| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | HAL013019 | A. BUILDING: _____ B. WING _____ | 12/01/2022 |

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| BROOKDALE CONCORD PARKWAY | 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027 |

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| D 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Cabarrus County Department of Social Services conducted an annual and follow-up survey on November 29, 2022 through December 1, 2022. | D 000 | | |
| D 235 | 10A NCAC 13F .0703 (b) Tuberculosis Test, Medical Examination And Im<br><br>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations<br><br>(b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter.<br>(c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to ensure an annual FL2 was completed for 2 of 5 sampled residents (#3 and #1 ).<br><br>The findings are:<br><br>1. Review of Resident #3's current FL2 dated 08/04/21 revealed:<br>-Diagnoses included dementia.<br>-Resident #3 required total care assistance for bathing and dressing.<br>-Documented level of orientation was intermittently disoriented. | D 235 | | |

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| D 235 | Continued From page 1<br><br>Review of Resident #3's Resident Register revealed an admission date of 05/08/16.<br><br>Review of Resident #3's record revealed there was not an updated FL2 completed or signed by the primary care provider (PCP) after 08/04/21.<br><br>Refer to interview with the Regional Director on 12/01/22 at 11:47am.<br><br>Refer to interview with the Administrator on 12/01/22 at 11:10am.<br><br>2. Review of Resident #1's current FL2 dated 11/30/22 revealed diagnoses included unspecified fracture of unspecified femur, unspecified hearing loss and benign prostatic hyperplasia with lower urinary tract symptoms<br><br>Review of Resident #1's Resident Register revealed an admission date of 10/15/21.<br><br>Review of Resident #1's record on 11/30/22 revealed:<br>-Initial FL2 was dated 11/04/21.<br>-There was no documentation that a FL2 was completed annually.<br>-Current FL2 was completed 11/30/22.<br><br>Refer to interview with the Regional Director on 12/01/22 at 11:47am.<br><br>Refer to interview with the Administrator on 12/01/22 at 11:10am.<br><br>_____<br>Interview with the Regional Director on 12/01/22 at 11:47am revealed:<br>-The Health and Wellness Director (HWD) was responsible for competition of the FL2 and to | D 235 | | |

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| D 235 | Continued From page 2<br>acquire the physician's signature.<br>-The FL2 was to be completed before admission and annually after that.<br>-Once the FL2 was completed, it was logged into the tracker for audits.<br>-The Administrator was responsible for auditing the tracker on a daily basis for completion of the tasks.<br>-There was a large amount of turn over in staff and could account for the FL2's not being completed yearly.<br><br>Interview with the Administrator on 12/01/22 at 11:10am revealed:<br>-The HWD was responsible for completion of the FL2 upon resident admission and yearly.<br>-The HWD was responsible for getting the signature from the physician and entering the completion date into the tracker.<br>-She was responsible for auditing the tracker on a daily basis for completion of the task in the tracker.<br>-She did not check the tracker for completion of the FL2s due to a high turn over rate in staff. | D 235 | | |
| D 254 | 10A NCAC 13F .0801(b) Resident Assessment<br><br>10A NCAC 13F .0801Resident Assessment<br>(b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a | D 254 | | |

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| D 254 | Continued From page 3 | D 254 | | |

resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to ensure 1 of 3 sampled residents (Resident #1) was updated annually.

The findings are:

Review of Resident #1's current FL2 dated 11/30/22 revealed:
-An admission date of 11/19/21.
-Diagnoses included unspecified fracture of unspecified femur, unspecified hearing loss and benign prostatic hyperplasia with lower urinary tract symptoms

Review of Resident #1's current care plan dated 11/09/21 revealed:
-Resident was independent with eating.
-Resident required limited assistance with bathing, dressing, grooming, ambulation and transferring.
-Resident require extensive assistance with

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| D 254 | Continued From page 4<br>toileting.<br><br>Review of Resident #1's record on 11/30/22 revealed:<br>-The initial Personal Service Plan (PSP) was dated 11/30/21.<br>-There is no documentation the resident's care plan was completed annually.<br><br>Interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am revealed:<br>-The facility's policy was to complete resident care plans upon admission, every 6 months and if the resident had a change in their condition.<br>-The Health and Wellness Coordinator (HWC) was responsible to complete resident care plans.<br>-Resident care plans were to be signed by the Primary Care Physician (PCP) within 15 days and were either placed in a binder for the in-house PCP, or sent out via fax or mail to outside providers.<br>-The facility generated Personal Services Plans (PSPs) based off of the PCP's signed care plans and made them readily available to personal care aides (PCPs) in a binder kept in the medication room.<br>-The PSPs in the binder in the medication room just print-puts and were not signed by the PCP.<br>-The administrator and the Regional Director were not sure if the PSP binder was up to date for all residents.<br>-The Health and Wellness Director (HWD) was to follow-up behind the HWC regarding completion of care plans.<br>-Once the care plans were signed they were to be filed in each residents record.<br>-The HWD was responsible to check the care plan audit tool daily. | D 254 | | |

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| D 263 | Continued From page 5 | D 263 | | |
| D 263 | 10A NCAC 13F .0802 (e) Resident Care Plan<br><br>10A NCAC 13F .0802 Resident Care Plan<br><br>(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:<br>(1) the resident is under the physician's care; and<br>(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure the residents' physician certified their care by signing and dating care plans within 15 days of assessment for 3 of 3 sampled residents (Residents #1, #4 and #5).<br><br>The findings are:<br><br>1. Review of Resident #4's current FL2 dated 12/27/21 revealed:<br>-Diagnoses included dementia, hypertension, osteoarthritis and psoriasis.<br>-The resident was intermittently disoriented.<br>-The resident needed personal care assistance with bathing.<br><br>Review of Residents #4's Resident Register revealed an admission date of 02/25/17.<br><br>Review of Resident #4's Care Plan revealed:<br>-Resident required set-up assistance for laying out of showering supplies and safety devices as | D 263 | | |

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| D 263 | Continued From page 6 | D 263 | | |

needed for showering or bathing.
-The care plan was initiated on 08/11/22.
-The HWC (Health and Wellness Coordinator) signed and dated the care plan on 11/30/22.
-The resident's PCP (Primary Care Physician) signed and dated the care plan on 11/30/22.
-The resident's care plan was not signed within 15 days of the assessment.

Refer to interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am.
2. Review of Resident #1's current FL2 dated 11/30/22 revealed:
-An admission date of 11/19/2021.
-Diagnoses included unspecified fracture of unspecified femur, unspecified hearing loss and benign prostatic hyperplasia with lower urinary tract symptoms.

Review of Resident #1's care plan dated 11/09/2021 revealed:
-Resident was independent with eating.
-Resident required limited assistance with bathing, dressing, grooming, ambulation and transferring.
-Resident required extensive assistance with toileting.

Review of Resident #1's record on 11/30/22 revealed:
-Initial Personal Service Plan was dated 11/30/21.
-The Personal Service Plan was not signed or dated within 15 calendar days of completion of the assessment.

Refer to interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am.
3. Review of Resident #5's current FL2 dated

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| D 263 | Continued From page 7<br><br>07/08/22 revealed:<br>-Diagnoses included orthostatic hypotension, anxiety disorder, anemia, gastroesophageal reflux disease (GERD), muscle weakness, major depression, essential hypertension, and chronic obstructive pulmonary disease (COPD).<br>-The resident was incontinent of bowel and bladder, semi-ambulatory with a wheelchair, and needed personal care assistance with bathing and dressing.<br><br>Review of Residents #4's Resident Register revealed an admission date of 01/18/21.<br><br>Review of Resident #5's Care Plan dated 06/21/22 revealed:<br>-She required assistance for cutting up food, dressing, grooming, putting on and taking off shoes, cleaning and storing of vision aids, laying out of showering supplies and safety devices, shampooing hair, bathing upper and lower body, toileting, and physical assistance to and from the dining room and other common areas.<br>-She required the use of a wheelchair and had a sitter to prevent falls.<br>-The care plan was dated 06/21/22 and was printed on 11/29/22 at 3:23pm.<br>-The Health and Wellness Coordinator (HWC) signed and dated the care plan on 11/30/22.<br>-The resident's Primary Care Provider (PCP) signed and dated the care plan on 11/30/22.<br><br>Review of Resident #5's record revealed:<br>-There were no other signed care plans documented in the record.<br>-There was a Personal Service Assessment (tool to calculate monthly cost of care) completed upon admission on 06/21/22 and previously on 01/13/21.<br>-There was a signed physician's order dated | D 263 | | |

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| D 263 | Continued From page 8<br><br>06/22/22 to evaluate and admit for Hospice services with diagnoses of chronic obstructive pulmonary disease (COPD) and failure to thrive.<br>-There was a signed physician's order dated 06/26/22 with a diagnosis of senile degeneration of the brain.<br>-There was a signed physician's order dated 07/13/22 for oxygen at 2 liters per minute as needed for shortness of breath.<br><br>Refer to interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am.<br><br>_____<br>Interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am revealed:<br>-The facility's policy was to complete resident care plans upon admission, every 6 months and if there was a change of condition.<br>-The HWC was responsible to complete resident care plans.<br>-The Health and Wellness Director (HWD) was to follow-up behind the HWC regarding completion of care plans.<br>-Once the care plans were signed they were to be filed in each residents record.<br>-The HWD was responsible to check the care plan audit tool daily. | D 263 | | |
| D 280 | 10A NCAC 13F .0903(c) Licensed Health Professional Support<br><br>10A NCAC 13F .0903 Licensed Health Professional Support<br>(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care | D 280 | | |

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| D 280 | Continued From page 9<br>plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:<br>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;<br>(2) evaluating the resident's progress to care being provided;<br>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and<br>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure quarterly licensed health professional support (LHPS) assessments were completed for 3 of 5 sampled residents (Resident #1, #4 and #5) with LHPS tasks for catheter care, ambulation and transfers (#1), applying and removing thrombo-embolic deterrent (TED) hose (#4) and transfers, wound care, and use of oxygen as needed (#5).<br><br>The findings are:<br><br>1. Review of Resident #1's current FL2 dated 11/30/22 revealed:<br>-An admission date of 11/19/2021.<br>-Diagnoses included unspecified fracture of unspecified femur, unspecified hearing loss, and | D 280 | | |

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| D 280 | Continued From page 10 | D 280 | | |

benign prostatic hyperplasia with lower urinary tract symptoms.

Review of Resident #1's current LHPS dated 11/30/22 revealed tasks include positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter, and ambulation using assistive devices that required physical assistance and transferring semi-ambulatory or non-ambulatory residents.

Review of Resident #1's record on 11/30/22 revealed:
-There was no documentation that a LHPS was completed within 30 days of admission.
-There was no documentation that a LHPS was completed quarterly.
-Current LHPS was completed 11/30/22.

Refer to interview with the Administrator on 11/30/22 at 10:19am.

Refer to interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am.

Refer to interview with the Regional Nurse on 12/01/22 at 2:24pm.

2. Review of Resident #4's current FL2 dated 12/27/21 revealed:
-Diagnoses included dementia, hypertension, osteoarthritis and psoriasis.
-The resident was intermittently disoriented.
-The resident needed personal care assistance with bathing.

Review of Resident #4's Resident Register revealed an admission date of 02/25/17.

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Review of Resident #4's LHPS quarterly review dated 03/15/22 revealed tasks included TED hose in the morning and removing them in the evening along with monitoring for correct placement, any holes and skin breakdown or redness.

Review of Resident #4's LHPS quarterly review dated 11/30/22 revealed included TED hose, walker, halo on bedside, transfers and PT/OT.

Review of Resident #4's record on 11/30/22 revealed there no documentation of a LHPS completed upon admission and quarterly.

Refer to interview with the Administrator on 11/30/22 at 10:19am.

Refer to interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am.

Refer to interview with the Regional Nurse on 12/01/22 at 2:24pm.

3. Review of Resident #5's current FL2 dated 07/08/22 revealed diagnoses included orthostatic hypotension, anxiety disorder, anemia, gastroesophageal reflux disease (GERD), muscle weakness, major depression, essential hypertension, and chronic obstructive pulmonary disease (COPD).

Review of Residents #5's Resident Register revealed an admission date of 01/18/2021.

Review of Resident #5's Licensed Health Professional Support (LHPS) quarterly review dated 08/26/21 revealed tasks included transferring semi-ambulatory or non-ambulatory

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| D 280 | Continued From page 12 | D 280 | | |

residents.

Review of Resident #5's record revealed:
-There was a signed physician's order dated 06/22/22 to evaluate and admit for Hospice services with diagnoses of COPD and failure to thrive.
-There was a signed physician's order dated 06/26/22 with a diagnosis of senile degeneration of the brain.
-There was a signed physician's order dated 07/13/22 for oxygen at 2 liters per minute as needed for shortness of breath.
-There were no other LHPS reviews completed before or after 08/26/21.

Review of Resident #5's Licensed Health Professional Support (LHPS) review dated 11/30/22 revealed tasks included transferring semi-ambulatory or non-ambulatory residents, oxygen administration and monitoring, and ambulation using assistive devices.

Interview with the Regional Director on 11/30/22 at 2:55pm revealed there were no LHPS reviews completed for Resident #5 between 08/26/21 and 11/29/22.

Refer to interview with the Administrator on 11/30/22 at 10:19am.

Refer to interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am.

Refer to interview with the Regional Nurse on 12/01/22 at 2:24pm.

Interviews with the Administrator and Regional Director on 12/01/22 at 11:29am and 11:48am

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| D 280 | Continued From page 13<br>revealed:<br>-The facility's policy was to complete LHPS reviews upon admission, quarterly, and if there were additional tasks added or removed.<br>-The Health and Wellness Director (HWD) was responsible to complete the LHPS reviews.<br>-She or Regional Nurse was to monitor completion of LHPS reviews with the facility's compliance tracker.<br>-The HWD was responsible to notify care staff of any changes with LHPS tasks.<br><br>Interview with the Regional Nurse on 12/01/22 at 2:24pm revealed:<br>-She was not aware the LHPS were not being completed as required.<br>-She was responsible for reviewing the LHPS weekly. | D 280 | | |
| D 406 | 10A NCAC 13F .1009(b) Pharmaceutical Care<br><br>10A NCAC 13F .1009 Pharmaceutical Care<br>(b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure action was taken in response to the quarterly medication review for 2 of 5 sampled residents (#3 and #5) with recommendations to decrease the dosage of a medication that could thin the blood (#3), and recommendations to decrease the dosage of a | D 406 | | |

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| D 406 | Continued From page 14 | D 406 | | |

medication to treat gastroesophageal reflux disease (#5).

The findings are:

1. Review of Resident #3's current FL2 dated 08/04/21 revealed:
-Diagnoses included dementia, muscle weakness, and atherosclerotic disease.
-An order for aspirin 325mg every day.

Review of Resident #3's quarterly medication reviews dated 06/17/22 revealed a recommendation to decrease the aspirin from 325mg every day to 81mg every day.

Review of Resident #3's October and November 2022 electronic Medication Administration Records (eMARs) revealed an entry for aspirin 325mg every day documented as administered 10/01/22 to 11/30/22.

Refer to interview with the administrator on 11/30/22 at 11:31am and 12/01/22 at 11:29am.
2. Review of Resident #5's current FL2 dated 07/08/22 revealed diagnoses included orthostatic hypotension, anxiety disorder, anemia, gastroesophageal reflux disease (GERD), muscle weakness, major depression, essential hypertension, and chronic obstructive pulmonary disease (COPD).

Review of Resident #5's Physician order summary report dated 10/12/22 revealed an order for omeprazole 20mg twice daily, with an original order date of 07/03/21.

Review of Residents #5's Resident Register revealed an admission date of 01/18/2021.

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| D 406 | Continued From page 15<br><br>Review of Resident #5's quarterly medication review dated 09/15/22 revealed a recommendation to decrease omeprazole to 20mg once daily instead of the current dose of 20mg twice daily.<br><br>Review of Resident #5's September, October, and November 2022 electronic Medication Administration Records (eMARs) revealed an entry for omeprazole 20mg twice daily, documented as administered from 09/01/22 to 11/29/22.<br><br>Refer to interview with the Administrator on 11/30/22 at 11:31am and 12/01/22 at 11:29am.<br><br>_____<br>Interview with the Administrator on 11/30/22 at 11:31am and 12/01/22 at 11:29am revealed:<br>-She was not sure if the quarterly pharmacy review recommendations were given to the facility's contracted primary care provider (PCP).<br>-The quarterly pharmacy reviews were to be placed in the PCP's box and should be reviewed and signed each week.<br>-The facility's contracted pharmacy consultant faxed the medication review recommendations to each residents' PCP and the facility upon completion of the quarterly reviews.<br>-Resident's with primary care providers outside of the facility should receive the recommendations directly from the pharmacy consultant.<br>-The Health and Wellness Director (HWD) was responsible to follow-up on quarterly medication reviews and implement changes ordered by the PCP.<br>-She was not aware of the pharmacy recommendations for Resident #3 and Resident #5. | D 406 | | |

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| D 459 | Continued From page 16 | D 459 | | |
| D 459 | 10A NCAC 13F .1302 Special Care Unit Disclosure<br><br>10A NCAC 13F .1302 Special Care Unit Disclosure<br><br>(a) Only those facilities with units that meet the requirements of this Section may advertise, market or otherwise promote themselves as providing special care units for persons with Alzheimer's Disease or related disorders.<br>(b) The facility shall disclose information about the special care unit according to G.S. 131D-8 and which addresses policies and procedures listed in Rule .1305 of this Section<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to disclose the form of care and treatment provided for residents in the special care unit (SCU) for 2 of 2 sampled residents (#2 and #3).<br><br>The findings are:<br><br>1. Review of Resident #2's current FL2 dated 08/03/22 revealed diagnoses included dementia.<br><br>Review of Resident #2's Resident Register revealed an admission date of 02/06/20 to the SCU.<br><br>Review of Resident #2's record on 11/29/22 revealed there was no Special Care Unit (SCU) disclosure statement.<br><br>Attempted interview with Resident #2's Power of Attorney (POA) on 11/29/22 at 3:00pm was unsuccessful. | D 459 | | |

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| D 459 | Continued From page 17<br><br>Refer to interview with the Regional Director on 12/01/22 at 11:47am.<br><br>Refer to interview with the Administrator on 12/01/22 at 11:10am.<br><br>2. Review of Resident #3's current FL2 dated 0804/21 revealed diagnoses included dementia.<br><br>Review of Resident #3's Resident Register revealed an admission date of 05/08/16 to the SCU.<br><br>Review of Resident #3's record on 11/29/22 revealed there was no SCU disclosure statement.<br><br>Attempted interview with Resident #3's POA was unsuccessful.<br><br>Refer to interview with the Regional Director on 12/01/22 at 11:47am.<br><br>Refer to interview with the Administrator on 12/01/22 at 11:10am.<br><br>_____<br>Interview with the Regional Director on 12/01/22 at 11:47am revealed:<br>-The SCU disclosure statement was to be completed by sales and marketing director upon admission as part of the move in packet.<br>-The Administrator was responsible for completion of the admission packet and to make sure the disclosure statement was in the resident record.<br><br>Interview with the Administrator on 12/01/22 at 11:10am revealed:<br>-The SCU disclosure statement was to be completed by sales and marketing director upon | D 459 | | |

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| D 459 | Continued From page 18<br>admission who was responsible for getting the disclosure statement signed as part of the move in packet.<br>-She was responsible for completion of the admission packet and to make sure the disclosure statement was in the resident record. | D 459 | | |
| D 464 | 10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan<br><br>10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan<br>In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following:<br>(1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment.<br>(2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure 2 of 2 sampled residents (#2 and #3 ) had an initial Special Care Unit (SCU) resident profile updated on a quarterly basis (#2 and #3). | D 464 | | |

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| D 464 | Continued From page 19<br>The findings are:<br><br>1. Review of Resident #2's current FL2 dated 08/03/22 revealed:<br>-Diagnoses included dementia.<br>-Resident #2 required total care assistance for bathing and dressing.<br>-Documented level of orientation was intermittently disoriented.<br><br>Review of Resident #2's Resident Register revealed an admission date of 02/06/20.<br><br>Review of Resident #2's record on 11/29/22 revealed a Special Care Unit (SCU) resident profile dated 08/03/22.<br><br>Refer to interview with the Regional Director on 12/01/22 at 11:47am.<br><br>Refer to interview with the Administrator on 12/01/22 at 11:10am.<br><br>2. Review of Resident #3's current FL2 dated 0804/21 revealed:<br>-Diagnoses included dementia.<br>-Resident #3 required total care assistance for bathing and dressing.<br>-Documented level of orientation was intermittently disoriented.<br><br>Review of Resident #3's Resident Register revealed an admission date of 05/08/16.<br><br>Review of Resident #3's record on 11/29/22 revealed a SCU resident profile dated 08/03/22.<br><br>Refer to interview with the Regional Director on 12/01/22 at 11:47am. | D 464 | | |

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| D 464 | Continued From page 20<br><br>Refer to interview with the Administrator on 12/01/22 at 11:10am.<br><br>_____<br>Interview with the Regional Director on 12/01/22 at 11:47am revealed:<br>-The resident profile was to be completed by the Special Care Unit Coordinator (SCC) upon admission.<br>-The resident profile was to be updated on a quarterly basis.<br>-The SCC was responsible for completing the resident tracker once the resident profile and quarterly report was completed.<br>-The Administrator and the Health and Wellness Director was responsible for reviewing the resident tracker on a quarterly basis for completion of the resident profile and the quarterly review.<br>-She was not aware the SCC had not completed the resident profiles and quarterly reviews.<br><br>Interview with the Administrator on 12/01/22 at 11:10am revealed:<br>-The resident profile was to be completed by the SCC upon admission.<br>-The resident profile was to be updated on a quarterly basis.<br>-Once the resident profile and quarterly reports were completed, the SCC was responsible for competing the resident tracker so it could be reviewed by the HWD or her.<br>-The HWD had only been in the position for 3 weeks.<br>-She was not aware the resident profiles were not completed, and the quarterly reports were not completed quarterly. | D 464 | | |