PRINTED: 05/19/2023 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
741512741	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL081014	B. WING		05/0	4/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
	OLIMAN DV OT		ITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section conducted an 02/23 through 05/04/23.				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.					
	This Rule is not met as evidenced by: TYPE B VIOLATION					
	Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the acute health care needs of 1 of 5 sampled residents (Resident #3) related to notifying the prescriber of incorrect and missed doses of a blood thinner and ensure labs were completed as ordered.					
	The findings are:					
	pulmonary embolism arteries that occurs w vessels do not dissolv	gnoses included chronic (blockage of the pulmonary hen prior clots in these				
	(NP) order dated 03/2 -There was an order to treat and prevent bloo -There was an order to every Monday, Wedn and Sunday.	to hold warfarin (used to od clots) today (03/28/23). to start warfarin 1mg 1 tablet esday, Friday, Saturday, to start warfarin 2.5mg 1				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		LETED
		HAL081014	B. WING	B. WING		04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BBOOKD	ALE CODEST CITY	493 PINEY	RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST (CITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
	-There was an order to Test (PT)/International test used to evaluate Review of Resident #	to repeat Prothrombin Time al Normalized Ratio (INR) (a blood clotting) on 04/04/23. 3's PT/INR results dated				
	04/04/23 revealed: -The PT was 22.5The INR was 2.27.					
	Review of Resident #3's NP order dated 04/10/23 revealed: -There was an order to continue the current warfarin ordersThere was an order to repeat PT/INR on 04/18/23 and then every 2 weeks.					
	Review of Resident #3's PT/INR dated 04/19/23 revealed: -The PT was 9.7The INR was 0.94 and was flagged "LOW" with a reference range 1.0-1.2.					
		onal Institute of Health, the seutic INR range is 2.0-3.0 to od clots.				
	Monday, Wednesday -There was an entry f Monday, Wednesday at 6:00pmThere was an entry f on Tuesday and Thur -There was an entry f	for warfarin 1mg 1 tablet on , Friday, Sunday at 5:00pm. for warfarin 1mg 1 tablet on , Friday, Saturday, Sunday for warfarin 2.5mg 1 tablet sday scheduled at 5:00pm. for warfarin 2.5mg 1 tablet y, Saturday scheduled at				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL081014	B. WING		0	5/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE FOREST CITY		EY RIDGE ROAD CCITY, NC 28043			
(VA) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 2	D 273			
	administered, but wa documented as administered as administered as administered for 14 occopportunities.	inistered. in 1mg should have been rfarin 2.5mg was inistered. in 1mg should have been rfarin 2.5mg was inistered. in under the commented as administered courrences out of 30				
	Observation of Resident #3's medications on hand on 05/03/23 at 11:45am revealed: -There was one bubble pack of warfarin 2.5mg tablets with label directions to administer 1 tablet every Tuesday, Thursday, and Saturday with 2 tablets remaining of quantity of 12 tablets dispensed on 03/26/23.					
	tablets with label dire every Tuesday and T remaining of quantity 04/24/23There was one bubb tablets with label dire every Monday, Wedr	ole pack of warfarin 2.5mg ections to administer 1 tablet thursday with 8 tablets of 8 tablets dispensed on ole pack of warfarin 1mg ections to administer 1 tablet nesday, Friday, Saturday, ets remaining of quantity 20 04/24/23.				
	pharmacy representative revealed: -They received a wardated 03/28/23 for 2. Thursdays and 1mg lifting Fridays, Saturdays at -They received a war	Mondays, Wednesday,				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		
		HAL081014	B. WING		0.5	5/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DDOOKD	ALE FORFOT OITY	493 PIN	EY RIDGE ROAD			
BROOKD	ALE FOREST CITY	FORES1	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	04/10/23The pharmacy dispersion warfarin 2.5mg and 1 on 04/24/23. Review of Resident # 04/14/23 revealed: -The nature of the incomposed medicationThe date of the incidence of the incomposed medicationThe Health and Well notified of the missed 6:00pmResident #3's NP was medication on 04/17/ Interview with the Re (RCC) on 05/04/23 are -Resident #3's warfar from 04/04/23 to 04/1 staff entered the warf 04/04/23 when the Prowhen Resident #3's 04/04/23, it disappeare MAR. Review of an email or Resident #3's NP and 04/21/23 revealed: -At 8:52am, the NP sindicating Resident # "way off." -The NP wanted to king the resident # "way off."	ensed a 30-day supply of mg tablets for Resident #3 #3's incident report dated cident was documented as lent was 04/10/23-04/14/23. Incess Director (HWD was I medication on 04/14/23 at leas notified the missed 23 at 10:00am by the HWD. sident Care Coordinator at 8:05am revealed: Fin was not administered 14/23, because one of their farin orders to stop on T/INR was to be completed. warfarin order stopped on red from Resident #3's communication between the HWD and dated lent an email to the HWD 3's PT/INR (04/19/23) was now how many doses of had missed and the days	D 273			
	asking the HWD if sh (04/21/23). -At 9:01pm, the HWD	ent a second message e was off work for "today" responded indicating the ninistered to Resident #3 for				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL081014	B. WING		0.4	5/04/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	1 00	70-7/2023
TVAIVIL OF T	NOVIDEN ON OUT LIEN		Y RIDGE ROAD	, ZII GODE		
BROOKD	ALE FOREST CITY		CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 4	D 273			
	5 days.					
	05/04/23 at 8:40am re-The warfarin was ord the resident's history deep vein thrombosis usually in the legs). -A therapeutic INR level between 2 and 3. -The HWD had notified missed doses of warfoul odses of warfarin from the staff did not notified doses of warfarin from the facility did not had resident #3 after 04/missed doses. -The facility staff should immediately when the order for Resident #3. -Resident #3 was at a developing blood clot warfarin or received in the received in the staff should be r	dered for Resident #3 due to of pulmonary embolism and a (a blood clot in a deep vein, well for Resident #3 was ad her on 04/17/23 about 5 darin from 04/10/23 to of the form				
		until she could speak with				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL081014	B. WING		05/04/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/0 1/2020
BROOKDA	ALE FOREST CITY		Y RIDGE ROAD		
BROOKE	TEL I ORLOT OTT	FOREST	CITY, NC 28043	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page	5	D 273		
	medications and she from 04/10/23 on 04/1 with the NP on 04/17/2-She realized later sh NP on 04/10/23 and a PT/INR, so the NP we warfarin to safely rest -She realized later sh to clarify the order wrispecific strength and administration. Interview with the Adr 4:00pm revealed: -The RCC and HWD NP about resident he	#3 was very sensitive to chose to restart the orders 15/23 until she could speak 23. e should have contacted the asked for an order for a stat ould know the amount of			
	(NP) order dated 01/2 order to repeat Prothi (PT)/International Noi used to evaluate bloo (01/30/23). Review of Resident #	malized Ratio (INR) (a test			
		3's NP order dated 02/14/23 n order to repeat PT/INR in			
		3's NP order dated 03/27/23 n order for a stat (without			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION (X3			
			74. 201231140			
		HAL081014	B. WING	·····	05	5/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
		493 PINE	Y RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 6	D 273			
	Review of Resident #	3's NP order dated 03/28/23 n order to repeat PT/INR on				
	Review of Resident #3's NP order dated 04/10/23 revealed there was an order to repeat PT/INR on 04/18/23 and then every 2 weeks (05/02/23). Review of Resident #3's record revealed: -There was no PT/INR completed on 02/14/23There was a PT/INR completed on 03/07/23; the PT result was 21.8; the INR result was 2.2There was a PT/INR completed on 03/28/23; the					
	PT was 32; the INR was -There was a PT/INR PT was 22.5; the INR	completed on 04/04/23; the				
		completed on 04/18/23; the				
	-There was a PT/INR PT was 16.7; the INR	completed on 05/02/23; the was 1.66.				
	(HWD) on 05/02/23 a -A home health nurse labs for Resident #3 t	was completing PT/INR until 02/01/23 when they				
	to receive home health	dent #3's PT/INR labs were				
	with an outside contra	ed by the Nurse Practitioner acted laboratory. for 02/14/23 "did not occur."				
	-The facility did not ta outside lab to get the	ke Resident #3 to an PT/INR completed.				
		y the facility did not take o obtain the PT/INR on				
	NP the contracted lab					
	-The facility did not re	ceive results of labs that				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL081014	B. WING		0:	5/04/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
BROOKE	ALE FOREST CITY	493 PINI	EY RIDGE ROAD				
BROOKL	ALE FOREST CITT	FORES1	CITY, NC 28043				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 273	were completed thro unless they called ar Interview with the Ad 4:00pm revealed: -The Resident Care were responsible to completed as ordere -When the NP ordere receive a copy of the the contracted labThe RCC and NP w with the contracted lab resultsWhen the home heat ended for Resident # to get them onto the PT/INR and warfarin -Both the RCC and the pending on 02/01/2 -Resident #3 was no PT/INR follow-up under the NP at anytime message application needed PT/INRThe NP was at the female of RCC and NP could be the NP would let the NP would let the obtain the lab somewhospital.	ugh the contracted lab and requested the results. ministrator on 05/02/23 at Coordinator (RCC) and HWD ensure the labs were d. ed a lab, the facility would a lab order that was sent to ere responsible to follow-up ab to obtain a copy of the lab alth agency recertification at the HWD were made aware to he HWD were made aware to he health agency involvement abs for Resident #3 would 23. It added to the NP's list for till 03/07/23. It could have sent a message through the electronic to notify the NP about the lacelity every Monday, so the lave communicated Resident in those visits. In order to the contracted lab ab was unable to get to the lab work in a timely manner, RCC and HWD know to where else like at the	D 273				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
ANDILAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING: _		OOW!! EE	-120
		HAL081014	B. WING		05/0	4/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
			ITY, NC 28043		1	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page 8		D 273			
	be completed on 02/1 until 03/06/23. -She was not made a agency had discharge	ware the PT/INR ordered to 14/23 was not completed ware the home health ed Resident #3 on 02/01/23 the PT/INR lab work until				
	The facility's failure to notify Resident #3's Nurse Practitioner of incorrect and missed doses of warfarin and a failure to obtain PT/INR as ordered on 02/14/23 increased the resident's risk of developing a blood clot or risk of bleeding due to not maintaining a therapeutic warfarin level. This failure was detrimental to the health, safety, and welfare of Resident #3 and constitutes a Type B Violation.					
	The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/04/23 for this violation.					
		DATE FOR THE TYPE B NOT EXCEED JUNE 17,				
D 358	10A NCAC 13F .1004 Administration	l(a) Medication	D 358			
	(a) An adult care hor preparation and admi prescription and non-by staff are in accordance(1) orders by a licens which are maintained	Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner I in the resident's record; and on and the facility's policies				

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STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUF	
			A. BUILDING: _			
		HAL081014	B. WING		05/04/	/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
			ITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Continued From page	9	D 358			
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	reviews, the facility fa medications as presc residents (#1 and #3) missed doses of an a used to treat and prev	ns, interviews, and record iled to administer ribed for 2 of 5 sampled related to incorrect and inticoagulant medication yent blood clots (#3) and a eat high blood pressure (#1).				
	The findings are:					
	1. Review of Resident #3's current FL2 dated 11/21/22 revealed diagnoses included chronic pulmonary embolism (blockage of the pulmonary arteries that occurs when prior clots in these vessels do not dissolve over time despite treatment), hypertension, and chronic pain.					
	revealed: -There was an order tablet every Tuesday, -There was an order tablet every Monday, Sunday.	3's NP order dated 01/24/23 for warfarin 2.5mg take 1 Thursday, and Saturday. for warfarin 1mg take 1 Wednesday, Friday, and to repeat PT/INR in 3 weeks				
	revealed: -There was an order to orders.	3's NP order dated 02/14/23 to continue current warfarin to repeat PT/INR in 3 weeks				
	Review of Resident # revealed: -There was an order to	3's NP order dated 03/28/23				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL081014	B. WING		05/04/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BROOKDALE FOREST CITY		RIDGE ROAD			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
every Monday, Wediand SundayThere was an order tablet every TuesdayThere was an order 04/04/23. Review of Resident revealed: -There was an order 04/18/23 and then every ever	to start warfarin 1mg 1 tablet nesday, Friday, Saturday, to start warfarin 2.5mg 1 and Thursday. to repeat PT/INR on #3's NP order dated 04/10/23 to continue the current to repeat PT/INR on yery 2 weeks. #3's PT/INR dated 04/19/23 and was flagged "LOW" with a 1.2. ional Institutes of Health, the peutic INR range is 2.0-3.0 to	D 358	DEFICIENCI		

Division of Health Service Regulation

documented as not administered.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _	A. BUILDING:		LLILD
		HAL081014	B. WING		05/	04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY	493 PINE	Y RIDGE ROAD			
BROOKS	ALL TORLOT OTT	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	-On 04/15/23, warfari administered, but war documented as admin-On 04/22/23, warfari administered, but war documented as admin-On 04/29/23, warfari administered, but war documented as admin-The warfarin was do as ordered for 14 occopportunities. Observation of Residhand on 05/03/23 at There was one bubb tablets with label direvery Tuesday, Thurstablets remaining of dispensed on 03/26/2-There was one bubb tablets with label direvery Tuesday and Tremaining of quantity 04/24/23. There was one bubb tablets with label direvery Tuesday and Tremaining of quantity 04/24/23. There was one bubb tablets with label direvery Monday, Wedn Sunday with 19 tablets	n 1mg should have been farin 2.5mg was nistered. n 1mg should have been farin 2.5mg was nistered. n 1mg should have been farin 2.5mg was nistered. cumented as administered urrences out of 30 ent #3's medications on 11:45am revealed: le pack of warfarin 2.5mg ctions to administer 1 tablet sday, and Saturday with 2 juantity of 12 tablets 13. le pack of warfarin 2.5mg ctions to administer 1 tablet hursday with 8 tablets of 8 tablets dispensed on le pack of warfarin 1mg ctions to administer 1 tablet esday, Friday, Saturday, its remaining of quantity 20	D 358			
	pharmacy representa revealed: -They received a ward dated 03/28/23 for 2.5 Thursdays and 1mg N Fridays, Saturdays ar	vith the facility's contracted tive on 05/03/23 at 4:09pm farin order for Resident #3 5mg Tuesday and Mondays, Wednesday,				

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			1			
			D. WILLO			
		HAL081014	B. WING		05/04	4/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	TOVIDER OR OUT FIELD					
BROOKDA	ALE FOREST CITY		RIDGE ROAD			
		FOREST	CITY, NC 28043	3		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				22.10.2.10.7		
D 358	Continued From page	e 12	D 358			
	. •					
	04/10/23.					
		nsed a 30-day supply of				
	warfarin 2.5mg and 1	mg tablets for Resident #3				
	on 04/24/23.					
	Interview with the Res	sident Care Coordinator				
	(RCC) on 05/04/23 at	: 8:05am revealed:				
	-She and the medication aides (MA), the Special Care Coordinator (SCC), and the Health and Wellness Director (HWD) all received medication orders and were responsible for processing those					
	orders.					
	-When one of them re	eceived a medication order				
	they were responsible	e for faxing the order to the				
		ntering the medication order				
	into the eMAR systen					
		entered medication orders				
	into the eMARs.					
		ot verify medication orders				
	their staff entered into	•				
	-The warfarin was not					
	04/04/23 to 04/14/23.	because one of their staff				
		orders to stop on 04/04/23				
	when the PT/INR was	•				
		warfarin order stopped on				
		red from Resident #3's				
	eMAR.					
	Review of Resident #	3's incident report dated				
	04/14/23 revealed:					
	• — •	ed of the missed medication				
	on 04/14/23 at 6:00pr					
	•	Practitioner (NP) was				
		medication on 04/17/23 at				
	10:00am by the HWD					
	10.00aili by tile HWD					
	Tolonhone interviews	with Posidont #3's ND on				
		with Resident #3's NP on				
	05/04/23 at 8:40am re					
		dered for Resident #3 as a				
	blood thinner due to t	he resident's history of				

Division of Health Service Regulation

STATE FORM 6899 6SNK11 If continuation sheet 13 of 23

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	יבובט
		HAL081014	B. WING		05/0	04/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		493 PINEY	RIDGE ROAD			
BROOKD	ALE FOREST CITY		ITY, NC 28043	3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
D 358	Continued From page	e 13	D 358			
	nulmonon, omboliom	(when one or more arteries				
	pulmonary embolism (when one or more arteries in the lungs become blocked by a blood clot) and deep vein thrombosis (a blood clot in a deep vein, usually in the legs). -The staff did not notify her about the missed doses of warfarin from 04/04/23 to 04/09/23. -The facility did not have a warfarin order for Resident #3 after 04/04/23 which led to the missed doses. -Resident #3 was at an increased risk of developing blood clots when she missed doses of warfarin or received incorrect doses of warfarin. -Resident #3 was at an increased risk of bleeding					
	when she received in	correct doses of warfarin.				
		/D on 05/04/23 at 9:30am				
	revealed:	NAA 04/44/00				
		e by a MA on 04/14/23, receiving daily doses of				
	warfarin.					
	-She did not notify Re	sident #3's NP until Shad missed warfarin from				
	04/17/23 Resident #3					
		VD continued the previous				
		04/10/23 and added it to				
		until she could speak with				
	the NP on 04/17/23.	,				
	Intonvious with the Ada	ministrator on 05/04/22 at				
	9:10am revealed:	ministrator on 05/04/23 at				
	• · · • • · · · · · · · · · · · · · · ·	e warfarin order was not on				
	Resident #3's eMAR					
	contacting the NP to I	•				
	•	ts were performed weekly on				
	third shift on all reside					
		auditing the medication				
	carts should have rea	alized there was warfarin in				
	the cart for Resident	#3 and there was no order				
	on the eMAR and sho					
	information to the RC	C and HWD.				

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STATE FORM 6899 6SNK11 If continuation sheet 14 of 23

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
			B. WING			
		HAL081014	B. WING		05	5/04/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD	•		
	CLIMMADY CT		OITY, NC 28043		ODDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	: 14	D 358			
	08/22/22 revealed: -Diagnoses included l -There was an order f	or amlodipine/benazepril high blood pressure) take 1				
	03/27/23 revealed: -There was an order tamlodipine/benazepri -There was an order to benazepril/hydrochlor	l 5-10mg. for othiazide 10-12.5mg (used				
	to treat high blood pressure) take 1 tablet daily. Interview with Resident #1 during the initial tour of the facility on 05/02/23 at 9:50am revealed she had high blood pressure that she took medication for and recently noticed she started wheezing and was short of breath at times.					
	on both lower legs an the ankles and both fe	colored support stockings d had noticeable swelling in eet. upon exhalation were heard				
	medication administrative revealed: -There was an entry for 5-10mg take 1 capsules Amlodipine/benazer as administered daily 03/28/23There was an entry for revealed:	or amlodipine/benazepril e by mouth daily. oril 5-10mg was documented from 03/01/23 through				

Division of Health Service Regulation

STATE FORM 6899 6SNK11 If continuation sheet 15 of 23

D 358 Continued From page 15 tablet daily Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered on 03/30/23 and 03/31/23 There was no documentation amlodipine/benazepril 5-10mg or benazepril/hydrochlorothiazide 10-12.5mg was administered on 03/29/23. Review of Resident #1's April 2023 eMAR revealed: - There was an entry for benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: - There was an entry for benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: - There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily on 05/01/23 and 05/02/23. Observation of Resident #1's medications on		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY (V4) ID PREFIX TAG CONTINUED FOREST CITY SUMMARY STATEMENT OF DEFICIENCIES TAG CONTINUED FREERIX TAG CON			HAI 081014	B. WING		0.	5/04/2023
A93 PINEY RIDGE ROAD FOREST CITY A93 PINEY RIDGE ROAD FOREST CITY, NC 28043						0	5/04/2023
Summary Statement of Deficiencies Deficiency PROPERTY No. 28043	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DeFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 D 358 Continued From page 15 tablet daily. Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered on 03/30/23 and 03/31/23. There was no documentation amlodipine/benazepril 5-10mg or benazepril/hydrochlorothiazide 10-12.5mg was administered on 03/29/23. Review of Resident #1's April 2023 eMAR revealed: There was an entry for benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: There was an entry for benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily. Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily on 05/01/23 and 05/02/23. Observation of Resident #1's medications on	BROOKD	ALE FOREST CITY					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 15 tablet daily Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered on 03/30/23 and 03/31/23There was no documentation amlodipine/benazepril/bydrochlorothiazide 10-12.5mg was administered on 03/29/23. Review of Resident #1's April 2023 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily on 05/01/23 and 05/02/23. Observation of Resident #1's medications on		T	FOREST	CITY, NC 28043			
tablet daily. - Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered on 03/30/23 and 03/31/23. - There was no documentation amlodipine/benazepril 5-10mg or benazepril/hydrochlorothiazide 10-12.5mg was administered on 03/29/23. Review of Resident #1's April 2023 eMAR revealed: - There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily. - Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily from 04/01/23 through 04/30/23. Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: - There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily. - Benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily. - Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered daily on 05/01/23 and 05/02/23. Observation of Resident #1's medications on	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE
hand on 05/03/23 at 11:05am revealed: -There was a medication bubble pack labeled amlodipine/benazepril 5-10mg take 1 capsule by mouth daily with 6 capsules remaining. - Benazepril/hydrochlorothiazide 10-12.5mg was not available for administration. Interview with the medication aide (MA)/Resident Care Coordinator (RCC) on 05/03/23 at 11:20am revealed: -She thought Resident #1's	D 358	tablet daily Benazepril/hydrochlodocumented as admir 03/31/23There was no docum amlodipine/benazepril benazepril/hydrochlor administered on 03/29. Review of Resident # revealed: -There was an entry for benazepril/hydrochlor tablet daily with 6 cap amlodipine/benazepri mouth daily with 6 cap - Benazepril/hydrochlor tavailable for adminuterview with the medical care Coordinator (RO revealed:	orothiazide 10-12.5mg was nistered on 03/30/23 and nentation I 5-10mg or othiazide 10-12.5mg was 9/23. 1's April 2023 eMAR or othiazide 10-12.5mg take 1 orothiazide 10-12.5mg was nistered daily from 04/01/23 1's 05/01/23 and 05/02/23 or othiazide 10-12.5mg take 1 orothiazide 10-12.5mg was nistered daily on 05/01/23 ent #1's medications on I1:05am revealed: tion bubble pack labeled I 5-10mg take 1 capsule by psules remaining. orothiazide 10-12.5mg was nistration. dication aide (MA)/Resident CC) on 05/03/23 at 11:20am	D 358			

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BOILDING.			
		HAL081014	B. WING		05/04	4/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD			
		FOREST C	ITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	or dosage when she a amlodipine/benazepri because she thought 5-10mg was the same benazepril/hydrochlor because both medica name. -The third shift MA su for weekly medication -She and the MA supfor removing disconting medication cart and nordered were available requesting the medica contracted pharmacy. Telephone interview with pharmacy on 05/03/2-Resident #1's amlodicated is dispensed on 03/capsules and was dispensed on 03/capsules and was dispensed on 10-12.5mg was dispensed the quantity of 15 tables -Resident #1's benaze would have been ava 03/30/23 through 04/2 as ordered. -The facility was respensed on 10-12.5mg and the prefill request. Telephone interview with care provider (PCP) or revealed:	ration. Intion to the medication name administered the I 5-10mg to Resident #1 the amlodipine/benazepril e medication as rothiazide 10-12.5mg tions had "benazepril" in the pervisors were responsible a cart audits. ervisors were responsible much making sure medications from the making sure medications for administration by ation refill from the facility's evith the facility's contracted 3 at 11:47am revealed: ipine/benazepril 5-10mg was 106/23 in the quantity of 28 continued on 03/29/23. epril/hydrochlorothiazide insed once on 03/29/23 in lets. epril/hydrochlorothiazide illable to administer from 13/23 if it was administered consible for requesting a refill azepril/hydrochlorothiazide marmacy did not receive a with Resident #1's primary on 05/03/23 at 12:09pm	D 358	DELIGIENCI)		
	 She discontinued Re amlodipine/benazepri 					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL081014	B. WING		05/04/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DDOOKD	ALE FOREST CITY	493 PINE	Y RIDGE ROAD		
BROOKDA	ALE FOREST CITY	FOREST	CITY, NC 28043	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 17	D 358		
	because she thought Resident #1's legs, ar -She ordered Resider benazepril/hydrochlor 03/27/23 to treat Resipressure to see if chamedication would stor-Resident #1 being ac amlodipine/benazepril/hycontinued swelling in and may be responsil noises with Resident excess swellingShe expected the fact Resident #1's medical Interview with the Adr 9:10am revealed:	it caused swelling in nakles, and feet. In the swelling on ident #1's high blood anging the blood pressure on the swelling. It is stated to be for the high-pitched #1's breathing due to collity staff to administer.			
	any changes to a med				
	any changes to a medication including dosage, discontinuation, or new order were completed. -The medication order tracking form documentation began with the MA and then was checked by the RCC, and final check was completed by the Health and Wellness Director.				
	completed for Reside amlodipine/benazepri or an order to begin b 10-12.5mg.	I 5-10mg to be discontinued enazepril/hydrochloride			
	tracking form was not -She did not know Re benazepril/hydrochlor available for administ	esident #1's ride medication was not ration or that staff odipine/benazepril 5-10mg			

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PRINTED: 05/19/2023 FORM APPROVED

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR COMPLETE	
		HAL081014	B. WING		05/04/2	2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		Y RIDGE ROAD CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	04/27/23 and she did done. -The night shift MA suremoved the discontinue 5-10mg for Resident audit. -The MAs were responsed in the medication refills from medication was unaverable expected the fact resident's medication resident received the dosage. The facility's failure to administered as order resulting in a sub-the due to missed and incresident's anticoagular Resident #3, who had the lung, at increased developing additional #1 who continued to light and the lung at increased developing additional #1 who continued to light and the lung at increased developing additional #1 who continued to light and the lung at increased developing additional #1 who continued to light and the lung at increased developing additional #1 who continued to light and the lung at increased developing additional #1 who continued to light and the lung at increase developing additional #1 who continued to light and the lung at large factor where the larg	ts were completed on 4/13/23, 04/20/23. audit was not completed on not know why it was not upervisors should have nued amlodipine/benazepril #1 with the 03/30/23 cart onsible for requesting in the pharmacy when the ailable for administration. Colity staff to administer is as ordered including the correct medication and one ensure medications were red for Resident #3, rapeutic blood clotting level correct doses of the ant medication placing did a history of a blood clot in	D 358	DEFICIENCY)		
	causing continued sw ankles and feet and p failure was detrimenta	relling of the lower legs, possible wheezing. This all to the health and safety of a stitutes a Type B Violation.				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 05/03/23 for				
		DATE FOR THE TYPE B NOT EXCEED JUNE 17,				

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DIVISION	n Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		HAL081014	B. WING		05/0	4/2023
NAME OF DE	ROVIDER OR SUPPLIER	STREET AND	DRESS, CITY, STA	TE ZID CODE		
TVAINE OF T	TOVIDER OR OUT FEET		RIDGE ROAD			
BROOKDA	ALE FOREST CITY		SITY, NC 28043			
	OLUMBA DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
D 367	Continued From page	e 19	D 367			
D 367	10A NCAC 13F .1004	l(j) Medication	D 367			
	Administration	3 ,				
		Medication Administration				
		dication administration				
	` ,	e 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;	ge or quantity of medication				
		ministering the medication				
	or treatment;	minotering the medication				
	,	tion for the administration of				
		nents as needed (PRN) and				
		ılting effect on the resident;				
	(6) date and time of a	dministration;				
	(7) documentation of	any omission of				
	medications or treatm	nents and the reason for the				
	omission, including re					
	` '	the person administering				
		atment. If initials are used, a				
	•	to those initials is to be				
		ntained with the medication				
	administration record	(WAR).				
	This Rule is not met	as evidenced by:				
		ns, interviews, and record				
		iled to ensure electronic				
		ation records (eMARs) were				
	complete and accurat					
		1) related to a medication				
	used to treat high bloo	od pressure.				
	The findings are:					
	Review of Resident #	1's current El 2 datad				
	08/22/22 revealed:	1 S current FLZ dated				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL081014	B. WING		05	5/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	-	
BBOOKB	ALE CODEST CITY	493 PINE	Y RIDGE ROAD			
BROOKD	ALE FOREST CITY	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 367	Continued From page	2 20	D 367			
	5-10mg (used to treat	for amlodipine/benazepril t high blood pressure) take 1				
	capsule by mouth daily. Review of Resident #1's physician's orders dated 03/27/23 revealed: -There was an order to discontinue amlodipine/benazepril 5-10mgThere was an order for benazepril/hydrochlorothiazide 10-12.5mg (used					
	to treat high blood pressure) take 1 tablet daily.					
	Review of Resident #1's March 2023 electronic medication administration record (eMAR) revealed:					
		or amlodipine/benazepril				
	5-10mg take 1 capsul					
		oril 5-10mg was documented from 03/01/23 through				
	03/28/23.					
	-There was an entry f benazepril/hydrochlor	or othiazide 10-12.5mg take 1				
	tablet daily.	arathiazida 10 10 Emayuaa				
	- Benazepril/hydrochlorothiazide 10-12.5mg was documented as administered on 03/30/23 and 03/31/23.					
	-There was no docum					
	amlodipine/benazepri	•				
	administered on 03/2	rothiazide 10-12.5mg was 9/23.				
	Review of Resident #	1's April 2023 eMAR				
	-There was an entry f	or				
	1	rothiazide 10-12.5mg take 1				
	- Benazepril/hydrochl	orothiazide 10-12.5mg was nistered daily from 04/01/23				

Division of Health Service Regulation

STATE FORM 6899 6SNK11 If continuation sheet 21 of 23

AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 21 D 367 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 21 D 367 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.							
BROOKDALE FOREST CITY 493 PINEY RIDGE ROAD FOREST CITY, NC 28043 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 21 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.			HAL081014	B. WING		05/	04/2023
CAJ ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
Cach DEFICIENCY DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION DEFICIENCY DATE D			493 PINE	RIDGE ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 21 D 367 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.	BROOKDA	ALE FOREST CITY	FOREST (CITY, NC 28043	3		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 21 D 367 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE	RECTION	(X5)
D 367 Continued From page 21 D 367 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.		(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION S	HOULD BE	COMPLETE
D 367 Continued From page 21 D 367 Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		PPROPRIATE	DATE
Review of Resident #1's 05/01/23 and 05/02/23 eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.					DEFIGIENCY)		
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eMAR revealed: -There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.		Pavious of Posidont #	11's 05/01/23 and 05/02/23				
-There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.			11 S 05/01/25 and 05/02/25				
benazepril/hydrochlorothiazide 10-12.5mg take 1 tablet daily.		-There was an entry for benazepril/hydrochlorothiazide 10-12.5mg take 1					
tablet daily.							
Total Sprint y and strain and str		1	lorothiazide 10-12.5mg was				
documented as administered daily on 05/01/23	documented as administered daily on 05/01/23						
and 05/02/23.			,,				
	Observation of Resident #1's medications on						
Observation of Resident #1's medications on							
hand on 05/03/23 at 11:05am revealed:		hand on 05/03/23 at 11:05am revealed:					
-There was a medication bubble pack labeled		-There was a medica	tion bubble pack labeled				
amlodipine/benazepril 5-10mg take 1 capsule by		amlodipine/benazepr	il 5-10mg take 1 capsule by				
mouth daily with 6 capsules remaining.		mouth daily with 6 ca	psules remaining.				
- Benazepril/hydrochlorothiazide 10-12.5mg was		- Benazepril/hydrochl	lorothiazide 10-12.5mg was				
not available for administration.		not available for adm	inistration.				
Interview with the medication aide (MA)/Resident		Interview with the me	dication aide (MA)/Resident				
Care Coordinator (RCC) on 05/03/23 at 11:20am			, ,				
revealed:		· ·	,				
-She thought Resident #1's		-She thought Resider	nt #1's				
benazepril/hydrochlorothiazide 10-12.5mg was							
available for administration.		available for administ	ration.				
-She did not pay attention to the medication name		-She did not pay atte	ntion to the medication name				
or dosage when she administered the		or dosage when she	administered the				
amlodipine/benazepril 5-10mg to Resident #1			•				
because she thought the amlodipine/benazepril			•				
5-10mg was the same medication as							
benazepril/hydrochlorothiazide 10-12.5mg							
because both medications had "benazepril" in the	ľ		ations had "benazepril" in the				
name.							
-She was responsible for administering the							
correct medications ordered and signing the	ĺ						
eMAR the medications as administered or not administered if the medication was unavailable.							
auministered ii the medication was unavallable.		auministered if the m	edication was unavallable.				
Telephone interview with the facility's contracted	l	Telenhone interviews	with the facility's contracted				
pharmacy on 05/03/23 at 11:47am revealed:	ĺ						
-The facility was responsible for adding or	ĺ						

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
		HAL081014	B. WING		05/0	4/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE FOREST CITY		RIDGE ROAD ITY, NC 28043	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 367	last dispensed on 03/capsules and was dis-Resident #1's benazed 10-12.5mg was dispethe quantity of 15 table-Resident #1's benazewould have been ava 03/30/23 through 04/2 as ordered. Interview with the Adr 9:10am revealed: -She did not know whathe eMAR administeribenazepril/hydrochlor 05/02/23 when the medication cart audit 03/30/23, 04/06/23, 0 included checking the -The medication cart completed on 04/27/2 it was not doneShe expected the factoresident's medications	entries on the eMAR. ipine/benazepril 5-10mg was 06/23 in the quantity of 28 continued on 03/29/23. epril/hydrochlorothiazide nsed once on 03/29/23 in ets. epril/hydrochlorothiazide illable to administer from 13/23 if it was administered ministrator on 05/04/23 at y the MAs documented on ing Resident #1's ride from 04/13/23 through edication was unavailable. is were completed on 4/13/23, 04/20/23 and e eMARs for accuracy. and eMAR audit was not is and she did not know why cility staff to administer is as ordered and document dications as administered or	D 367			

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