	IITED USE STATEMENT	PROVIDER IDENTIFICATION	MULTIPLE (CONSTRUCTION	DATE SU	IRVEY	
OF DEFICIENCIES AND PLAN OF CORRECTION		NUMBER:	A. BUILDING:			COMPLETED:	
		HAL-049-021	B. WING		10/19/2	10/19/2022	
NAME OF	PROVIDER			TATE, ZIP CODE	l		
Brookda	ale Peachtree MC	2814 Peachtre	e Road, St	atesville, North Carolina 28625			
ID PREFIX TAG	DEFICIENCY MUST B	ENT OF DEFICIENCIES (EACH E PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIDEFICIENCY)	E CROSS-	COMPLETE DATE	
D 000		ure Section and the Iredell County ual survey on October 18-19,					
D 344	resident's physician or verification or clarification or clarification depends on the same. (1) if orders for admission or readmission or the same. The facility shall ensuriclarification is documed. This Rule is not met as Based on interviews at to ensure clarification sampled residents (Real a diuretic that was plawithout a physician's of the findings are: Review of Resident #1 revealed:	rall ensure contact with the rescribing practitioner for tion of orders for medications sion or readmission of the and signed within 24 hours of tion to the facility; ear or complete; or on forms are received upon tion and orders on the forms are ethat this verification or ented in the resident's record. The evidenced by: Indeed to a medication or derect of a medication order for 1 of 3 sident #1) related to an order for ced on hold and was restarted					

ı	AL-049-021	MULTIPLE CONSTRUCTION A. BUILDING: B. WING			DATE SURVEY COMPLETED: 10/19/2022	
NAME OF PROVIDER			TATE, ZIP CODE			
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PREFIX DEFICIENCY MUST BE F		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRIATE DEFICIENCY)	ROSS-	COMPLETE DATE	
o6/22/22 revealed an ord medication used to rid the increasing urine output). Review of Resident #'1 si 10/03/22 revealed an ord until evaluated on schedured review of Resident #1's Feries visit note for 10/06/22 reactions. The note was signed by Resident #1 was prescribed treat edema and hyperternoted lethargy with dehy-Furosemide 20mg was limedications with the corras prescribed. Stop furosemide 20mg verecommendations/plan. Review of Resident #1's Ceremedication administration. An entry for furosemide for 8:00am. Furosemide 20mg was defrom 10/01/22 to 10/03/4-Furosemide 20mg was defrom 10/01/22 to 10/06/22.	signed Physician orders dated der for furosemide 20mg (a ne body of extra water by once daily. gned Physician orders dated der to hold furosemide 20mg uled day, (Thursday 10/06/22). Primary Care Provider's (PCP) evealed: the PCP on 10/15/22. coed furosemide once daily to ension but it was held due to ordration. sted under current mment to continue furosemide was listed under					

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PROVIDER IDENTIFICATION NUMBER: HAL-049-021		N OF NUMBER:		CONSTRUCTION G:	COMPLE	DATE SURVEY COMPLETED:	
		HAL-049-021	B. WING		10/19/2	10/19/2022	
NAME OF	PROVIDER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
Brookda	ale Peachtree MC	2814 Peachtre	e Road, St	atesville, North Carolina 28625			
ID PREFIX TAG	DEFICIENCY MUST E	ENT OF DEFICIENCIES (EACH BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	TAG	PROVIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIA DEFICIENCY)	CROSS-	COMPLETE DATE	
D 344	morning (10/19/22) s -She remembered Researlier in the month (corder to restart the month (10/19/22 at 12:20pm -The PCP's visit notes until the provider sign -The PCP was out sick note dated 10/06/22 -She printed Resident reviewed it on 10/17/ -She did not read the "continue furosemide -She did not read the recommendation to s -Typically, she read the conflicting information the PCP. Interview with the RN the PCP returned her the furosemide disconsiderable disconsiderable with the Extended continuer to the PCP. Interview with the Extended continuer to the pcontinuer than the furosemide disconsiderable disconsiderab	cility's Registered Nurse (RN) on and 12:48pm revealed: were not available to the facility ned them. recently so Resident #1's visit was not signed until 10/15/22. #1's visit note on 10/16/22 and 22. entire visit note but read as prescribed". last page of the visit note with the top furosemide. e entire visit note and if there was not then she would clarify it with on 10/19/22 at 1:24pm revealed call today (10/19/22) and wanted nationed. ecutive Director on 10/19/22 at to read all of the PCP's visit notes received. d clarification, she expected the othat day to determine what					

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE TITLE

DATE

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NUMBER:	A. BUILDING:		DATE SUF COMPLET 10/19/20	ETED:	
NAME OF P	ROVIDER	STREET ADDE	IB. WING RESS, CITY. S	TATE, ZIP CODE			
	e Peachtree MC			atesville, North Carolina 28625			
		•		PROVIDER'S PLAN OF CORRECTION	-	COMPLETE	
		E PRECEDED BY FULL C IDENTIFYING INFORMATION)	TAG	CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRIATI DEFICIENCY)		DATE	
D 344	interviewable.						
	Attempted telephone on 10/19/22 at 12:41p	interview with Resident #1's PCP om was unsuccessful.					
		NSEE DESIGNEE'S SIGNATURE O USE STATEMENT OF DEFICIENCIE		TITLE DAT	E		