	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BOILDING.			
		HAL032065	B. WING		08/0	08/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRIES OF THE AP	OULD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	Durham County De conducted an annu investigation on Au	ensure Section and the epartment of Social Services al, follow-up and complaint gust 3rd - 5th, 2022 with an telephone on August 8th,				
D 079	10A NCAC 13F .03 Furnishings	06(a)(5) Housekeeping and	D 079			
	Furnishings (a) Adult care hom (5) be maintained orderly manner, fre hazards;	06 Housekeeping and es shall in an uncluttered, clean and e of all obstructions and ly to new and existing				
	Based on observati failed to ensure the	et as evidenced by: ions and interviews, the facility facility was clean and free ridenced by multiple unsecured o resident's room.				
	The findings are:					
	Protection Associat	nce from the National Fire ion (NFPA) compressed ers must be secured in a rack tipping over.				
	2018 revealed: -Community management that the compresse are used properly a location.	ty's oxygen policy dated April gement team should check ed gas cylinders have no leaks, and are stored in a safe evention included cylinders				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 079	Continued From pa	ge 1	D 079			
	should be provided stand to prevent tip	with chaining, strapping or ping exposure.				
	11:50am revealed: -There were five O2 floor of the kitchene -There were five O2	dent room 221 on 08/03/22 at 2 cylinders standing on the ette. 2 cylinders in a metal rack 02 cylinders without a rack.				
	8:50am revealed: -There were five O2 floor of the kitchene -There were five O2	dent room 221 on 08/05/22 at 2 cylinders standing on the ette. 2 cylinders in a metal rack D2 cylinders without a rack.				
	resident in room 22 08/08/22 at 3:24pm -O2 tanks should b -They only provided -There was no door	w with a representative of the 11's oxygen provider on revealed: e stored upright and secured. d O2 racks when requested. umentation anyone had so for the residents O2 tanks.				
	10:24am revealed t	dent room 207 on 08/04/22 at there were eight O2 cylinders or of the resident's living room; red.				
	08/04/22 at 10:24ar -No one had told hi stored.	esident in room 207 on m revealed: m how the O2 tanks should be rned the O2 tanks could be				
	10:24am revealed:	dent room 207 on 08/04/22 at 02 cylinders standing on the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 079	floor of the resident secured.  -There were three of closet without a raction about the O2 tank is should the O2 tank is should be tank in the oat tank in the	c's living room; they were not concern and	D 079			

Division of Health Service Regulation

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 079	Continued From pa	ge 3	D 079			
		f the PCAs had been proper storage of oxygen				
	Coordinator (HWC) revealed:	lealth and Wellness on 08/04/22 at 3:21pm				
	rack.	ed any O2 tanks not stored in a				
	needed a rack, she	here were O2 tanks that would have reached out to rand requested a rack for s.				
	(HWD) on 08/04/22 -O2 tanks needed t manner that preven knocked over. -It was concerning to	lealth and Wellness Director 2 at 11:10am revealed: o be stored upright in a sted the tank from being there were unsecured O2 ats' rooms because the tanks				
	could be dangerous -She expected the s	s if they were knocked over. staff to let her know the en that was not properly				
	on 08/04/22 at 11:2 -O2 tanks should be in racks to prevent a -If an O2 tank fell or hazard, -She expected the I housekeepers to no HWD when a reside	e stored standing upright and the O2 tanks from falling over. ver it could be a tripping PCAs, MAs, and otify her, the HWC, or the ent had unsecured oxygen				
	tanks and needed a	a rack.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
BROOKI	DALE DURHAM		N FRANKLIN I I, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 137	Continued From pa	ge 4	D 137			
D 137	10A NCAC 13F .04 Qualifications	07(a)(5) Other Staff	D 137			
	<ul><li>(a) Each staff pers shall:</li><li>(5) have no substa</li></ul>	07 Other Staff Qualifications on at an adult care home ntiated findings listed on the lth Care Personnel Registry 31E-256;				
	reviews, the facility sampled staff (A, B	ons, interviews and record failed to ensure 3 of 6 , E) had no substantiated e North Carolina Health Care				
	The findings are:					
	reviews, the facility sampled staff (A, B	ons, interviews and record failed to ensure 3 of 6 , E) had no substantiated e North Carolina Health Care (HCPR) upon hire.				
	The findings are:					
	-Staff A was hired a on 12/20/22. -There was no doct	A's personnel record revealed: as a personal care aide (PCA) umentation a Health Care Check (HCPR) was e.				
	revealed:	A on 08/08/22 at 12:20pm  ag at the facility in January  d shift as a PCA.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 137	Continued From pa	ge 5	D 137			
	-She did not know if the HCPR check had been completed prior to her employment.					
	08/08/22, verifying	vas received, prior to exit on there were no pending bstantiated findings for Staff				
		ew with the Health Wellness 08/08/22 at 3:06pm.				
		ew with the Business Office 08/08/22 at 3:59pm.				
	Refer to the interview with the Administrator-in-Charge (AIC) on 08/08/22 at 5:35pm.					
	08/07/22 revealed: -Staff B was hired a on 02/14/22There was no documents	B's personnel record on as a personal care aide (PCA) umentation a Health Care Check (HCPR) was e.				
		ne interview with Staff B on m was unsuccessful.				
	08/08/22, verifying	as received, prior to exit on there were no pending bstantiated findings for Staff				
	Refer to the intervie Director on 08/08/2	ew with the Health Wellness 2 at 3:06pm.				
		ew with the Business Office 08/08/22 at 3:59pm.				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 137	Continued From pa	ge 6	D 137			
	Refer to the intervie Administrator-in-Ch 5:35pm.	ew with the arge (AIC) on 08/08/22 at				
	08/07/22 revealed: -Staff E was hired a 01/04/22There was no docu	e's personnel record on as a medication aide (MA) on umentation a Health Care Check (HCPR) was e.				
	Observation on 09/04/18 at 3:50pm revealed Staff E was on duty.					
	revealed: -She was hired as a January 2022She worked as a Name of the she did not know the she was a she she did not know the she she she she she she she she she s	E on 08/08/22 at 11:39am a medication aide (MA) in MA on second shift. what a HCPR check was and d been completed prior to her				
	08/08/22, verifying	as received, prior to exit on there were no pending bstantiated findings for Staff				
	Refer to the intervie Director on 08/08/2	ew with the Health Wellness 2 at 3:06pm.				
		ew with the Business Office 08/08/22 at 3:59pm.				
	Refer to the intervie Administrator-in-Ch 5:35pm.	ew with the arge (AIM) on 08/08/22 at				
	Interview with the H	lealth Wellness Director				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 137	-She was not respondered Personnel Re-She thought the Brown was responsible for hires.  Interview with the Brown was responsible for hires.  -She was responsible for hires with the previous HWE checking HCPR in 18-The previous HWE was print a copy of the HCP BOM to file in the poshe did not always verification.  -She attempted to a every 2-3 months; spersonnel records responsel records responsel records responsel with the A on 08/08/22 at 5:35-The previous HWE the HCPR from Decords and the hires was not in the personnel record.  -She did not know the personnel record.  -She knew some person was missing from Experimental copy of the personnel record.	at 3:06pm revealed: Insible for checking the Health gistry (HCPR) for new hires. Usiness Office Manager (BOM) I checking the HCPR for new  IOM on 08/08/22 at 3:59pm  IDE for checking the HCPR for IDE for checking the HCPR and IDE for checking the HCPR and IDE for checking the HCPR and IDE for check would be given to the IDE for check would be given to the IDE for check would be given to the IDE for check would the for checking the had not audited the IDE for checking the for checking IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for checking the previous HWD; and IDE for checking the for	D 137			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM			BOULEVARD		
040.15	CLIMANA DV CTA		, NC 27704	DDOVIDEDIS DI ANI OF CODDECT	ION	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 137	Continued From pa	ge 8	D 137			
	personnel recordsShe expected the lemployees starting	HCPR to be checked prior to work with the residents and rification to be placed in the nel file.				
D 188	10A NCAC 13F .06 Other Staffing	04(e) Personal Care And	D 188			
	(e) Homes with cap shall comply with the home is staffing to below 21 residents, a home with a cens (1) The home shall the needs of the residents on each be at least:  (A) First shift (morrifor facilities with a cresidents; and 16 headditional hours of a 10 or fewer resident or capacity of 40 or chart, see Rule .060 (B) Second shift (a duty for facilities with a duty for facilities with to 40 residents; and four additional hour additional 10 or few census or capacity staffing chart, see F (C) Third shift (every per 30 or fewer residents).	oacity or census of 21 or more e following staffing. When the census and the census falls the staffing requirements for us of 13-20 shall apply. I have staff on duty to meet sidents. The daily total of aide 8-hour shift shall at all times oning) - 16 hours of aide duty ensus or capacity of 21 to 40 ours of aide duty plus four aide duty for every additional ts for facilities with a census more residents. (For staffing 26 of this Subchapter.) fternoon) - 16 hours of aide the a census or capacity of 21 to 40 for every er residents for facilities with a of 40 or more residents. (For Rule .0606 of this Subchapter.) ning) - 8.0 hours of aide duty dents (licensed capacity or For staffing chart, see Rule apter.)				

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 188 Continued From page 9  (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,	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
BROOKDALE DURHAM  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704  (X4) ID PREFIX TAG  CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 188  Continued From page 9  (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,			HAL032065	B. WING		08/0	8/2022
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D 188   Continued From page 9   (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,   CX5)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (X5)   COMPLET (EACH CORRECTIVE ACTION SHOULD BE (EA	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 188  Continued From page 9  (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,	BROOKI	DALE DURHAM			BOULEVARD		
(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,	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
"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.  (E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule.  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.  The findings are:  Review of 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).  Observation of the facility on 08/03/22 at 7:30am revealed:  -The facility was a multi level facilityThere were assisted living (AL) resident's rooms on the 1st, 2nd, and 3rd floorsThere was a special care unit (SCU) accessible by a locked door, adjacent to the main lobby area of the first floor.  Confidential interview with an AL resident on 08/03/22 revealed:	D 188	(D) The facility shameet the needs of tresidents equal to the by Medicaid. As us "heavy care resident residing in an adult "heavy care" by Me is receiving enhance (E) The Department if it determines the met by the staffing.  This Rule is not me Based on record refacility failed to ensifor the assisted living 48 residents on 07/for 2 of 2 sampled to the findings are:  Review of the facility 119 beds including (AL) area and 20 be (SCU).  Observation of the revealed:  -The facility was a rether assisted on the 1st, 2nd, and the first floor.  Confidential interview of the first floor.	all have additional aide duty to the facility's heavy care he amount of time reimbursed sed in this Rule, the term, nt", means an individual care home who is defined as dicaid and for which the facility sed Medicaid payments. In shall require additional staff needs of residents cannot be requirements of this Rule.  Let as evidenced by: views and interviews, the ure the required staffing hours ing (AL) unit with a census of 03 /22 and 07/04/22 were met third shifts.  Let's license effective 01/01/22 is was licensed for a capacity of 99 beds for the assisted living eds for the special care unit facility on 08/03/22 at 7:30am multi level facility. The diving (AL) resident's rooms in the main lobby area	D 188			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:	<del></del>	OOWII	LLTLD
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 188	Continued From pa	ge 10	D 188			
	someone to help his	o wait as long as 1.5 hours for m after the call bell had been e, it was dark outside, but they time.				
	Interview with anoth at 8:05am revealed -He was blind, could					
	-He waited for staff the bed.	to come and get him out of				
	<ul> <li>-He did not know how long he waited for staff to bring him his food and get him out of bed.</li> <li>-He was told the pendent around his neck was for emergency purposes only.</li> </ul>					
		use the pendent to call for				
	8:15am revealed:	d AL resident on 08/03/22 at				
	or two staff in the elfloors of the AL and	aff that there were usually one ntire building to cover all 3 the SCU. wait 6 hours for someone				
	from third shift staff them by her call bel	to assist her once she calls				
	someone to assist I	I up to 2 hours to get ner. istance from the staff to get a				
	sponge bathe.					
		rth AL resident on 08/03/22 at e facility did not have enough ight.				
	9:26am revealed:	AL resident on 08/03/22 at				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN I NC 27704	BOULEVARD		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE
D 188	Continued From pa	ge 11	D 188			
	call bellAfter no one came did not find any staf	ad a fall and she pulled the , she walked the hall twice and ff. er floor, where she found a				
	11:50am revealed: -Staff did not respon	th AL resident on 08/03/22 at and to the call bell. e call bell before, and no one				
	dated 07/03/22 reve	y's resident census reports ealed there was a census of AL, which required 16 staff				
	third shift dated 07/ -One medication aid facility.	y's daily assignment sheet for 03/22 revealed: de (MA) was assigned to the aide (PCA) was assigned to				
	07/03/22 revealed t	oyee timecards dated here was a total of 16 staff hird shift in the AL area.				
	4:55pm revealed w	w with the MA on 08/08/22 at hen she was the only MA in ked "about" 5 hours in AL.				
		times cards and staff nit was 3 hours short on third				
	dated 07/04/22 reve	y's resident census reports ealed there was a census of AL, which required 16 staff				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 188	Continued From pa	ge 12	D 188			
	hours on third shift.					
	Review of the facilit third shift dated 07/ -One MA was assig -One PCA was assig	ned to the facility.				
	07/04/22 revealed t	oyee timecards dated here was a total of 16 staff hird shift in the AL area.				
	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.					
	Based on review of times cards and staff interviews the AL unit was 3 hours short on third shift on 07/04/22.					
	08/04/2022 at 10:00 -She worked on the floorsThere were reside assistWhen she provide who was a two persithe building to assis-Residents used the front desk reception the location of the rassistanceStaff used to call the reset the call bell of	e AL unit second and third ints that were two persons id personal care to a resident son assist she called staff in st her. eir call bell or pendent and the hist radioed staff on the floor of esident's room who needed ine front desk receptionist to r pendant.				
	08/05/22 at 7:32am	d shift medication aide (MA)on revealed: short staffed every other				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 188	-When the third shi one MA and two PC-She told the PCA a Unit to not leave an was neededThe last time she is shift was short staff agoThere were two re residents on the se on the third floor that Telephone interview 2:14pm revealed: -She worked third she working in ALThe MA was back special care unit (S-The MA would assemble of the Washing shad been on third shift, she pass and an early reshe went between she could not give depended on how in the SCU and what she she could not give depended on the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what she could not give depended on how in the SCU and what	If was short staffed there was CAs for the entire building. assigned to the Special Care and to use the radio if anything remembered that the thirds fed was two to three weeks sidents on the first floor, seven cond floor, and five residents at required incontinence care.  If with a PCA on 08/08/22 at shift.  If when she was the only staff and forth between AL and the CU). In the with a MA on 08/08/22 at difficult.  If with a MA on 08/08/22 at difficult.  If an an evening medication morning medication pass. In the SCU and AL. In a specific amount of time, it many PCAs were assigned to was going on. In epcal in AL, she had to work esident care. The second floor required the lest excond floor in AL needed	D 188			
		2 at 4:00pm revealed:				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I		CTDEET AD		STATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
BROOK	DALE DURHAM			BOULEVARD		
			NC 27704			T
(X4) ID		TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
		,		DEFICIENCY)		
D 188	Continued From no	go 14	D 188			
וססו ט	Continued From pa	ge 14	D 100			
		e facility and started				
		2; she started working in the				
	facility on 07/25/22.					
		ellness Coordinator (HWC)				
	was doing the sche					
		os and downs with staff				
	retention.					
		oblems with no-shows and				
	staff calling outIdeally, there should be at least two PCAs in AL.					
	-They were doing the best they could with what they had.					
		duled the AL short; it was				
		not coming in their shift.				
		ny residents complain about				
		answered or receiving				
	assistance.	· ·				
	-She did not know t	he state regulations for				
	staffing in AL.	-				
		v with the Administrator on				
	08/08/22 at 5:31pm					
		nitoring the schedule since				
		the daily assignment sheets.				
	and two staff in AL.	t least two staff in the SCU,				
		ever just scheduled three staff				
	for the facility.	over just someduled three stan				
		what happened on 07/03/22				
		would not have been				
	scheduled that way					
		e there was ever just three				
	staff in the facility o					
		plaints came after a weekend,				
	•	d it and did not see a staffing				
	issue.					
		re of accountability and				
	systems, but not ac	tually short-staffed.				
	The HMC was not	available for a talanhana				
	The HWC was not	available for a telephone				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.				
		HAL032065	B. WING		08/0	8/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 188	Continued From pa	ge 15	D 188				
	interview on 08/08/	22.					
D 234	10A NCAC 13F .07 Medical Exam & Im	03(a) Tuberculosis Test, nmunizatio	D 234				
	Examination & Imm (a) Upon admission resident shall be ter in compliance with by the Commission specified in 10A NO subsequent amend the rule are availabe the Department of I Tuberculosis Contro Center, Raleigh, No This Rule is not me Based on record re facility failed to ens (#5) had completed testing in compliance	n to an adult care home, each sted for tuberculosis disease the control measures adopted for Health Services as CAC 41A .0205 including ments and editions. Copies of le at no charge by contacting Health and Human Services, of Program, 1902 Mail Service orth Carolina 27699-1902.					
	The findings are:						
	06/21/21 revealed of hypothyroidism, hypothyroidism, hypothyroidism, hypothyroidism, hypothyroidism, hypothyroidism, and delirium status, and delirium	poxia, depression, reflux disease, anxiety, ion, arthritis, gastro-intestinal , insomnia, altered mental					
	revealed an admiss	sion date of 06/25//21.					
	Review of Resident	t #5's record revealed there					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 234	was no documental (TB) skin test.  Interview with the H (HWD) on 08/08/22 -She had worked as -Each resident was test.  -The HWD would be administering and resident's record.  -She was not aware second TB test filed.  Interview with the A on 08/08/22 at 5:30 -A 2 step TB test was -The TB test was act HWD.  -The HWD would con Resident #5's messident #	tion of a second tuberculosis lealth Wellness Director at 3:06pm revealed: s the HWD for 2 weeks. required to have a 2-step TB e responsible for eading the TB test. TB test would be filed in the e Resident #5 did not have a d her record. dministrator-in-Charge (AIC) pm revealed: as required for all admissions. dministered and read by the complete the TB form and file	D 234			
D 269	10A NCAC 13F .09 Supervision	01(a) Personal Care and	D 269			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL032065	B. WING	<u></u>	08/0	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BBUUKI	DALE DURHAM	4434 BEN	FRANKLIN	BOULEVARD		
BROOKI	DALE DUNHAM	DURHAM	, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 17	D 269			
	10A NCAC 13F .09 Supervision (a) Adult care hom care to residents ac plans and attend to	01 Personal Care and e staff shall provide personal cording to the residents' care any other personal care by be unable to attend to for				
	reviews the facility fassistance according	et as evidenced by: ons, interviews, and record failed to provide personal care ng to the care plans for 1 of 5 (#3) who required assistance				
	05/26/22 revealed: -Diagnoses include weakness, bilateral osteoarthritis, spina venous stasis, hear acute kidney injury, hypothyroidism, hypanticoagulation.	#3's current FL2 dated d generalized muscle lower extremity edema, il stenosis, lower extremity t failure, left sided weakness, paroxysmal atrial fibrillation, perlipidemia, and chronic riented and required hing.				
	revealed: -Resident #3's care not contain assessr living.	#3's care plan dated 03/02/22 plan was incomplete and did ment level for activities of daily				
	with mobility.	a motorized scooter to assist aily incontinence of bladder.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BOILDING.			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 18	D 269			
	-Resident #3 requir and dressing.	ed no assistance with bathing				
	Resident #3 reveale	ty's shower schedule for ed Resident #3 was listed to receive showers on day at 6:00am.				
	-There was a show -Resident #3 was s shift on Sunday and -There were showe spaces for name, d	ty's shower binder on the ed: er and laundry schedule. cheduled for a shower on third d Thursday at 6:00am. er forms in the binder with late, time and notes. ower forms for Resident #3.				
	08/04/22 at 10:59al -Resident #3 was s wheelchair. -She was sorting in bedroom.	itting in her motorized continent briefs in her pendant around her neck to				
	08/04/2022 at 10:00 -Each floor had a s scheduleThe new Health ar (HWC) made a sch laundryThe HWC made for complete when the showersIf a resident refuse and staff had to sig shower was refused.	hower schedule and a laundry and Wellness Coordinator needule for the showers and orm/checklist for staff to a sasisted residents with their and to shower both the resident on the form indicating the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER	OR SUPPLIER			STATE, ZIP CODE		
BROOKDALE DU	IRHAM		FRANKLIN NC 27704	BOULEVARD		
	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
the restartherest the restartherest the restartherest the restart rest	was no protord. ew form/che laced in the laced assist mornings by laced assist mornings by laced assist mornings by laced assist laced assist laced incontinen lad improve laced to assist laced to assist laced to assist laced to assist laced in assist laced to assist l	ower was refused. ocol to document showers in cklist of the shower sheets HWC's mailbox. orm/checklist for the showers a month ago. dent #3 on 08/04/22 at tance getting into bed but herself. ame around at night to assist ce care, it was not consistent. d on checking her for during the past week. shift or day shift staff were her out of bed and with vas able to get herself out of shoulder pain and it was ress herself. with Resident #3 on 08/05/22	D 269			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOKI	DALE DURHAM		I FRANKLIN I , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 269	she received assist -To stay clean, she the sinkShe was not able t motorized wheelche bath.  Interview with a day 08/05/22 at 4:00pm -She expected the p complete their job of -However, she was the PCAs complete -She had too many with the PCAs to er  Interview with anoth 2:14pm revealed: -She had worked at than a monthShe worked all thre -Resident #3 did no she sometimes ass careShe had not offere bathing because he another shift.  Interview with a thir revealed: -Resident #3 took s accepting help from	ance with bathing. did her own sponge baths at o stand so she sat in her air to try to complete a sponge of shift medication aide (MA) on revealed: Dersonal care aides (PCA) to duties for the shift. Inot able to monitor to ensure of the scheduled showers. In of her own duties to follow up resure residents were bathed. Inter PCA on 08/05/22 at of the facility for a little more the shifts. It need a lot of assistance and isted her with incontinence of Resident #3 assistance with the showers were scheduled for of PCA on 08/05/22 at 4:22pm ome time to get use to of him.	D 269			
	female staff to assist for bedNow Resident #3 a getting into the bed clothes and incontirule had not offered	was admitted, he would call a st her with changing clothes allowed him to assist her with assisting with changing her nence care.  her a shower on second shift, she was not receiving a bath				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 269	from third shift.  He completed and checklist to docume.  He gave the check Wellness Coordina shift by sliding it un  Telephone interview 08/08/22 at 10:57ar.  She worked at the She was oriented to PCA.  She was told there received a shower was not the resider.  She did not know I receive assistance.  She had not provid with bathing.  Telephone interview on 08/08/22 at 11:4.  She had over 20 y and she had worke 2021.  She thought Reside assistance with bathing the overheard oth bathed Resident #3.  She did not know the offered assistance.  Telephone interview of 12:21pr.  There was only on shower schedule to shift.	initialed the MA/caregiver ent his work for the shift. clist to the Health and tor (HWC) at the end of his der her door.  It with a third shift PCA on more revealed: If acility more than one month. It to nights by another third shift er was one resident who con third shift, and Resident #3 at.  Resident #3 was supposed to with bathing on third shift. It ded assistance to Resident #3  If with a second third shift PCA gam revealed: If a was receiving the part of the facility since October with the facility	D 269			

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STATE FORM 54NG11 If continuation sheet 22 of 185

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEN FRANKLIN BOULEVARD  DURHAM. NO 27704  DURHAM. NO 27704  DURHAM. SUMMARY STATEMENT OF DEFICIENCIES  REQULATORY OR LISC IDENTIFTING INFORMATION)  PREFIX TAGS  Continued From page 22  Scheduled to receive a shower on third shiftShe did not know Resident #3 was supposed to receive assistance with bathing on third shiftShe knew there was one resident who received showers on third shift, but it was not Resident #3The last time she was lold that Resident #3The last time she was lold that Resident #3The HWC planned to institute a new process to document when residents revised or received showersShe two the HWC once completedThe HWC planned to institute a new process to document when residents revised or received showersShe expected the PCAs to follow the shower scheduleThe shower forms that were used now were given to the HWC once completedThe AlC had met with Resident #33 family concerning personal care servicesThe 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 to determine if Resident #3 was roceiving assistanceShe monitored Resident #3 to determine if Resident #3 was roceiving assistance.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  PREFIX TAG  D 269  Continued From page 22  scheduled to receive a shower on third shiftShe did not know Resident #3 was supposed to receive assistance with bathing was on 2nd shift, us the exold hat Resident #3 received assistance with bathing was no 2nd shift, us the exold not remember the date.  Telephone interview with the AIC on 08/08/22 at 5:00pm revealed: -The last time she was told that Resident #3 received assistance with bathing was July 2022, but she could not remember the dateThe AIC had met with Resident #3* Family concerning personal care servicesThe last time she met with the family concerning Resident #3 received in the metings with the family she was supposed to monitor Resident #3* showersShe monitored Resident #3* showersShe assistance with bathing was supposed to received showersShe assistance with the AIC on 08/08/22 at 5:00pm revealed: -The HVVC planned to institute a new process to document when residents refused or received showersShe assistance with subthing was supposed to monitor Resident #3* showersShe assistance with the family she was supposed to monitor Resident #3* showers by speaking with staff and Resident #3* showers -She monitored Resident #3* showers on the shower -She thought Resident #3 was receiving assistanceShe thought Resident #3 was not he shower				,			
CACH DURHAM   SUMMARY STATEMENT OF DEFICIENCIES   CACH DEFICIENCY MUST BE PRECEDED BY FULL   FREGULATORY OR LEG DESTIFYING INFORMATION)   PREFIX   TAG   PROVIDERS PLAN OF CORRECTION   SHOULD BE CROSS-REFERENCE IN THE APPROPRIATE DEFICIENCY			HAL032065	B. WING	<u> </u>	08/0	8/2022
PROVIDER'S PLAN OF CORRECTION   PROVIDER'S PLAN OF CORRECTION   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PROVIDER'S PLAN OF	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 269  Continued From page 22  scheduled to receive a shower on third shiftShe did not know Resident #3 was supposed to receive assistance with bathing on third shift.  Telephone interview with an evening/night shift MA on 08/08/22 at 12:32pm revealed: -She tid only those was scheduled to receive a shower on third shiftShe did not know Resident #3 was scheduled to receive a shower son second shiftShe did not know Resident #3 was scheduled to receive a shower son 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 is she could not remember the date.  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 showersShe expected the PCAs to follow the shower scheduleThe shower forms that were used now were given to the HWC once completedThe AIC had met with Resident #3's family concerning personal care servicesThe last time she met with the family concerning Resident #3' receiving assistance with bathing was on the showersShe monitored Resident #3's showers by speaking with staff and Resident #3's showers by speaking with staff and Resident #3 to determine if Resident #3 was creeiving assistanceShe thought Resident #3 was on the shower	BROOK	DALE DURHAM			BOULEVARD		
scheduled to receive a shower on third shift.  -She did not know Resident #3 was supposed to receive assistance with bathing on third shift.  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.  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 alC 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	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE	COMPLETE
Attempted telephone interview with the HWC on	D 269	scheduled to receive. She did not know receive assistance.  Telephone interview MA on 08/08/22 at -She thought Reside showers on secondershe did not know receive a shower of she was showers on third showers on the last time she was showers.  -The last time she was showers.  -She expected the schedule.  -The shower forms given to the HWC of the AIC had met was concerning personal the last time she was July 2022, but date.  -As a result of the respeaking with staff if Resident #3 was -She thought Resident schedule for second schedul	/e a shower on third shift. Resident #3 was supposed to with bathing on third shift.  w with an evening/night shift 12:32pm revealed: lent #3 was scheduled for 3 shift. Resident #3 was scheduled to 6 n third shift. as one resident who received 6 nift, but it was not Resident #3. was told that Resident #3. was told that Resident #3. with bathing was on 2nd 7 not remember the date.  w with the AIC on 08/08/22 at 13 to institute a new process to 14 to institute a new process to 15 sidents refused or received 16 PCAs to follow the shower 17 that were used now were 18 once completed. with Resident #3's family 19 al care services. Interest with the family concerning 19 assistance with bathing 19 she 19 could not remember the 19 meetings with the family she 19 nonitor Resident #3's showers. Sident #3's showers by 19 and Resident #3 to determine 19 receiving 19 assistance. Sident #3 was on the shower 10 shift.	D 269			

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	OILULL
				BOULEVARD		
BROOK	DALE DURHAM		NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 23	D 269			
	08/08/22 at 9:28am	was unsuccessful.				
D 273	10A NCAC 13F .09	02(b) Health Care	D 273			
		02 Health Care I assure referral and follow-up and acute health care needs				
	reviews, the facility follow up and physic sampled resident (# the Urologist after a	ons, interviews, and record failed to ensure referral and cian notification for 2 of 5 ±1, #2); referral and follow with hospitalization resulting in a and physician notification of				
	The findings are:					
	06/10/22 revealed of pneumonia, hyperte hydronephrosis, cer abdominal pain, clo fracture of twelfth the	ent #1's current FL-2 dated diagnoses included ension, heart failure, bilateral rebrovascular disease, chronic sed wedge compression noracic vertebra, osteoarthritis, peripheral neuropathy.				
	06/11/22 revealed the	#1's physician's order dated here was an order for a up with the Urologist.				
	summary dated 06/ -He was hospitalize -He had chronic uril left renal stone.	d from 06/09/22 to 06/11/22. hary retention and a possible ng foley catheter placed in the				

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NAME OF PROVIDER OR SUPPLER  STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704     XAJ ID   PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDERS PLAN OF CORRECTION   PREPTA   REQULATORY OR LSE (DENTIFYING INFORMATION)   TAQ   ID   PROVIDERS PLAN OF CORRECTION SHOULD BE   CANSA-REFERENCED OR HEAPPHOPPINATE   COMPLETE   CANSA-REFERENCED OR HEAPPHOPPINATE   CANSA-REFERENCED OR HEAPPHOPPINATE   COMPLETE   CANSA-REFERENCED OR HEAPPHOPPINATE   COMPLETE   CANSA-REFERENCED OR HEAPPHOPPINATE   CANSA-REFERENCED OR HEAPPHOPPINATE   CANSA-REFERENCED OR HEAPPHOPPINATE   CANSA-REFERENCED OR HEAPPHOPPINATE   CANSA-REFER	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLER  BROOKDALE DURHAM  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX TAG  COntinued From page 24  I-le was discharged to the facility with the indwelling foley catheter, -I-le was to follow up with the Vorley and the vork-up in the hospital but preferred to have it outpatient.  Observation of Resident #1 on 08/04/22 at 10:20am revealed: I-le was shatched to his wheelchair in his room watching television. I-le had an indwelling foley catheter; the foley bag was attached to his wheelchair.  Interview with Resident #1 on 08/04/22 at 10:20am revealed: I-le was hospitalized in June 2022 for pneumonia and severe pain. Interview with Resident #1 on 08/04/22 at 10:20am revealed: I-le was hospitalized in June 2022 for pneumonia and severe pain. Interview with Resident #1 and Specialist. I-le did not know if an appointment had been made to see the Specialist. I-le thought he was to follow-up with a Specialist. I-le had not seen a Specialist about the indwelling foley catheter.  Interview with a medication aide (MA) on 08/04/22 at 4.05pm revealed: She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall seeing Resident #1's hospital discharge summary dated 06/11/22. She did not rocall			1141 00005	B WING		00/6	20000
Add Ben FrankLin Boulevard   Durham, NC 27704     Draft   Caroliberio						08/0	18/2022
C(A)   ID   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFITING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCE) TO THE APPROPRIATE   DATE   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCE) TO THE APPROPRIATE   DATE   DATE   DATE   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCE) TO THE APPROPRIATE   DATE	NAME OF I	PROVIDER OR SUPPLIER					
PRÉFIX TAG  REGULATORY OR USC IDENTIFYING INFORMATION)  D 273  Continued From page 24  -He was discharged to the facility with the indwelling foley catheter, urinary retention, and possible renal stone.  -He did not want further work-up in the hospital but preferred to have it outpatient.  Observation of Resident #1 on 08/04/22 at 10:20am revealed:  -He was sitting in his wheelchair in his room watching television.  -He had an indwelling foley catheter, the foley bag was attached to his wheelchair.  Interview with Resident #1 on 08/04/22 at 10:20am revealed:  -He was hospitalized in June 2022 for pneumonia and severe pain.  -The indwelling foley catheter was placed during the hospitalization.  -He was told that he needed the indwelling foley catheter because he could not empty his bladder.  -He thought he was to follow-up with a Specialist.  -He did not know if an appointment had been made to see the Specialist.  -He had not seen a Specialist about the indwelling foley catheter.  Interview with a medication aide (MA) on 08/04/22 at 4:05pm revealed:  -She did not recall seeing Resident #1's hospital discharge summary dated 06/11/22.  -She did not know Resident #1 was to see the Urologist.  -The Health Wellness Coordinator (HWC) and	BROOK	DALE DURHAM			BOOLEVARD		
-He was discharged to the facility with the indwelling foley catheterHe was to follow up with the Urologist regarding the indwelling foley catheter, urinary retention, and possible renal stoneHe did not want further work-up in the hospital but preferred to have it outpatient.  Observation of Resident #1 on 08/04/22 at 10:20am revealed: -He was sitting in his wheelchair in his room watching televisionHe had an indwelling foley catheter; the foley bag was attached to his wheelchair.  Interview with Resident #1 on 08/04/22 at 10:20am revealed: -He was hospitalized in June 2022 for pneumonia and severe painThe indwelling foley catheter was placed during the hospitalizationHe was told that he needed the indwelling foley catheter because he could not empty his bladderHe thought he was to follow-up with a SpecialistHe did not know if an appointment had been made to see the Specialist about the indwelling foley catheter.  Interview with a medication aide (MA) on 08/04/22 at 4:05pm revealed: -She did not recall seeing Resident #1's hospital discharge summary dated 06/11/22She did not know Resident #1 was to see the UrologistThe Health Wellness Coordinator (HWC) and	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE
review all hospital discharge summariesThe HWC and HWD would make the Urology appointment for Resident #1.	D 273	-He was discharged indwelling foley cattaged. He was to follow us the indwelling foley and possible renal an	d to the facility with the neter. p with the Urologist regarding catheter, urinary retention, stone. rther work-up in the hospital ve it outpatient. ident #1 on 08/04/22 at is wheelchair in his room ing foley catheter; the foley bag wheelchair. dent #1 on 08/04/22 at indicated in June 2022 for pneumonial and y catheter was placed during the ended the indwelling foley in ecould not empty his bladder. In an appointment had been becallist. Specialist about the neter. dication aide (MA) on revealed: seeing Resident #1's hospital of dated 06/11/22. Resident #1 was to see the list coordinator (HWC) and is Director (HWD) were to discharge summaries.  Deciding the work with the urology in the facility of the property	D 273	DEFICIENCY		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
summary when he ret -She knew Resident # catheter, but she didn -She did not know Re see the UrologistShe did not know if F Urologist.  Telephone interview w Care Provider (PCP) or revealed: -He did not know Res hospitalHe had not seen Residischarge summaryHe did not know there UrologistResident #1 could exindwelling foley catheten needed to be under the -The Urologist could oneeded to continue with catheter and if any provided in the eximal stone.  Interview with the HW revealed: -Hospital discharge sureviewed by the MA, FordersShe did not know Re in June 2022; she was facility at that timeAll referral appointments set-up by the family.	ident #1's hospital discharge turned on 06/11/22. #1 had an indwelling foley of the with Resident #1 had seen the  with Resident #1's Primary on 08/05/22 at 1:35pm  sident #1 had been in the sident #1's hospital  re was a referral to see a experience issues with the ter or the renal stone and the care of the Urologist. Dietermine if Resident #1 in the indwelling foley occedure was needed for the I/C on 08/04/22 at 9:45am	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		HAL032065	B. WING		08/0	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM			BOULEVARD		
		DURHAN	I, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 26	D 273			
	because of the indv	velling foley catheter.				
	revealed: -She did not see Re orders dated 06/11/ -She had worked in two weeksShe did expect the ordersResident #1 could indwelling foley cath Interview with the A on 08/05/22 at 11:5 -The MA, HWC and reviewing all orders -The HWC or the H speak with the family to see a Specialist; appointmentShe did not know is see a Urologist.	e staff to review and follow all experience issues with the neter.  dministrator-in-Charge (AIC) 0am revealed: d HWD were responsible for				
	implemented.	cility's weight policy dated				
	November 2018 rev -Each resident show monthly, and when healthcare setting uhis/her physician.					
	vital section in the e-Significant weight I by the following per reported to the residute Executive Direct designee, Dinning S					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 273	-Percentages were 7.5% gain/loss with 10% gain/loss with 10% gain/loss with -A Registered Nurs assessment and/or determined by state significant weight lodocumentation in the notes and updating addendum.  Review of Residen 12/30/21 revealed: -Diagnoses include weakness, atrial filt pulmonary disease failure with hypoxia -Resident #2 was in Review of Residen summary revealed -On 02/01/22, Residocumented as 11'-On 03/01/22, Residocumented as 11'-On 04/05/22, Residocumented as 11'-There was no weig -On 06/09/22, Residocumented as 10'-There was docum comparisons. There compared to 03/01 change compared -On 07/27/22, Residocumented as 10'-There was docum comparisons. There compared to 03/01 change compared -On 07/27/22, Residocumented as 10'-There was docum compared -On 07/27/22, Residocumented -On 07/27/22, Residocum	5% gain/loss within 30-days, ain the last 3 months and/or in the last 6 months. The (RN) comprehensive of other assessment as a regulation are required for oss/gain followed by the resident's log/progress of the service/care plan.  If #2's current FL-2 dated of decrebral infarct, muscle or illation, chronic obstructive (COPD), and respiratory of the remittently confused.  If #2's weights and vital of the dent #2's weight was 7.6.  If dent #2's weight was 7.6.  If the dent #2's weight was 8.2.  If the corded for May 2022.  If the corded for May 2022.	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '			SURVEY PLETED
		A. BOILDING.			
	HAL032065	B. WING		08/0	08/2022
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DALE DURHAM			BOULEVARD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
Continued From pa	ge 28	D 273			
revealed: -He was depressed: -He was not eating: -He self-administer: -He had also stopp: had started back ta 08/02/22He started back ta his son told him to b help with his depress  Interview with Resid 10:01am revealed: -He stopped going: -He thought he stop he was depressedNo one had asked mealsHe had not told an depressed.	ed his medications. ed taking his Mirtazapine but king the medication yesterday, king the Mirtazapine because because he thought it would ssion. dent #2 on 08/04/22 at to meals about a week ago. bped going to meals because him why he stopped going to y staff he thought he was				
Interview with a per 08/04/22 at 10:41ar - Resident #2 stoppe "about a week and - Resident #2's mea but he was not eatir - She had looked at anything Everybody knew R Health and Wellnes - No one told her to just knew to encour - Resident #2's daug	rsonal care aide (PCA) on m revealed: ed going down for meals a half ago." he was just not hungry. his were delivered to his room, ng them. his tray, and he had not eaten resident #2 was not eating; the his Director (HWD) knew. do anything differently; she rage him to eat.				
	PROVIDER OR SUPPLIER  DALE DURHAM  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa  Interview with Resident revealed: -He was depressed: -He was not eating: -He self-administer: -He had also stoppinad started back to a 10:01am revealed: -He started back to help with his depressed: -He stopped going: -He thought he stopped going: -He thought he stopped going: -He had not told and depressed: -No one had asked mealsHe had not told and depressed: -"No staff really con  Interview with a per 08/04/22 at 10:41ar -Resident #2 stopped going: -Besident #2 stopped going: -Besident #2 stopped going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and depressed: -No one had asked going: -He had not told and going: -He had not to	HAL032065  PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 28  Interview with Resident #2 on 08/03/22 at 8:45am revealed: -He was depressedHe was not eatingHe self-administered his medicationsHe had also stopped taking his Mirtazapine but had started back taking the medication yesterday, 08/02/22He started back taking the Mirtazapine because his son told him to because he thought it would help with his depression.  Interview with Resident #2 on 08/04/22 at 10:01am revealed: -He stopped going to meals about a week agoHe thought he stopped going to meals because he was depressedNo one had asked him why he stopped going to mealsHe had not told any staff he thought he was depressed"No staff really come in to talk to me."  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 hungryResident #2's meals were delivered to his room, but he was not eating themShe had looked at his tray, and he had not eaten anythingEverybody knew Resident #2 was not eating; the Health and Wellness Director (HWD) knewNo one told her to do anything differently; she just knew to encourage him to eatResident #2's daughter was concerned he was	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, S  A343 BEN FRANKLIN DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 28  D 273  Interview with Resident #2 on 08/03/22 at 8:45am revealed: -He was depressedHe was not eatingHe self-administered his medicationsHe had also stopped taking his Mirtazapine but had started back taking the medication yesterday, 08/02/22He started back taking the Mirtazapine because his son told him to because he thought it would help with his depression.  Interview with Resident #2 on 08/04/22 at 10:01am revealed: -He stopped going to meals about a week agoHe thought he stopped going to meals because he was depressedNo one had asked him why he stopped going to mealsHe had not told any staff he thought he was depressedNo staff really come in to talk to me."  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's meals were delivered to his room, but he was not eating themShe had looked at his tray, and he had not eaten anythingEverybody knew Resident #2 was not eating; the Health and Wellness Director (HWD) knewNo one told her to do anything differently; she just knew to encourage him to eatResident #2's daughter was concerned he was not eating.	PROVIDER OR SUPPLIER  PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 28  Interview with Resident #2 on 08/03/22 at 8:45am revealed:  -He was not eatingHe self-administered his medicationsHe had also stopped taking his Miritazapine 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.  Interview with Resident #2 on 08/04/22 at 10:01am revealed: -He stopped going to meals about a week agoHe hought he stopped going to meals because he was depressedNo one had asked him why he stopped going to mealsHe had not told any staff he thought he was depressedNo taff really come in to talk to me."  Interview with a personal care aide (PCA) on 08/04/22 at 10:04 and 10:41am revealed: -Resident #2 stopped going down for meals "about a week and a half ago." -Resident #2 stopped going down for meals "about a week and a half ago." -Resident #2 sund he was just not hungryResident #2 sund he was just not hungryResident #2 sand he was not eating; the Health and Wellness Director (HWD) knewNo one hold her to do anything differently; she just knew to encourage him to eatResident #2 saughter was concerned he was not eating.	PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE, ZIP CODE  4334 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CONTINUED FROM BOULD BENTIFYING INFORMATION)  TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED OF THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDER S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICE TO THE APPROPRIATE DEPICE TO THE APPROPRIATE DEPICE TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICE TO THE APPROPRIATE DEPICENCY)  PREFIX TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICE TO THE APPROPRIATE DE

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NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM    MAINTAIN   Maint	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
SUMMARY STATEMENT OF DEFICIENCIES   DURHAM, NC 27704			HAL032065	B. WING		08/0	8/2022
C(A)   D   SUMMARY STATEMENT OF DEFICIENCIES   C(ACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   C(ACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY   C(ACH DEPICIENCY)   DEFICIENCY	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRÉEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 29  notebook to record if Resident #2 ate each meal.  Review of Resident #2's meal notebook on 08/04/22 at 10:43am revealed:  -The first entry was 08/01/22, Resident #2 came down to get his lunch, but he did not eat.  -Resident #2 did not eat dinner on 08/02/22.  -Resident #2 did not eat flunch on 08/02/22.  -Resident #2 did not eat flunch on 08/03/22.  -Resident #2 ate breakfast on 08/03/22.  -Resident #2 ate breakfast on 08/03/22.  -Resident #2 ate dinner on 08/03/22.  -Resident #2 ate dinner on 08/03/22.  -Resident #2 ate of note of the common of the comm	BROOKI	DALE DURHAM			BOULEVARD		
notebook to record if Resident #2 ate each meal.  Review of Resident #2's meal notebook on 08/04/22 at 10:43am revealed:  -The first entry was 08/01/22, Resident #2 came down to get his lunch, but he did not eat.  -Resident #2 did not eat dinner.  -Resident #2 did not eat breakfast on 08/02/22.  -Resident #2 ate lunch on 08/02/22.  -Resident #2 ate breakfast on 08/03/22.  -Resident #2 did not eat dinner on 08/03/22.  -Resident #2 ate breakfast on 08/03/22.  -Resident #2 ate breakfast on 08/03/22.  -Resident #2 ate dinner on 08/03/22.  -Resident #2 ate dinner on 08/03/22.  -There was no other documentation.  Interview another PCA on 08/04/22 at 11:05am revealed:  -Resident #2 stopped going to meals about 2 weeks ago.  -She did not tell anyone Resident #2 had stopped going to meals.  -Resident #2 was not eating the meals that were provided in his room.  -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.  Interview with the medication aide (MA) on 08/04/22 at 2:10pm revealed:  -A PCA told her on Monday, 08/01/22, about the notebook for Resident #2's meals.  -No one had told her Resident #2 was not eating prior to hearing about the log on 08/01/22.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
-She relied on the PCAs to be her eyesIf she had known Resident #2 was not eating, she would have reached out to the nurse and put interventions in place.  Telephone interview with Resident #2's private duty care manager on 08/05/22 at 9:14am	D 273	notebook to record  Review of Resident 08/04/22 at 10:43ar -The first entry was down to get his lund-Resident #2 did not-Resident #2 did not-Resident #2 at elur-Resident #2 at elur-Resident #2 did not-Resident #2 at elur-Resident #2 stoppoweeks agoShe did not tell any going to mealsResident #2 was no provided in his room-She did not know we eating, all she knew had told them to ke  Interview with the mos/04/22 at 2:10pm-A PCA told her on notebook for Reside-No one had told he prior to hearing abou-She relied on the Fif she had known Fishe would have reainterventions in place.  Telephone interview	if Resident #2 ate each meal.  #2's meal notebook on merevealed:  08/01/22, Resident #2 came ch, but he did not eat. of eat dinner.  It eat breakfast on 08/02/22.  Inch on 08/02/22.  Inch on 08/03/22.  Inch on 08/04/22 at 11:05am  Inch on 0	D 273			

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Division of Health Service Regulation STATE FORM

MAKE OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  STREET ADDRESS, CITY, STATE_ZIP CODE  4334 BEN FRANKLIN BOULEVARD  DURHAM, NC 277704     PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   ID PROVIDER'S PLAN OF CONRECTION SHOULD BE RECEDED BY FULL   PREFIX   PREFIX ADDRESS   ID PROVIDER'S PLAN OF CONRECTION BE COMPARING   PREFIX   PREFIX   PREFIX   PROVIDER'S PLAN OF CONRECTION BROULD BE COMPARING   PREFIX   PREFIX   PROVIDER'S PLAN OF CONRECTION BROULD BE COMPARING   PREFIX   PREFIX   PREFIX   PROVIDER'S PLAN OF CONRECTION BROULD BE COMPARING   PREFIX   PRE	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  434 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704  PAPID  PRETIX  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 30  revealed: -She visited with Resident #2 weekly to "check-in" and to communicate to his familyShe coordinated with the staff at the facility when she identified an issueResident #2 was prescribed an anti-depressant, but he would just stop taking medication on his ownResident #2 was not eatingShe had put her hand on Resident #2's weight was 108She had put her hand on Resident #2's weight was 108She requested a log be kept of his meals so she could see how much he was eatingShe had made an appointment for Resident #2's weight was 108She provided the notebook to log Resident #2's meals, not his daughterShe had made an appointment for Resident #2's weekls, not his daughterShe had put her hade on 80/80/22She did not know if the facility staff had reached out to Resident #2's PC P Deat week, week of 08/08/22She did not know if the facility staff had reached out to Resident #2's New file out to Resident #2's weight on 08/05/22 at 1.49pm revealed he reviewed his medical records from a physician's visit dated 02/02/22 pade 117.  Observation of Resident #2's weight on 08/05/22 at 2:27pm revealed a weight of 110.5			HAL032065	B. WING		<b>08/0</b>	8/2022	
SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE TAG	NAME OF F	PROVIDER OR SUPPLIER				, 30/0		
DURHAM, 02 27704    SUMMARY STATEMENT OF DEFICIENCIES   REGULATORY OR LSC IDENTIFYING INFORMATION    DEFICIENCY   TAG			4434 BEN	FRANKLIN				
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 30  revealed: -She visited with Resident #2 weekly to "check-in" and to communicate to his familyShe coordinated with the staff at the facility when she identified an issueResident #2 had acknowledged to her this week that he was depressedResident #2 was prescribed an anti-depressant, but the would just stop taking medication on his ownResident #2 was not eatingShe had put her hand on Resident #2's back and noted his back was "boney" and he seemed weakOn 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 2022On 07/27/22, she was notified Resident #2's weight was 108She requested a log be kept of his meals so she could see how much he was eatingShe provided the notebook to log Resident #2's meals, not his daughterShe had made an appointment for Resident #2's neals, not his daughterShe had made an appointment for Resident #2 to see his PCP next week, week of 08/08/22She did not know if the facility staff had reached out to Resident #2's PCP about the weight loss.  Interview with Resident #2 on 08/05/22 at 1:49pm revealed he reviewed his medical records from a physician's visit dated 02/02/222 and he weighed 117.  Observation of Resident #2's weight on 08/05/22 at 2:27pm revealed a weight of 110.5	BROOK		<u> </u>	NC 27704				
revealed: -She visited with Resident #2 weekly to "check-in" and to communicate to his familyShe coordinated with the staff at the facility when she identified an issueResident #2 had acknowledged to her this week that he was depressedResident #2 was prescribed an anti-depressant, but he would just stop taking medication on his ownResident #2 was not eatingShe had put her hand on Resident #2's back and noted his back was "boney" and he seemed weakOn 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 2022On 07/27/22, she was notified Resident #2's weight was 108She requested a log be kept of his meals so she could see how much he was eatingShe provided the notebook to log Resident #2's meals, not his daughterShe had made an appointment for Resident #2 to see his PCP next week, week of 08/08/22She did not know if the facility staff had reached out to Resident #2's PCP about the weight loss.  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.  Observation of Resident #2's weight on 08/05/22 at 2:27pm revealed a weight of 110.5	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE	COMPLETE	
revealed: -Weights were obtained monthly on each resident	D 273	revealed: -She visited with Reand to communicateShe coordinated we she identified an isseme and that he was depressed and that he was depressed and the would just stownResident #2 was put he would just stownResident #2 was noted his back was weakOn 07/25/22, she as weakOn 07/25/22, she as weights were and weights were and weights were and weights were and weights was 108She requested a locould see how much she provided the noted his daugen and to see his PCP nextown and to see his PCP nextown and the revealed he reviewed physician's visit data to the see his PCP nextown and on 04/25.  Observation of Resat 2:27pm revealed.  Interview with the Herevealed:	esident #2 weekly to "check-in" e to his family. ith the staff at the facility when sue. cknowledged to her this week sed. rescribed an anti-depressant, op taking medication on his ot eating. and on Resident #2's back and "boney" and he seemed asked the Health and tor (HWC) what Resident #2's was told there was no weight y 2022. was notified Resident #2's of be kept of his meals so she he was eating. Notebook to log Resident #2's wheth he was eating. Notebook to log Resident #2's the facility staff had reached a PCP about the weight loss. Ident #2 on 08/05/22 at 1:49pm and his medical records from a led 02/02/22 and he weighed 5/22 he weighed 117.  Ident #2's weight on 08/05/22 at weight of 110.5	D 273				

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STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	by the PCA.  -The PCA was to gi MA, who would entiIf the weight change HWC or the HWD.  -They had a collabor week and weight lo -Depending on the out to the family an -A significant weight facility's policy on water a significant weight so the resident weights new she thought Resident #2's privation for the resident #2's privation for the resident #2.  -Resident #2's weights system and it did not because it was not previous month.  -If she had seen the weights, she would resident to see what documented the charce intitated the log to reating.  -The PCAs were residents monthly a system.  -If a PCA noticed a notify the HWD or to-When the weight weight weight was not previous monthly a system.	ve the weight results to the er the weights into the eMAR. ged, the MA would notify the orative care review once a ss was discussed. Weight loss, they would reach d physician. It loss would be per the reight loss. It collaborative care meeting a orand made a list of what leded to be obtained. It entire that each deight, so she had the PCA and the trigger a significant change a weight loss from the eweight loss from	D 273			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
BROOKE	OALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	highlight the weight -Whoever put the w was highlighted work knowShe would have ex Resident #2 had a v  Interview with the A on 08/05/22 at 11:3 -A weight of 118 to significant weight lo -The PCAs were re resident weightsThe HWD reviewe -Resident #2's weig in May 2022They had an in-ser about three weeks a system in placeThe new system w obtained and input each monthIf Resident #2's we there had been a si would have been di meetingA significant weigh red flag, and the HV -Significant weight discussed with the	eight change the system would red. veight in the eMAR and saw it uld let the HWC or HWD spected to have been notified weight loss. dministrator in Charge (AIC) 9am revealed: 105 would have triggered a	D 273			
D 276	10A NCAC 13F .09	assure documentation of the	D 276			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL  AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	
HAL032065 B. WING 08/08	8/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE DURHAM 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)    X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276 Continued From page 33 (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.  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.  The findings are:  Observation of Resident #1 on 08/04/22 at 10:20am revealed: -He was seated in his wheelchair in his room watching televisionHe had a nasal cannula properly placed in his nares, with the oxygen extension tubing connected to a concentratorThe concentrator was set at 3.5L/MHe was in no respiratory distress.  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.  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.  Review of Resident #1's current FL-2 dated 06/10/22 revealed there was an order for	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 276	Continued From pa	age 34	D 276			
		t #1's hospice physician's /22 revealed there was an s oxygen at 5L/M.				
	medication adminis	t #1's June 2022 electronic stration record (eMAR) no entry for oxygen to be				
		t #1's July 2022 eMAR no entry for oxygen to be				
		t #1's August 2022 eMAR no entry for oxygen to be				
	10:20am revealed: -He thought he had yearHe did not know h currently received; 4L/MHe used his oxyge-The staff would co	dent #1 on 08/04/22 at I been on oxygen about one ow many liters of oxygen he he thought it was 3L/M or en continuously. ennect him to an oxygen tank om; the staff would set the				
	oxygen tank to 3L/I Interview with the F contracted pharma revealed: -The pharmacy cou the eMAR; they cou the eMAR for this f -They could not enf facility due to the ty facility used.	Pharmacist at the facility's cy on 08/05/22 at 9:34am ald enter an oxygen orders on ald not enter oxygen orders on				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 276	orders onto the eMa Interview with a per 08/04/22 at 10:48ar -She would connect tanks when he left I Resident #1 to the to his roomShe did not know has on; he would to 3L/M when she contanksShe did not turn the adjusted the flow mashed id not know to 5L/M; she had not be the oxygen order.  Interview with a second and or the concessive would connect tank or to the concessive would connect tank or to the concessive was not aware his oxygen orderShe was not aware his oxygen orderShe expected the health Wellness Contained of any characteristic with a Marevealed: -Resident #1 was concessive with a Marevealed: -Resident #1 was concessive was told that for the concessive with a Marevealed: -Resident #1 was concessive with a Marevealed: -Resident #1 was concessive was told that for the was told	AR.  sonal care aide (PCA) on m revealed: t Resident #1 to the oxygen his room; she would connect concentrator when he returned how many L/M Resident #1 fell her to set his oxygen at unected him to the oxygen hat concentrator off; she never seter on the concentrator. That Resident #1 was ordered been informed of the change in cond PCA on 08/04/22 at gen was on 3L/M. It Resident #1 to his oxygen entrator. The Resident #1 to his oxygen entrator. The Resident #1 had a change in medication aide (MA), the cordinator (HWC) or the rector (HWD) to keep the staff	D 276	DETICIENCY)		
		en she was informed.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKDALE DIIRHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	06/10/22 or the hose-She did not know for oxygen of 5L/MResident #1 did not breath.  Interview with a sect 4:05pm revealed: -She knew Resider continuouslyResident #1 had of 3L/M that were use	Resident #1's FL-2 dated spice orders dated 07/26/22. Resident #1 had new orders of complain of shortness of cond MA on 08/04/22 at at #1 was on oxygen at 3L/M axygen tanks in his room set to the dwhen he left his room. The concentrator when he was				
	-She did not check concentrator; the concentrator of the concentra	Resident #1's FL-2 dated spice orders dated 07/26/22. Resident #1 had new orders				
	revealed: -She did not know Resident #1 was or -She did not receiv 06/10/22 or hospica -She was not emplo 06/10/22She was not aware	HWC on 08/04/22 at 9:15am how many liters of oxygen n without looking at his orders. e Resident #1's FL-2 dated e orders dated 07/26/22. oyed by the facility on e that Resident #1's oxygen on his FL-2 dated 06/10/22 and e orders.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 276	-She was not aware physician's orders of for oxygen 5L/MShe thought oxygene MAR so the order.  Observation of Res 9:40am revealed himeter was set at 4L.  Interview with a PC revealed: -He did not know hoorderedHe did not adjust the adjust the flow meter.  Interview with the Horevealed: -She did not see Resident worked in two weeksShe did expect the ordersResident #1 could breath if the oxygenordered.  Interview with the A on 08/05/22 at 11:5-It was the respons the HWD to ensure the electronic syster. All oxygen orders should be as ordered.	e that Resident #1's dated 05/12/22 had an order en orders should be on the could be quickly referred to.  ident #1 on 08/05/22 at soxygen concentrator flow L/M.  A on 08/05/22 at 10:03am ow many L/M Resident #1 was the flow meter; the MAs would ters.  IWD on 08/05/22 at 1:35pm tesident #1's FL-2 dated to orders dated 07/26/22. If the facility as the HWD for the staff to review and follow all experience shortness of mass not administered as dated Office (AIC)	D 276			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 282	Continued From pa	ge 38	D 282			
D 282	10A NCAC 13F .09 Service	04(a)(1) Nutrition and Food	D 282			
	<ul><li>(a) Food Procureme</li><li>Homes:</li><li>(1) The kitchen, din</li></ul>	04 Nutrition and Food Service ent and Safety in Adult Care ing and food storage areas erly and protected from				
	interviews, the facili and food storage ar contamination inclu	et as evidenced by: views, observations, and ity failed to ensure the kitchen reas were clean and free from ding the reach-in cooler, the freezer, the pantry, and the				
	The findings are:					
	10:32am revealed: -The reach-in coole wall, a pink liquid sp the gasket of the do substanceThe door and door was covered in a br wiped off with a fing -The gaskets on the build-up of dirt and substance.	kitchen on 08/03/22 at  It had white splatters on the billed on the bottom shelf, and bor was covered in a black  It handle to the walk-in cooler rown substance that was gernail.  It inside of the doors had a grime and a dried black  Ilk-in cooler had debris				
	including pieces of had been spilled an -The shelves in the	various foods, and liquid that				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 282	touchedThe over-head fan -The door and door covered in a brown with a fingernailThe gaskets on the build-up of dirt and substanceThe floor of the fre including pieces of cardboardThe shelves in the brown and white su touchedThe floor of the pa had a pack of crack pudding container of pieces of torn pape -There was discolor the hot holding well -The inside of the of covered in a brown  Observation of the revealed: -The inside of the of been cleaned and h -The hot holding we table had been clear -All other areas not the debris remained cooler, freezer, and  Review of the daily schedule on 08/05/0 07/31/22-08/0622 r -The shelves were and Thursday; there been completed fro	area had a build-up of dust. In handle to the freezer was substance that was wiped off the inside of the doors had a grime and a dried black ezer had a lot of debris various foods and pieces of the freezer had a build-up of a bstance that wiped off when the intry underneath the shelves for a sugar packet, and a fon the floor, as well as other or and general debris. The water with food particles in sof the steam table. Wen and the oven doors were buildup.  It were and the oven doors had had no buildup. The interior of the walk-in pantry.  In and weekly kitchen cleaning 22 at 2:39pm dated	D 282			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			7 t. BOILBIITO.			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 282	pantry floors were to initials this task Sunday-ThursdaySteam table and lino documentation of initials this task had Sunday-ThursdayThe walls and doo Monday and Thurstask had been communerated in the	o be cleaned daily; there were had been completed from  ds were listed and there was of frequency; there were no dispersion been completed from  rs were to be wiped on day; there were no initials this pleted from Sunday-Thursday.  Dietary Manager (DM) on a revealed: Then area needed to be affing issues and the priority als for the residents. The Administrator-in-Charge actively looking to hire  d with her about cleaning the trecall when). Ileaning, have to stop to an clean up after meals, and ant cooking for the next meal. day for all three meals of have enough kitchen staff. Tole as the DM, she also and a server when she had to alk-in cooler, the walk-in antry were supposed to be daily.  The acks were supposed to be done of the cleaned it on 08/04/22. The cleaned once a week and	D 282			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
I BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 282	-The steam table we cleaned a couple of She knew the hold were dirtyShe had to scoop tableShe had put a wortable (she did not reached of the should be cleaned of She knew the gast black build-up and ordered (she did not She had not notice the reach-in cooler she knew there was her focus was on the kitchen regarding of the residents.  Telephone interview 5:31pm revealed: -She made rounds had been into the kresidents at mealsShe did a walk-throfirst part of July 202-She had noted a comaintenance and coshe had the floors would need to sche againThe kitchen staff his she would need to cleaning schedule would recommend to the schedule would need to cleaning schedule would recommend to the schedule would need to cleaning schedule would need to cleaning schedule would need to schedule would need to cleaning schedule would need to cleaning schedule would need to cleaning schedule would need to schedule would need to cleaning schedule would need to cleaning schedule would need to schedule would need to cleaning schedule would need to cleaning schedule would need to schedule would need to cleaning schedule would need to cleaning schedule would need to cleaning schedule would need to schedule would need to cleaning schedule would need to cleaning schedule would need to schedule would need to cleaning schedule would need to cleaning schedule would need to s	as not draining and was last f weeks ago. ing wells on the steam table the water out to clean the k order in to repair the steam ecall the date). walk-in cooler and freezer daily. Ket to the freezer door had a new gasket had been of recall the date). Ed the gaskets on the door of or the walk-in cooler. As a lot of cleaning to do but ne day-to-day operation of the ooking and serving meals to with the AIC on 08/08/22 at daily in the dining room and itchen to obtain items for ough in the kitchen during the except of areas that needed leanliness in general. In cleaned in June 2022 and adule the floors to be cleaned and a cleaning schedule and make rounds and ensure the was being completed. In itchen to be cleaned itchen to be cleaned	D 282			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL032065	B. WING		08/0	08/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 42	D 310			
D 310	10A NCAC 13F .09 Service	04(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Die (4) All therapeutic of supplements and the	04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.				
	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).					
	The findings are:					
		ent #12's current FL-2 dated liagnosis included type 2				
	dated 01/11/22 reverse of type was a car-A carbohydrate-condiet that offers a concarbohydrates at miday-to-day basis. For other concentrated	rbohydrate-controlled diet. ntrolled diet was defined as a				

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A. BUILDING:	(X3) DATE SURVEY COMPLETED	
HAL032065 B. WING 08/08/	3/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
BROOKDALE DURHAM 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Review of the diet order spreadsheet 08/03/22 revealed Resident #12's diet order was carbohydrate controlled.  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.  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.  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.  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 to packs of saltine crackers; he did not eat the crackersResident #12 was served two packs of saltine crackers; he did not eat the crackersResident #12 was served a large bowl of two cups of mixed tropical fruit, he ate 100%.  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 soupPotato salad should be omitted and substituted with a tossed green salad.		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	` 'CG		(X3) DATE	SURVEY LETED
VIAD LEWIN			A. BUILDING:		COMP	1
	HAL032065		B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 44	D 310			
	substituted with one chunks.	e-half a cup of pineapple				
	3:43pm revealed: -He was diabeticHe did not know if carbohydrate-controlled to the ate what was so the ate would do whate (PCP) wanted him for the always got two know he should eat of the carbohydrate.  Interview with a per 08/05/22 at 9:18am -Resident #12 order and she would give kitchenIf Resident #12 order and she would give kitchenShe did not look at syreadsheet when because she knew and not haveA carbohydrate-coportion of starch.	erved to him at meals. to him about his meals. ever his Primary Care Provider to. servings of fruit and did not conly one-half a cup because controlled diet.  sonal care aide (PCA) on a revealed: red his meals from a menu the order to the staff in the dered something he was not e Dietary Manager (DM) would				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:  AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:	(X3) DATE SURVEY COMPLETED
HAL032065 B. WING	08/08/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE DURHAM 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRESPOND FROM STATEMENT OF DEFICIENCIES ID PREFIX (EACH CORRECTIVE ACTION STATEMENT OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
was not supposed to receive potato chowder soup, potato salad, or fruit.  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 trackerResident #12 was a type 2 diabeticIf Resident #12 was not served his diet as ordered, his blood sugar might not be controlled.  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 cholesterolIf Resident #12 was not served a carbohydrate-controlled diet correctly, he could experience a rise in his blood sugarThe PCP expected the facility to follow the diet ordered.  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 orderedA carb-controlled diet was ordered for diabeticsIf 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.  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.	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
4434 BEN FRANKI IN BOUI EVARD			HAL032065	B. WING		08/	08/2022
4434 BEN FRANKI IN BOUI FVARD	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM  DURHAM, NC 27704	BROOK	DALE DURHAM			BOULEVARD		
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	HOULD BE	(X5) COMPLETE DATE
diabeticsResident #12 should be receiving a carbohydrate-controlled diet as ordered.  Refer to the interview with a personal care aide (PCA) on 08/05/22 at 9:18am.  Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm.  Refer to the telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm.  Refer to the telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm.  2. Review of Resident #1's current FL-2 dated 05/20/21 revealed: -Diagnoses included carcinoma of the stomach and cerebral infarctionResident #1's diet was listed as texture modified with no added salt (NAS).  Review of Resident #1's physician's orders dated 05/12/22 listed the resident's diet as regular, mechanical soft, regular liquids.  Review of Resident #1's facility's diet order form dated 08/03/22 revealed: -Diet type was a regular diet and texture modifiedTexture 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.  Review of a large bulletin board across from the meal prep area in the kitchen on 08/03/22 at	D 310	diabeticsResident #12 should carbohydrate-control Refer to the interviee (PCA) on 08/05/22 Refer to the interview Wellness Coordinated 3:23pm. Refer to the telephote and Wellness Direct 2:55pm. Refer to the telephote and Wellness Direct 2:55pm. Refer to the telephote Administrator in Chell 4:12pm.  2. Review of Resident 05/20/21 revealed: -Diagnoses include and cerebral infarct-Resident #1's diet with no added salt (Review of Resident 05/12/22 listed the mechanical soft, resident dated 08/03/22 reversible type was a resident dated 08/03/22 reversible type was a resident and soft. All review of Resident dated 08/03/22 reversible type was a resident dated 0	alld be receiving a colled diet as ordered.  Ew with a personal care aide at 9:18am.  Ew with the Health and tor (HWC) on 08/05/22 at cone interview with the Health ctor (HWD) on 08/08/22 at cone interview with the arge (AIM) on 08/08/22 at cone interview at the arge (AIM) on 08/08/22 at cone interview with the arge (AIM) on 08/08/22 at cone interview at the arge (AIM) on 08/08/22 at cone interview with the arge (AIM) on 08/08/22 at cone interview at the arge (AIM) on 08/08/22 at cone interview with the arge (AIM) on 08/08/22 at cone interview at the a	D 310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		E SURVEY PLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM			FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 310	10:58am revealed Fadded salt (NAS) to Observation of the 08/04/22 at 8:31am served ground saus Interview with Resid 8:31am: -He did not like his sausage)"They did not usualike it." -He liked his meat of Observation of the 08/04/22 at 12:05pr -Resident #1 was swere cut into 2-inch -Resident #1 was spotatoes; he ate 10 -Resident #1 added saltshaker on his talked a texture-modified of should be ground a Interview with Resident #1 and he liked a "little -He did not know if "only added a little." -He liked the way hilike his meat ground saus salts and the liked a "little -He liked the way hilike his meat ground saus salts and he liked a "little -He liked the way hilike his meat ground saus salts and he liked a "little -He liked the way hilike his meat ground saus salts and he liked a "little -He liked the way hilike his meat ground saus salts and he liked a "little -He liked the way hilike his meat ground saus salts and he liked the way hilike his meat ground saus salts and he liked the way hilike his meat ground saus saus saus saus saus saus saus sau	Resident #1 was listed as a no exture modified diet. breakfast meal service on revealed Resident #1 was sage; he ate 100%.  dent #1 on 08/04/22 at meat "like this" (pointing at his ally do it like this and I do not cut-up.  lunch meal service on revealed: erved baked ham; the pieces is size pieces; he ate 75%. erved one cup of scalloped 0%. It salt to his potatoes from the able.  peutic menu spreadsheet for diet revealed the baked ham and served with gravy.  Ident #1 on 08/03/22 at sealted when it was cooked, it salt on his food.  The salt on the should have salt or not but it is ham was cut up, he did not it was cooked.	D 310			
	08/04/22 at 5:04pm -Resident #1 was s	revealed: erved salisbury steak with				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 310	gravy; the pieces whe ate 75%.  -Resident #1 was swith chunks of pota.  Review of the thera a texture-modified of steak should be grown as pecial diet.  Interview with a per 08/05/22 at 9:18am on a special diet.  Interview with the D 08/05/22 at 2:41pm - Resident #1 was of chopped with gravy -She was not sure with chopped diet.  -Resident #1 had cowas served chopped chopped meat.  -It was important for cut the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWC) Director (HWD) about the meat into bit chopping it, and he -She had not talked Coordinator (HWD) about the meat into bit chopping it it is the meat into bit ch	ere cut into 2-inch size pieces; erved one cup of potato salad to; he ate 75%.  peutic menu spreadsheet for diet revealed the salisbury ound and served with gravy.  sonal care aide (PCA) on revealed Resident #1 was not vietary Manager (DM) on revealed: on a chopped diet. s supposed to have meats why Resident #1 was on a complained about meat when it d and was not eating the or Resident #1 to eat, so they te-size pieces instead of ate better. It to the Health and Wellness or the Health and Wellness out Resident #1's diet or food  WC on 08/05/22 at 3:23pm was listed as a regular diet of 09/30/21. why Resident #1 was ordered diet.	D 310			
	2:55pm revealed:	with the HWD on 08/08/22 at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/0	8/2022
PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
DALE DURHAM			BOULEVARD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
dietA texture-modified  Refer to the intervie (PCA) on 08/05/22  Refer to the intervie Wellness Coordinates 3:23pm.  Refer to the telepholonic wellness Directions of the product of the telepholonic wellness birections.	diet was chopped or soft.  ew with a personal care aide at 9:18am.  ew with the Health and tor (HWC) on 08/05/22 at one interview with the Health				
Administrator in Ch 4:12pm.  3. Review of Reside 05/26/22 revealed: -Diagnoses include weakness, bilateral osteoarthritis, spina venous stasis, hear acute kidney injury, hypothyroidism, hypanticoagulationThere was a diet or cholesterol diet for Review of the diet or revealed Resident and Review of a large be meal prep area in the 10:58am revealed Resident and the revealed Resi	ent #3's current FL2 dated d generalized muscle lower extremity edema, al stenosis, lower extremity t failure, left sided weakness, paroxysmal atrial fibrillation, perlipidemia, and chronic rder for a low fat, low Resident #3.  order spreadsheet on 08/03/22 #3's diet order was not listed.  ulletin board across from the ne kitchen on 08/03/22 at Resident #3 was not listed as				
	PROVIDER OR SUPPLIER  DALE DURHAM  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa -Resident #1 diet w dietA texture-modified  Refer to the intervie (PCA) on 08/05/22  Refer to the telepho and Wellness Coordina 3:23pm.  Refer to the telepho Administrator in Ch 4:12pm.  3. Review of Reside 05/26/22 revealed: -Diagnoses include weakness, bilateral osteoarthritis, spina venous stasis, hear acute kidney injury, hypothyroidism, hyp anticoagulationThere was a diet of cholesterol diet for Review of the diet of revealed Resident a Review of a large b meal prep area in th 10:58am revealed for Review of a large b meal prep area in th 10:58am revealed for a therapeutic modifier	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 49  -Resident #1 diet was listed as a texture-modified diet.  -A texture-modified diet was chopped or soft.  Refer to the interview with a personal care aide (PCA) on 08/05/22 at 9:18am.  Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm.  Refer to the telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm.  Refer to the telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm.  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 anticoagulationThere was a diet order for a low fat, low cholesterol diet for Resident #3.  Review of the diet order spreadsheet on 08/03/22 revealed Resident #3's diet order was not listed.  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.	PROVIDER OR SUPPLIER  PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 49  -Resident #1 diet was listed as a texture-modified diet.  -A texture-modified diet was chopped or soft.  Refer to the interview with a personal care aide (PCA) on 08/05/22 at 9:18am.  Refer to the interview with the Health and Wellness Coordinator (HWC) on 08/05/22 at 3:23pm.  Refer to the telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 2:55pm.  Refer to the telephone interview with the Administrator in Charge (AIM) on 08/08/22 at 4:12pm.  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 anticoagulationThere was a diet order for a low fat, low cholesterol diet for Resident #3.  Review of the diet order spreadsheet on 08/03/22 revealed Resident #3's diet order was not listed.  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	OF CORRECTION    ABUILDING:   B. WING   B. WIN	OF CORRECTION    DENTIFICATION NUMBER:   A BUILDING:   DA/O   DA/

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	08/03/22 at 10:58an not listed on the boregular diet.  Observation of the 08/04/22 at 5:31pm-Resident #3 was schowder soup; she Resident #3 was sshe ate 100%. Resident #3 was sshe ate 100%. Resident #12 was tropical fruit; she at Review of the thera a low fat/low carbol potato chowder sous ubstituted with a confered. She thought she hordered. She did not add ar Telephone interview Care Provider (PCF-He did not review I discharge paperwo 06/21/22. He did not know a was ordered on Repaperwork. He thought a low fordered for Resider heart conditions an	dinner meal service on revealed: erved a bowl of potato ate 100%. erved one cup of chicken %. served one cup of mixed e 100%. evered one cup of mixed e 100%. evered one cup of mixed e 100%. served one cup of mixed e 100%.	D 310			
		sonal care aide (PCA) on revealed Resident #3 was not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					OATE SURVEY OMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 51	D 310			
	on a special diet.					
	08/05/22 at 2:41pm - Resident #3 was of -She did not know I fat/low cholesterol of	on a regular diet. Resident #3's diet was a low				
	Coordinator (HWC) revealed: -Resident #3's diet	e Resident #3 had an order for				
	Director (HWD) on -Resident #3 diet w system. -A low fat/low chole cardiac reasons an -If Resident #3's die	w with the Health and Wellness 08/08/22 at 2:55pm revealed: vas not listed in their computer esterol diet was ordered for d for weight. Let was not served as ordered or ther strain on her heart.				
	Refer to the intervie (PCA) on 08/05/22	ew with a personal care aide at 9:18am.				
		ew with the Health and tor (HWC) on 08/05/22 at				
		one interview with the Health ctor (HWD) on 08/08/22 at				
		one interview with the arge (AIM) on 08/08/22 at				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
BROOKI	DALE DURHAM		NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 310	Continued From page 52		D 310			
	08/05/22 at 9:18am whatever was on the to the resident was Interview with the H Coordinator (HWC) revealed: -The HWC and/or t Director (HWD) gas Manager (DM)She expected the orders.  Telephone interview 2:55pm revealed she served as ordered.  Telephone interview Charge (AIM) on 08-Diet orders were gresident's admission-Any diet order charesident's record ar -She expected all resident's on the same she expected all resident's same so the same she expected all resident's president's admission-She expected all resident's record ar -She expected all resident's resident's record ar -She expected all resident's record ar -She expected al	nges should be updated in the				
D 338	10A NCAC 13F .09	09 Resident Rights	D 338			
	all residents guarar Declaration of Resi	09 Resident Rights shall assure that the rights of teed under G.S. 131D-21, dents' Rights, are maintained sed without hindrance.				
		et as evidenced by: ons and interviews, the facility residents were treated with				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALF DURHAM			FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	8 Continued From page 53		D 338			
	respect and dignity by not providing adequate furnishings for residents to eat in their rooms (#5).					
	The findings are:					
	08/03/22 at 8:22am -Resident #5 was s -Resident #5 had a plate sitting on her -Resident #5 did no Observation of the 08/3/22 at 12:05pm -Resident #5 was s -The personal care around Resident #5 -The PCA placed R	itting up in her bed. long bib on and her breakfast lap. bt have a bedside table. lunch meal for Resident #5 on to 12:22pm revealed: itting up in her bed. aide (PCA) placed a long bib 5's neck. esident #5's plate in her lap.				
	bed and placed her	side table in Resident #5's				
	from 8:17am-8:34a -Resident #5 was s -The personal care around Resident #5 -The PCA placed R -The PCA moved a bed and placed her	itting up in her bed. aide (PCA) placed a long bib b's neck. esident #5's plate in her lap. table beside Resident #5's cup on the table. side table in Resident #5's				
	08/04/22 at 8:18am -Resident #5 wante	ed to eat all meals in her bed. side table but it would not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/0	8/2022	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BROOKDALE DURHAM		NC 27704	BOULEVARD			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
Resident #5's plate is she would drop here. She had not seen a Resident #5's room. She knew a few resover the bed table in She had never aske the bed table for Re.  Interview with a second: Resident #5 ate here refused to get out of Resident had a smawas used to sit here on the fit over here bed. Resident #5 would feed herself each meshe had never aske over the bed table for about 6 months. She did not want to Resident #5 had be for about 6 months. She did not want to Resident #5 would table and sit the plates and sit the plates and sit the plates and never aske bedside table for here interview with the Hirevealed: Resident #5 preference in Resident #5 prefere	been used before but would be too far from her and food. an over the bed table in . sidents in the SCU had an in their rooms. ed management for an over resident #5. ond PCA on 08/04/22 at  r meals in her room; she f bed. all table by her bedside that cups and glasses on, but it did hold her plate in her lap and real. ed management about an or Resident #5. dication aide (MA) on evealed: een eating all meals in her bed or get out of bed. side table that her plate was remove her plate from the te in her lap. n a bedside table in her room. ed management about a	D 338				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BROOKE	DALE DURHAM			BOULEVARD		
0/10 ID	CLIMMA DV CTA		NC 27704	DDOVIDED'S DI ANI OF CODDECTIO	DNI .	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 55	D 338			
	-No one had asked her about an over the bed table for Resident #5.					
	1:30pm revealed:	dministrator on 08/05/22 at esident #5 ate her meals while				
	in the bed.					
	-She refused to get out of bed for mealsShe had a table at her bedside that would hold her plate and glass or cupResident #5 could eat her meals without any problems for the table at her bedside.					
	•	e that the bed did not go over				
	the bed and only sa	t to the side of the bed.				
	-No staff had asked Resident #5.	I for an over the bed table for				
		ne interview with Resident #5's on 08/08/22 at 9:30am.				
		ons, interviews, and record rmined Resident #5 was not				
D 358	10A NCAC 13F .100 Administration	04(a) Medication	D 358			
	(a) An adult care he preparation and adreprescription and not by staff are in accord (1) orders by a lice which are maintained	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and otion and the facility's policies				
	This Rule is not me TYPE B VIOLATION					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/08/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	8 Continued From page 56		D 358			
	interviews, the facil medications as ord (#7 and #8) observed medication pass incomission of a nasal used to treat intesti sampled residents review including erropain medications, a medication for fluid depression and mothree cardiac medication to treat hypothyroid treat pain, an oral sometime to the findings are:  1. The medication evidenced by the olopportunities during on 08/03/22.	ons, record reviews, and ity failed to administer ered for 2 of 5 residents ed during the morning cluding errors with the spray (#8) and a medication nal ulcers (#7); and for 3 of 5 (#1, #3, and #4) for record fors with an antibiotic, three a blood pressure medication, a retention and a medication, od and a blood thinner (#1); cations and a medication used ism (#3); a topical gel used to teroid and supplements (#4).				
	-There were no dia FL-2. -There was no orde	gnoses documented on the er for famotidine (used to treat 20mg one tablet daily.				
	Review of Resident orders dated 05/12	#7's six-month physician /22 revealed there were no e was an order for famotidine				
	(PCP) orders dated	#7's Primary Care Provider 07/14/22 revealed there was line 20mg twice daily.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BROOKE	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE
D 358	Continued From page 57		D 358			
D 358	Observation of the #7 on 08/03/22 at 8-There were four or medication cup for -The medication cart for -The MA reported to week from the pharmacyShe did not have fradminister to Resident He was an entraped to 1/22 to 08/03/2 -There was document famotidine from 08/2 and 8:00pmThere was document famotidine from 08/2 and 8:00pm.	medication pass for Resident 8:10am revealed: ral medications placed into the Resident #7. de (MA) looked in the famotidine for Resident #7. he famotidine was ordered this macy but had not arrived from amotidine available to lent #7. red four oral medications and ident #7 at 8:15am.  1: #7's August 2022 electronic stration record (eMAR) from 22 revealed: y for famotidine 20mg one cheduled for 8:00am and entation of administration of /01/22 to 08/02/22 at 8:00am entation "pharmacy action 22 at 8:00am.  MA who completed the morning in 08/03/22 at 1:42pm revealed: otidine was ordered for a refill at she planned to call the pout the medication. ked, she attempted to look attion cart to determine if there	D 358			
	were 5 to 7 tablets -Resident #7 had n famotidine and she	of medication when there remaining. ot received her daily dose of hoped the pharmacy				

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shift for 08/03/22.

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065 B. WING 08		08/0	8/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKDALE DIIRHAM			FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 358	Continued From page 58		D 358			
	the facility's contract 10:29am revealed: -A quantity of 28 fait dispensed on 07/13-A quantity of 60 fait dispensed on 08/03-The most recent of famotidine was date 20mg twice daily.  Interview with the Hoordinator (HWC) revealed: -She did not know I famotidine to admin medication passShe expected MAS before the package -MAS should reque there were medicate administer in the builtness with the Hours of the contract of the co	motidine 20mg tablets was 3/22. rder for Resident #7's ed 07/14/22 for famotidine  lealth and Wellness on 08/03/22 at 3:50pm  Resident #7 did not have any hister for the morning or bottle was empty. St refills for medications when ions still available to abble package.  lealth and Wellness Director 2 at 4:13pm revealed she did #7 did not have any famotidine istration.  If with the large (AIC) on 08/08/22 at the large (AIC) on 08/08/22 at the large supposed to be faxed to ponsible for requesting refills				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		N FRANKLIN I I, NC 27704	BOULEVARD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETE DATE
D 358	Continued From pa	ge 59	D 358			
		ons, record reviews, and etermined Resident #7 was				
	Refer to the Intervie at 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Intervie at 1:35pm.	ew with the HWD on 08/05/22				
	Refer to the Intervie 11:50am.	ew with the AIC on 08/05/22 at				
	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.					
	(PCP) orders dated an order for fluticas	#8's Primary Care Provider 12/06/21 revealed there was one (used to control ic rhinitis) 27.5mcg/spray n each nostril daily.				
	03/22/22 revealed tipratropium 0.06% i	#8's PCP orders dated here was an order for nasal spray two sprays each daily as needed for congestion.				
	#8 on 08/03/22 at 8 -There were 6 oral spray, ipratropium (related to seasonal Resident #8The MA administer	medication pass for Resident :18am revealed: medications and one nasal used to treat runny nose allergies) 0.6% prepared for red 6 oral medications and two m in each nostril to Resident				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	BROOKDALE DURHAM 4434 BE DURHAM			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	8 Continued From page 60		D 358			
	medication adminis 08/01/22 to 08/03/2 -There was an entreach nostril daily, s -There was docume fluticasone from 08 Interview with the nonducted the more 08/03/22 at 1:42pm -Resident #8 was gmorning medication safter smedications after smedications to Resulticasone but she available to administered	y for fluticasone one spray in cheduled for 8:00am. entation of administration of //01/22 to 08/03/22 at 8:00am. nedication aide (MA) who ning medication pass on revealed: given a nasal spray during the pass. administration of the he administered the sident #8. MAR that she signed for did not have any fluticasone				
	the facility's contract 10:29am revealed: -A bottle of fluticase Resident #8 on 12/ -There were no oth #8's fluticasoneThe most recent of fluticasone was dat two sprays each not-Resident #8's prevand it was for fluticated daily.  Interview with the F (HWD) on 08/03/22	w with a representative from cted pharmacy on 08/05/22 at one was dispensed for 07/21 and 08/03/22. The dispense dates for Resident of the dispense dates fo				

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STATE FORM

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/08/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BBOOKE	OALE DURHAM	4434 BEN	FRANKLIN	BOULEVARD		
BROOKL	PALE DUNHAM	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
D 358	Continued From page 61		D 358			
	medication administrationShe expected the MAs to read the eMAR and compare to the medication they were preparing to administer.					
	5:00pm revealed: -She expected the I medications as order-She did not have a depended on the H	arge (AIC) on 08/08/22 at  MAs to administer the				
		ons, record reviews, and termined that Resident #8 le.				
	Refer to the Intervie at 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Intervie at 1:35pm.	ew with the HWD on 08/05/22				
	Refer to the Intervie 11:50am.	ew with the AIC on 08/05/22 at				
	06/10/22 revealed of pneumonia, hyperte cerebrovascular dis closed wedge comp	ent #1's current FL-2 dated diagnoses included ension, heart failure, ease, chronic abdominal pain, pression fracture of twelfth steoarthritis, and peripheral				
	06/10/22 revealed to Augmentin (used to	ent #1's current FL-2 dated here was an order for treat bacterial infection) ery 12 hours for 3 days.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOK	DALE DURHAM		I FRANKLIN E , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Review of Resident dated 06/11/22 reverse was hospitalized. He was diagnosed stays; he received 2875-125mg while hear the was to complet Augmentin 875-125 facility.  He was prescribed 12 hours for three of course.  Review of Resident medication administrevealed:  There was no entreevery 12 hours to between 42 hours for three of course.  Review of Resident medication administrevealed:  There was no entreevery 12 hours to between 42 hours for 3 days.  Telephone interview facility's contracted 9:40 am revealed:  The pharmacy record Resident #1 from the course for 3 days.  She did not know was 75-125mg was faw weeks after Reside hospital.  The pharmacy disparded of 125 mg for Resident 406/10/2 dated 06/11/22.	#1's discharge summary ealed: d from 06/09/22 to 06/11/22. with pneumonia. ugmentin 875-125mg for 5 of the 5 days of Augmentin ospitalized. he his 5-day course of forg after discharge to the Augmentin 875-125mg every days to complete his 5-day  #1's June 2022 electronic tration record (eMAR)  y for Augmentin 875-125mg				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			, t. DOILDING.				
		HAL032065	B. WING		08/0	8/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 358	on 08/05/22 at 10:1 -There was a bubbl 875-125mg with a c -The bubble pack of Augmentin 875-125 -The bubble pack of the overstock draw.  Interview with Resid 10:16am revealed: -He was in the hosp treated with antibiod -He was to continue discharge from the -He did not know if after returning to th  Interview with a me 08/04/22 at 3:35pm -She knew Resider hospital in June 202 -She did not recall if dated 06/10/22 or the summary dated 06/ -She did not know if Augmentin 875-125 -She had not seen Resident #1's eMAI -The MA who receive discharge summary medication change -The third shift MAI medications filled be them on the medical Interview with a second 8:05am revealed: -She knew Resider 2022.	5am revealed: e pack labeled Augmentin dispense dated of 06/27/22. contained 6 tablets of 5mg. If Augmentin was located in er of the medication cart. Ident #1 on 08/05/22 at contained of the medication cart. Ident #1 on 08/05/22 at contained of the medication cart. Ident #1 on 08/05/22 at contained of the medication cart. Ident #1 on 08/05/22 at contained of the medication after thospital. In the received the antibiotics after thospital discharge the thospital discharge the forms the second of the second of the forms the for	D 358				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALF DURHAM			FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	from the hospital; s discharge ordersShe did not know in Augmentin 875-125She had not seen Resident #1's eMAIShe noticed the but Resident #1 in the off medication cart the and the arrival and entered in the series of	he did not see the hospital Resident #1 had an order for fing twice daily for 3 days. an entry for Augmentin on R. Abble pack of Augmentin for overstock drawer of the morning of 08/05/22. Wed Resident #1 from the been responsible for ring new or changed orders. Who received Resident #1's 2 and the hospital discharge (22.)  If MA on 08/05/22 at 10:15am Resident #1 had an order for fing twice daily; she did not an was on the medication cart. Resident #1 was removed in cart the morning of 08/05/22. Resident #1's FL-2 or hospital for June 2022. Resident #1 was diagnosed en in the hospital from 2.  If with Resident #1's Primary P) on 08/05/22 at 1:35pm  Resident #1 was in the (22 to 06/11/22.) If a hospital discharge summary ent #1 to review. If have completed his course	D 358			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SLIB//EV
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7t. BOILDING.			
		HAL032065	B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BBOOK	DALE DUDUAM	4434 BEN	FRANKLIN	BOULEVARD		
BROOKDALE DURHAM DURHAM,		NC 27704				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 65	D 358			
	-All discharge order placed in a binder a -The staff did not pl summary in the binder. The process was reflected to be admitted and discharge -He expected to be written by other phys. Refer to the Intervie at 9:42am.  Refer to the Intervie at 1:35pm.  Refer to the Intervie at 1:50am.  b. Review of Reside 06/10/22 revealed to the place of the state of the	rs for his residents were to be at the front desk for review. ace Resident #1's discharge der for review. not utilized as designed. notified when residents were arged from the hospital. notified regarding any orders				
	20mg/ml (.25mls) 2 to getting out of bed Review of Resident dated 06/10/22 reve -Resident #1 compl	0 minutes each morning prior d. #1's discharge summary ealed: ained of severe pain in the				
	wheelchair. -Resident #1 was to	ng out of bed and into his  receive morphine 20mg/ml s each morning prior to getting				
	medication adminis revealed: -There was no entry	#1's June 2022 electronic tration record (eMAR)  y for morphine 20mg/ml s each morning prior to getting				

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	-There was no doce 20mg/ml (.25mls) 2 to getting out of bed revealed: -There was no entre (.25mls) 20 minutes out of bed as order -There was no doce 20mg/ml (.25mls) 2 to getting out of bed Review of Resident 08/01/22 to 08/03/2 -There was no entre (.25mls) 20 minutes out of bedThere was no doce 20mg/ml (.25mls) 20 minutes out of bedThere was no doce 20mg/ml (.25mls) 2 to getting out of bedThere was no doce 20mg/ml (.25mls) 2 to getting out of bedThere was no doce 20mg/ml (.25mls) 2 to getting out of bedThe pharmacy rec Resident #1 from the pharmacy rec Resident #1 from the no 06/27/22 for mominutes each morning-she did not know solution was faxed weeks after Reside hospitalThe pharmacy dispension of 106/27/22.	umentation that morphine 20 minutes each morning prior d was administered.  It #1's July 2022 eMAR  If y for morphine 20mg/ml seach morning prior to getting ed.  If y for morphine 20 mg/ml seach morning prior to getting ed.  If y for morphine 20 mg/ml seach morning prior to getting ed.  If y for morphine 20 minutes each morning prior d was administered.  If y for morphine 20 minutes each morning prior d was administered.	D 358			
	on 08/03/22 at 3:50					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	32065 B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	brown bags.  One brown bag co morphine 20mg/ml  The second brown morphine 20mg/ml  The prescription la bag were "administ minutes prior to get  The morphine 20m syringes were disped.  Interview with Resid 10:16am revealed:  He had back and sin the morning after.  He received morph  He did not received getting out of bed e from the hospital.  She worked first sh morphine to Reside getting out of bed.  Interview with a second s	ntained 4 syringes of (.25mls) per syringe. bag contained 10 syringes of (.25mls) per syringe. bel instructions on the zip lock er one prefilled syringe 20 ting out of bed. ng/ml (.25mls) prefilled ensed on 06/27/22. dent #1 on 08/05/22 at shoulder pain which was worse being in bed all night. hine for pain when requested. d morphine 20 minutes before ach morning. dication aide (MA) on	D 358			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COMP	LETED	
		HAL032065	B. WING		08/0	8/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE	
D 358	Continued From page 68		D 358				
	-She did not see an order to administer morphine 20mg/ml (.25mls) 20 minutes before getting out of bed.						
	Telephone interview with Resident #1's Primary Care Provider (PCP) on 08/05/22 at 1:35pm revealed:						
	-He was not aware Resident #1 was in the hospital from 06/09/22 to 06/11/22He did not receive a hospital discharge summary						
	or orders for Resident #1 to reviewResident #1 had chronic painHe did not know Resident #1 had an order for						
	morphine 20mg/ml getting out of bed.	(.25ml) 20 minutes before					
	binder at the front d	s were to be placed in the lesk; he would review the inder with each visit to the					
		ace Resident #1's discharge					
	-He expected the st	rs in the binder for review. taff to notify him when bitalized and discharged back					
	to the facility.	given a discharge summary					
		sident was hospitalized.					
		e interview with a Resident #1's hospice 2 at 2:30pm was unsuccessful.					
	Refer to the Intervie at 9:42am.	ew with the HWC on 08/04/22					
	Refer to the Intervie at 1:35pm.	ew with the HWD on 08/05/22					
	Refer to the Intervient 11:50am.	ew with the AIC on 08/05/22 at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	c. Review of Resided 06/10/22 revealed to acetaminophen (usthree times daily.)  Review of Resident medication administration administration time 8:00pm.  -There was docume 325mg 2 tablets we daily from 06/01/22.  There was no docume 325mg 2 tablets we daily from 06/01/22.  There was no docume 325mg 2 tablets we daily from 06/01/22.  There was no entry tablets three times administration.  Review of Resident revealed:  -There was an entry tablets three times administration time 8:00pm.  -There was docume 325mg 2 tablets we daily from 07/01/22.  There was no entry tablets three times administration.  Review of Resident of Resident of Resident of Resident of Resident of Resident of Review of Review of Resident of Review of Review of Review of Review of Review of Resident of Review of Review of Review of Review of Review of Revie	ent #1's current FL-2 dated here was an order for ed for pain) 500mg 2 tablets  #1's June 2022 electronic tration record (eMAR)  y for acetaminophen 325mg 2 daily with a scheduled of 8:00am, 2:00pm and  entation that acetaminophen are administered three times to 06/30/22.  Jumentation on 06/13/22 and minophen 325mg 2 tablets as administered.  y for acetaminophen 500mg 2 daily scheduled for  #1's July 2022 eMAR  y for acetaminophen 325mg 2 daily with a scheduled of 8:00am, 2:00pm and  entation that acetaminophen are administered three times to 07/31/22.  y for acetaminophen 500mg 2 daily scheduled for  #1's August 2022 eMAR from	D 358			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	8:00pmThere was documed 325mg 2 tablets were daily from 08/01/22 08/03/22There was no documed 2:00pm that acetan administeredThere was no entropolar tablets three times administration.  Telephone interview facility's contracted 1:46pm revealed: -The pharmacy has 325mg 2 tablets through a 25mg 2 tablets through a 25mg on 05/20/22The pharmacy diduct acetaminophen 500The pharmacy diduct acetaminophen 500The facility should pharmacy.  Observation of Reson 08/03/22 at 3:49 bubble pack with 64 tablets three times 06/29/22.  Interview with Residuct acetaminophen sex know the strength to t	entation that acetaminophen are administered three times to 08/02/22 and at 8:00am on amentation on 08/02/22 at minophen 325mg was by for acetaminophen 500mg 2 daily scheduled for a with the Pharmacist at the pharmacy on 08/04/22 at an order for acetaminophen aree times daily dated 05/12/22. So that an order for acetaminophen area times daily dated 05/12/22. The hospital discharge and 180 acetaminophen are times daily three times daily. The hospital discharge are the hospital discharge and 180 acetaminophen are times at all new orders to the area and the pharmacy on 08/04/22 at the knew hereceived area times a day but he did not that he was administered. Adication aide (MA) on area and acetaminophen 325mg 2 daily with a dispensed date of the was administered.	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			7 11 2012211101			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	-She knew Resider acetaminophen 325 -She had administe tablets to Resident -Resident #1 had a medication cart and She did not know I acetaminophen 500 -She did not see acthree times a day of entered on the eMA-She did not see the Interview with a section of the employer of the hospital discharge facility when the restrict he hospitalShe did not know in discharge orders with discharge orders with discharge ordersThe staff member discharge orders for responsible for revict hanged orders and eMARShe administered tablets three times entered on the eMA pharmacy.  Telephone interview Care Provider (PCF revealed: -Resident #1 had cacetaminophen was to assist with pain of the employer of the	at #1 had an order for 5mg 2 tablets three times daily. Fred acetaminophen 325mg 2 #1.  cetaminophen 325mg on the dentered on the eMAR.  Resident #1 had an order for 5mg 2 tablets three times daily. Fred acetaminophen 500mg 2 tablets in the medication cart or 5mg 2 tablets in the medication cart or 6mg 2 tablets in the medication the fax were faxed to the faidents were faxed to the facility; she faxed to the faxed to t	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D WING			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	Continued From pa	nge 72	D 358			
	as ordered.					
	Refer to the Intervient 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Interview with the HWD on 08/05/22 at 1:35pm.					
	Refer to the Intervio	ew with the AIC on 08/05/22 at				
	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.					
		t #1's current FL-2 dated there was an order for every 12 hours.				
		t #1's hospice orders dated there was an order for every 12 hours.				
		t #1's June 2022 electronic stration record (eMAR)				
	daily with a schedu 7:00am and 7:00pr					
	3.125mg was admi 06/01/22 to 06/30/2					
		y for carvedilol 12.5mg every d for administration and no idministration.				
	revealed:	t #1's July 2022 eMAR y for carvedilol 3.125mg twice				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE
D 358	Continued From pa	ge 73	D 358			
	7:00am and 7:00pn					
		entation that carvedilol nistered twice a day from 2.				
	-There was no entry	y for carvedilol 12.5mg every I for administration and no				
	Review of Resident #1's August 2022 eMAR from 08/01/22 to 08/03/22 revealed: -There was an entry for carvedilol 3.125mg twice					
	daily with a schedul 7:00am and 7:00pn	ed administration time of				
	08/01/22 to 08/02/2 -There was no entry	nistered twice daily from 2 and at 7:00am on 08/03/22. y for carvedilol 12.5mg every I for administration and no dministration.				
	facility's contracted	wwith the Pharmacist at the pharmacy on 08/04/22 at				
	3.125mg twice daily -The pharmacy disp	I an order for carvedilol dated 05/12/22. Densed 60 tablets of carvedilol 07/07/22 and 08/01/22.				
	-The pharmacy did	not receive an order for every 12 hours on 06/11/22 or				
	on 08/03/22 at 3:48 -There was a bubbl	ident #1's medication on hand pm revealed: e pack with 29 tablets of twice daily with a dispensed				
	-The bubble pack w	as labeled 1 of 2 cards.				
	Interview with a me	dication aide (MA) on				

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STATE FORM

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	carvedilol for his blo-She had administed daily to Resident #1-She did not know for dosage was changed. She did not see the dated 06/10/22 or the dated 06/10/22 or the eMAR and as did linterview with a second sec	revealed: t #1 had an order for ood pressure. red carvedilol 3.125mg twice	D 358			
	was dispensed by the eMAR.  Telephone interview Care Provider (PCF revealed: -Resident #1 was of twice daily for hyper-He did not know R June 2022 and that to 12.5mg every 12	the dosage of carvedilol that he pharmacy and entered on with Resident #1's Primary P) on 08/05/22 at 1:35pm rdered carvedilol 3.125mg rtension and heart failure. esident #1 was hospitalized in carvedilol had been changed hours. y discharged orders from				
	Resident #1's hosp	italization. ed of all medication changes				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BBOOKI	DALE DURHAM	4434 BEN	I FRANKLIN	BOULEVARD		
BROOKI	DALE DURHAM	DURHAM	, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 75	D 358			
	-Resident #1's medications should be administered as ordered.					
	Attempted telephone interview with a representative from Resident #1's hospice agency on 08/04/22 at 2:30pm was unsuccessful.  Refer to the Interview with the HWC on 08/04/22 at 9:42am.					
	Refer to the Interview with the HWD on 08/05/22 at 1:35pm.					
	Refer to the Intervie 11:50am.	ew with the AIC on 08/05/22 at				
	dated 05/12/22 reve	ent #1's physician's orders ealed there was an order for o treat nerve pain) 100mg 2				
	dated 06/10/22 reve	#1's discharge summary ealed there was an order for 2 capsules every 12 hours.				
		#1's hospice orders dated here was an order for three times daily.				
	medication adminis revealed:	#1's June 2022 electronic tration record (eMAR) from				
	capsule three times	y for gabapentin 100mg 1 a day with a scheduled of 8:00am, 2:00pm and				
	-There was docume 100mg 1 capsule w	entation that gabapentin as administered three times a o 06/24/22 and at 8:00am and 2.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DDOOK	DALE DUDUAM	4434 BEN	FRANKLIN	BOULEVARD		
BROOKI	DALE DURHAM	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 76	D 358			
	2 capsules twice da administration time -There was docume capsules twice daily 06/25/22 at 8:00pm 06/30/22 at 8:00am	·				
	Review of Resident #1's July 2022 eMAR revealed:  -There was an entry for gabapentin 100mg 2 capsules every 12 hours with a scheduled administration time of 8:00am and 8:00pm.  -There was documentation that gabapentin was administered every 12 hours from 07/01/22 to 07/31/22.  -There was no entry for gabapentin 100mg 1 capsule three times daily as ordered on 07/26/22.					
	08/01/22 to 08/03/2 -There was an entry twice daily with a so 8:00am and 8:00pm -There was docume administered twice from 08/01/22 to 08 8:00am.	y for gabapentin 100mg 2 cheduled administration time of n. entation that gabapentin was daily at 8:00am and 8:00pm 6/02/22 and on 08/03/22 at y for gabapentin 100mg 1				
	facility's contracted 1:46pm revealed: -There was an orde gabapentin 100mg -There was an orde gabapentin 100mg -The pharmacy disp	with the Pharmacist at the pharmacy on 08/05/22 at er dated 05/12/22 for 2 capsules twice daily. er dated 06/22/22 for 2 capsules every 12 hours. Densed 60 capsules of 2 capsules every 12 hours on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/0	0/2022
				BOULEVARD		
BROOKI	DALE DURHAM	DURHAM	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 77	D 358			
		and 07/26/22. not have an order for three times daily dated				
	on 08/03/22 at 3:47 -There was a bubb 100mg with a disperience -The bubble pack of dispensed on 07/26 -The prescription la	le pack labeled gabapentin ensed date of 07/26/22. contained 30 of 60 capsules				
	08/05/22 at 8:15am -She knew Resider gabapentin 100mg painShe had administe capsules every 12 -She did not review dated 07/26/22She did not know I 100mg was change dailyThe MA who revier responsible for ente eMAR.	edication aide (MA) on a revealed: at #1 had an order for 2 capsules every 12 hours for ered gabapentin 100mg 2 hours to Resident #1. a Resident #1's hospice orders  Resident #1's gabapentin ed to 1 capsule three times  wed the hospice orders was ering the new orders into the who reviewed the hospice				
	10:25am revealed: -Hospice orders we -She did not receive dated 07/26/22The staff member orders from the fax	ere faxed to the facility. e Resident #1's hospice orders who removed the hospice machine was responsible for st for new or changed orders				

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STATE FORM 54NG11 If continuation sheet 78 of 185

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 358	and entering new orange daily. She administered to was dispensed by the emals of twice daily.  Telephone interview Care Provider (PCF revealed: Resident #1 was oranged dated 07/26/22. The staff had not reviewed dated of the control of the	rders on the eMAR. Resident #1's gabapentined to 1 capsule three times the dosage of gabapentin that he pharmacy and matched the gabapentin 100mg 2 capsules with Resident #1's Primary of on 08/05/22 at 1:35pm rdered gabapentin 100mg 2 of for pain. ed the orders from hospice made him aware of new dications should be dered. notified of medication of hospice.	D 358			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 79	D 358			
		t #1's discharge summary ealed there was an order for capsules daily.				
	Review of Resident #1's hospice orders dated 07/26/22 revealed an order for Cymbalta 30mg 1 capsule daily.					
	revealed: -There was an entricapsules daily with time of 8:00amThere was docume capsules were adm to 07/31/22There was no entri	t #1's July 2022 eMAR  y for Cymbalta 30mg 3 a scheduled administration entation that Cymbalta 30mg 3 hinistered daily from 07/01/22  y for Cymbalta 30mg 1 administered as ordered on				
	08/01/22 - 08/03/22 -There was an entricapsules daily with time of 8:00amThere was docume capsules were adm to 08/03/22There was no entri	t #1's August 2022 eMAR from 2 revealed: y for Cymbalta 30mg 3 a scheduled administration entation that Cymbalta 30mg 3 hinistered daily from 08/01/22 y for Cymbalta 30mg 1 administered as ordered on				
	facility's contracted 1:46pm revealed: -There was an orde capsule daily dated	w with the Pharmacist at the pharmacy on 08/04/22 at er for Cymbalta 30mg 3 05/12/22 pensed 90 capsules on				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL032065			08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			BOULEVARD		
BROOK	DALE DURHAM		NC 27704	DOCETAND		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 80	D 358			
	06/15/22 and 07/20 -The pharmacy did	pensed 84 capsules on n/22. not receive an order dated alta 30mg 1 capsule daily.				
	on 08/03/22 at 3:48 -There was a bubbl 30mg with a dispen -The bubble pack of	e pack labeled Cymbalta sed date of 07/20/22. ontained 42 of 84 capsules. the pharmacy label read "take"				
	Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed: -She did not review Resident #1's hospice ordersShe did not know Resident #1's Cymbalta's dosage had changedShe administered Resident #1 Cymbalta based on the entry on the eMAR and medication dispensed from the pharmacy.					
	10:25am revealed: -Hospice orders we -She did not receive dated 07/2 -The staff member orders from the fax reviewing the order and entering new o -She did not know f dosage had change	Resident #1 Cymbalta as				
	Care Provider (PCF revealed:	w with Resident #1's Primary P) on 08/05/22 at 1:35pm rdered Cymbalta for mood				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/	08/2022	
NAME OF PROVIDER OR SUPPLIE	ER STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
BROOKDALE DURHAM		N FRANKLIN I I, NC 27704	BOULEVARD			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
Resident #1's more He had not reviet dated 07/26/22. Resident #1's madministered as of Attempted telephore representative for agency on 08/04/2. Refer to the Internat 9:42am. Refer to the Internat 1:35pm. Refer to the Internat 1:50am. g. Review of Resided 05/12/22 refurosemide (used 20mg 2 tablets two Review of Resided 06/10/22 refurosemide 20mg Review of Resided 07/26/22 revealed daily. Review of Resided 07/26/22 revealed daily. Review of Resided 07/26/22 revealed daily. Review of Resided revealed: There was an entablets twice daily time of 7:00am and services are resided to 19/10/20 and 19/10/2	of notified him of any changes in cod or depression. Ewed the orders from hospice edications should be ordered.  It is a compared to the content of the cont					

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  434 BEN FRANKLIN BOULEVARD DURHAM, NC. 27704  A 19 PROVIDER SIMMARY STATEMENT OF DEPICIENCIES TAQ  PREFIX TAQ  DISCUSSION OF DEPICIENCIES TAQ  DISCUSSION OF PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CONFECTIVE ACTION SHO	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
Add Ben FrankLin Boulevard   Durham, NC 27704     (A)   ID   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG     (FACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG     (FACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG     (FACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG     (FACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG     (FACH DEFICIENCY)   TAG     (FACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG     (FACH DEFICIENCY)     (FACH DEFICIENCY)   TAG     (FACH DEFICIENCY)     (FACH DEFICI			HAL032065	B. WING		08/	08/2022
CALL   DEPARTMENT   DURHAM, NC 27704	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Day   Day   SUMMARY STATEMENT OF DEFICIENCIES   PREVIOUR   PREFIX   (EACH DEFICIENCY) WIST BE RESCRED BY PILL   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   PREFIX   PREFIX   PREFIX   PREFIX   PREVIOUR   PREFIX   PREFIX   PREFIX   PREFIX   PREVIOUR   PREFIX   PREVIOUR   PREFIX   PREFIX   PREVIOUR   PREFIX   PREVIOUR   PREVIO	BROOKE	DALE DURHAM			BOULEVARD		
administered twice daily from 07/01/22 to 07/31/22.  -There was no entry for furosemide 20mg 1 tablet daily to be administered as ordered on 07/26/22.  Review of Resident #1's August 2022 eMAR from 08/01/22-08/03/22 revealed:  -There was an entry for furosemide 20mg 2 tablets twice daily with a scheduled administration time of 7:00am and 7:00pm.  -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.  -There was no entry for furosemide 20mg 1 tablet daily to be administered.  Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed:  -There was an order for furosemide 20mg 2 tablets twice daily dated 05/12/22.  -The pharmacy dispensed 120 tablets of furosemide 20mg on 05/13/22 and 06/12/22.  -The pharmacy dispensed 112 tablets of furosemide 20 mg on 07/20/22.  -The pharmacy dispensed 112 tablets of furosemide 20 mg on 07/20/22.  -The pharmacy did not have an order for furosemide 20 mg on 07/20/22.  -The pharmacy did not have an order for furosemide 20 mg 1 tablet twice daily dated 07/26/22.  Observation of Resident #1's medication on hand on 08/03/22 at 3:48pm revealed:  -There was a bubble pack labeled furosemide 20 mg with a dispensed date of 07/20/22.  -The bubble pack, labeled 1 of 2 cards, contained 58 of 60 tablets.  -The directions on the pharmacy label read "take"	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE
Interview with a medication aide (MA) on	D 358	administered twice 07/31/22.  -There was no entry daily to be administ.  Review of Resident 08/01/22-08/03/22 or There was an entry tablets twice daily witime of 7:00am and or There was docume 2 tablets twice daily from 08/01/22 to 08/8:00am.  -There was no entry daily to be administ.  Telephone interview facility's contracted 1:46pm revealed:  -There was an order tablets twice daily down or the pharmacy display furosemide 20 mg or The pharmac	daily from 07/01/22 to  y for furosemide 20mg 1 tablet tered as ordered on 07/26/22.  t #1's August 2022 eMAR from revealed: y for furosemide 20mg 2 with a scheduled administration 17:00pm. entation that furosemide 20mg were administered twice daily 3/02/22 and on 08/03/22 at y for furosemide 20mg 1 tablet tered.  w with the Pharmacist at the pharmacy on 08/04/22 at er for furosemide 20mg 2 lated 05/12/22. pensed 120 tablets of on 05/13/22 and 06/12/22. pensed 112 tablets of on 07/20/22. not have an order for tablet twice daily dated  sident #1's medication on hand apm revealed: le pack labeled furosemide used date of 07/20/22. abeled 1 of 2 cards, contained the pharmacy label read "take of or a total of 40mg."				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOK	DALE DURHAM		I FRANKLIN I , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	O8/05/22 at 8:15am -She did not review -She did not know was hospice ordersShe did not know was dosage had changed dailyShe administered was a medicated to the state of	revealed: Resident #1's hospice orders. who reviewed Resident #1's Resident #1's furosemide ed to furosemide 20mg 1 tablet Resident #1 furosemide 20mg based on the entry on the ion dispensed from the  cond MA on 08/05/22 at  re faxed to the facility. Resident #1's hospice orders who reviewed Resident #1's who removed the hospice machine was responsible for for new or changed orders reders on the eMAR. Resident #1's furosemide and to furosemide 20mg 1 tablet who the dosage was changed to tablet twice daily unless she ders or it was entered in the				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	twice dailyResident #1's med administered as ord -The staff should classification and the staff should classification administered daily.  Refer to the Interview of Resident at 1:35pm.  Refer to the Interview of 1:50am.  h. Review of Resident at 1:50am.  h. Review of Resident and the staff should be staff at 1:50am.  Review of the discharge and the staff should be staff at 1:50am.  Review of Resident and the staff should be staff at 1:50am.  Review of Resident and the staff should be staff at 1:50am.  Review of Resident and the staff should be staff at 1:50am.	lications should be dered. arify all discrepancies. he interview with a had Resident #1's hospice 2 at 2:30pm was unsuccessful. he with the HWC on 08/04/22 he with the HWD on 08/05/22 he with the AIC on 08/05/22 at high and the aid an	D 358			
	revealed:	t #1's July 2022 eMAR y for Plavix 75mg daily with a				

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MAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  4434 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 85  scheduled administration time of 9:00am.  -There was documentation that Plavix was administered daily from 07/01/22 to 07/31/22.  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.  Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/04/22 at 1.46pm revealed:  -The pharmacy dispensed 30 Plavix 75mg daily dated 05/12/22.  -The pharmacy dispensed 30 Plavix 75mg on 06/15/22 and 07/20/22.  -The pharmacy dispensed 28 Plavix 75mg on 06/15/22 at 07/20/22.  -The pharmacy dispensed date of 07/20/22.  -The pharmacy dispensed date of 07/20/22.  -The pharmacy dispensed date of 07/20/22.  -The bubble pack laceled Plavix 75mg 1 tablet daily with a dispensed date of 07/20/22.  -The bubble pack contained 14 of 28 tablets.  Interview with a medication aide (MA) on 08/05/22 at 8.15am revealed:  -She knew Resident #1's FL-2 dated 06/10/22 or the discharge summary dated 06/10/22 or the discharge summar		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704  [MAI] ID PREFEIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 85  scheduled administration time of 9:00am There was documentation that Plavix was administered daily from 07/01/22 to 07/31/22.  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.  Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1:46pm revealed: - The pharmacy dispensed 30 Plavix 75mg 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 06/15/22 at 07/20/22 The pharmacy did not receive an order to discontinue Plavix 75mg on 06/15/22 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.  Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed: - She knew Resident #1's 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				B WINC			
PREDIX TAG    Name   Na			HAL032065	B. WING		08/0	8/2022
CALL   DURHAM   NC 27704	NAME OF I	PROVIDER OR SUPPLIER					
D 358  Continued From page 85  scheduled administration time of 9:00amThere was documentation that Plavix was administered daily from 07/01/22 to 07/31/22.  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.  Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/04/22 at 1.46pm revealed: -The pharmacy dispensed 30 Plavix 75mg daily was plavid yated 06/11/22The pharmacy dispensed 28 Plavix 75mg on 06/13/22The pharmacy dispensed 28 Plavix 75mg on 06/15/22 and 07/20/22The pharmacy dispensed Plavix 75mg on 06/15/22 and 07/20/22The pharmacy dispensed date of 07/20/22The bubble pack labeled Plavix 75mg 1 tablet daily with a dispensed date of 07/20/22The bubble pack contained 14 of 28 tablets.  Interview with a medication aide (MA) on 08/05/22 at 8:15am revealed: -She knew Resident #1's FL-2 dated 06/10/22 or the discharge summary dated	BROOK	DALE DURHAM			BOULEVARD		
scheduled administration time of 9:00amThere was documentation that Plavix was administered daily from 07/01/22 to 07/31/22.  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.  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 05/12/22The pharmacy dispensed 30 Plavix 75mg on 05/13/22The pharmacy dispensed 28 Plavix 75mg on 06/15/22 and 07/20/22The pharmacy dispensed 28 Plavix 75mg on 06/15/22 and 07/20/22The pharmacy did not receive an order to discontinue Plavix 75mg on 06/11/22.  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 07/20/22The bubble pack contained 14 of 28 tablets.  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 hospitalizationShe did not see Resident #1's FL-2 dated 06/10/22 or the discharge summary dated	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
-She did not know Resident #1's Plavix 75mg 1 tablet daily was discontinued when he was in the hospitalShe continued administering Resident #1's	D 358	scheduled administrate was docum administered daily. Review of Resident dated 06/11/22 reversions and administered daily was to law as many years again Telephone interview facility's contracted 1:46pm revealed:  The pharmacy distriction of Play 13/12/2.  The pharmacy distriction of Reson 08/03/22 and 07/20.  The pharmacy didtiscontinue Play 13/12/2.  The pharmacy distriction of Reson 08/03/22 at 3:48.  There was a bubb tablet daily with a decrease and the bubble pack of the bubble daily with a met 08/05/22 at 8:15 am She knew Resider 75 mg 1 tablet daily hospitalization.  She did not see Resident of the bubble daily was districted by the bubble daily was districted b	tration time of 9:00am. entation that Plavix was from 07/01/22 to 07/31/22.  It #1's discharge summary ealed Resident #1's Plavix be discontinued; his last stent go.  If with the Pharmacist at the pharmacy on 08/04/22 at an order for Plavix 75mg go.  Pensed 30 Plavix 75 mg on pensed 28 Plavix 75mg on prevealed: le pack labeled Plavix 75mg 1 lispensed date of 07/20/22. contained 14 of 28 tablets.  Pedication aide (MA) on prevealed: put #1 had been receiving Plavix prior to the June 2022  Pesident #1's FL-2 dated charge summary dated  Resident #1's Plavix 75mg 1 continued when he was in the	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	nge 86	D 358			
	eMAR and the med	lication was on the medication				
	10:25am revealed: -Hospital discharge facilityShe did not receive discharge orders da-She did not know whospital discharge orders for responsible for revictionanged orders and eMARShe did not know whospital discharge orders and eMARShe did not know whospitalizedShe administered because it was on the medication cartShe would not know discontinued after the see the hospital discorders were not entitle pharmacy.  Telephone interview Care Provider (PCF revealed: -He was not aware hospital from 06/19-He did not receive or orders to reviewsHe was not aware discontinued upon all discharge orders are discontinued upon all discontinued upon a	e orders were faxed to the e Resident #1's hospital ated 07/26/22. who received Resident #1's orders from the fax machine. who removed the hospital om the fax machine was ewing the orders for new or d entering new orders on the Resident #1's Plavix 75mg 1 continued when he was the Plavix 75mg 1 tablet daily the eMAR and in the ow the medication had been the hospitalization if she did not scharge orders and if the new tered in the eMAR or faxed to over with Resident #1's Primary on 08/05/22 at 1:35pm Resident #1 was in the of 22 to 06/11/22. a hospital discharge summary				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			B. WING			
		HAL032065	b. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKI	DALE DURHAM		, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	summary in the bin -The process was r -He expected to be admitted and disch -He expected to be written by other phy  Attempted telephor representative from agency on 08/04/22  Refer to the Intervie at 9:42am.  Refer to the Intervie at 1:35pm.  Refer to the Intervie at 1:35pm.  Refer to the Intervie at 1:50am. 3. Review of Reside dated 05/26/22 reve bilateral lower extre venous stasis, hear acute kidney injury, generalized muscle hypothyroidism.  Review of Resident revealed an admission -She was admitted since her admission -The dates of her a 04/13/22, 05/24/22  a. Review of Resident	der for review. not utilized as designed. notified when residents were arged from the hospital. notified regarding any orders vicians.  ne interview with a nesident #1's hospice 2 at 2:30pm was unsuccessful.  we with the HWC on 08/04/22  we with the HWD on 08/05/22  we with the AIC on 08/05/22 at ent #3's current hospital FL-2 ealed diagnoses included emity edema, lower extremity rt failure, left sided weakness, paroxysmal atrial fibrillation, weakness, and  t #3's Resident Register sion date of 03/01/22/  t #3's hospital discharge d: to the hospital four times in to the facility on 03/01/22. dmission were 03/14/22,	D 358			
		ealed there was an order for used to treat or prevent low				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF E	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	0/2022
				BOULEVARD		
BROOKL	DALE DURHAM	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 88	D 358			
	potassium levels) one tablet daily.					
	medication administrevealed: -There was an entritablet daily, schedured-Potassium 20 mediadministered from 06/08/22 to 06/10/2 06/30/22 at 8:00am -Potassium 20 mediadministered for potago of 06/03/22 at 8:00am -On 06/07/22, potago of see other notesFrom 06/11/22 to 020 of coumentation of see other notes.	was documented as 06/04/22 to 06/06/22, from 12, and from 06/13/22 to 1.  was not documented as stassium from 06/01/22 to 1.  ssium 20 meq was not ministered with documentation 06/12/22 at 8:00am, potassium cumented as administered with ee other notes.  missed opportunities to				
	-There was a note of 20meq was entered 06/03/22 at 10:21pr -There was a note of potassium 20meq rrand 12:10pm that prand the pharmacy of Review of Resident	dated 06/07/22 at 7:42am that needed to be refilled. dated 06/12/22 at 12:05pm obtassium was not on hand				
	4.2 upon admissior -Resident #3's pota 4.8 upon discharge	n to the hospital. ssium level on 05/26/22 was				

07/13/22.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	HAL032065	B. WING		08/0	8/2022
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DALE DURHAM			BOULEVARD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
Continued From pa	ge 89	D 358			
on 08/04/22 at 5:30 bubble package of on 07/20/22, with 1 Interview with Resid 10:59am revealed: -She did not know a took but she receive morning and in the -She had been in the -The first time she was 2022 and she thougreceived too much -She went back to twas because she wand was diagnosed -She went to the ho	ppm revealed there was one potassium 20meq dispensed 5 of 30 remaining tablets.  dent #3 on 08/04/22 at all the medications that she ed several tablets in the evening. The hospital three times. Went into the hospital was Aprilight it was because she furosemide. The hospital in May 2022 and it was given too much diuretic with a kidney injury. The potations in the potation of the hospital of the hospital in May 2022 and it was given too much diuretic in with a kidney injury.				
facility's contracted 11:00am revealed: -There was an order 05/10/22 indicated physician ordersThirty tablets of po 06/15/22 and 07/20 Telephone interview Care Provider (PCF revealed: -Resident #3 was or used a diuretic that levelsHe was not notified doses on potassium	pharmacy on 08/05/22 at er for potassium dated on Resident #3's six-month tassium were dispensed on 1/22. w with Resident #3's Primary on 08/08/22 at 11:38am on potassium because she depleted her potassium d concerning any missed on.				
	PROVIDER OR SUPPLIER  DALE DURHAM  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa  Observation of Res on 08/04/22 at 5:30 bubble package of on 07/20/22, with 1.  Interview with Resid 10:59am revealed: -She did not know a took but she receive morning and in the -She had been in th -The first time she w 2022 and she thoug received too much -She went back to the was because she w and was diagnosed -She went to the hot thought it was due to diuretic.  Telephone interview facility's contracted 11:00am revealed: -There was an orde 05/10/22 indicated physician ordersThirty tablets of po 06/15/22 and 07/20  Telephone interview Care Provider (PCF revealed: -Resident #3 was o used a diuretic that levelsHe was not notified doses on potassiun	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 89  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.  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 eveningShe had been in the hospital three timesThe first time she went into the hospital was April 2022 and she thought it was because she received too much furosemideShe went back to the hospital in May 2022 and it was because she was given too much diuretic and was diagnosed with a kidney injuryShe went to the hospital July 2022 and she thought it was be too much diuretic and was diagnosed with a kidney injuryShe went to the hospital July 2022 and she thought it was due to the same thing, too much diuretic.  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 ordersThirty tablets of potassium were dispensed on 06/15/22 and 07/20/22.  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	PROVIDER OR SUPPLIER  PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 89  D 358  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.  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.  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.  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.	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 89  Observation of Resident #3's medication on hand on 08/04/22 at 15:30pm revealed there was one bubble package of potassium 20meq dispensed on 07/20/22, with 15 of 30 remaining tablets.  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 eveningShe had been in the hospital three timesThe first time she went into the hospital was April 2022 and she thought it was because she was given too much diuretic and was diagnosed with a kidney injuryShe went back to the hospital by 2022 and she thought it was due to the same thing, too much diuretic.  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 ordersThirty tablets of potassium were dispensed on 06/15/22 and 07/20/22.  Telephone interview with Resident #3's Primary Care Provider (PCP) on 08/08/22 at 11:30am revealed: -Resident #3 was on potassium because she used a diuretic that depleted her potassium levelsHe was not notified concerning any missed doses on potassium.	OF CORRECTION   DENTIFICATION NUMBER:   A BUILDING:   A BUILDING:   DOUBLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	#3 missed any dose medication.  -He found out Resicin May 2022 when I 2022.  -He reviewed her hand he had to contasome medications.  -He knew she was Resident #3's hosp not given to him to 05/26/22.  -Resident #3's pota and she remained of Interview with a day 08/04/22 at 3:15pm.  -Resident #3 was a and she brought mand she brought mand she were and she were resulted to the were she was that it should be who accepted Resingham and she were she thought that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were she was that it should be who accepted Resingham and she were should be were should	dent #3 had been hospitalized he visited the facility in June ospital paperwork on 06/21/22 act her Cardiologist to clarify hospitalized in 05/24/22 but ital discharge paperwork was review upon her return on ssium dose did not change on the same dose.  I shift medication aide (MA) on revealed: I dmitted to the facility in 2022 any medications with her. supposed to be reordered to 8 tablets remaining in the sain was probably not administer for the dates on IR. sponsible for requesting refills. Resident #3 had a new FL-2 hospitalization. Viewing hospital paperwork e reviewed by the MA or nurse dent #3 back into the facility. Resident #3's hospital FL-2 was use Resident #3 did not receive from 06/01/22 to 06/03/22.	D 358			

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 358  Continued From page 91  began this job two weeks agoShe expected the MAs to request a medication refill so that the medications were always available to administer.  Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
BROOKDALE DURHAM  DURHAM, NC 27704    (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   DURHAM, NC 27704    (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D 358   D 358			HAL032065	B. WING		08/0	8/2022
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D 358   Continued From page 91   D 358   D 3	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 91  began this job two weeks agoShe expected the MAs to request a medication refill so that the medications were always available to administer.  Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at	BROOKI	DALE DURHAM			BOULEVARD		
began this job two weeks agoShe expected the MAs to request a medication refill so that the medications were always available to administer.  Telephone interview with the Administrator-in-Charge (AIC) on 08/08/22 at	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
-She expected the MAs to review and process orders for residents as soon as the orders were faxed or receivedShe expected MAs to request refills of medicationsShe held the MAs responsible for ensuring medications were administered as ordered.  Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.  Refer to the Interview with the HWC on 08/04/22 at 9:42am.  Refer to the Interview with the HWD on 08/05/22 at 1:35pm.  Refer to the Interview with the AIC on 08/05/22 at 11:50am.  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  Review of Resident #3's physician orders revealed there was no discontinue order for levothyroxine.  Review of Resident #3's June 2022 electronic	D 358	began this job two values are superior to the Interview Administrator-in-Ch 5:00pm revealed: -She expected the loorders for residents faxed or receivedShe expected MAs medicationsShe held the MAs medications were at Attempted telephon and Wellness Coor 9:28am was unsuccus Refer to the Interview at 9:42am.  Refer to the Interview at 1:35pm.  Refer to the Interview at 1:30pm.  D. Review of Resident revealed there was levothyroxine.	weeks ago. MAs to request a medication dications were always ster.  with the harge (AIC) on 08/08/22 at MAs to review and process as soon as the orders were to request refills of responsible for ensuring administered as ordered.  The interview with the Health dinator (HWC) on 08/08/22 at cessful.  The with the HWC on 08/04/22 at with the HWD on 08/05/22 at the with the AIC on 08/	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	revealed: -There was an entry give one tablet daily -The entry for levoth date of 06/24/22There was docume levothyroxine 100m from 06/05/22 to 06 06/24/22 at 6:00am -There was docume not administered or 06/13/22 and from 6:00amThere were 14 of 3 Resident #3 was not in June 2022.  Revealed Resident revealed: -There was an entry give one tablet daily -The entry for levoth 07/14/22There was docume levothyroxine 100m from 07/18/22 to 07 -There was docume not administered or 07/01/22 to 07/13/2 -There were 15 of 3 Resident #3 was not in July 2022.  Review of Resident -On 06/07/22 at 5:1 notes that Resident be refilledOn 06/09/22 at 5:0 Resident #3's levoth resident	y for levothyroxine 100mcg y, scheduled for 6:00am. hyroxine had a discontinue entation of administration of cg from 06/01/22 to 06/03/22, 8/06/22, and from 06/14/22 to entation that levothyroxine was a 06/04/22, from 06/07/22 to 06/25/22 to 06/30/22 at 80 opportunities when be administered levothyroxine #3's July 2022 eMAR y for levothyroxine 100mcg y, scheduled for 6:00am. hyroxine had a start date of centation of administration of cg on 07/14/22, 07/16/22, and 1/31/22 at 6:00am. entation that levothyroxine was a 07/15/22, 07/17/22, and from	D 358			

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NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM    X4   ID   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   CACH DURHAM, NC 27704    X5   ID   PREFIX   CACH DURHAM   CACH DURHAM, NC 27704    X6   ID   PREFIX   CACH DURHAM   CACH DURHAM, NC 27704    X6   ID   PREFIX   CACH DURHAM   CACH DURHAM, NC 27704    X6   ID   PREFIX   CACH DURHAM   CACH DURHAM, NC 27704    X6   ID   PROVIDERS PLAN OF CORRECTION   CACH DURHAM, NC 27704    X6   ID   PROVIDERS PLAN OF CORRECTION   CACH DURHAM, NC 27704    X6   ID   PREFIX   CACH DURHAM   CACH DU		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
SUMMARY STATEMENT OF DEFICIENCIES   TAKE			HAL032065	B. WING		08/0	<b>)</b> 8/2022
CALL   DURHAM   DURHAM, NC 27704     CALL   DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICIENCY MUST BE PRECEDED BY FULL   PREFIX TAGE   CACH DEPICE   CACH DEPI	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 93  written but an entry was opened with levothyroxine written as the header for the noteOn 08/11/22 at 6:10am, there was a note that levothyroxine was "not in house"On 06/12/22 at 6:07am, there was a note that levothyroxine was "not in house".  Review of Resident #3's Primary Care Provider (PCP) note dated 07/05/22 revealed: -The PCPs note indicated under the heading of acquired hypothyroxidine that he did not see levothyroxine on Resident #3's eMARThe PCP called the pharmacy to verify there was an active order and to verify the dose for levothyroxine on 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.  Interview with Resident #3 on 08/04/22 at 10:59am revealed: -She took levothyroxine for her thyroidThe third shift MA came in to help her at 2:00am with incontinence care but she did not recall receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not remember receiving medication at 6:00amThe MA came in to assist her with dressing at 6:00am but she did not receiving medication at 6:00am.	BROOK	DALE DURHAM			BOULEVARD		
written but an entry was opened with levothyroxine written as the header for the note.  -On 06/11/22 at 6:10 am, there was a note that levothyroxine was "not in house".  -On 06/12/22 at 6:07 am, there was a note that levothyroxine was "not in house".  Review of Resident #3's Primary Care Provider (PCP) note dated 07/05/22 revealed:  -The PCPs note indicated under the heading of acquired hypothyroidism that he did not see levothyroxine on Resident #3's eMAR.  -The PCP called the pharmacy to verify there was an active order and to verify the dose for levothyroxine on Resident #3's profile.  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.  Interview with Resident #3 on 08/04/22 at 10:59am revealed:  -She took levothyroxine for her thyroid.  -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.  -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.  Telephone interview with a representative of the facility's contracted pharmacy on 08/04/22 at 11:18am revealed:	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE
-The pharmacy did not begin dispensing for Resident #3 until May 2022The pharmacy had not received a hospital FL-2 dated 05/26/22 for Resident #3Thirty tablets of levothyroxine 100mcg were	D 358	written but an entry levothyroxine writte-On 06/11/22 at 6:1 levothyroxine was "On 06/12/22 at 6:0 levothyroxine was "Review of Resident (PCP) note dated 0-The PCPs note incacquired hypothyro levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The PCP called the an active order and levothyroxine on Re-The third shift MA with incontinence or receiving medication—The MA came in to 6:00am but she did medication until the medications.  Telephone interview facility's contracted 11:18am revealed: -The pharmacy did Resident #3 until Marche pharmacy had dated 05/26/22 for levothyroxine or receiving medication.	was opened with n as the header for the note. 0am, there was a note that not in house". 07am, there was a note that not in house". 18 #3's Primary Care Provider 17/05/22 revealed: 18 dicated under the heading of 18 idism that he did not see 18 idism that he did not see 18 ident #3's eMAR. 18 e pharmacy to verify there was 18 to verify the dose for 19 idient #3's medication on hand 19 im revealed there was one 19 in 10 tablets of levothyroxine 10 on 07/11/22. 10 dent #3 on 08/04/22 at 10 oxine for her thyroid. 10 came in to help her at 2:00 am 10 are but she did not recall 10 at 6:00 am. 11 or assist her with dressing at 12 not remember receiving 13 a day shift MA gave her 14 with a representative of the 15 pharmacy on 08/04/22 at 16 not received a hospital FL-2 17 Resident #3.	D 358			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
10 101	TO VIBER OR GOLF EIER		, ,	BOULEVARD		
BROOKI	DALE DURHAM	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 94	D 358			
	dispensed on 05/10/22, 06/13/22 and 07/11/22.					
	Primary Care Provided: 11:38am revealed: -Resident #3's previous about her levothyrousHe did not know the Resident #3 used hypothyroidismHe was not aware levothyroxine for Resident #3He did not think micaused Resident #3Interview with a thir on 08/05/22 at 7:32She gave Resident -She recalled that Femedication and shees.	e details of the conversation. evothyroxine for  of any missed doses of esident #3. ssing dose of levothyroxine 8 to be dizzy.  d shift medication aide (MA) am revealed: t #3 her levothyroxine. Resident #3 ran out of the e had reordered it. ember when Resident #3 had				
	Resident #3's levoth the datesShe reviewed the h	aw a discontinue order for hyroxine but she did not know hospital paperwork sometimes				
	doses of levothyrox it to Resident #3She thought the re	Resident #3 missed several ine because she administered ason Resident #3 missed vothyroxine was because it				
	was discontinued b  Telephone interview Director (HWD) on -She did not know f of levothyroxine in s -She was not the H	y her previous PCP.  with the Health and Wellness 08/08/22 at 3:00pm revealed: Resident #3 missed any doses June 2022 and July 2022.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 95	D 358			
		culties in obtaining refills and e medication was not				
	Charge (AIC) on 08 -She did not know I of levothyroxineShe expected the	w with the Administrator in 8/08/22 at 5:00pm revealed: Resident #3 had missed doses MAs to request refills and ere were missed doses.				
		ne interview with the Health dinator (HWC) on 08/08/22 at cessful.				
	Refer to the Intervie at 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Intervie at 1:35pm.	ew with the HWD on 08/05/22				
	Refer to the Intervient 11:50am.	ew with the AIC on 08/05/22 at				
	05/26/22 revealed torsemide (used to caused by heart fai	ent #3's current FL-2 dated here was an order for reduce extra fluid in the body lure) 40mg daily on Mondays, Fridays and 20mg daily on s, and Thursdays.				
		#3's physicians's orders ealed there was an order for illy.				
	medication adminis revealed: -There was an entr	t #3's June 2022 electronic tration record (eMAR) y for torsemide 20mg daily ursday, and Sunday,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D WING			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	scheduled for 8:00a -There was anothe give 2 tablets (40m) Friday and Saturda -There was no entr 06/28/22 for torsem -There was docume torsemide 40mg or of the correct dose -Resident #3 was a 40mg, of torsemide Review of Resident revealed: -There was an entrevery Tuesday, Thus cheduled for 8:00a -There was anothe give 2 tablets (40m) Friday and Saturda -There was docume torsemide 40mg or 8:00am -There was an entrescheduled at 8:00a	am and 9:00am. If entry for torsemide 20mg g) every Monday, Wednesday, y, scheduled for 9:00am. If y reflecting the order dated hide 20mg daily. It entation of administration of hide 06/29/22 at 8:00am instead of 20mg. It will be wrong dose, It will be a single of the wrong daily hide of the w	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358 Continued From page	97	D 358			
Review of Resident #3 (PCP) notes revealed: -On 07/05/22 Resident 2.12 and likely due to to torsemide which was reconside which was reconside with lower to the torsemide with lower to the torsemide with lower to be compared to the torsemide with lower line with the total improved with lower line with Resident 10:59am revealed: -She thought that she reand it caused her to be compared to be compared to the dose was changed and injuryShe did not know here she had urinary frequibecame incontinent after hospitalization.  Telephone interview with facility's contracted phase to the previous and the previous order dated (40mg daily on Monday Saturday)On 06/28/22, an election submitted by Resident the previous order for the torsemide 20mg daily.	B's Primary Care Provider  at #3's creatinine level was the higher dose of recently decreased. In #3's post hospital visit and her kidney function wer doses of diuretics. In #3 on 08/04/22 at received too much diuretic the hospitalized in May 2022. Inospital physician that her and that she had a kidney and daily dose of diuretic. Idency and she recently fiter the May 2022  With a representative of the the harmacy on 08/05/22 at the physician order dated the 20mg one tablet daily on and Sunday. The redered to the six-month 05/10/22 for torsemide ty, Wednesday, Friday and tronic prescription was the #3's PCP to discontinue torsemide and start  With Resident #3's PCP on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	-He reviewed Resid hospital discharge He reached out to He was unsuccess physician so he react Cardiologist to clarify recommended by Change her torsem He expected order possible and begar To expedite the provia fax or electronic Interview with a day 08/04/22 at 3:15pm Resident #3's order been processed by order.  Resident #3's PCF in Charge a report residents medication facility did not have She thought that dolinical management not processed in a The fax machine colocation where all the residents' providers There were many piled up and the Moorders and do their Telephone interview Director (HWD) on She did not know I wrong dose of torse 2022.  She expected the	dent #3's hospital FL-2 and paperwork on 06/21/22. The hospital physician. It is ful in contacting the hospital ched out to Resident #3's fy the dose of torsemide ardiology. It is to be processed as soon as a immediately. It is to be processed as soon as a immediately. It is compared to be processed as soon as a immediately. It is to be processed as soon as a immediately. It is orders over the prescription.  If shift medication aide (MA) on a revealed: It is for torsemide should have the person who received the person who received the person who received the a RN. It is the staff (RN) the orders were the timely manner. It is that for the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the ne orders were faxed to from the first floor was the necessary when the orders just the could not process the necessary was the necessary when the orders just the could not process the necessary was the necessary when the orders just the could not process the necessary was the necessary was the necessary when the orders just the necessary was the	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
BROOKI	DALE DURHAM		N FRANKLIN I I, NC 27704	BOULEVARD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 358	Continued From pa	ge 99	D 358			
		MAs to fax the orders so the ace the orders on the eMAR.				
		arge (AIC) on 08/08/22 at ne did not know Resident #3				
	Attempted telephone interview with the Health and Wellness Coordinator (HWC) on 08/08/22 at 9:28am was unsuccessful.  Refer to the Interview with the HWC on 08/04/22 at 9:42am.					
	Refer to the Intervie at 1:35pm.	ew with the HWD on 08/05/22				
	Refer to the Intervie 11:50am.	ew with the AIC on 08/05/22 at				
	05/26/22 revealed t spiranolactone (use	ent #3's current FL-2 dated here was an order for ed to treat hypertension and two tablets (50mg) daily.				
	(PCP) orders revea	#3's Primary Care Provider led there was an order dated plactone 25mg one tablet				
	medication adminis revealed: -There was an entry take two tablets dai -There was docume spiranolactone 50m at 8:00am.	#3's June 2022 electronic tration record (eMAR)  y for spiranolactone 25mg ly, scheduled for 8:00am. entation of administration of grom 06/01/22 to 06/30/22  y reflecting the order dated				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 358	06/28/22 for spironodaily.  -There was docume spiranolactone 50m 8:00am instead of t-Resident #3 was a 50mg, of spironolactone spiranolactone for take two tablets daitor -There was an entry take two tablets daitor -There was docume spiranolactone 50m at 8:00am, instead to -There was an entry 06/28/22 for spiranodaily, scheduled for Review of Resident #3's ureaused to determine in normal range 7-20) test that indicates we declined normal range for the hospitality -On 05/26/22 the dafrom the hospital, in creatinine was 1.0.  Review of Resident (PCP) notes revealed post hospital visit or kidney function had of diuretics.	colactone 25mg one tablet entation of administration of ag on 06/29/22 and 06/30/22 at the correct dose of 25mg. dministered the wrong dose, ctone.  ##3's July 2022 eMAR  If for spiranolactone 25mg  Ily, scheduled for 8:00am. Entation of administration of ag from 07/01/22 to 07/03/22  of the correct dose of 25mg. If reflecting the order dated blactone 25 mg one tablet  ##3's lab results dated  Initrogen (BUN) (a lab test now well your kidneys work of 61 and a creatinine (a lab when kidney function has age 0.4-1.0 mg/dl) of 2.3	D 358			
		ospitalization in May 2022 was				

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  433 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704    (XA) ID   SUMMARY STATEMENT OF DEFICIENCIES   DURHAM, NC 27704    (XA) ID   PREPRIX   (EACH DEFICIENCY MUST BE PRECEDED BY FILL   TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FILL   TAG   TAG	STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM    Major   Majo				R WING			
A434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704   DU			HAL032065	B. WING		08/0	8/2022
DURHAM NC 27704   SUMMARY STATEMENT OF DEFICIENCIES   CANDESTICATION   PREFIX TAC   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAC   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAC   PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFEREDEDENCY)   PREFIX TAC   PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFEREDEDENCY)   D 358   Continued From page 101   D 358	NAME OF I	PROVIDER OR SUPPLIER					
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 101  due to receiving too many diureticsShe took the cup of pills given to her each morning, but she could not identify the pillsShe went to the hospital again in July 2022 due to dizziness, and shortness of breathShe was not sure if any of her medications were changed from the July 2022 hospital visit.  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 dailyOn 06/15/22, 60 tablets of spiranolactone 25mg were dispensed based on the first order of two tablets dailyOn 06/28/22 and 07/26/22, 30 tablets of spiranolactone 25mg were dispensed.  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 hospitalizationHe thought the information on Resident #3's hospital discharge summary dated 05/26/22 concerning spiranolactone was not clearHe called Resident #3's Cardiologist to discuss the recommendations for her diureticsHe changed Resident #3's spiranolactone dose to 25mg dailyHe expected orders to be processed as soon as possible by the facility staffHe thought the desident #3's prizanolactone dose to 25mg dailyHe expected orders to be processed as soon as possible by the facility staffHe thought any delays in processing his orders could be related to staff changes.	BROOK	DALE DURHAM			BOULEVARD		
due to receiving too many diureticsShe took the cup of pills given to her each morning, but she could not identify the pillsShe went to the hospital again in July 2022 due to dizziness, and shortness of breathShe was not sure if any of her medications were changed from the July 2022 hospital visit.  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 dailyThe next order was dated 06/28/22 for spiranolactone 25mg one tablet dailyOn 06/15/22, 60 tablets of spiranolactone 25mg were dispensed based on the first order of two tablets dailyOn 06/15/22, a01 tablets of spiranolactone 25mg were dispensed.  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 hospitalizationHe thought the information on Resident #3's hospital discharge summary dated 05/26/22 concerning spiranolactone was not clearHe called Resident #3's Cardiologist to discuss the recommendations for her diureticsHe changed Resident #3's spiranolactone dose to 25mg dailyHe expected orders to be processed as soon as possible by the facility staffHe thought any delays in processing his orders could be related to staff changes.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
-He thought Resident #3's kidney function began improving when her diuretics were decreased.  Interview with a day shift medication aide (MA) on	D 358	due to receiving too. She took the cup of morning, but she co. She went to the hot o dizziness, and she she was not sure in changed from the discontracted of the changed from the changed from the changed from the changed from the facility of the changed from the cha	o many diuretics. of pills given to her each puld not identify the pills. ospital again in July 2022 due nortness of breath. If any of her medications were luly 2022 hospital visit.  If with a representative of the pharmacy on 08/04/22 at er dated 05/10/22 for ng two tablets daily. Is dated 06/28/22 for ng one tablet daily. Is dated 06/28/22 for ng one tablet daily. Is deten on the first order of two end	D 358			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	BROOKDALE DURHAM 4434 BEN DURHAM			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	08/04/22 at 3:15pm -If a MA or the RN or order and processe the order was probasystem when a MA -She did not have eadminister medicatipersonal care aides requests, answer cand then be expectShe thought the RI ensuring the orders processedShe thought the deprocessing orders vaspiranolactone dosc 07/04/22.  Telephone interview Director (HWD) on she did not know R dose of spiranolactor. 2022.  Telephone interview Administrator-in-Ch 5:00pm revealed she wrong dose of sand July 2022.  Attempted telephonand Wellness Coor 9:28am was unsuce Refer to the Interview at 9:42am.	did not receive a copy of the ed the order on the same day, ably entered into the eMAR or the RN was able. In the shift to ions to 50 residents, assist the strong (PCA), answer resident all bells, complete treatments ed to process orders. In should be responsible for a from the PCP were shay in reviewing and was the reason Resident #3's e was not changed until with the Health and Wellness 08/08/22 at 3:00pm revealed esident #3 received the wrong one in June 2022 and July with the health and know Resident #3 spiranolactone in June 2022 are interview with the Health dinator (HWC) on 08/08/22 at the interview with the Health dinator (HWC) on 08/08/22 at	D 358			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 358	Refer to the Intervient 11:50am.  4. Review of Reside 09/09/21 revealed of peripheral neuropath hyperlipidemia.  a. Review of Resided dated 07/27/22 revealed to reduce swijoints related to arthaffected area by too the left foot.  The order diagnost ankle and foot.  Review of Resident 2022 electronic medical (eMAR) revealed the diclofenace 1% topic of administration.  Observation of Resident 2022 and 100 grammatis on 08/04/22 at 5:00 unopened 100 grammatis on 07/27.  Review of Resident diclofenace gel revealed the diclofenace gel rev	ew with the AIC on 08/05/22 at ent #4's current FL-2 dated diagnoses included gout, thy, gait disorder, and ent #4's physician orders ealed: er for diclofenac 1% topical gel elling, pain and stiffness in nritis) apply 2 grams to the bical route 2-4 times per day to is was osteoarthritis in the left er #4's July 2022 and August dication administration record ere was no entry for eal gel and no documentation ident #4's medication on hand pm revealed there were two a tubes of diclofenac er/22.  Er #4's medication label for ealed: fenac gel were dispensed on eal pharmacy, ere to apply 2 grams to left	D 358	DEFICIENCY			
	orthopedic physicia Interview with Resid	dent #4 on 08/04/22 at					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	10:59am revealed -Her family membe 08/04/22 to pick up -She had broken he she had left hip pair -No one had given she had the gel with -She picked up the the orthopedic phys -She had an oral m pain.  Telephone interviev facility's contracted revealed: -Some of Resident dispensed by the pl -Staff at the facility the pharmacy so th to her eMAR profile -The pharmacy had diclofenac 1% topic they had not disper  Interview with a day 08/04/22 at 3:15pm -She had not seen Resident #4She had not seen Resident #4She had not seen #4's eMARThe MA could place system if the MA wa -There were new no and Wellness Coor Wellness Director ( how orders would b -She thought the re not on the eMAR w had not saw the ord	r took her to the pharmacy on her medications. Er toe a few months ago and not her a gel to use for pain, but if in her she would use it. prescriptions prescribed by sician. Edication that she used for with a representative of the pharmacy on 08/05/22 at #4's medications were not narmacy. Faxed Resident #4's orders to at the orders could be added at the orders could be added at the orders and the orders are gel for revealed: In not received an order for all gel for Resident #4 and used it.  If we shift medication aide (MA) on revealed: In any order for diclofenac gel for diclofenac gel for diclofenac gel on Resident the orders into the eMAR as given the order. The positions of Health dinator (HWC) and Health and HWD) and she did not know the processed. In as the diclofenac gel was as because a MA or the HWC	D 358			

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` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	BROOKDALE DURHAM DURHAM			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 105	D 358			
	system and faxed in -She did not know to	ced the order into the eMAR to the pharmacy. There were two tubes of tesident #4 on the medication				
	Director (HWD) on -The HWC request #4's diclofenac gel 08/04/22. -They did not have 08/04/22. -The MAs should h diclofenac gel tubes -The MA who place tubes in the medical	w with the Health and Wellness 08/08/22 at 3:00pm revealed: ed that the order for Resident be faxed over to the facility on a copy of the order prior to ave asked about Resident #4's in the medication cart. It de Resident #4's diclofenac gelation cart should have ensured and that the order was sent to				
	5:00pm revealed th	narge (AIC) on 08/08/22 at the MA who placed the the medication cart should have				
		ne interview with the Health dinator (HWC) on 08/08/22 at cessful.				
		ne interview with Resident #4's 's office on 08/05/22 at ccessful.				
	Refer to the Intervient 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Intervient 1:35pm.	ew with the HWD on 08/05/22				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL032065		B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	BROOKDALE DURHAM DURHAM			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Refer to the Intervieur 11:50am.  b. Review of Reside orders dated 07/27. There was an order treat inflammatory of 1 mg one tablet dail for osteoarthritis. The order diagnos ankle and foot.  Review of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.  Observation of Resident 2022 electronic me (eMAR) revealed the dexamethasone 1 madministration.	ew with the AIC on 08/05/22 at ent #4's orthopedic physician /22 revealed: er for dexamethasone (used to conditions such as arthritis) y in the morning for 30 days is was osteoarthritis in the left at #4's July 2022 and August dication administration record are was no entry for any and no documentation of eident #4's medication on hand apm revealed there was one methasone 1mg tablets 7/22 by a local pharmacy. Ident #4 on 08/04/22 at an orthopedic physician after ain, but she took Lyrica (used to nerve damage) for pain. Were sent to a local pharmacy and the pharmacy. If anyone had given her	D 358	DETICIENCY)		
	facility's contracted revealed the pharm	w with a representative of the pharmacy on 08/05/22 at eacy had not received an order 1mg for Resident #4.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Interview with a day 08/04/22 at 3:15pm -She had not seen 1mg for Resident # -If the order came i would have placed profileShe did not know to 1mg on the medical Telephone interview Director (HWD) on -She expected the from Resident #4 to order for the dexam -She held the MA reorder was processed #4's dexamethason Telephone interview Administrator-in-Ch 5:00pm revealed the dexamethasone 1m should have asked ensured there was Attempted telephor orthopedic provider 12:37pm was unsured the selephor and Wellness Coor 9:28am was unsuch Refer to the Interview at 9:42am.	y shift medication aide (MA) on a revealed: any orders for dexamethasone 4. In and was given to her she it into Resident #4's eMAR who received the orders. there was dexamethasone tion cart for Resident #4.  If with the Health and Wellness 08/08/22 at 3:00pm revealed: MA who took the medication or make sure there was an methasone 1mg. Esponsible for ensuring the ed or notify her about Resident the 1mg in the medication cart.  If with the medication cart questions about an order and an order for the medication.  The interview with Resident #4's office on 08/05/22 at ccessful.  The interview with the Health dinator (HWC) on 08/08/22 at the interview with the Health dinator (HWC) on	D 358			

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	NT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	)8/2 <b>02</b> 2	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 358	Continued From pa	ge 108	D 358				
	Refer to the Intervie 11:50am.	ew with the AIC on 08/05/22 at					
	09/09/21 revealed t for magnesium (use	ent #4's current FL-2 dated here was a medication order ed to support heart health, ism) 100mg one tablet daily.					
	orders dated 05/12/	#4's six-month physician /22 revealed an order for one tablet daily to treat low m.					
	medication adminis revealed: -There was an entry tablet daily, schedu -There was docume	#4's June 2022 electronic tration record (eMAR)  y for magnesium 100mg one led for 8:00am. entation of administration of 6/01/22 to 06/30/22 at 8:00am.					
	revealed: -There was an entry tablet daily, schedu -There was docume	#4's July 2022 eMAR  y for magnesium 100mg one led for 8:00am. entation of administration of 7/01/22 to 07/31/22 at 8:00am.					
	revealed: -There was an entry tablet daily, schedu -There was docume	#4's August 2022 eMAR y for magnesium 100mg one led for 8:00am. entation of administration of 8/01/22 to 08/04/22 at 8:00am.					
	on 08/04/22 at 5:00 -There was an oper	ident #4's medication on hand pm revealed: ned bottle of over the counter m. and zinc with approximately					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	250 tabletsThe amount of matablet was 133 mg.  Telephone interview 08/05/22 at revealeredResident #4 was of magnesium levelsHe expected the madminister the dose.  Interview with a day 3:30pm revealed: -She administered using the bottle of contained in the tablets contained the resident #4's family transport her to the resident #4 did not pharmacy because accepted.  Telephone interview Director (HWD) on -She expected the compare it to the madministering the madministering the madministered to supplement.  Telephone interview Administrator-in-Chesion 5:00pm revealed: -The MA should local contained to the madministerion of t	gnesium contained in each with Resident #4's PCP on d: rdered magnesium due to low nedication aides (MA) to e of magnesium as ordered.  with MA on 08/05/22 at magnesium to Resident #4 calcium, magnesium, and zinc cart. d at the amount of magnesium olets and she did not know the ne wrong dose of magnesium. Ily came to pick her up to pharmacy. of use the facility's contract her health insurance was not with the Health and Wellness 08/08/22 at 3:00pm revealed: MA to read the eMAR and nedication prior to nedication. esponsible for ensuring that he correct dose of	D 358			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		HAL032065	B. WING	<u></u>	08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 110	D 358			
		of supplement was provided, IA to contact the PCP.				
		ne interview with the Health dinator (HWC) on 08/08/22 at cessful.				
	Refer to the Intervient 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Intervient 1:35pm.	ew with the HWD on 08/05/22				
	Refer to the Intervient 11:50am.	ew with the AIC on 08/05/22 at				
	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.					
	orders dated 05/12	t #4's six-month physician /22 revealed an order for n 500mg one tablet twice daily.				
		t #4's June 2022 electronic stration record (eMAR)				
		y for oyster shell calcium wice daily, scheduled for n.				
	calcium from 06/01 8:00pm.	entation of administration of /22 to 06/25/22 at 8:00am and				
	calcium on 06/27/2 8:00pm.	entation of administration of 2 and 06/30/22 at 8:00am and				
		entation of administration of 2 and 06/29/22 at 8:00am				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM			BOULEVARD		
		DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 111	D 358			
	06/26/22 at 8:00am 8:00pm, and. -There was docume out of the facility on Review of Resident	entation of "other/see notes on and 8:00pm, 06/28/22 at entation that the resident was 06/29/22 at 8:00pm.				
	revealed: -There was an entry for oyster shell calcium 500mg one tablet twice daily, scheduled for 8:00am and 8:00pmThere 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 8:00pmThere was documentation of administration of calcium on 07/09/22, 07/12/22 at 8:00am.					
	calcium on 07/02/22 07/19/22 at 8:00pm					
	07/09/22 at 8:00pm 8:00pm, 07/12/22 a 8:00am.	entation of "other/see notes on , 07/10/22 at 8:00am and it 8:00pm, and 07/13/22 at				
		entation of "pharmacy action 22, 07/07/22, 07/19/22 at				
	revealed:	#4's August 2022 eMAR y for oyster shell calcium				
	8:00am and 8:00pn -There was docume	entation of administration of /22 to 08/03/22 at 8:00am and				
	on 08/04/22 at 5:00	ident #4's medication on hand pm revealed: ned bottle of over the counter				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/	08/2022	
NAME OF PROVIDER OR SUPP	LIER STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BROOKDALE DURHAM		FRANKLIN , NC 27704	BOULEVARD			
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
250 tabletsThe amount of was 333 mgThere was a signal calcium 600mgThere was no calcium.  Interview with Frevealed she do her Primary Cashe purchased  Telephone interview with a signal careResident #4 with her magnesiumHe expected to administer the linterview with a signal careShe administer the linterview with a signal careShe administer the bottle of cashe had not be contained in the tablets containedShe had not to member the dottle pirector (HWD) -She expected compare it to the administering the shell the Member the lottle the fire the lottle the lot	esium, and zinc with approximately calcium contained in each tablet econd over the counter bottle of without an open date. bottle or container of oyster shell desident #4 on 08/04/22 at don't know the dose of calcium re Provider (PCP) had ordered but the medication herself.  Twiew with Resident #4's PCP on ealed: as ordered calcium to supplement a supplement. The medication aides (MA) to dose of calcium as ordered.  In day shift MA on 08/05/22 at ed: and calcium to Resident #4 using cium, magnesium, and zinc on the extension of calcium to the edithe wrong dose of calcium. The end the wrong dose of calcium. The end the wrong dose of calcium. The end the wrong dose of calcium to the edithe wrong dose of calcium. The end the wrong dose of calcium. The end the wrong dose of calcium. The end the wrong dose of calcium to the end the wrong dose of calcium. The end the wrong dose of calcium to the end the wrong dose of calcium. The end the wrong dose of calcium to the end the wrong dose of calcium. The end the wrong dose of calcium to the end the wrong dose of calcium. The end the wrong dose of calcium the end the wrong dose of calcium. The end the wrong dose of calcium the end the wrong dose of calcium. The end the wrong dose of calcium the end the wrong dose of calcium the end the wrong dose of calcium. The end the wrong dose of calcium the end the wrong dose of calcium the end the wrong dose of calcium.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF PROV	IDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE	DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Tele Adr 5:0 -Th bef res -If t she are 9:2 Ref at 1 Ref 11:: e. F 09/ for Rev ord ord Rev me rev doo Rev rev	Opm revealed: ne MA should loo fore placing it on ident. the wrong dose of expected the M empted telephon d Wellness Coore 8am was unsucce fer to the Intervie 9:42am. fer to the Intervie 9:42am. fer to the Intervie 50am. Review of Resident lers dated 05/12/ ler for zinc. view of Resident dication adminis realed there was cumentation of ac- view of Resident ealed there was	with the arge (AIC) on 08/08/22 at k at the bottle of supplement the cart to administer to the of supplement was provided, IA to contact the PCP.  The interview with the Health dinator (HWC) on 08/08/22 at	D 358			

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STATE FORM

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 114	D 358			
	revealed there was documentation of a	t #4's August 2022 eMAR no entry for zinc and no dministration of zinc.				
	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 tabletsThe amount of zinc contained in each tablet was 5 mg.					
	Telephone interview with Resident #4's PCP on 08/05/22 at revealed he had not ordered zinc for Resident #4.					
	3:30pm revealed: -She administered: bottle of calcium, medication cartShe had not lookemineral and she did contained zinc.	zinc to Resident #4 using the hagnesium, and zinc on the d at the amounts of each d not know the tablets of have an order for zinc.				
		ne interview with the Health dinator (HWC) on 08/08/22 at cessful.				
	Refer to the Intervie at 9:42am.	ew with the HWC on 08/04/22				
	Refer to the Intervie at 1:35pm.	ew with the HWD on 08/05/22				
	Refer to the Intervient 11:50am.	ew with the AIC on 08/05/22 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1 3333	
BROOKI	DALE DURHAM			BOULEVARD		
	0.11.41.45.7.074		NC 27704	PROVIDENCE NAMES CORRECT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 115	D 358			
D 358	Interview with the H (HWC) on 08/04/22 -The MA, HWC or I (HWD) would revieinto the eMAR and -The new orders shreviewThe HWC would poinder at the front onext PCP's visitShe expected the reviewing and data Interview with the Frevealed: -The facility receive machineThe MAS, HWC archecking the fax mevery two hoursThe staff that receive the orders into the other esident's chart after review, the obinder at the front ophysician to reviewShe expected the reviewing and data Interview with the A on 08/05/22 at 11:5 -All resident orders -The MA would retrimachine and enter -The MA would mail	Health Wellness Coordinator 2 at 9:42am revealed: Health Wellness Director we new orders, enter the orders fax them to the pharmacy. Health Wellness Director we new orders, enter the orders fax them to the pharmacy. Hould be given to the HWC for elace the orders in the PCP's desk to be reviewed on the estaff to follow procedures for entry of all orders. HWD on 08/05/22 at 1:35pm and orders through the fax end HWD were responsible for achine for new orders at least electived the orders would enter eMAR, then file the order in election in the facility's contracted election.  In the facility's contracted election and the facility's contracted elections and the facility's contracted elections.  In the facility's contracted elections and the facility's contracted elections and the facility's contracted elections.  In the facility is contracted elections and the facility's contracted elections and the facility is contracted elections.	D 358			
	-The HWC would v -There was an in-se	erify the accuracy of the order. ervice held on 07/13/22 and As and management regarding				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	the process for resiIf the MA received weekend, they wou system so the HWE when away from the  The facility failed to administered as ord a resident who did nordered after a hos which could result in omission of a scheo chronic pain to be a to getting out of bed increase in pain wit administration of the pain medications to blood thinner to pre placement (#1); om medication for hypo and administration of diuretics (#3). The f medication as orde health, safety, and constitutes a Type f  The facility provided accordance with G. this violation.  CORRECTION DA	dent orders. an order after hours or on the ld scan the orders into the or HWC could review them e facility.  ensure medications were dered for 2 residents including not receive their antibiotics a pitalization with pneumonia in a re-hospitalization, an iduled pain medication for administered 20 minutes prior diadministration resulting in an in mobility each morning, is wrong dose of two additional assist with pain control and a event clotting around a stent dissions of administration of a othyroidism and hypokalemia, of the wrong dose of two facility's failure to administer red was detrimental to the welfare of the residents which	D 358			
D 366	10A NCAC 13F .10 Administration	04 (i) Medication	D 366			
	10A NCAC 13F .10	04 Medication Administration				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 366	Continued From pa	nge 117	D 366			
	medication adminis staff person who ad immediately following medication to the resident actually talto the administration medication. Pre-characteristic This Rule is not medication. Based on observation interviews, the facil Medication Administration accurate to include Aide (MA) who administration the morning the morning	of the administration on the stration record shall be by the dministers the medication ng administration of the esident and observation of the king the medication and prior on of another resident's narting is prohibited.  Let as evidenced by: Lions, record reviews, and Lity failed to assure the stration Records (MARs) were the initials of the Medication medication pass for 2 of 5 (#3 and #9) observed in the				
	The findings are:					
	medication pass in revealed: -Resident #3 wheel and medication aid the hallwayThe MA offered Reher room or there in -Resident #3 agree the hallwayThe MA turned to pulled Resident #3 -The MA prepared medications and or -After the administr computer on the m	the computer screen and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
o5/26/22 revealed: - Diagnoses include weakness, bilateral osteoarthritis, spinal venous stasis, hear acute kidney injury, hypothyroidism, hyr anticoagulation There was an order prevent serious block hours There was an order for tablets (1000mg) dorong (used to treat certain thythms) one tablet. There was an order to treat or prevent I tablet daily There was an order to provide multi-vitation to provide multi-vitation There was an order to prevent constipation There was an order to prevent constipation There was an order treat hypertension There was an order treat hypertension There was an order treat hypertension There was an order treat high ophthalmic solution daily.  Review of Residem 06/28/22 revealed: - There was an order reduce extra fluid in failure) one tablet controlled.	at #3's current FL-2 dated  ed generalized muscle I lower extremity edema, al stenosis, lower extremity rt failure, left sided weakness, paroxysmal atrial fibrillation, perlipidemia, and chronic  er for apixaban 5mg (used to od clots) one tablet every 12  er for Tylenol extra strength at pain or fever) take two aily. er for Amiodarone 200mg in types of irregular heart t daily. er for potassium 20meq (used ow potassium levels) one  er for multi-vitamin tablet (used amin supplement) one tablet  er for sennosides 8.6mg (used tion) one tablet daily. er for losartan 100mg (used to ½ tablet daily. er for Cosopt 22.3-6.8mg/ml pressure in the eyes) n one drop in each eye twice  t #3's physician orders dated er for torsemide 20mg (used to n the body caused by heart	D 366			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,			
		HAL032065	B. WING	<u> </u>	08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 366	Continued From pa	ge 119	D 366			
	failure) one tablet d	aily.				
	medication administrevealed: -There was an entrigive two tablets daily. There was an entrone tablet daily, scheduthere was an entrone was an en	y for losartan 50mg give one led for 9:00am. y for potassium 20meq give neduled for 8:00am. y for sennosides 8.6mg give neduled for 8:00am. y for Spironolactone 25mg heduled for 8:00am. y for torsemide 20mg give neduled for 8:00am. y for Cosopt solution Il 1 drop in both eyes twice 8:00am and 8:00pm. y for apixaban 5mg give one rs, scheduled for 8:00am and als documented on 08/08/22 at n when medications were				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		E SURVEY PLETED
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 366	-Her initials were not August 2022 eMAR documented for Rescheduled on 08/03-The initials of the todocumented for Rescheduled on 08/03-She forgot to signin to the eMAR systand password.  Refer to interview w 08/05/22 at 7:32am  Refer to the interview Wellness Coordinated 3:50pm.  Refer to the interview Wellness Director ( Refer to the telephonal Administrator in Cheboto 5:00pm.  2. Observation of the medication pass rescheduled up Resident #9She pulled up Resident #9She pulled up Resident #9 and todocomResident #9 was ly medicationThe MA returned to the scheduled to the scheduled to the medicationThe MA returned to the scheduled t	of the initials on Resident #3's and her initials were not sident #3's medications 8/22 at 8:00am and 9:00am. hird shift MA were sident #3's medications 8/22 at 8:00am and 9:00am. out the third shift MA and sign term with her profile user-name with a third shift MA on the with the Health and tor (HWC) on 08/03/22 at 4:13pm. One interview with the arge (AIC) on 08/08/22 at the 08/03/22 8:00am wealed: the 08/03/22 8:00am	D 366			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL032065	B. WING		08/0	08/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 366	Continued From pa	ge 121	D 366			
	o4/20/22 revealed: -Diagnoses include of anticoagulants, g disease (GERD), pi overactive bladder, urinary incontinence -There was a medic (used to treat nerve dayThere was a medic (used to remove ex by heart failure) 40r -There was a medic to prevent blood clo Tuesdays, Wednes -There was a medic acetaminophen (us tablets twice daily a -There was a medic (used to treat certail problems) 20mg da -There was a medic to treat pulmonary it times a day.	cation order for warfarin (used ots) 2mg daily on Mondays, days, Thursdays, and Fridays. cation order for ed to treat pain) 500mg two is needed for pain. cation order for pantoprazole in stomach and intestinal cation order for sildenafil (used hypertension) 20mg three				
	medication adminis revealed: -There was an entry tablet in the mornin	#9's August 2022 electronic tration record (eMAR)  y for furosemide 40mg one g, scheduled for 9:00am.				
	tablet in the mornin -There was an entry daily on Monday, To Thursdays, and Frid -There was an entry	y for pantoprazole 20mg one g, scheduled for 9:00am. y for warfarin 2mg one tablet uesday, Wednesday, days, scheduled for 8:00am. y for gabapentin 600mg one aily, scheduled for 9:00am, m.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 366	-There was an entrest three times daily, so and 9:00pmThere was an entrest two tablets three times daily, so and 9:00pm, and two tablets three times daily and two tablets three times down, 2:00pm, and a compart of the compart of	y for sildenafil 20mg one tablet cheduled for 9:00am, 4:00pm, y for acetaminophen 500mg nes daily, scheduled for nd 8:00pm. als documented on 08/08/22 at n when medications were the third shift MA.  MA who conducted the nedication pass on 08/03/22 at medication pass on 08/03/22 at the initials on Resident #9's and her initials were not sident #9's medications 3/22 at 8:00am and 9:00am. hird shift MA were sident #9's medications 3/22 at 8:00am and 9:00am. out the third shift MA and sign tem with her profile user-name of documented on 08/03/22 for cations.  With a third shift MA on the third shift	D 366			

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 366	Continued From pa	ge 123	D 366			
	5:00pm.					
	Attempted interview at 12:30pm was un	with Resident #8 on 08/03/22 successful.				
	on 08/05/22 at 7:32					
	-She signed the eMARs on 08/03/22 for the residents she administered medications to that dayThe day shift MA was running late so she began the morning medication pass for 08/03/22She was signed into both computers on the second floor and forgot to sign outSince she forgot to sign out, it caused the day					
		nt under her eMAR profile.				
	-She expected the l medications were a -She expected the l medications to sign medications. -She held the MA re	lealth and Wellness on 08/03/22 at revealed: MAs to document after odministered on the eMAR. MA who administered the for the administration of the esponsible for ensuring they ministration of medications.				
	(HWD) on 08/03/22	lealth and Wellness Director that 5:32pm revealed the MAs ign the eMARs after a ministered.				
	9:21am revealed shadministered the m	arge (AIC) on 06/13/22 at				

6899

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 124	D 367			
D 367	10A NCAC 13F .10 Administration	04(j) Medication	D 367			
	(j) The resident's n record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for a or treatment; (5) reason or justific medications or treat documenting the re (6) date and time of (7) documentation of medications or treat omission, including (8) name or initials the medication or treat ocumented and madministration recording the recording th	dication or treatment order; sage or quantity of medication administering the medication administering the medication of the attention of the attention of the attention; of any omission of the person administering eatment. If initials are used, a at to those initials is to be aintained with the medication of (MAR).  Let as evidenced by: ons, record review and ity failed to accurately ration of medications on the on Administration Record esidents (Residents #3, #5).				

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 125  lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation.  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.  Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Systane solution	STATEMENT OF DEF AND PLAN OF CORR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
BROOKDALE DURHAM  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 125  lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation.  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.  Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Systane solution			HAL032065	B. WING		08/0	8/2022
CX4) ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   D 367      D 367   Continued From page 125   D 367   Ower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation.    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.    Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed:	NAME OF PROVIDER	ER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   D 367      D 367   Continued From page 125   D 367	BROOKDALE DU	DURHAM			BOULEVARD		
lower extremity venous stasis, heart failure, left sided weakness, acute kidney injury, paroxysmal atrial fibrillation, hypothyroidism, hyperlipidemia, and chronic anticoagulation.  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.  Review of Resident #3's July 2022 electronic medication administration record (eMAR) revealed:  -There was an entry for Systane solution	PRÉFIX (EA	EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	(X5) COMPLETE DATE
0.4%-0.3% instill one drop in both eyes as needed for dry eyes.  -There was no documentation of administrationThere was another entry for Systane solution 0.4%-0.3% instill one drop in both eyes every 12 hours as needed for dry eyesThere was no documentation of administration of Systane solution.  Review of Resident #3's August 2022 eMAR revealed: -There was an entry for Systane solution 0.4%-0.3% instill one drop in both eyes as needed for dry eyesThere was no documentation of administrationThere was another entry for Systane solution 0.4%-0.3% instill one drop in both eyes every 12 hours as needed for dry eyesThere was another entry for Systane solution 0.4%-0.3% instill one drop in both eyes every 12 hours as needed for dry eyesThere was no documentation of administration of Systane solution.  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	lower esided watrial fil and check of the control o	r extremity veral weakness, and fibrillation, hypothronic anticoate view of Resident (a) 22 revealed at (a) 2.3% (used to drop in each expess.  The work of Resident (a) 3% instill or experal was an entral ed (a) and solution.  The was an entral experal was no doctor was another (a) 3% instill or experal experiments and experal experal experiments and experal experiments are experiments and experiments are experiments a	lous stasis, heart failure, left cute kidney injury, paroxysmal pothyroidism, hyperlipidemia, agulation.  Lent #3's current FL-2 dated an order for Systane of treat symptoms of dry eye) ye twice daily as needed for the tration record (eMAR)  Ly for Systane solution needrop in both eyes as a secumentation of administration. The drop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes as a secumentation of administration of the tration of administration of the drop in both eyes as a secumentation of administration. The drop in both eyes as a secumentation of administration of the drop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.  Ly for Systane solution needrop in both eyes every 12 or dry eyes.				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		00/0	9/2022
					00/0	8/2022
NAME OF PR	OVIDER OR SUPPLIER			STATE, ZIP CODE BOULEVARD		
BROOKDA	LE DURHAM		NC 27704	BOOLEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 126	D 367			
1 - p - c - k r - c - k r - c - c - k r - c - c - c - c - c - c - c - c - c -	10:59am revealed: She used the Systa preparing to read. The eyedrops help dryness. She asked the medicep the Systane eneeded. The MA gave her to enterview with a MA evealed: There had been mover the RN who held Wellness Director (system. If two different MAs eMAR system, it was emala the mover than the system. If the did not know to could be a duplicate medication. She had not attem previously, but it did She did not know the entries. Interview with another evealed: She thought duplicate eMAR system. She had not attem duplicate entries. She had not attem duplicate entries.	of any other reason why there e entry for the same pted to remove entries				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 127	D 367			
		interview with the Health and (HWD) on 08/08/22 at 3:00pm.				
	Refer to telephone Administrator in Ch 5:00pm.	interview with the arge (AIC) on 08/08/22 at				
		ent #3's current FL-2 dated an order for sennosides 8.6mg				
	medication adminis	t #3's June 2022 electronic stration record (eMAR)				
	-There was an entry for sennosides one tablet in the evening, scheduled for 6:00pmThere was documentation of administration of sennosides from 06/01/22 to 06/30/22 at 6:00pmThere was another entry for sennosides one tablet daily, scheduled for 8:00am.					
	-There was docume	entation of administration of 6/01/22 to 06/30/22 at 8:00am.				
		t #3's July 2022 electronic stration record (eMAR)				
	the evening, sched -There was docume	entation of administration of				
	-There was another tablet daily, schedu -There was docume	entation of administration of				
	sennosides from 07	7/01/22 to 07/31/22 at 8:00am.				
	revealed:	t #3's August 2022 eMAR				
	the evening, sched	y for sennosides one tablet in uled for 6:00pm.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL032065	B. WING		08/0	)8/2 <b>0</b> 22
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/0	10/2022
				BOULEVARD		
BROOK	DALE DURHAM	DURHAM	, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ige 128	D 367			
	sennosides from 08 -There was anothe tablet daily, schedu -There was docume sennosides from 08	entation of administration of 8/01/22 to 08/03/22 at 8:00am.				
	Resident #3 on 08/ there was one bubb	medications on hand for 04/22 at 4:20pm revealed ole package of 26 of 30 tablets and dispensed on 07/26/22.				
	Interview with Resigner revealed: -She took sennosic constipation and the She received it one	e pill was orange.				
	08/05/22 at 7:32am -She had noticed the sennosides on Research -She could not remeate she thought the system when it was adminitiated -She had attempted	ne duplicate entry for ident #3's eMAR. ove the duplicate entry, but stem signed for both entries				
	revealed: -She did not know I for sennosides on t -There was no proc eMAR for accuracy Refer to telephone	cess in place for reviewing the description.  Interview with the Health and (HWD) on 08/08/22 at 3:00pm.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 129	D 367			
	5:00pm.					
	revealed: -There was an order sodium 220mg one needed for painThere was an order discontinue naproximate and the solid part of the soli	ent #3's physician orders or dated 04/08/22 for naproxen tablet every 12 hours as or dated 05/26/22 to en sodium.  it #3's June 2022 electronic stration record (eMAR) by for naproxen sodium 220mg by 12 hours as needed.  umentation of administration of the #3's July 2022 eMAR by for naproxen sodium 220mg by 12 hours as needed.  up 12 hours as needed.  up 13 hours as needed.  up 14 hours as needed.  up 15 hours as needed.  up 16 hours as needed.  up 17 hours as needed.  up 18 hours as needed.  up 19 hours as needed.  up 19 hours as needed.				
	revealed: -There was an entr give one tablet ever	#3's August 2022 eMAR  y for naproxen sodium 220mg  ry 12 hours as needed.  umentation of administration of				
	Resident #3 on 08/ -There was one bul naproxen sodium 2 -There was a secon	medications on hand for 04/22 at 5:33pm revealed: oble package with 12 tablets of 20mg dispensed on 04/09/22. nd bubble package with 15 sodium 220mg dispensed on				

		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
BROOKDALE DURHAM  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 130  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 naproxenShe was given pain medication which she thought was acetaminophen for her shoulder painTo her knowledge, she had not taken any			HAL032065	B. WING		08/0	8/2022
DURHAM, NC 27704    (X4) ID   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D 367   Continued From page 130   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 naproxenShe was given pain medication which she thought was acetaminophen for her shoulder painTo her knowledge, she had not taken any	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 130  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 naproxenShe was given pain medication which she thought was acetaminophen for her shoulder painTo her knowledge, she had not taken any	BROOK	DALE DURHAM			BOULEVARD		
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 naproxenShe was given pain medication which she thought was acetaminophen for her shoulder painTo her knowledge, she had not taken any	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
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 naproxenShe recalled that Resident #3 had an order for naproxenWhomever accepted the order to discontinue Resident #3's naproxen, should have removed it from the eMAR system.  Interview with another MA on 08/05/22 at 3:30pm revealed: -She did not know Resident #3 had a discontinue order for naproxenThe MA who accepted the orders for Resident #3 should have discontinued the naproxen in the eMAR system.  Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.  Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm.  2. Review of Resident #8's current FL-2 dated 11/1/8/21 revealed: -Diagnoses included allergic rhinitis, dementia, type 2 diabetes mellitus with stage 3 chronic	D 367	Interview with Resi 10:59am revealed: -She took pain med but she did not knot she was given pai thought was acetar painTo her knowledge, naproxen.  Interview with a med 08/05/22 at 7:32am - She did not know order for naproxen - She recalled that it naproxenWhomever accept Resident #3's napr from the eMAR system interview with another evealed: -She did not know order for naproxen - The MA who acces should have discorted many system.  Refer to telephone wellness Director (15:00pm.  2. Review of Resid 11/18/21 revealed: -Diagnoses included - Diagnoses included - She took pain media in the series of the serie	dent #3 on 08/04/22 at dication for her shoulder pain, ow about naproxen. In medication which she minophen for her shoulder Is, she had not taken any edication aide (MA) on no revealed: Resident #3 had a discontinue Resident #3 had an order for sted the order to discontinue oxen, should have removed it stem.  Ther MA on 08/05/22 at 3:30pm Resident #3 had a discontinue The man of the orders for Resident #3 had a discontinue The man of the orders for Resident #3 had a discontinue The order of the orders for Resident #3 had a discontinue The order of the orders for Resident #3 had a discontinue The order of the order				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
	HAL032065	B. WING		08/	08/2022
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
BROOKDALE DURHAM		N FRANKLIN E I, NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
deficiencyThere was no order to treat a runny nose.  Review of Resident (PCP) orders dated an order for ipratrop sprays each nostrill for congestion.  Observation of the material was a spray and the material was a spray in the MA prepared for she referred to the material was a spray, ipratropium of the material was a spray of ipratropium was at 8:28am.  Review of Resident 08/01/22 to 08/03/2 -There was an entry 0.06% two sprays in needed for congest -There was no documented the spray during the material was a spray during the material was no documented the spray during the material was not documented the spray and the spray	reflux disease, and vitamin D or for ipratropium 0.06% (used e) nasal spray.  #8's Primary Care Provider 03/22/22 revealed there was bium 0.06% nasal spray two three times daily as needed  medication pass for Resident :18am revealed: de (MA) clicked on Resident me on the computer screen. Resident #8's medication as electronic medication rd (eMAR). medications and one nasal 0.6% prepared for Resident red 6 oral medications and two m in each nostril to Resident  #8's August 2022 eMAR from 2 revealed: y for ipratropium solution n each nostril every 8 hours as ion. umentation of administration of 3/22.  MA who conducted the morning 08/03/22 at 1:42pm revealed: eceived ipratropium nasal brining medication pass. tt #8 had ipratropium ordered	:			

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NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
BROOKDALE DURHAM  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  10 PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE		HAL032065		B. WING		08/08/2022	
DURHAM, NC 27704  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  DURHAM, NC 27704  ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE COMPLETED TO THE APPROPRIATE DATE)	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE	BROOK	DALE DURHAM			BOULEVARD		
	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
administered.  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 03/22/22There were no other dispense dates for ipratropium.  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.  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.  Telephone interview with the Administration.  Telephone interview with the Administration-in-Charge (AIC) on 08/08/22 at 5:00pm revealed she expected the MAs to document when a medication was administered.  Based on observations, record reviews, and interviews it was determined that Resident #8 was not interviewable.  Refer to telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm.  Refer to telephone interview with the Administrator in Charge (AIC) on 08/08/22 at 5:00pm.  3. Review of Resident #5's current FL-2 dated 06/21/21 revealed diagnoses included hypothyroidism, hypoxia, depression, gastro-esophageal reflux disease, arthritis,	D 367	administered.  Telephone interview the facility's contract 10:29am revealed: -A bottle of ipratrop Resident #8 on 03/3-There were no oth ipratropium.  Interview with the H Coordinator (HWC) revealed MAs were medications after a Interview with the H (HWD) on 08/03/22 expected MAs to do given directly after a Telephone interview Administrator-in-Ch 5:00pm revealed sh document when a r Based on observati interviews it was downs not interviewable Wellness Director (Refer to telephone Wellness Director (Refer to telephone Administrator in Ch 5:00pm.  3. Review of Resido 06/21/21 revealed of hypothyroidism, hypothyroidis	with a representative from cted pharmacy on 08/05/22 at ium was dispensed for 22/22. The dispense dates for dispense dates for dealth and Wellness on 08/03/22 at 3:50pm are expected to document the dministration.  The dealth and Wellness Director 2 at 4:13pm revealed she ocument the medications administration.  Which with the marge (AIC) on 08/08/22 at the expected the MAs to medication was administered. The dispense of the di	D 367	BEI IGIENCI)		

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 133	D 367			
	delirium, anxiety an	d macular degeneration.				
	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.					
	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.					
	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 8:00pmThere was documentation the LiquiTears solution was administered four times daily from 07/01/22 to 07/31/22.					
	revealed: -There was an entrin each eye four time administration time and 8:00pmThere was docume solution was admin 08/01/22 to 08/03/2 on 08/04/22.	t #5's August 2022 eMAR  y for LiquiTears solution 1 drop nes daily with a scheduled of 8:00am, 12:00pm, 4:00pm entation the LiquiTears istered four times daily from 22 and at 8:00am and 12:00pm				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 367	9:30am revealed: -There was an orded drop in each eye for dry eyesThe pharmacy did LiquiTears solution a dayThe pharmacy displication of the pharmacy displ	pharmacy on 08/05/22 at er for LiquiTears solution 1 ur times a day as needed for not have an order for 1 drop in each eye four times onesed one bottle of 1/22 for 15mls, 03/29/22 for 2 for 15mls. Ordered 4 times daily to each at 35 days.  Ident #5's medication on hand opm revealed: alabeled LiquiTears with a 106/08/22. The pharmacy label read "instill a daily in each eye as needed."  Health and Wellness on 08/03/22 at 3:50pm a expected to document the dministration.  Health and Wellness Director 2 at 4:13pm revealed she ocument the medications administration.	D 367			
	Refer to telephone	interview with the				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC 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	Continued From pa	ge 135	D 367			
	Administrator in Charge (AIC) on 08/08/22 at 5:00pm.  Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.					
	Director (HWD) on -The medication aid enter orders accord -The MA should fax so that the orders of systemThere was no syste electronic medication (eMAR) for accurace -There would be a resident into place to improve systemThe MAs were resorders were entered  Telephone interview Charge (AIC) on 08 -She did not know to Resident #3's eMAI -She expected the as ordered and document of the system orders were entered -The new clinical st Coordinator (HWC) instituting an order were entered into the -The MAs were res	new order tracking process put we the order processing ponsible for ensuring the diaccurately onto the eMAR. with the Administrator in the Moster were duplicate entries on R. MAs to administer medications aument accurately.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 371	Continued From pa	age 136	D 371			
D 371	1 10A NCAC 13F .1004(n) Medication Administration		D 371			
	(n) The facility sha administered in accome asures that help and transmission of cross-contamination sanitary environme.  This Rule is not make a search and transmission of cross-contamination sanitary environme.  This Rule is not make a search and the search a	old Medication Administration III assure that medications are cordance with infection control to prevent the development of disease or infection, prevent on and provide a safe and ont for staff and residents.  Let as evidenced by: It is and interview, the facility ection control measures were idenced by a Special Care tion aide (MA), who cations to three residents to and a nasal spray with gloved onds; and failed to sanitize her antitizer after glove removal and tion administration.				
	Observation of the morning medication pass in the Special Care Unit (SCU) on 08/03/22 at 8:10am revealed:					
	SCU resident's me -The MA placed glo medications to inclu eyedrop into the res	oves on and took the ude oral medications and an				
	-Next, the MA retur removed and disca the administration of preparing medication. -The MA did not sa	ned to the medication cart, rded the gloves, documented on the computer, and began ons for the next resident. nitizer her hands. ared oral medications to the				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL032065	B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 371	resident in the dining administered the must began preparing the without sanitizing hearing properties of the resident in the comedications to include the medications of the medication of the documented the medication that the began preparity resident without san interview with a SC revealed:  -She would don glo topical medicationsShe was taught that her hands after each residentsShe was taught to removing gloves and her hands after removing gloves and her hands after removing gloves and her hands after remover the MAs should we before donning and the MAs were expinitely between administresidentsThe MAs were residentsThe MAs were residents.	ing room with bare hands and edications to the resident. The medication cart and enext resident's medications are hands.  In medications and a nasalles, took the medications to dining room, administered and the nasal spray, returned art, removed the gloves, edication administration and and medications for the next nitizing her hands.  UMA on 08/03/22 at 1:42pm  In wes before administering the sprays of the next she did not need to sanitize the resident but after every 2 sanitize her hands after and she should have sanitized the noving the gloves.  It was also before a delication and she should have sanitized the should have sanitized	D 371			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		N FRANKLIN I, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 371	facility instructing M between every 2 re-She held the MAs hands were sanitize when administering  Telephone interview Charge (AIC) on 08-She expected the after removing glov-This practice of sa gloves was a part of policy.  -She thought the M as part of their train-The MAs were res	ar with any policy for the IAs sanitize their hands sidents. responsible for ensuring their ed between each resident medications.  with the Administrator in IAO8/22 at 5:00pm revealed: MAs to sanitize their hands es. nitizing hands after removing f the facility's infection control	D 371			
D 376	Medications  10A NCAC 13F .10 Medications  (b) When there is a mental or physical a resident non-compl orders or the facility procedures, the face		D 376			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
				BOULEVARD		
BROOKI	DALE DURHAM	DURHAM	, NC 27704			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE
D 376	Continued From pa	ge 139	D 376			
	interview, the facility with the facility's po self-administration of sampled residents ( self-administer med	et as evidenced by: on, record review, and y failed to assure compliance licies and procedures for of medications for 2 of 3 (#2, #4) with orders to lications (#2); and without hister medications (#4).				
	The findings are:					
	medications dated I Residents who des medication should is admitting physician nurse confirmed the applicable state req An evaluation woul of the resident's cog ability to carry this of The self-administration would be comperstate regulation condition. The nurse should predications to use ability to self-admin The resident's ability to self-admin	ation of medications review pleted initially, quarterly, or as with change in the resident's print a list of current when evaluating the resident's				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00.0	0.2022
				BOULEVARD		
BROOK	DALE DURHAM		NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 376	for non-solid form. lock the apartment apartment.  -If the resident passevaluation, an order physician and should first level for securi apartment.  -If a resident was uself-medication evaluated and an alternative partners and an alternative partners and an alternative partners and should be allowed to the and an alternative partners and should be allowed to the and an alternative partners and should be allowed to the and an alternative partners and should be allowed to the and the and the and the and the and the and the apartners and the and the and the and the apartners and the apartners and the and the and the and the apartners and the apartners and the and the apartners and th	Properly store medication and door upon departure from the sed the self-administration or should be obtained from the all be reflected on the care.  In this door was considered the ing medications in their mable to successfully pass the aluation, the resident should no o self-administer medications obtain should be devised. The second of the early should be made aware the early should be resident, muscle of the second of th	D 376			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
н	IAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 376 Continued From page 141  daily (a vitamin supplementation - There was an order for Attabedtime (used to treat high prevent stroke).  -There was an order for Ell (used to treat COPD) inhaltage - There was an order for Lictable to his feet and toes (to assate - There was an order for Row (Guaifenesin) two teaspoor needed for cough.  -There was an order for All two puffs every six hours a of breath.  Review of Resident #2's seassessment dated 02/01/2.  -Resident #1 was able to indicate the description of earth and well and the use of printage and administed the use of printage and administed previous Health and Welling 02/01/22.  -The form was completed a previous Health and Welling 02/01/22.  -The was no quarterly self-assessment for Resident #August 2022.  A request was made on 08 #2's quarterly self-administed was not provided by the extended and order self-administer his medicated and order self-administer his medicated self-administer his medic	orvastatin 20mg at a blood pressure and lipta 200mcg powder, le one puff daily. docaine cream prn pain ist with pain control). Dibitussin DM ins every four hours as buterol HFA 90mcg, as needed for shortness leff-administration left-administration left-administration left-administration left-administration left-administration left-administration left-appropriate left-appropriat	D 376			

DIVISION	Of Fleatill Service IN	guiation	ī			1
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COIVII	LLILD
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4434 BEN	FRANKLIN	BOULEVARD		
BROOKI	BROOKDALE DURHAM DURHAI					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	_	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEI IOIEIVOT)		
D 376	Continued From pa	ge 142	D 376			
	1 3					
	Observation of Res	ident #2's apartment on				
	08/03/22 at 8:45am					
		e punch cards of medication				
	on the seat of a cha					
	-There were three p	ounch cards for				
		mg with a dispensed date of				
	05/13/22 for a total	of 180 tablets; 180 tablets				
	remained in the pur					
	-There was a punch card for Claritin 10mg with a					
	•	02/22/22 for 28 tablets; 1 tablet				
	remained in the pur					
		nd punch card for Claritin				
		sed date of 05/13/22 for 30				
		emained in the punch card.				
		n card for Thiamine 100mg ate of 05/13/22 for 30 tablets;				
	30 tablets remained					
		n card for Mirtazapine 15mg				
		ate of 05/16/22 for 30 tablets;				
	20 tablets remained					
	-There was a punch	n card for Atorvastatin 20mg				
		ate of 05/16/22 for 30 tablets;				
	5 tablets remained					
		n card for Eliquis 5mg with a				
		06/13/22 for 56 tabs; 14 tablets				
	remained in the pur					
		ription bottle of Carvedilol ensed date of 04/29/22 for 180				
		emained in the bottle.				
		es of Fluticasone, neither				
	bottle had a dispens	· · · · · · · · · · · · · · · · · · ·				
		terol inhaler with a dispensed				
		handwritten date of opened				
	11/222/21 was writt	en on the box.				
		f Roflumilast 250mcg with a				
	-	07/16/22 for 30 tablets; 6				
	tablets remained in					
		-the-counter (OTC) box of				
	Guaifenesin 1200m	ig tablets.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 376	-On the counter in F was a Trelegy Ellipt prescription label ar -On the counter in F was a prescription to rinse one time was 30 seconds.  Second observation on 08/04/22 at 10:1 -There was a prescription with a dispension on 08/04/22 at 10:1 -There was a prescription on 08/04/22 at 10:1 -There was a prescription on 08/04/22 at 10:1 -There was a prescription of 09/09/21 and supplements in and TylenolThere was a prescription of 09/09/21There was a prescription of 09/09/21The	Resident #2's bathroom there a inhaler; there was no not the count was 30. Resident #2's bathroom, there bottle of Chlorhexidine 0.12% octeria) oral rinse with a 06/16/22; the directions were beekly with 1-2 tablespoons for an of Resident #2's bathroom 4am revealed: ription bottle of Furosemide sed date of 03/16/20. ription bottle of Pregabalin sed date of 07/20/21. The bottles of OTC medication including a Multi-Vitamin, Advil, ription box, unopened, that inhaler with a dispensed date of 0000 plus cream (a toothpaste with a prescription).  The definition of the pregabalin sed date of 07/20/21 and the prescription box, unopened, with a control of the prescription bag, unopened, with a co	D 376			

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 376	was taking too mar-He was not taking because he did not-He had not talked medication, he kne  Review of Resident administration recolouly 2022, and 08/0-There was an entrunsupervised self-a-There was an entrunsupervised self-a-dministration.  There was an entrunsupervised self-administration.  There was no document self-administration.  There was no document self-administration.  There was no entrunsupervised self-administration.	ny pills. the other medications feel that he needed them. to anyone about stopping the w he did not need them.  It #2's electronic medication rds (eMAR) for June 2022, 01/22-08/03/22 revealed: y for Atorvastatin 20mg at sed self-administration. y for Mirtazapine 15mg at sed self-administration. y for Roflumilast 250mcg daily administration. y for Thiamine HCL (Vitamin isupervised  y for Ellipta one puff daily administration. y for Flonase one spray in aily unsupervised  y for Tylenol 1000mg three rvised self-administration. entation for each medication ed self-administration. y for Albuterol, Robitussin, and n unsupervised  umentation prn medication had	D 376			

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL032065	B. WING		08/08/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BBOOKE	NALE BUBUAN	4434 BEN	FRANKLIN	BOULEVARD		
BROOKL	DALE DURHAM	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 376	Continued From pa	ge 145	D 376			
	10:01am revealed: -The staff never talk medicationThe staff never ask medication or notThe staff had not ke-The staff used to go "in a while." -If he needed a refile. He had a private deassisted him with him up his prescriptions.  Telephone interview duty care manager revealed: -She started working 2022She transported ReappointmentsShe visited with Reand to communicate. If she identified soon helpful, she would coccupational therape. She coordinated we she identified an issence and the was depressed that he was depressed that he was depressed that he would just stownResident #2 was pour but he would just stownResident #2's PCP Benadryl (an OTC reitching and other alleresident #2 took E	with Resident #2's private on 08/05/22 at 9:14am  g with Resident # in May esident #2 to his esident #2 weekly to "check in" e with his family. mething, she thought would be coordinate that, such as by. eith the staff at the facility when sue. cknowledged to her this week sed. rescribed an anti-depressant, op taking medication on his etold him to stop taking medication used to treat				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 376	-The staff at the face medications Reside takingShe thought Reside takingShe thought Reside to that his overall cognition because was poorShe knew Resider medication in his round in the responsibil Coordinator (HWC) (HWD) to check to resident was taking the did not assist medications unless and taking the medication correctleshe thought his madminister his own taking the hought his madminister his own taking his anti-depressed in the responsibil cards dated May 20 not taking the medication correctleshe thought his madminister his own taking the madminister his own taking his anti-depressed in the responsibility of the resident was taking the medication correctleshe thought his madminister his own taking his anti-depressed in the responsibility of the resident with the Hought his medicationsShe knew Resider medications.	cility did not know what ent #2 were taking or not lent #2's cognition was okay health was impacting his Resident #2's overall health at #2 had a lot of excess from.  Idication aide (MA) on revealed: Listered their own medication it ity of the Health and Wellness by Health and Wellness Director see what medications the land how often.  Resident #2 with his he asked her for a refill. had medication in his punch 1022, that would tell you he was cation correctly.  Resident #2 was not taking his you he was good enough to medication.  I'ay brief eyes on him" but she or conversation.  Resident #2 had stopped	D 376			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 376	Continued From pa	ge 147	D 376			
		ooked at Resident #2's MAR but she had not had a room.				
	family member on (	ne interview with Resident #2's 08/03/22 at 3:40pm and were unsuccessful.				
		ne interview with Resident #2's t 9:10am was unsuccessful.				
	Pulmonary speciali	ne interview with Resident #2's st on 08/03/22 at 4:35pm and m was unsuccessful.				
	Refer to interview v 08/04/22 at 2:10pm	vith a medication aide (MA) on ı.				
		vith the Health and Wellness 08/04/22 at 4:00pm.				
	Refer to interview v Charge on 08/04/22	vith the Administrator in 2 at 3:49pm.				
	09/09/21 revealed: -Diagnoses include peripheral neuropa bowel syndrome, in -There was a media to prevent or treat a seeded to treat a dailyThere was a media (used to support boone tablet dailyThere was a media.	d hypertension, gout, thy, gait disorder, irritable isomnia and hyperlipidemia. Cation order for Colcrys (used gout attacks) 0.6mg one tablet and prevent gout attacks twice cation order for magnesium one and heart health) 100mg				
		relieve chest pain) 0.3mg one as needed for chest pain every				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 376	Aerosol solution (us wheezing or shortn puffs inhale orally a breath four times a -There was a medic (used to treat sleep hours as needed for -There was no order medications.  Review of Resident orders dated 05/12 -There was a medic to prevent or treat cas needed to treat a daily.  -There was a medic (used to support be one tablet daily.  -There was a medic (used to support be one tablet daily.  -There was a medic sublingual (used to tablet sublingually a 5 minutes.  -There was a medic Aerosol solution (us wheezing or shortn puffs inhale orally a breath four times a -There was a medic (used to treat sleep hours as needed for -There was a medic (used to relieve syntablet as needed for sublet as needed for -There was a medic (used to relieve syntablet as needed for -There was a needed for	cation order for Proair HFA sed to prevent or treat ess of breath) 108 mcg/act 2 is needed for shortness of day. Cation order for Rozerem elessness) give 4 mg every 24 or sleep at bedtime. Cation order for simethicone entoms of gas) 40mg one regas four times a day. For to self-administer  1. #4's six-month physician electron order for Colcrys (used gout attacks) 0.6mg one tablet end prevent gout attacks twice electron order for magnesium one and heart health) 100mg  1. Cation order for Nitrostat electron order for Nitrostat electron order for Proair HFA sed to prevent or treat eless of breath) 108 mcg/act 2 is needed for shortness of day.  1. Cation order for Rozerem elessness) give 4 mg every 24	D 376			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 t. BOILBING.			
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 376	Continued From pa	nge 149	D 376			
	medications.					
	06/18/22 revealed: -Resident #4 did not medicationsResident #4 was semedications adminal aides (MA) -Resident #4 was a communicate her management was a communicated was a communicate was a communicated was a	ty's Self-Administration of for Resident #4 dated January assessed for medication was completed by a previous RN). Butcome was that the resident Iminister medications. er Self-Administration of				
	revealed: -She has been at the	ne facility since 2019.  ered her own medications at				
	the beginning of he one year ago the pl -Now the MAs adm -She still kept certa -She thought she h	r stay at the facility but about hysician changed the order. inistered her medications. in medications in her room. ad a bottle of Colcrys in her				
	long timeShe went to the lomedications with the	n, but she had not used it in a cal drug store to pick up her be help of a family member. ottle of magnesium from the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 376	local drug store and -The MA did not tak store on the medica there was another I cart that was being -She had Nitrostat, inhaler in her purse -She did not know y room., but she had timeThe facility staff did what medications is her the other medical Observation of medical Observation of medical Observation of medical Observation of medical There was one Pro bottle of Magnesiur Resident #4's reclir -There was an expl 07/01/21) and pill p tablets in her purse -There were no Co tablets found in Resident in own medications, is much of some medical own medications.  Telephone interview Primary Care Provi 10:20am revealed: -The self-administrates rescinded for Resid non-compliant with -She was taking tota and not taking other	d had it on her table.  It the bottle of magnesium to ation cart because she stated bottle of magnesium on the used.  Is simethicone and ProAir  Is where her Rozerem was in her not taken Rozerem in a long of not check with her regarding the takes because they gave beations she had ordered.  Idications in Resident #4's room of pm revealed:  Is part inhaler and an unopened of mer.  It in the properties of the point of the properties of the pr	D 376			

NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  SIMMARY STATEMENT OF DEFICIENCIES TAG  [X4] ID FREET MARKLIN BOULEVARD DURHAM, NC 27704  [X4] ID FREET MARKLIN EDULEVARD DURHAM, NC 27704  [X4] ID FREED SUMMARY STATEMENT OF DEFICIENCIES IN THE PRECEDED BY THE PROVIDER OF THE SHOULD BE CAUSE REPORTED TO THE SHOULD BE CA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
SUMMARY STATEMENT OF DEFICIENCIES   CRACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DATE			HAL032065	B. WING		08/0	8/2022
PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PROVIDER'S PROVIDER'S PROVIDER'S PLAN	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 376  Continued From page 151 her room and she should not be managing her own refillsStaff should call the pharmacy for refills for Resident #4.  Telephone interview with the Health and Wellness Director (HWD) on 08/08/22 at 3:00pm revealed: -She had not complete the Self-Administration of Medication Review for Resident #4.  She planned to complete the Self-Administration of Medication Review with a medication aide (MA) on 08/04/22 at 2:10pm.  Refer to interview with the Health and Wellness Director (HWD) on 08/04/22 at 4:00pm.  Refer to interview with the Administrator in Charge (AIC) on 08/04/22 at 3:49pm.  Attempted interview with Resident #4's primary care provider (PCP) on 08/04/22 at 1:1.31am was unsuccessful.  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 medicationsA resident needed to be re-assessed to ensure the resident would be able to continue to self-administer their medicationsShe was not sure how often a resident needed to	BROOKI	DALE DURHAM			BOULEVARD		
her room and she should not be managing her own refills.  -Staff should call the pharmacy for refills for Resident #4.  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.  Refer to interview with a medication aide (MA) on 08/04/22 at 2:10pm.  Refer to interview with the Health and Wellness Director (HWD) on 08/04/22 at 4:00pm.  Refer to interview with the Administrator in Charge (AIC) on 08/04/22 at 3:49pm.  Attempted interview with Resident #4's primary care provider (PCP) on 08/04/22 at 11:31am was unsuccessful.  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 heir medications.  -She was not sure how often a resident needed to	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
Interview with the Health and Wellness Director	D 376	her room and she sown refillsStaff should call the Resident #4.  Telephone interview Director (HWD) on She had not compound Medication Review She planned to conform Medication Review Refer to interview with 08/04/22 at 2:10pm Refer to interview with Director (HWD) on Refer to interview with Charge (AIC) on 08 Attempted interview care provider (PCP unsuccessful.  Interview with the Hold Coordinator (HWC) revealed: -The MA was only retain the medication She would want the they took the medication self-administer their She was not sure the re-assessed but the resident would in the resident would interview with th	e pharmacy for refills for  with the Health and Wellness 08/08/22 at 3:00pm revealed: leted a Self-Administration of for Resident #4. mplete the Self-Administration ews every six months.  with a medication aide (MA) on a.  with the Health and Wellness 08/04/22 at 4:00pm.  with the Administrator in 8/04/22 at 3:49pm.  with Resident #4's primary on 08/04/22 at 11:31am was  lealth and Wellness on 08/04/22 at 3:21pm  responsible for documenting was self-administered.  e MA to ask the resident if cations.  to be re-assessed to ensure the able to continue to redications.  how often a resident needed to thought it was quarterly.	D 376			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BROOKI	DALE DURHAM		NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 376	-Assessments were wanted to self-adm determine if the resoriented in a way to their own medication. She thought assess initially, and quarter a change in a resid. She expected the HWD when they not condition.  -The MAs did not hor residents who self-amedications.  -It was the respons of the resident to entereilled.  Interview with the A on 08/04/22 at 3:49. An order from the place for a resident medications.  -The MAs had no readministered the lit was the resident those questions (if medications).  -Refills were the rest the resident was some dication, that resident and oriented medications on the residents was semedications on the residents was semidications on the residents was semidications.	e completed on residents who inister their medications to ident was competent and be able to self-administer ons. Is sments were to be done only thereafter, and if there was ent's condition. Is staff to notify the HWC or of oted a change in a resident's ave a responsibility to administered their own ibility of the resident or family insure medications were defined and instered their own it oself-administer esponsibility for the day-to-day edication for residents who increase of their own medication. It's PCP's responsibility to ask they were taking their esponsibility of the resident or over the definition of the def	D 376				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKI	DALE DURHAM		, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 377	Continued From pa	ge 153	D 377			
D 377	10A NCAC 13F .10	06(a) Medication Storage	D 377			
	(a) Medications the stored in the reside safe and secure ma	06 Medication Storage at are self-administered and nt's room shall be stored in a anner as specified in the adult ation storage policy and				
	interviews, the facil residents' medication secure manner for	et as evidenced by: ions, record reviews, and ity failed to ensure that the ons were stored in a safe and 3 of 3 sampled residents (#2, administered medications.				
	The findings are:					
	medications dated -The resident shoul medications and loc departure from the -Locking the apartn first level for securi apartmentResidents who sel may store and secu- medications in their	ty's policy for self-administered March 2022 revealed: Id be able to properly store ck the apartment door upon apartment. In the apartment ment door was considered the apartment in their f-administered medications are their non-controlled apartment by locking the ch time upon departure.				
	12/30/21 revealed: -Diagnoses include weakness, atrial fib	d cerebral infarct, muscle rillation, chronic obstructive (COPD), and respiratory				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		B) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOKDA	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
	-Medication orders (used to treat depredused to treat high of the treat and prevent spray (used to treat and prevent spray (used to treat and prevent spray (used to treat or preduction of Carvedilo) blood pressure and Review of Resident assessment dated (Resident #1 was a storage for non-contheir door upon deportheir	Intermittently confused. included Mirtazapine 15mg ession), Atorvastatin 20mg cholesterol), Eliquis 5mg (used is blood clots), Flonase nasal sneezing, itching, and of allergies) an Albuterol inhaler event bronchospasm), and a 6.25mg (used to treat high heart failure).  #2's self-administration 02/01/22 revealed: ble to demonstrate secure strolled medication by locking farture. pleted and signed by the did Wellness Director (HWD) on  #2's physician's order dated an order for Resident #2 to medications.  ident #2's apartment on revealed: e punch cards of medication air including Tylenol 500mg, and Vitamin B1. e Resident #2's chair were les of medication, bottles of g Mirtazapine 15mg, Eliquis 5mg, multiple bottles Albuterol inhaler, and a bottle g. Resident #2's bathroom there	D 377				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		HAL032065	B. WING		08/0	8/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOKE	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 377	Continued From pa	ge 155	D 377				
	-He administered hi -No one monitored -No one told him his locked.						
	08/08/22 at 9:18am -Resident #2 had m because he self-ad -Resident #2 left his	sonal care aide (PCA) on revealed: ledications in his room ministered his medications. So door open when he left his for him because of his					
	08/05/22 at 11:54ar -She did not regular because he self-admedications.	rly go into Resident #2's room ministered his own ttention to where Resident					
	Refer to the intervie (PCA) on 08/08/22	w with a personal care aide at 9:18am.					
	Refer to the intervie on 08/05/22 at 11:5	w with a medication aide (MA) 4am.					
		ew with the Health and for on 08/05/22 at 3:33pm.					
		ew with the Health and on 08/05/22 at 12:18pm.					
	Refer to the telepho Administrator on 08	one interview with the 1/08/22 at 4:12pm.					
	06/27/21 revealed: -Diagnoses include	ent #10's current FL-2 dated d compression fracture of the ypertensive disorder, mild					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.0	<u> </u>
BROOKDALE DURHAM			BOULEVARD		
BROOKDALE DURHAWI	DURHAM,	NC 27704			
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEI	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
cognitive impairment, and neoplasm of the prostate -There was an order for A to treat high blood pressus supplement), Aspirin 81n heart attack and strokes) to treat high blood pressus Hydrochlorothiazide 25m pressure and fluid retention.  Review of Resident #10's revealed no order for self medications.  Review of Resident #10's assessment revealed no completed.  Observation of Resident at 12:21pm revealed: -There was a multi-dose the table beside his chair -The multi-dose medicati individual labeled daily control to the table by his chair to remedications.  Interview with Resident #4:49pm revealed: -He kept his medications the table by his chair to remedicationsHe kept the pill bottles in of his chairNo one had told him who medicationsNo one had told him to lewas not in his roomHe had not thought about	d primary malignant  Atorvastatin 40mg (used ure), Vitamin D3 (a mg (used to prevent a ), Lisinopril 40mg (used ure), and ng (used to treat blood ion).  Is physician's orders f-administration of assessment had been  #10's room on 08/03/22  medication box sitting on r. ion box had tablets in the ontainers. It's apartment was ent was not present.  #10 on 08/04/22 at in his daily planner on temember to take his in a plastic bag in the arm ere he should keep his lock his door when he	D 377			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 377	Continued From pa	age 157	D 377			
	medications on 08/ -There was a bottle treat high blood pre -There was a bottle -There was an over	sident #10's plastic bag of 04/22 at 4:50pm revealed: e of Atorvastatin 40mg (used to essure). e of Vitamin D3 (a supplement) r-the-counter bottle of Aspirin vent a heart attack and				
		rsonal care aide (PCA) on n revealed she had not noticed ident #10's room.				
	08/05/22 at 11:54ar -She did not regula room because he s medications.	rly go into Resident #10's self-administered his own attention to where Resident				
	Refer to the intervie (PCA) on 08/08/22	ew with a personal care aide at 9:18am.				
	Refer to the intervie on 08/05/22 at 11:5	ew with a medication aide (MA) 4am.				
		ew with the Health and tor on 08/05/22 at 3:33pm.				
		ew with the Health and on 08/05/22 at 12:18pm.				
	Refer to the telepho Administrator on 08	one interview with the 3/08/22 at 4:12pm.				
	06/14/22 revealed	ent #11's current FL2 dated diagnoses included chronic ge 3, peripheral vascular				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			E SURVEY PLETED	
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
BROOKI	DALE DURHAM		N FRANKLIN I 1, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 377	The resident was in-There was an order 5mg, and a multi-vital Observation of Resident at 9:12am revealed punch cards labeled Interview with Resident Policy of the Self-administer of the Self-administer of the Self-administer of the Second observation 08/04/22 at 9:12am of the door was unlous present and there we cards labeled for Element of the Self-administer of the Second observation 08/04/22 at 9:12am of the There was also a bean upset stomach), pain medication, an package of allergy of the Self-administer of the Self-a	egeneration, and dementia. Intermittently confused. In for Eliquis 5mg, Donepezil tamin. Ident #11's room on 08/04/22 Ithere were two medication of for Eliquis 5mg. Ident #11 on 08/04/22 at Ired her own medication. Inyone telling her how to take at to do with it. In of Resident #11's room on revealed: Icked; the resident was not were two medication punch iquis 5mg on the counter. Inottle of Pepto (used to treat an over the counter bottle of id an over-the-counter medication. Is sonal care aide (PCA) on revealed: If id medications in Resident Illy met her at the door. Indication aide (MA) on medication aide (MA) on medicati	D 377			
	Refer to the intervie	w with a personal care aide				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 377	(PCA) on 08/08/22 Refer to the intervie on 08/05/22 at 11:5 Refer to the intervie Wellness Coordinat Refer to the intervie Wellness Director of Refer to the telephot Administrator on 08 Interview with a per 08/08/22 at 9:18am - She had not been thad medications in -No one told her who supposed to be stored interview with a medication	at 9:18am.  wwwith a medication aide (MA) 4am.  wwwith the Health and for on 08/05/22 at 3:33pm.  wwwith the Health and on 08/05/22 at 12:18pm.  one interview with the //08/22 at 4:12pm.  sonal care aide (PCA) on revealed: told what to do if a resident their apartment. here medications were red.  dication aide (MA) on	D 377			
	self-administered the supposed to keep the something that was a linterview with the H on 08/05/22 at 12:1 -Residents who self medications kept medications kept medicationsIt was okay for resident typical she was not sure with the storage of the storage of the storage of the storage of the supposed of th	•				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,		(X3) DATE COMP	SURVEY LETED
		A. BOILBING.			
	HAL032065	B. WING		08/0	8/2022
PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
DALE DURHAM			BOULEVARD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Interview with the F Coordinator on 08/0-She did not know self-administered their medications.  She knew narcotice All medication prolanother resident did access to the medications that we be stored behind loughly she would expect medications were read to educate the their medications.  All residents should regardless of care of the would have expect the medications in the lit was concerning.	lealth and Wellness 05/22 at 3:33pm revealed: where residents who heir medications should keep is should be locked. Dably should be locked so do not wander in and have cation.  If with the Administrator on revealed: were self-administered should cked doors. Ithe PCAs to notify the MA if not stored behind a locked door resident on the storage of the rounded on every shift, of medication needs. Expected staff to have noticed the residents' rooms. Ithe medication was not locked	D 377			
10A NCAC 13F .10 (a) An adult care heretrievable record of documenting the redisposition of controller cords shall be marecord and in such	08 Controlled Substances ome shall assure a readily of controlled substances by ceipt, administration and colled substances. These aintained with the resident's an order that there can be	D 392			
	PROVIDER OR SUPPLIER  DALE DURHAM  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa  Interview with the H Coordinator on 08/0 -She did not know v self-administered their medicationsShe knew narcotic -All medication prolanother resident did access to the medications that w be stored behind lo -She would expect medications were n and to educate the their medicationsAll residents shoul regardless of care of she would have exthe medications in the -It was concerning to because another remedication.  10A NCAC 13F .10  10A NCAC 13F .10  (a) An adult care h retrievable record of documenting the red disposition of control records shall be ma record and in such	PROVIDER OR SUPPLIER  STREET ADI  4434 BEN DURHAM,  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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 medicationsShe knew narcotics should be lockedAll 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 doorsShe 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 medicationsAll residents should be rounded on every shift, regardless of care of medication needsShe would have expected staff to have noticed the medications in the residents' roomsIt was concerning medication was not locked because another resident could consume the	PROVIDER OR SUPPLIER  PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, S  4434 BEN FRANKLIN DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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 medicationsShe knew narcotics should be lockedAll 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 doorsShe 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 medicationsAll residents should be rounded on every shift, regardless of care of medication needsShe would have expected staff to have noticed the medications in the residents' roomsIt was concerning medication was not locked because another resident could consume the medication.  10A NCAC 13F .1008 (a) 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	DENTIFICATION NUMBER:  HAL032065  B. WING  B. WING  A BUILDING: B. WING  B. WING  A BUILDING: B. WING  PROVIDERS PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCE TO THE APPROVIDERS PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCE TO THE APPROVIDENCE ACTION SHOULD CROSS-REFERENCE TO THE APPROVIDENCE ACTION THE APPROVIDENCE ACTION TH	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704  SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)  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 be locked so another resident did not wander in and have access to the medication.  -She knew narcotics should be locked so another resident did not wander in and have access to the medication.  -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 needsShe would have expected staff to have noticed the medications in the residents' roomsIt was concerning medication was not locked because another resident could consume the medication.  10A NCAC 13F .1008 (a) Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances. These record and in such an order that there can be record and in such an order that there can be

HAL032065 B. WING 08/08/20	
	/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE DURHAM 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392  Continued From page 161  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).  The findings are:  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).  The findings are:  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.  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.  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.	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 392	Review of Residen 07/26/22 revealed morphine 20mg/ml pain or shortness of Review of Residen medication administ compared to the consheet (CSCS) for non 05/24/22 for 10 syr syringes revealed: -On 06/04/22 at 10 documented on CS administeredOn 06/13/22 at 10 documented on CS administeredOn 06/13/22 at 10 documented on CS administeredOn 06/18/22 at 10 documented on CS administeredOn 06/18/22 at 10 documented on CS administeredOn 06/18/22 at un was documented or CS administered.	t #1's hospice orders dated there was an order for .25mls every 4 hours PRN of breath.  t #1's June 2022 electronic stration record (eMAR) ontrolled substance count horphine 20mg/ml dispensed singes and on 06/28/22 for 30 and an one of the emater of the	D 392			
	eMAR compared to count sheet (CSCS dispensed on 06/26 -On 07/01/22 at 12 documented on CS administeredOn 07/07/22 at 12 documented on CS administered.	at #1's July 2022 electronic of the controlled substance is) for morphine 20mg/ml 8/22 for 30 syringes revealed: :07am morphine solution was 6CS but not on the eMAR as :34pm morphine solution was 6CS but not on the eMAR as				

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1424 PEN EDANIZIN POUR EVARD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
			HAL032065	B. WING		08/	08/2022
4424 DEN EDANIZIN DOUI EVADO	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOKDALE DURHAM 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704	BROOKI	DALE DURHAM			BOULEVARD		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PRÉFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
documented on CSCS but not on the eMAR as administeredOn 07/25/22 at 10:52pm morphine solution was documented on CSCS but not on the eMAR as administeredOn 07/30/22 at 10:51pm morphine solution was documented on CSCS but not on the eMAR as administeredOn 07/30/22 at 10:51pm morphine solution was documented on CSCS but not on the eMAR as administered.  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.  Interview with Resident #1 on 08/05/22 at 10:16am revealed: -He had back and shoulder pain which was worse in the morning after being in bed all nightHe received morphine for pain when requested.  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 morphine 20mg/ml .25mls 20 minutes each morning prior to getting out of bed and every 4 hours as needed for painThe pharmacy dispensed 30 syringes with .25mls of morphine 20mg/ml on 06/27/22 for Resident #1.  Interview with a medication aide (MA) on 08/04/22 at 7.43am revealed: -She documented on the eMAR and the CSCS each time she administered an as needed (PRN) controlled medicationShe always signed the medication out on the CSCS.	D 392	documented on CS administeredOn 07/25/22 at 10: documented on CS administeredOn 07/30/22 at 10: documented on CS administered.  Observation on 08/for morphine 20mg/30 syringes reveale matching the quant Interview with Resid 10:16am revealed: -He had back and sin the morning after-He received morph Telephone interview facility's contracted 9:40am revealed: -The pharmacy received morph to no6/27/22 for morninutes each morning and every 4 hours a -The pharmacy disp. 25mls of morphine Resident #1.  Interview with a me 08/04/22 at 7:43am -She documented ceach time she admicontrolled medicatic -She always signed CSCS.	accs but not on the eMAR as accs but not on the eMAR and the CSCS and the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the eMAR and the CSCS accs but not on the emal cation out on the				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL032065	B. WING		08/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PPOOK	DALE DUBHAM	4434 BEN	FRANKLIN	BOULEVARD		
BROOKI	DALE DURHAM	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 392	Continued From pa	ge 164	D 392			
2 002	eMAR for PRN med -Sometimes she we medication on the e		2 002			
	4:05pm revealed: -She had administe Resident #5She would sign the administered a nare -She would sign the administered an as -She did not realize PRN on the eMARShe had been worl to not having enoug document the PRN  Interview with the H Coordinator on 08/0 -The MAs were to co	e eMAR each time she needed medication. that she forgot to document a king as the MA and PCA due is staff and she forgot to medication on the eMAR. lealth and Wellness 04/22 at 9:56am revealed: locument PRN medications on				
	medications on the -Medication that wa to close together if eMARThe MA should sig and document on the Interview with the A 5:30pm revealed: -She did not know the documentation on F July 2022 eMAR for morphineThe MAs should do time a PRN medical	MAs to document all PRN eMAR. s ordered PRN could be given it was not documented on the n narcotics out on the CSCS ne eMAR.				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 392	more frequently tha medication was not	n ordered if the PRN documented on the eMAR.  MAs to document all PRNs on	D 392			
D 465	10A NCAC 13F .13 (a) Staff shall be possificient number to residents; but at no one staff person, we training requirement Section, for up to eisecond shifts and 1 additional resident; 10 residents on thir time for each additional resort refacility failed to ensure for the special care.	et as evidenced by: views and interviews, the ure the required staffing hours unit (SCU) with a census of 03 /22 and 07/04/22 were met	D 465			
	revealed the facility 119 beds including (AL) area and 20 be (SCU). Review of the facilit dated 07/03/22 reve	cy's license effective 01/01/22 was licensed for a capacity of 99 beds for the assisted living eds for the special care unit cy's resident census reports ealed there was a census of SCU, which required 16 staff				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 465	Review of the facilithird shift dated 07/-One medication ai facilityOne personal care the SCU.  Review of the MA adated 07/03/22 revistaff hours provided area.  Telephone interview 4:55pm revealed with facility, she wor SCU.  Based on review of interviews the SCU third shift on 07/03/22 revisuated 07/04/22 revisuated 07/04/22 revisuated 07/04/22 revisuated 07/-One MA was assig-One personal care the SCU.  Review of the MA adated 07/04/22 revisuated 07/04/22 re	ty's daily assignment sheet for /03/22 revealed: ide (MA) was assigned to the eaide (PCA) was assigned to and the SCU PCA's timecards ealed there was a total of 16 d on third shift in the SCU with the MA on 08/08/22 at then she was the only MA in ked "about" 3 hours in the fitimes cards and staff unit was 5 hours short on /22.  ty's resident census reports ealed there was a census of SCU, which required 16 staff thy's daily assignment sheet for /04/22 revealed: gned to the facility. It is aide (PCA) was assigned to and the SCU PCA's timecards ealed there was a total of 16 d on third shift in the SCU with the medication aide with the medication aide	D 465			
		at 4:55pm revealed when she the facility, she worked				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		HAL032065	B. WING		08/0	08/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKI	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 465	Continued From pa	nge 167	D 465			
	"about" 3 hours in t	he SCU.				
		times cards and staff unit was 5 hours short on 22.				
	O8/05/22 at 7:32am -The third shift was weekendWhen the third shi one MA and two PC -She told the PCA a Unit (SCU) to not leanything was needer the last time she is shift was short staff agoShe would go to the medications and here interview 2:14pm revealed the	ft was short staffed there was CAs for the entire building. assigned to the Special Care eave and to use the radio if				
	Telephone interview 2:29pm revealed: -Staffing had been -On third shift, she pass and an early r -She went between -She could not give depended on how r the SCU and what -When there were to one for AL, along w Telephone interview	w with a MA on 08/08/22 at difficult. had an evening medication morning medication pass. the SCU and AL. a specific amount of time, it many PCAs were assigned to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM			FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 465	facility on 07/25/22.  -The Health and W was doing the sche -There had been up retention.  -There had been pr staff calling outIdeally, there shou SCU.  -They were doing the they had.  -They had not sche related to someone -She did not know the staffing in the SCU.  Telephone interview 08/08/22 at 5:31pm -She had been more March and making -There should be at and two staff in AL.  -She would have not for the facility.  -She was not sure wand 07/04/22, but it scheduled that way -She was not award staff in the facility of the staff in the st	ellness Coordinator (HWC) duling. os and downs with staff roblems with no-shows and ld be at least two PCAs in the ne best they could with what duled the SCU short; it was not coming in their shift. The state regulations for with the Administrator on revealed: nitoring the schedule since the daily assignment sheets. It least two staff in the SCU, ever just scheduled three staff what happened on 07/03/22 would not have been the daily assignment sheets. It least two staff in the SCU, ever just scheduled three staff what happened on 07/03/22 would not have been the there was ever just three in third shift.	D 465			
D 612	Control Program (to 10A NCAC 13F .18	.,	D 612			

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAI 022065	B. WING	B WING		9/2022
		HAL032065			<u>  U8/U</u>	8/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE BOULEVARD		
BROOK	DALE DURHAM		NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 612	(c) When a commubeen identified at the emerging infectious disease threat, the implementation of the policies and proced published guidance if guidance or direct communicable diseoutbreak or emerging have been issued in local health department, the spesshall be implemented.  This Rule is not measured interviews, the facility recommendations at the Centers for Diseouth Carolina Dep Services (NC DHHS maintained to provide Living (AL) and 19 Services (	nicable disease outbreak has the facility or there is an facility shall ensure the facility 's IPCP, related tures, and tissued by the CDC; however, tives specific to the tase and infectious disease threat the writing by the NCDHHS or the ecific guidance or directives the did by the facility.  The facility of the series and the facility of	D 612	DEFICIENCY)		
	(CDC) Interim Infections	enters for Disease Control tion Prevention and Control to prevent SARs-CoV-2 domes dated 02/22/22				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	BROOKDALE DURHAM 4434 BEI DURHAM			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 612	revealed the local handified promptly of staff with suspected.  Review of the North Health and Human COVID-19 Post Act Control Assessmen 10/28/21 revealed family health department were any confirmed COVID-19 or sever there is a cluster (? respiratory infection.  Review of the facility Outbreak policy datangle of the Health and Wareport suspected in Disease Outbreak I Coordinator/Designation of the Communicable Response Coordinators (Postero and Postero and P	nealth department should be more than one resident or d or confirmed COVID-19.  In Carolina Department of Services (NC DHHS) atte Care Setting Infection at and Response Tool dated facilities were to notify the local (LHD) immediately if there d or suspected case of the respiratory disease, or if 3 residents and/or staff) of any as.  Ity's Communicable Disease the March 2022 revealed: ellness Director (HWD) would fections to the Communicable Response the deep deep control of the Communicable attor/Designee would call the ment (LHD) to report and follow the first floor of the Assisted Living to 10:00 am revealed there was the equipment station outside	D 612			

NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
Add a Ben Franklin Boulevard Durham   Durham No. 27704			HAL032065	B. WING		08/0	8/2022
Continued From page 171   Deficiencies tested positive are expected to report new cases of COVID-19 of the facility was March 2022.   Facilities were expected to report new positive cases of COVID-19 within 24 hours of discovering the positive cases of COVID-19 within 24 hours of discovering the positive cases of COVID-19.   Interview with the date the resident became positive.   The LHD preferred the facility is cases.   Interview with the date the resident became positive.   The LHD preferred the facilities to report new positive cases of COVID-19.   The LHD preferred the facilities to report new countries with the resident became positive.   The LHD preferred the facilities to report new positive cases of COVID-19.   The LHD preferred the facilities to report new positive cases of COVID-19.   The LHD expected facilities to report new positive cases.   Interview with the Health and Wellness   Coordinator (HWC) on 08/03/22 at 3:50pm revealed:   There were two residents who had tested positive for COVID-19.   One resident tested positive on 07/28/22 and the other resident tested positive on 07/28/22.   She notified the Administrator in Charge (AIC) and the District Nurse via email.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positive cases of COVID-19.   She did not know who notified the LHD concerning the two residents who tested positiv	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 612  Continued From page 171  but she did not know when the residents tested positive.  Telephone interview with a representative at the LHD on 08/04/22 at 9:26am revealed:  -There were no recently report new cases of COVID-19 for the facility.  -The last reported cases of COVID-19 wis telephone or email.  -Most facilities had a contact phone number due to previously reporting positive cases of COVID-19.  -The LHD preferred the facility.  -The LHD preferred the facilities to email the lab results which would indicate the date the resident became positive.  -The LHD expected facilities to report new positive cases of COVID-19 within 24 hours of discovering the positive cases.  Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed:  -There were two residents who had tested positive for COVID-19.  -One resident tested positive on 07/28/22.  -She notified the Administrator in Charge (AIC) and the District Nurse via email.  -She did not notify the LHD concerning the two residents who tested positive for COVID-19.  -She did not know who notified the LHD concerning the two residents who tested positive for COVID-19.  -She did not know who notified the LHD concerning the two residents who tested positive for COVID-19.  -She did not know who notified the LHD concerning the two residents who tested positive for COVID-19.	BROOKDALF DURHAM				BOULEVARD		
but she did not know when the residents tested positive.  Telephone interview with a representative at the LHD on 08/04/22 at 9:26am revealed: -There were no recently reported cases of COVID-19 for the facilityThe last reported cases of COVID-19 for the facility was March 2022Facilities were expected to report new cases of COVID-19 via telephone or emailMost facilities had a contact phone number due to previously reporting positive cases of COVID-19The LHD preferred the facilities to email the lab results which would indicate the date the resident became positiveThe LHD expected facilities to report new positive cases of COVID-19 within 24 hours of discovering the positive cases.  Interview with the Health and Wellness Coordinator (HWC) on 08/03/22 at 3:50pm revealed: -There were two residents who had tested positive for COVID-19One resident tested positive on 07/28/22She notified the Administrator in Charge (AIC) and the District Nurse via emailShe did not notify the LHD concerning the two residents who tested positive cases of COVID-19She did not know who notified the LHD concerning the two residents who residents who tested positive for COVID-19.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
reporting requirements were completed.  Interview with the HWD on 08/03/22 at 4:13pm	D 612	but she did not know positive.  Telephone interview LHD on 08/04/22 at -There were no rec COVID-19 for the far -The last reported of facility was March 2 -Facilities were exp COVID-19 via telephost facilities had to previously report COVID-19.  -The LHD preferred results which would became positive.  -The LHD expected positive cases of Codiscovering the positive cases of Codiscovering the positive for COVID-One resident tester other resident tester other resident tester other resident tester other resident who tester of COVID-19.  -She did not know we concerning the two for COVID-19.  -She was told by the reporting requirements	w when the residents tested  w with a representative at the t 9:26am revealed: ently reported cases of acility. cases of COVID-19 for the 2022. ected to report new cases of whone or email. a contact phone number due ing positive cases of the facilities to email the lab i indicate the date the resident d facilities to report new OVID-19 within 24 hours of citive cases. lealth and Wellness on 08/03/22 at 3:50pm sidents who had tested 19. d positive on 07/26/22 and the d positive on 07/28/22. dministrator in Charge (AIC) rese via email. the LHD concerning the two ad positive cases of COVID-19. who notified the LHD residents who tested positive the District Nurse that all the ents were completed.	D 612			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.0	<u> </u>
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 612	-She knew there we tested positive for Council -She notified the Alloshe did not notify if the case were reported in the case were followed in the case were reported in the c	ere two residents who had COVID-19. C and the Regional Director. The LHD and she did not know ported to the LHD. If with the AIC on 08/08/22 at a fanyone had notified the LHD. If anyone had	D 612			

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	IT OF DEFICIENCIES		(VO) MULTIPL	E CONCEDUCTION	(V2) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	LETED
			A. DUILDING:			
		HAL032065	B. WING		08/0	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DDOOK	SALE BUBUAN	4434 BEN	FRANKLIN	BOULEVARD		
BROOKDALE DURHAM DURHAM		DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 612	Continued From pa	ge 173	D 612			
D 612	local health departm 9:26am revealed: -Facilities expected after determining the facilityThe LHD expected two weeks and if all could ceaseIf there were any p during the testing postarted over again we positive case of CO Interview with a reservealed she was noweek nor this week Interview with a first (PCA) on 08/05/22She was tested for 07/29/22 because is headache and requination. No one from mana COVID-19 test durin 08/05/22.  Interview with a sec 2:14pm revealed:	to test all staff and residents ere were positive cases in the facilities to test weekly for tests were negative, testing ositive cases of COVID-19 eriod the outbreak date with the date of the last oVID-19.  ident on 0/05/22 at 11:17am ot tested for COVID-19 last 07/31/22 to 08/05/22.  It shift personal care aide at 4:15pm revealed: COVID-19 last Friday on the had symptoms of a ested a test. Igement offered her ang the week of 07/31/22 to cond shift PCA on 08/05/22 at cond shift PC	D 612			
		07/25/22 for COVID-19 when				
	he requested a test	ested during the week of				
	07/31/22 to 08/05/2	•				
	08/08/22 at 10:57ar	with a third shift PCA on revealed she had not been 9 last week after 07/26/22 or 22 to 08/05/22.				
		with the Health and Wellness 08/08/22 at 3:13pm revealed:				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING	B. WING		8/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/0	OIZOZZ
	BROOKDALE DURHAM 4434 BEN			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 612	-She had not spoke of staff or residents positive for COVID-She was told by th local labs to arrang residentsWhen she contact for information abo she could not acce-The Business Office leave but she had a needed by the labs-She tested resident when they reported staff and residents COVID-19 for the presidents tested poshe did not contact testing staff and residents testing during an outesting during dur	en with the LHD about testing after two residents tested after two residents tested after two residents tested and eed the local labs, they asked ut the staff and residents that ass. The Manager (BOM) was out on access to the information to proceed with testing. The and staff using a rapid test a symptoms of COVID-19. The were not tested for the LHD about difficulty sidents at the facility. The CDC guidelines concerning at the arrange (AIC) on 08/08/22 at the tested positive for the test all residents and staff VID-19 tests. Why this was not done. The vacation and the rapid testing the tested positive for the tested positive for the test all residents and staff VID-19 tests. Why this was not done. The vacation and the rapid testing the properties are the tested positive for the test all residents and staff VID-19 tests. Why this was not done. The vacation and the rapid testing the properties are the properties and the properties are the properties and testing the properties are the properties and the properties are the properties and the properties are the properties	D 612			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 612	(CDC) Interim Infect Recommendations spread in Nursing Frevealed residents symptoms of COVI residents at least d.  Review of the North Health and Human Acute Care Setting and Response (ICA revealed staff and received the facility outbreak policy dairesidents were suppossible adverse edepression, and oth perceptions of stigric clinical associates, adverse events.  Review of five resident and August 2022 eleadministration recommendation was no documentation.  Review with four 18.18am-9:26am review with four 18.18am-9:26am review temperatures daily; time their temperations.	ction Prevention and Control to prevent SARs-CoV-2 Homes dated 02/22/22 should be evaluated daily for D-19 and actively monitor	D 612			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/08/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
-She checked residen not feel wellStaff watched resider to monitor them for syTo her knowledge, the temperatures daily.  Interview with another revealed: -When the facility had positive for COVID-19 residents' temperatureThere were two resid COVID-19 on the AssiNow the resident's te checked dailyStaff stopped daily te residentsShe could not remem stopped obtaining dail residentsShe did not know who daily temperatures for lf the residents had s residents' temperature.  Interview with the Hea Coordinator (HWC) or revealed: -She began working a -Resident temperature dailyIf a resident had any COVID-19, a rapid tes resident.	evealed: sidents' temperatures daily. Ints' temperatures if they did ents in the Special Care Unit symptoms of COVID-19. In the MAs had never monitored or MA on 08/03/22 at 3:22pm of the residents, who tested estaily. It is dents who tested positive for sisted Living unit. It is emperature were not emperature checks for the enterthe date that staff in the residents. It is symptoms, staff would check estail and Wellness en 08/03/22 at 3:50pm of the facility one month ago. It is signs or symptoms of st was performed for that each well, a temperature was entered in the second of the staff of the signs or symptoms of st was performed for that each well, a temperature was entered in the signs or symptoms of st was performed for that each well, a temperature was entered in the signs of symptoms of st was performed for that	D 612			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
I BROOKDALF DURHAM			FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 612	Interview with the H (HWD) on 08/03/22 -Residents' tempera-She did not know to daily temperature m  Telephone interview Administrator-in-Ch 5:00pm revealed: -The facility had a C-Daily temperatures the residentsResidents were so symptomaticIn the past, resider obtained every shift guidance was chan-She was responsible.	lealth and Wellness Director at 4:13pm revealed: at 4:13pm revealed: attures were not obtained daily. he CDC guidelines related to nonitoring for residents.  If with the arge (AIC) on 08/08/22 at COVID-19 policy. It were not being checked on reened if they were the temperatures were the but she thought the CDC	D 612			
D912	G.S. 131D-21 Deci Every resident shall 2. To receive care a adequate, appropria relevant federal and regulations.  This Rule is not me Based on observati interviews, the facili received care and sappropriate and in o	ons, record reviews, and ity failed to ensure residents services which were adequate, compliance with relevant ws and rules and regulation	D912			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/08/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	BROOKDALE DURHAM DURHA			BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D912	Continued From pa	ge 178	D912			
	The findings are:					
	interviews, the facil medications as ord and #8) observed of during the morning errors with the omis a medication used and for 4 of 5 samp #5) for record revie antibiotic for pneum for chronic pain, a k medication for fluid depression and modrop for dry eyes (# and a medication u administered as ord summaries (#3); ar gel used to treat pawrong dose of two slaxative (#5).[Refer	ons, record reviews, and ity failed to administer ered for 2 of 5 residents (#7 on the Special Care Unit (SCU) medication pass including sion of a nasal spray (#8) and to treat intestinal ulcers (#7) oled residents (#1, #3, #4, and w including errors with an inonia, three pain medications olood pressure medication, a retention, a medication for od, a blood thinner and an eye et1); four cardiac medications sed to treat hypothyroidism not dered per hospital discharge and errors related to a topical in, an oral steroid and the supplements (#4); and a to Tag D358, 10A NCAC 13F in Administration (Type B				
D935	Training and Comp G.S. § 131D-4.5B (	) ACH Medication Aides; etency b) Adult Care Home raining and Competency	D935			
	Evaluation Require					
	home is prohibited any unsupervised n that individual has p medication aide du	per 1, 2013, an adult care from allowing staff to perform nedication aide duties unless previously worked as a ring the previous 24 months in a or successfully completed all				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALF DURHAM		FRANKLIN NC 27704	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D935			D935			
	Department that incin all of the following a. The key principle administration.  b. The federal Cent Prevention guideline applicable, safe injeprocedures for morbleeding occurs or exists.  (2) A clinical skills e NCAC 13F .0503 at (3) Within 60 days findividual must have a. An additional 10-developed by the D training and instruct 1. The key principle administration.  2. The federal Cent Prevention guideline applicable, safe injeprocedures for morbleeding occurs or exists.  b. An examination of the decordance with sure the condition of the decordance with sure facility failed to ensure aides had successful hour medication classification aides had successful hour medication aides had had hour hour hour hour hour hour hour hour	ers for Disease Control and es on infection control and, if ection practices and altoring or testing in which the potential for bleeding evaluation consistent with 10A and 10A NCAC 13G .0503. From the date of hire, the ecompleted the following: hour training program epartment that includes tion in all of the following: so of medication  ers of Disease Control and es on infection control and, if ection practices and altoring or testing in which the potential for bleeding developed and administered ealth Service Regulation in bsection (c) of this section.  et as evidenced by: so and record reviews, the cure 2 of 3 sampled medication ully completed the 5, 10, or 15 and successfully completed the lidation competency before				

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The findings are:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOKDALF DURHAM			I FRANKLIN I I, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D935	Continued From pa	ge 180	D935			
	revealed: -Staff E was hired of -Staff E's position to (MA) -There was no document and successfully parametrication class.  Review of Staff E's -On 07/16/22, Staff 11:21pmOn 07/25/22, Staff 11:30pmOn 07/26/22, Staff 11:48pm.  Review of the daily Staff E was schedusecond shift on 07/ Review of resident's Medication Administrevealed: -On 07/16/22, Staff medication administrevealed: -On 07/25/22, Staff medication administrevealed: -On 07/26/22, Staff medication administrevealed: -She was hired in Justice with Staff revealed: -She worked as a Not covered the 2nd and -She took the 15-hot	tle was a medication aide umentation Staff E had taken assed the 5, 10, or 15  timecard report revealed: E worked from 3:04pm to E worked from 2:09pm to E worked from 3:15pm to  assignment sheets revealed led as the medication aide for 16/22, 07/25/22 and 07/26/22. Is July 2022 electronic tration Records (eMAR)  E signed the eMARs for tration. E on 08/08/22 at 11:39pm anuary 2022 as a MA. MA on second shift and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL032065	B. WING		08/0	8/2022
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKDALE DURHAM		, NC 27704	BOULEVARD		
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERSON THE APPROPRIES OF	JLD BE	(X5) COMPLETE DATE
Interview with the Bit (BOM) on 08/08/22 not recall receiving straining stra	office. eceiving a certificate after the eass. usiness Office Manager at 3:59pm revealed she did Staff E's medication training er personnel record. w with the Business Office 08/08/22 at 3:59pm. w with the Health Wellness 08/08/22 at 3:06pm. w with the earge on 08/08/22 at 5:15pm.	D935			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY LETED
		HAL032065	B. WING		08/0	8/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D935	Continued From pa	ge 182	D935			
	-On 07/18/22, Staff 10;11am.	F worked from 12:00am to				
	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.  Review of resident's July 2022 electronic Medication Administration Records (eMAR) revealed: -On 07/16/22, Staff F signed the eMARs for medication administrationOn 07/17/22, Staff F signed the eMARs for medication administration.  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.					
	(HWD) on 08/08/22 -Staff F should have medication skills va administering medication. -The HWD would h	lealth Wellness Director 2 at 3:06pm revealed: e successfully completed the lidation competency before cations. ave been responsible for lication skills validation				
	08/08/22 at 5:15pm -The medication sk should be complete the BOM to file in S -She expected Staf she was competent administration.	ills validation competency ed by the HWD and given to taff F's personnel record. f F to be validated to ensure twith medication				
	Attempted telephon	e interview with Staff F on				

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Division of Health Service Regulation STATE FORM

08/08/22 at 11:30am was unsuccessful,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL032065	B. WING		08/0	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
I BROOKDALF DURHAM			FRANKLIN , NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D935	Continued From pa	ge 183	D935			
	Manager (BOM) on Refer to the intervie	ew with the Business Office 08/08/22 at 3:59pm.				
	Refer to the intervie	08/08/22 at 3:06pm.  ew with the large on 08/08/22 at 5:15pm.				
	(BOM) on 08/08/22 -She was responsible training certificate in -She attempted to a every 2-3 months; spersonnel records in	at 3:59pm revealed: ole for filing the medication on the personnel record. audit the personnel records she had not audited the recently. ed the personnel records as				
	(HWD) on 08/08/22 -The HWDs at the steaching the medical-she had been the -She had not been medication aide clarshe knew the corp	lealth Wellness Director 2 at 3:06pm revealed: facilities were responsible for ation administration class. facility HWD for two weeks. trained on teaching the ss. forate nurse had taught the ss when there was no HWD				
	08/08/22 at 5:15pm -The medication ad taught by the HWD -The facility had be of months; the staff receive the medicar	ministration classes were				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL032065	B. WING		08/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D935	training certificate a Staff.  -The staff would bri certificate to the BC -The BOM would fil certificate in the stapersonnel record.  -The BOM was respersonnel records.  -She expected the medication training completion.  -She expected the	and give the certificate to the ing the medication training DM. le the medication training	D935			