well. -Staff watched residents in the Special Care Unit to monitor them for symptoms of COVID-19. -To her knowledge, the MAs had never monitored temperatures daily.</p> <p>Interview with another MA on 08/03/22 at 3:22pm revealed: -When the facility had residents, who tested positive for COVID-19, staff checked the residents' temperatures daily. -There were two residents who tested positive for COVID-19 on the Assisted Living unit. -Now the resident's temperatures were not checked daily. -Staff stopped daily temperature checks for the residents. -She could not remember the date that staff stopped obtaining daily temperatures for the residents. -She did not know who told staff to stop obtaining daily temperatures for the residents. -If the residents had symptoms, staff would check residents' temperatures.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed: -She began working at the facility one month ago. -Resident temperatures were not being taken daily. -If a resident had any signs or symptoms of COVID-19, a rapid test was performed for that resident. -If residents did not feel well, a temperature was obtained for that resident.</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 177  Interview with the Health and Wellness Director (HWD) on 08/03/22 at 4:13pm revealed: -Residents' temperatures were not obtained daily. -She did not know the CDC guidelines related to daily temperature monitoring for residents.  Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:00pm revealed: -The facility had a COVID-19 policy. -Daily temperatures were not being checked on the residents. -Residents were screened if they were symptomatic. -In the past, residents' temperatures were obtained every shift, but she thought the CDC guidance was changed. -She was responsible for ensuring the residents' temperatures were obtained daily per CDC guidelines.	D 612		
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, record reviews, and interviews, 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 regulation related to medication administration.	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 178  The findings are:  Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered for 2 of 5 residents (#7 and #8) observed on the Special Care Unit (SCU) during the morning medication pass including errors with the omission of a nasal spray (#8) and a medication used to treat intestinal ulcers (#7) and for 4 of 5 sampled residents (#1, #3, #4, and #5) for record review including errors with an antibiotic for pneumonia, three pain medications for chronic pain, a blood pressure medication, a medication for fluid retention, a medication for depression and mood, a blood thinner and an eye drop for dry eyes (#1); four cardiac medications and a medication used to treat hypothyroidism not administered as ordered per hospital discharge summaries (#3); and errors related to a topical gel used to treat pain, an oral steroid and the wrong dose of two supplements (#4); and a laxative (#5).[Refer to Tag D358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)].	D912		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency  G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.  (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

D935	<p>Continued From page 179</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ul style="list-style-type: none"> <li>a. The key principles of medication administration.</li> <li>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ul> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ul style="list-style-type: none"> <li>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:               <ul style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ul> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ul> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled medication aides had successfully completed the 5, 10, or 15 hour medication class (Staff E and F) and 1 of 3 medication aides had successfully completed the medication skills validation competency before administering medications (Staff F).</p> <p>The findings are:</p>	D935		
------	---	------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	<p>Continued From page 180</p> <p>1. Review of Staff E's personnel file on 08/05/22 revealed: -Staff E was hired on 01/14/22. -Staff E's position title was a medication aide (MA) -There was no documentation Staff E had taken and successfully passed the 5, 10, or 15 medication class.</p> <p>Review of Staff E's timecard report revealed: -On 07/16/22, Staff E worked from 3:04pm to 11:21pm. -On 07/25/22, Staff E worked from 2:09pm to 11:30pm. -On 07/26/22, Staff E worked from 3:15pm to 11:48pm.</p> <p>Review of the daily assignment sheets revealed Staff E was scheduled as the medication aide for second shift on 07/16/22, 07/25/22 and 07/26/22.</p> <p>Review of resident's July 2022 electronic Medication Administration Records (eMAR) revealed: -On 07/16/22, Staff E signed the eMARs for medication administration. -On 07/25/22, Staff E signed the eMARs for medication administration. -On 07/26/22, Staff E signed the eMARs for medication administration.</p> <p>Interview with Staff E on 08/08/22 at 11:39pm revealed: -She was hired in January 2022 as a MA. -She worked as a MA on second shift and covered the 2nd and 3rd floors. -She took the 15-hour course in February 2022. -She traveled to another facility to take the Medication Training; it was taught by someone</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	<p>Continued From page 181</p> <p>from the corporate office. -She did not recall receiving a certificate after the completion of the class.</p> <p>Interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm revealed she did not recall receiving Staff E's medication training certificate to file in her personnel record.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm.</p> <p>Refer to the interview with the Health Wellness Director (HWD) on 08/08/22 at 3:06pm.</p> <p>Refer to the interview with the Administrator-in-Charge on 08/08/22 at 5:15pm.</p> <p>2. Review of Staff F's personnel file revealed: -Staff F was hired on 05/11/20. -Staff F's position title was a medication aide (MA). -There was no documentation Staff F had taken and successfully passed the 5, 10, or 15 medication class. -There was no documentation Staff F had a medication aide employment verification. -There was no documentation Staff F had successfully completed the medication clinical skills checklist.</p> <p>Review of Staff F's timecard report revealed: -On 07/15/22, Staff F worked from 10:53pm to 12:00am. -ON 07/16/22 Staff F worked from 12:00am to 1:18pm. -On 07/16/22, Staff F worked from 10:35pm to 12:00am. -On 07/17/22, Staff F worked from 12:00am to 2:40pm</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	<p>Continued From page 182</p> <p>-On 07/18/22, Staff F worked from 12:00am to 10;11am.</p> <p>Review of the daily assignment sheets revealed Staff F was scheduled as the medication aide for third shift on 07/16/22 and 07/17/22.</p> <p>Review of resident's July 2022 electronic Medication Administration Records (eMAR) revealed: -On 07/16/22, Staff F signed the eMARs for medication administration. -On 07/17/22, Staff F signed the eMARs for medication administration.</p> <p>Interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm revealed she did not recall receiving Staff F's medication training checklist to file in her personnel record.</p> <p>Interview with the Health Wellness Director (HWD) on 08/08/22 at 3:06pm revealed: -Staff F should have successfully completed the medication skills validation competency before administering medications. -The HWD would have been responsible for completing the medication skills validation checklist.</p> <p>Interview with the Administrator-in-Charge on 08/08/22 at 5:15pm revealed: -The medication skills validation competency should be completed by the HWD and given to the BOM to file in Staff F's personnel record. -She expected Staff F to be validated to ensure she was competent with medication administration.</p> <p>Attempted telephone interview with Staff F on 08/08/22 at 11:30am was unsuccessful,</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	<p>Continued From page 183</p> <p>Refer to the interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm.</p> <p>Refer to the interview with the Health Wellness Director (HWD) on 08/08/22 at 3:06pm.</p> <p>Refer to the interview with the Administrator-in-Charge on 08/08/22 at 5:15pm.</p> <hr/> <p>Interview with the Business Office Manager (BOM) on 08/08/22 at 3:59pm revealed: -She was responsible for filing the medication training certificate in the personnel record. -She attempted to audit the personnel records every 2-3 months; she had not audited the personnel records recently. -She had not audited the personnel records as often as needed.</p> <p>Interview with the Health Wellness Director (HWD) on 08/08/22 at 3:06pm revealed: -The HWDs at the facilities were responsible for teaching the medication administration class. -She had been the facility HWD for two weeks. -She had not been trained on teaching the medication aide class. -She knew the corporate nurse had taught the medication aide class when there was no HWD available.</p> <p>Interview with the Administrator-in-Charge on 08/08/22 at 5:15pm revealed: -The medication administration classes were taught by the HWD. -The facility had been without a HWD for a couple of months; the staff was sent to another facility to receive the medication administration training. -The facilitator would complete the medication</p>	D935		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 184  training certificate and give the certificate to the Staff. -The staff would bring the medication training certificate to the BOM. -The BOM would file the medication training certificate in the staff personnel record. -The BOM was responsible for auditing the personnel records. -She expected the MA's to provide their medication training certification to the BOM upon completion. -She expected the BOM to file the medication training certification in the personnel records.	D935		