Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey from 02/28/23-03/02/23 with an exit conference via telephone on 03/02/23.	D 000		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide personal care according to the resident's care plan for 2 of 6 sampled residents (#2, #8) related to showering. The findings are: 1. Review of Resident #2's current FL-2 dated 10/25/22 revealed: -Diagnoses included generalized muscle weakness, hypertension, and obesity. -The resident was semi-ambulatory with the assistance of a device. -The resident required assistance with bathing and dressing. Review of Resident #4's care plan dated 10/25/22 revealed: -Resident #2 preferred showering/bathing on Sundays and Thursdays.	D 269	10A NCAC 13F .0901 Personal Care & Supervision Associates received training in this rule area. The Health & Wellness Director or designee will monitor weekly for three weeks, by conducting rounds on residents to verify that personal care is provided as outlined in the residents care plan. The Health & Wellness Director will conduct rounds monthly thereafter to monitor ongoing compliance. Plan of correction completed by 3/30/23.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Reviewed and acknowledged 04/24/23.
kg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 1	D 269		

-Resident #2 was able to perform showering tasks of shampooing hair, and washing upper body, and lower body with staff attention and/or verbal prompts and physical assistance as needed.

Review of the weekly shower schedule dated 02/15/23 revealed Resident #2 was scheduled for showers on Thursdays and Sundays at 10:00am.

Review of the February 2023 calendar revealed the dates for Thursdays were the 2nd, 9th, 16th, and 23rd, and Sundays were the 5th, 12th, 19th, and 26th.

Review of Resident #2's shower cards revealed there was documentation Resident #2 had a shower on 02/14/23 and 02/16/23.

Interview with Resident #2 on 03/01/23 at 10:03am revealed:
-She wanted to have a shower at least twice a week, but she did not usually get but one a week.
-She wrote on the desk calendar when she got a shower so she would remember.
-Her most recent showers were on 02/17/23 at 9:30pm, and on 02/19/23 (time unknown) and on 02/28/23.
-She had to ask for a shower on 02/28/23 because she was going to the doctor today, 03/01/23, and she needed a shower.
-She wanted to get a shower at least twice a week because the hot water made her feel better and she enjoyed getting a shower.

Interview with a personal care assistant (PCA) on 03/01/23 at 5:04pm revealed:
-She assisted Resident #2 with a shower yesterday, 02/28/23.
-Another PCA had told her Resident #2 wanted to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 2	D 269		

get a shower because she had a doctor's appointment.
-Resident #2 had stated that no one had helped her with a shower but there were times when Resident #2 would be waiting to get a shower, but because the hot water was taking a long time to get hot, the resident would say just never mind.
-She did not document when Resident #3 changed her mind about the shower because the hot water was taking too long.
-Resident #2 had refused a shower in the last six weeks because the water was taking too long to get hot, but she did not recall when this occurred.

Interview with a MA on 03/01/23 at 5:21pm revealed Resident #2 had not said anything to her about wanting a shower.

Telephone interview with Resident # 2 Primary Care Provider (PCP) on 03/02/23 at 1:36pm revealed:
-It was reasonable for Resident #2 to get a bath twice a week.
-In general, most people should get a bath 2-3 times a week.

Refer to the interview with a personal care assistant (PCA) on 03/01/23 at 5:04pm.

Refer to the interview with a medication aide (MA) on 03/01/23 at 8:31am.

Refer to the interview with a medication aide (MA) on 03/01/23 at 4:57pm.

Refer to the interview with the Health and Wellness Coordinator (HWC) on 03/01/23 at 3:50pm.

Refer to the interview with the facility's RN on

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ________ B. WING ________	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 3 03/01/23 at 4:05pm. Refer to the interview with the Administrator on 03/01/23 at 4:33pm. 2. Review of Resident #8's current FL-2 dated 02/28/23 revealed: -Diagnoses included non-pressure chronic ulcer of buttock, non-pressure chronic ulcer of back, chronic kidney disease, osteoarthritis, type 2 diabetes mellitus with diabetic neuropathy, glaucoma, hypertension. -The resident required assistance with bathing and dressing. Review of Resident #8's care plan dated 09/20/22 revealed: -Resident #8 used a shower chair. -Resident #8 was able to perform the following showering tasks with physical assistance as needed: shampooing hair, washing the upper body, and washing the lower body. -Resident #8 preferred shower days were Monday and Thursday between 7:00pm and 8:00pm. -Resident #8 used a walker and a mobilized scooter. Review of the weekly shower schedule dated 02/15/23 revealed Resident #8 was scheduled for showers on Sundays and Thursdays at 7:00pm. Review of Resident #8's shower cards revealed there was documentation Resident #8 had a shower on 02/16/23. Interview with Resident #8 on 02/28/23 at 10:13am revealed: -He only received assistance with a shower once a week.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ____ B. WING ____	R 03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DURHAM	**4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 4	D 269		

-He would like to have a shower twice a week.
-Last Thursday, 02/23/23, was the last time he had a shower.
-He did not know when he would get another shower but guessed it would be on "this" Thursday, 03/02/23.

Interview with a personal care assistant (PCA) on 03/01/23 at 5:04pm revealed:
-She assisted Resident #8 with a shower and completed a shower sheet on him.
-The sheet was in the second-floor shower notebook.
-She did not recall when she last assisted Resident #8 with a shower.
-Resident #8 had never refused a shower but he had asked to wait until the next day because of getting new bandages.
-If Resident #8 wanted to wait to get his shower she would leave a "sticky note' or let the medication aide (MA) know.

Review of the second-floor shower notebook on 03/01/23 at 5:13pm revealed:
-The PCA pulled the sheets from the notebook.
-There were two shower resident shower forms completed on Resident #8, 1/25/22 and 01/23/23.
-There were no other shower forms for Resident #8.

Second interview with the PCA on 03/01/23 at 5:13pm revealed she knew there were other shower sheets, but she did not know why the sheets were not in the shower notebook; that was where she had put them.

Interview with a MA on 03/01/23 at 5:21pm revealed:
-Resident #8 had never refused a shower that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 5 she was aware of. -Resident #8 would remind her he wanted a shower and asked her to remind the PCAs. -At the beginning of the week, the PCA should have completed the paperwork for Resident #8's shower this week. Telephone interview with Resident #8's Primary Care Provider (PCP) on 03/02/23 at 1:36pm revealed: -It was reasonable for Resident #8 to get a bath twice a week. -In general, most people should get a bath 2-3 times a week. Refer to the interview with a personal care assistant (PCA) on 03/01/23 at 5:04pm. Refer to the interview with a medication aide (MA) on 03/01/23 at 8:31am. Refer to the interview with a MA on 03/01/23 at 4:57pm. Refer to the interview with the Health and Wellness Coordinator (HWC) on 03/01/23 at 3:50pm. Refer to the interview with the facility's RN on 03/01/23 at 4:05pm. Refer to the interview with the Administrator on 03/01/23 at 4:33pm. ______________ Interview with a personal care assistant (PCA) on 03/01/23 at 5:04pm revealed: -She worked on both the 2nd and 3rd floors. -Each floor had a shower card book. -She had not used the shower card books yet, she had still been completing shower sheets on	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 6 the residents and filing them in the shower notebook. -She assisted with showers based on the shower schedule or if someone "obviously" needed a shower, such as an incontinence accident or had made a mess with their meal. Interview with a medication aide (MA) on 03/01/23 at 8:31am revealed: -The PCAs were supposed to follow the shower schedule created by the facility's nurse. -If a resident refused a shower, it should be documented. Interview with a MA on 03/01/23 at 4:57pm revealed: -Shower cards were to be completed by the PCAs on the first shower of the week for each resident who required assistance. -If there was a change in the resident's skin on the next shower, the PCA would complete another shower card indicating the change. Interview with the Health and Wellness Coordinator (HWC) on 03/01/23 at 3:50pm revealed: -She was responsible for keeping shower cards as a receipt that the shower was provided. -If there were changes in a resident's skin she documented and followed up with the resident, as well as any ancillary providers. If a resident refused a shower, she expected the personal care aide ((PCA) to still fill out a shower card. -Each resident should have two shower cards each week, or shower cards for the number of showers the resident was scheduled for. -The shower cards were implemented the second week of February 2023. -The PCAs were supposed to give her the shower	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 7 cards at the end of their shift, but she had to remind some staff to do this. -Some staff had not turned in their shower cards and she had reminded them today, 02/28/23. Interview with the facility's RN on 03/01/23 at 4:05pm revealed: -The shower schedule was made when the resident's assessment was completed. -Staff were to fill out a shower card when a resident was assisted with a shower. -The shower cards were then separated to monitor any residents who had a skin issue identified during the shower. -Shower cards were only filled out for the first shower of the week, unless there was a change noted on the resident's next shower. -When a resident complained they had not had a shower she reminded the staff to make sure they completed the shower cards for tracking. Interview with the Administrator on 03/01/23 at 4:33pm revealed: -The facility had implemented a shower card system. -The PCAs had the shower cards with them and when they gave a resident a shower they were supposed to label the shower card with the resident's information, document any skin issues and give the card to the HWC at the end of the day. -They had to remind the PCAs to turn their shower cards in, this was ongoing. -The PCAs should complete a shower card each time they assisted a resident with a shower.	D 269		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 8 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure diets were served as ordered for 1 of 5 sampled residents (#7) who had an order for thickened liquids. The findings are: Review of Resident #7's current FL2 dated 02/22/23 revealed: -Diagnoses included peripheral vascular disease and neuropathy. -There was a diet order for texture modified. Review of Resident #7's signed physician's orders dated 02/28/23 revealed Resident #7 had an order for honey thick liquids. Review of Resident #7's diet order dated 02/20/233 revealed: -There was an order for a mechanical soft diet with ground meats. -There was an order for honey-thickened liquids. Review of a large bulletin board across from the meal prep area in the kitchen on 02/28/23 at 10:15am revealed Resident #7 was listed as a texture modified diet.	D 310	10 NCAC 13 F .0904 Nutrition & Food Service The Dining Services Manager or designee will conduct an audit to verify current residents therapeutic diet orders. The Dining Services Manager or designee will monitor diet orders weekly for three weeks to verify that residents are receiving the correct therapeutic diet per their physicians order(s). The Dining Services Manager will monitor diets monthly thereafter to monitor ongoing compliance. Plan of correction completed by 3/3/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 9	D 310		

Observation of the lunch meal on 02/28/23 at 1:09pm revealed:
-Resident #7 was delivered his meal in his room.
-Resident #7 was provided with a disposable cup of lemonade.
-The lemonade was not honey thick.

Observation of Resident #7 on 02/28/23 at 1:09pm revealed he was sitting in a hospital bed with an over-the-bed table.

Interview with Resident #7 on 02/28/23 at 1:09pm revealed he had lemonade every day to drink with his meals.

Interview with Resident #7's family member on 02/28/23 at 1:09pm revealed:
-Resident #7 did not have "anything special" to drink just lemonade.
-Resident #7 also had water to drink that she would mix with lemonade flavoring.

Observation of the lunch meal on 03/01/23 at 12:36pm revealed:
-Lemonade was poured directly from a pitcher into a cup labeled with Resident #7's room number.
-The cup of lemonade was delivered with the meal to Resident #7.
-The lemonade was not honey thick.

Interview with Resident #7 on 03/01/23 at 3:27pm revealed:
-He has not had honey-thick beverages since he moved into the facility.
-He was not sure when he moved into the facility, but it had been a long time.
-He was at a previous place and had a choking spell and that was why the other facility ordered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 10	D 310		

the thickened liquids.
-It was just one time, and he did not need thickened liquids.
-He did not want or need thickened liquids.

Interview with Resident #7's family member on 03/01/23 at 3:27pm revealed:
-Resident #7 had only had regular liquids at this facility, and never thickened.
-Resident #7 did cough a lot but not when he was drinking.

Observation of the pantry on 03/01/23 at 3:21pm revealed:
-There were multiple cases of nectar-thickened beverages including water, orange juice, and sweet tea.
-There were no honey-thickened beverages.

Interview with the Dietary Manager (DM) on 03/01/23 at 3:22pm revealed:
-There were no residents with orders for honey-thickened liquids.
-There were two residents with orders for nectar-thickened liquids.
-Resident #7 was not served honey-thickened liquids.
-She did not know Resident #7 had an order for honey-thickened liquids.
-She received diet orders from the facility's nurse.
-She made the therapeutic diet cards on the bulletin board in the kitchen to reference for preparing meals.
-She "just missed" the honey-thickened liquids order for Resident #7.

Telephone interview with Resident #7's primary care provider on 03/02/23 at 1:36pm revealed:
-He had only started working at the facility recently.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ___ B. WING ___	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 11 -Resident #7 did have an order for honey-thickened liquids ordered by another provider but he was not sure why. -Honey-thickened liquids were usually ordered as an aspiration precaution. Interview with the facility's Registered Nurse (RN) on 03/01/23 at 4:05pm revealed: -She had not looked at Resident #7's orders. -She did not know Resident #7 was supposed to have honey thick liquids. -She expected the DM to follow the orders as written and provide honey thick liquid. Interview with the Administrator on 03/02/23 at 4:24pm revealed: -The clinical staff received orders, added the orders into the computer system, and would send the diet order to the DM. -She expected the DM to ensure the diet order was followed as written.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled	D 358	10 A NCAC 13F .1004 Medication Administration Medication aides received training on medication administration as ordered by the physician, as well as on the utilization of the new order tracking form. The new order tracking form is submitted to the Health & Wellness Director or designee, to verify accuracy and implementation of all new orders. The Health & Wellness Director or designee will monitor all new orders at least weekly for three weeks to verify complaince. The Health & Wellness Director will monitor monthly thereafter to verify ongoing compliance. Plan of correction completed by 3/30/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 12	D 358		

residents (#2, #3) including a resident whose blood pressure was not taken before administering a blood pressure medication (#2); and a medication used to treat cholesterol (#3).

The findings are:

1. Review of Resident #2's current FL-2 dated 10/25/22 revealed diagnoses included hypertension, paroxysmal atrial fibrillation, and a history of cardiovascular disease.

Review of Resident #2's physician's order dated 10/25/22 revealed an order for Amlodipine Besylate (used to treat elevated blood pressure) 5mg tablet daily; hold if systolic blood pressure (BP) was less than 110.

Review of Resident #2's January 2023 electronic medication administration record (eMAR) for 01/16/23-01/31/23 revealed:
-There was an entry for Amlodipine 5mg daily with a scheduled administration time of 8:00am; hold if systolic blood pressure is less than 110.
-There was documentation Amlodipine 5mg was administered from 01/16/23-01/31/23 with no recorded blood pressure readings.

Review of Resident #2's February 2023 eMAR revealed:
-There was an entry for Amlodipine 5mg daily with a scheduled administration time of 8:00am; hold if systolic blood pressure is less than 110.
-There was documentation Amlodipine 5mg was administered from 02/01/23-02/28/23 with no recorded blood pressure readings.

Observation of Resident #2's medication on hand on 12/01/22 at 10:30am revealed there was a bubble pack dispensed on 02/17/23 for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 13 Amlodipine 5mg; there were 15 tablets of 28 tablets remaining in the bubble pack. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 03/01/23 at 2:42pm revealed: if Resident #2's BP was low, and Amlodipine was administered, the resident could become hypotensive (low blood pressure, which can cause fainting or dizziness) and experience orthostasis which was a sudden drop in BP which could lead to a fall. Interview with a medication aide (MA) on 02/28/23 at 12:50pm revealed: -She did not see an order to check Resident #2's BP. -Resident #2 had an order to check her BP for two days but she did not know why. Review of Resident #2's order dated 02/18/23 for BP checks revealed: -Check Resident #2's BP every 8 hours for 48 hours one time a day for monitor for two days. -Resident #2's BP was documented as 102/76 on 02/18/23 and 110/84 on 02/19/23. Interview with another MA on 02/28/23 at 12:57pm revealed: -She administered Resident #2's Amlodipine today, 02/28/23. -She did not check Resident#2's BP before administering the medication. -She did not see the parameter order for Resident #2's Amlodipine. Interview with Resident #2 on 03/01/23 at 4:53pm revealed: -She had not had any falls. -She had not felt lightheaded or dizzy recently or	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 14	D 358		

Continued From page 14

within the past few months.
-When she stood up, she did not feel lightheaded.
-Staff checked her BP, but she was not sure how often.
-Her BP was last checked on 02/28/23 and the BP value was 128/79.
-She did not know she had a PCP order for her BP to be checked before staff administered her amlodipine.

Telephone interview with Resident #2's Primary Care Provider (PCP) on 03/02/23 at 1:36pm revealed:
-Resident #2's was ordered Amlodipine for her BP.
-The BP parameter was to ensure the Resident's BP was not lowered any further if the systolic reading was low.
-If Resident #2 was administered the Amlodipine when her BP was low, it could cause her to become more hypotensive which would cause the resident to experience dizziness and light-headedness.

Interview with the facility's Registered Nurse (RN) on 03/01/23 at 1:02pm revealed:
-She did not know Resident #2 had an order to obtain a BP reading before administering her Amlodipine.
-She expected the MAs to obtain a BP before administering the medication per the order.
-She would have expected the MA to let her know the computer system did not prompt a BP reading.
-There was a place in the computer system to enter the prompt to obtain a BP reading.
-The MAs entered orders and she entered orders as well.
-The pharmacy had been completing MAR to cart audits as they were switching over to cycle-filled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ____ B. WING ____	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 15	D 358		

medication and she would have thought they would have caught the order for the parameters.

Interview with the Administrator on 03/01/23 at 5:54pm revealed:
-If a resident had parameters the MA should have been prompted to take the resident's blood pressure, enter the results, and then administer the medication if directed to do so based on the blood pressure results.
-When the MA read the order, she should have not administered the medication until a BP was taken to ensure the medication could be administered.
-She was concerned Resident #2's medication was administered without checking her BP and the resident may not have needed the medication.

2. Review of Resident #3's current FL-2 dated 06/07/22 revealed diagnoses included hypertension, atrial fibrillation, coronary artery disease and a history of cerebrovascular accident.

Review of Resident #3's physician's order dated 06/07/22 revealed an order for atorvastatin 80mg give 1 tablet one time a day (used to treat high cholesterol).

Review of Resident #3's January 2023 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for atorvastatin 80mg give 1 tablet one time a day for high cholesterol scheduled at 8:00pm.
-There was documentation atorvastatin 80mg was administered from 01/01/23-01/31/23.

Review of Resident #3's February 2023 eMAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 16 revealed: -There was an entry for atorvastatin 80mg give 1 tablet one time a day for high cholesterol scheduled at 8:00pm. -There was documentation atorvastatin 80mg was administered 02/01/23,02/03/23, 02/04/23, 02/06/23, 02/09/23, 02/10/23, 02/12/23-02/15/23 and 02/17/23-02/27/23. -There was documentation atorvastatin 80mg was not administered 02/02/23 with code "02" as refused. -There was documentation atorvastatin 80mg was not administered 02/05/23 with code "09" as other/see nurses note. -There was documentation atorvastatin 80mg was not administered 02/07/23, 02/08/23, 02/11/23 and 02/16/23 with code "16" as pharmacy action required. Review of Resident #3's progress notes from 01/10/23 to 02/28/23 revealed there were no notes regarding atorvastatin 80mg administration. Observation of Resident #3's medication on hand on 2/28/23 at 10:30am revealed there was a bubble pack dispensed on 02/17/23 for atorvastatin 80mg with 17 tablets of 28 tablets remaining in the bubble pack. Telephone interview with a representative from the facility's contracted pharmacy on 02/28/23 at 2:00pm revealed: -Resident #3 had a current order for atorvastatin 80mg take 1 tablet one time a day from a Physician's Order Sheet (POS) dated 01/08/23. -The facility restarted automatic cycle fill of resident's medications from the pharmacy on 02/17/23. -Prior to 02/17/23, the facility had to request individual medications to be refilled by the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 17 pharmacy each month. -Resident #3's atorvastatin 80mg was not requested to be refilled in January 2023 and was not dispensed. -All of Resident #3's other profiled medications were requested by the facility on 01/17/23. -Resident #3's atorvastatin 80mg was last dispensed with the automatic cycle fill on 02/17/23. -Prior to January 2023, Resident #3's atorvastatin 80mg was requested by the facility and dispensed on 08/12/22, 09/17/22, 10/21/22, 11/16/22 and 12/13/22 for 30 tablets each time equaling a 1-month supply. -Atorvastatin was used to treat high cholesterol and if the resident did not receive her daily dose for 2-4 weeks, she could have increased cholesterol and triglyceride levels. Interview with Resident #3 on 02/28/23 at 2:44pm revealed: -She knew all her medications and would pour them out of the medication cup to make sure they were right when the MAs brought them to her. -She never refused to take her atorvastatin. -A few weeks prior, the MAs told her the pharmacy had not sent her atorvastatin. -She could not remember how many days she was not administered atorvastatin but thought it was several days. -She thought the MAs did not order it on time before it ran out. Interview with a medication aide (MA) on 02/28/23 at 2:35pm revealed: -She recalled Resident #3 was out of her atorvastatin in early February 2023. -She did not routinely work second shift (3:00pm-11:00pm) when the medication was scheduled to be administered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ________ B. WING ________	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 18 -She did not request Resident #3's atorvastatin in early February 2023 because she thought the regular MAs would have already ordered the medication from the pharmacy. -In January 2023, when Resident #3's atorvastatin would have been ordered for late January and February 2023 administration, the MAs would have had to fill out a request form and fax it to the pharmacy. Telephone interview with a second MA on 03/01/23 at 12:29pm revealed: -She worked third shift (11:00pm-7:00am) and would have been training in mid-January 2023 when Resident #3's medications would have been delivered. -She did not remember that Resident #3's atorvastatin had not been delivered with the rest of the medications. -At that time, she was trained by another MA to compare the medications that were delivered with the pharmacy delivery sheet and the resident's eMARs. -If any medication was missing, she was trained to fill out a request sheet and fax it to the pharmacy. Telephone interview with a third MA on 03/01/23 at 2:49pm revealed: -She worked second shift (3:00pm-11:00pm) and mostly weekends and worked on 02/05/23 and 02/11/23. -She remembered Resident #3 had been out of her atorvastatin in February 2023, but could not remember the dates. -If she documented that pharmacy action was required on 02/05/23, that must have been when she noticed Resident #3 did not have her atorvastatin. -She would have asked the third shift MA if the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ____ B. WING ____	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 19 medication had been ordered. Interview with a fourth MA on 03/01/23 at 4:00pm revealed: She did not remember if Resident #3 had had been out of her atorvastatin earlier this month (February 2023) or if she refused her atorvastatin. -She was not familiar with Resident #3 because she did not regularly work Resident #3's unit. -If she documented "Refused" on a resident eMAR, then the resident must have refused. -Many residents would look at their medications and pick one out and hand it back to her and say they did not want it. Attempted telephone interview with a fifth MA (who worked third shift) on 03/01/23 at 12:49pm and 3:40pm were unsuccessful. Telephone interview with Resident #3's Primary Care Provider (PCP) on 03/02/23 at 1:48pm revealed: -He did not know that Resident #3 did not receive her atorvastatin for several days in early February 2023. -He expected the staff to administer medications as he had ordered them. -He expected the staff to order or reorder medications he had ordered to be available for administration and document administration appropriately. -He had scheduled blood work soon and planned to reduce Resident #3's atorvastatin because she was on a high dose. -There would be no detrimental effects of Resident #3 not receiving her atorvastatin for a couple weeks. Interview with the facility's Registered Nurse on 03/01/23 at 5:20pm revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 20	D 358		

-The facility received batch refills in January 2023 due to an overstock of resident medications and each medication had to be requested each month for all residents.
-All MAs could reorder medications by faxing a request to the pharmacy.
-She expected the MAs to document on the eMAR when medication was administered and if a medication was not administered.
-If a medication was not available, the MA who discovered it should have notified her immediately the same day so that she could ensure that the medication was ordered and delivered for administration.
-The pharmacy had been completing eMAR to medication cart audits as they were switching over to cycle-filled medications and she would have thought someone would have caught that Resident #3 did not have her atorvastatin.

Interview with the Administrator on 03/01/23 at 5:55pm revealed:
-Medications were delivered on third shift (11:00pm-7:00am), but all MAs were responsible to order medications when they were low or found to be missing.
-She expected the MAs to notify her or the nurses that day when they did not have a medication so that the medication could be delivered and administered.
-Without documentation, there was no way to know if the medication was administered or not.
-She expected the MAs to pull up the resident's eMAR, cross reference the bubble pack, administer the medication, and sign off it was administered.
-She expected the MAs to document what was administered or not administered every time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 21	D 367		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to accurately document the administration of medications on the electronic Medication Administration Record (eMAR) for 1 of 5 residents (#3). The findings are: Review of Resident #3's current FL-2 dated 06/07/22 revealed diagnoses included hypertension, atrial fibrillation, coronary artery disease and a history of cerebrovascular	D 367	10A NCAC 13F .1004 Medication Administration Medication aides received training on medication administration as ordered by the physician, as well as on the utilization of the new order tracking form. The new order tracking form is submitted to the Health & Wellness Director or designee to verify accuracy & implementation of all new orders. The Health & Wellness Director or designee will monitor new orders at least weekly for three weeks & monthly thereafter to verify compliance. The Health & Wellness Director or designee will monitor MARS for three weeks & monthly thereafter to verify compliance. Plan of correction completed 3/30/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 22 accident. Review of Resident #3's physician's order dated 06/07/22 revealed an order for atorvastatin 80mg give 1 tablet one time a day (used to treat high cholesterol). Review of Resident #3's January 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry for atorvastatin 80mg give 1 tablet one time a day for high cholesterol scheduled at 8:00pm. -There was documentation atorvastatin 80mg was administered at 8:00pm from 01/01/23-01/31/23. Review of Resident #3's February 2023 eMAR revealed: -There was an entry for atorvastatin 80mg give 1 tablet one time a day for high cholesterol scheduled at 8:00pm. -There was documentation atorvastatin 80mg was not administered on 02/02/23 with code "02" as refused. -There was documentation atorvastatin 80mg was not administered on 02/05/23 with code "09" as other/see nurses note. -There was documentation atorvastatin 80mg was not administered on 02/07/23, 02/08/23, 02/11/23 and 02/16/23 with code "16" as pharmacy action required. -There was documentation atorvastatin 80mg was administered at 8:00pm on 02/01/23,02/03/23, 02/04/23, 02/06/23, 02/09/23, 02/10/23, 02/12/23-02/15/23 and 02/17/23-02/27/23. Review of Resident #3's progress notes from 01/10/23 to 02/28/23 revealed there were no	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 23	D 367		

notes regarding atorvastatin 80mg administration.

Observation of Resident #3's medication on hand on 2/28/23 at 10:30am revealed there was a bubble pack dispensed on 02/17/23 for atorvastatin 80mg with 17 tablets of 28 tablets remaining in the bubble pack.

Based on observation of medications on hand and interviews with the contracted pharmacy, it could not be determined with certainty if Resident #3 received atorvastatin 80mg as ordered after 01/17/23.

Telephone interview with a representative from the facility's contracted pharmacy on 02/28/23 at 2:00pm revealed:
-Prior to 02/17/23, the facility had to request individual medications to be refilled by the pharmacy each month.
-Resident #3's atorvastatin 80mg was not requested to be refilled in January 2023 and was not dispensed.
-Resident #3's atorvastatin 80mg was last dispensed with the automatic cycle fill on 02/17/23.
-Prior to January 2023, Resident #3's atorvastatin 80mg was requested by the facility and dispensed 12/13/22 for 30 tablets for a 1-month supply.

Interview with a medication aide (MA) on 02/28/23 at 2:35pm revealed:
-She recalled Resident #3 was out of her atorvastatin in early February 2023.
-She did not routinely work second shift (3:00pm-11:00pm) when the medication was scheduled for administration.
-If she documented that pharmacy action was required for Resident #3's atorvastatin, then she must not have had atorvastatin on hand to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 24	D 367		

administer.

Telephone interview with a second MA on 03/01/23 at 2:49pm revealed:
-She worked second shift (3pm-11pm) and mostly weekends and worked on 02/05/23 and 02/11/23.
-She remembered Resident #3 had been out of her atorvastatin in February 2023, but could not remember the dates.
-If she documented that pharmacy action was required on 02/05/23, that must have been when she noticed that Resident #3 did not have her atorvastatin.

Interview with a third MA on 03/01/23 at 4:00pm revealed:
-She did not remember if Resident #3 had had been out of her atorvastatin earlier this month (February 2023) or if she refused her atorvastatin.
-She was not familiar with Resident #3 because she did not regularly work Resident #3's unit.
-If she documented "Refused" on a resident eMAR, then the resident must have refused.
-Many residents would look at their medications and pick one out and hand it back to her and say they did not want it.

Telephone interview with Resident #3's primary care provider (PCP) on 03/02/23 at 1:48pm revealed:
-He did not know that Resident #3 did not receive her atorvastatin for several days in early February 2023.
-He expected the staff to order or reorder medications he had ordered to be available for administration and document administration appropriately.

Interview with the facility's Registered Nurse on 03/01/23 at 5:20pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 25 -She expected the MAs to document on the eMAR when medication was administered and if a medication was not administered. -If Resident #3's atorvastatin was not available, the MAs should have notified her the same day so that she could ensure that the medication was ordered and delivered for administration. Interview with the Administrator on 03/01/23 at 5:55pm revealed: -She expected the MAs to notify her or the nurses that day when they did not have a medication so that the medication could be delivered and administered. -Without documentation, there was no way to know if the medication was administered or not. -She expected the MAs to pull up the resident's eMAR, cross reference the bubble pack, administer the medication, and sign off it was administered. -She expected the MAs to document what was administered or not administered every time.	D 367		
D 377	10A NCAC 13F .1006(a) Medication Storage 10A NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.	D 377	10A NCAC 13F .1006(a) Medication Storage The Health & Wellness Director or designee will audit rooms of residents weekly for two weeks and monthly thereafter to verify medication storage compliance for residents who self administer their medications. Plan of correction completed by 3/30/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DURHAM	**4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	Continued From page 26	D 377		

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure residents' medications were stored in a safe and secure manner for 1 of 1 sampled residents (#6).

The findings are:

1. Review of Resident #6's current FL-2 dated 08/04/22 revealed diagnoses included autoimmune disorder, anxiety and depression, asthma, and hypertension.

Observation of Resident #6's room on 02/28/23 at 9:15am revealed that all the resident's medications were stored in an empty wash basin located in the resident's bathroom.

Interview with Resident #6 on 03/01/23 at 3:25pm revealed:
-No one told her medications needed to be locked.
-She was concerned that it would be inconvenient to access her medication if it was locked.

Interview with a medication aide (MA) on 03/01/23 at 4:22pm revealed that she was not aware that Resident #6 had medications in her room that were not stored in a lockbox.

Interview with the facility's Registered Nurse (RN) on 03/01/23 at 5:30pm revealed:
-She was aware that Resident #6 had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032065	A. BUILDING: ______ B. WING ______	R 03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DURHAM	**4434 BEN FRANKLIN BOULEVARD** **DURHAM, NC 27704**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 377	Continued From page 27 medications in her room, but she was not aware they were not securely stored in a lockbox. -The facility had provided Resident #6 with a lockbox and keys for medication storage. -She was aware that residents with orders for self-administration of medications have to keep their medications securely stored. Interview with the Administrator on 03/01/23 at 5:50pm revealed: -She was aware that residents who self-administer their medications must keep medications stored in a lockbox or lockable container. -She was not aware Resident #6's medications were not stored securely in Resident #6's room. -She expected residents who self-administer their medications to have them stored or locked properly.	D 377		