

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 7870 CHAPEL HILL ROAD CARY, NC 27513		
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on April 12 and 13, 2023.	D 000	The following is the Plan of Correction for Brookdale Cary regarding the Statement of Deficiencies dated 4/13/2023 The HWD and/or another designee will audit associates records to verify policy training compliance. To assist with ongoing compliance, the HWD/ED or designee will monitor this process by auditing 10 staff records weekly for the first month and bi-weekly for the next month. HWD or designee will verify all direct care staff have a completed LHPS Validation. HWD/ED or designee will verify all Med Tech's, who administer medication have completed Clinical Skill Competency.	
D 156	10A NCAC 13F .0503 Medication Administration Competency 10A NCAC 13F .0503 Medication Administration Competency (a) The competency evaluation for medication administration required in Rule .0403 of this Subchapter shall consist of a written examination and a clinical skills evaluation to determine competency in the following areas: (1) medical abbreviations and terminology; (2) transcription of medication orders; (3) obtaining and documenting vital signs; (4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications; (5) infection control procedures; (6) documentation of medication administration; (7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions; (8) medication storage and disposition; (9) regulations pertaining to medication administration in adult care facilities; and (10) the facility's medication administration policy and procedures (b) An individual shall score at least 90% on the written examination which shall be a standardized examination established by the Department. (c) Verification of an individual's completion of the written examination and results can be obtained at no charge on the North Carolina Adult	D 156		7/1/2023

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

Awona Hughes

TITLE

Executive Director

(X6) DATE


5/22/2023

STATE FORM

6899

Y0GR11

If continuation sheet 1 of 21

Reviewed and acknowledged - 8 June 2023 

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D 156	<p>Continued From page 1</p> <p>Care Medication Aide Testing website at https://mats.ncdhhs.gov/test-result.</p> <p>(d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a licensed pharmacist who has a current unencumbered license in North Carolina. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication administration task or skill that will be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter.</p> <p>(e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. The form requires the following:</p> <ol style="list-style-type: none"> (1) name of the staff and adult care home; (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials or signature; (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and (4) staff and instructor signatures and date after completion of tasks. <p>Copies of this form and instructions for its use may be obtained at no cost on the Adult Care Licensure website, https://info.ncdhhs.gov/dhsr/acls/pdf/medchklist.pdf. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.</p>	D 156		

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D 156	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff who administered medications had completed a Medication Clinical Skills Competency Validation (Staff A, Staff C).</p> <p>The findings are:</p> <p>1. Review of Staff A's, personal care aide (PCA)/medication aide (MA) personnel record revealed: -Staff A was hired on 06/27/22. -Staff A completed the 15-hour medication administration training course on 09/15/22. -There was verification Staff A passed the Medication Aide exam on 03/14/23. -There was no documentation Staff A completed the Medication Clinical Skills Competency Validation.</p> <p>Observation of the 9:00am medication administration pass on 04/12/23 revealed Staff A administered medications to 2 residents.</p> <p>Review of a Resident's electronic Medication Administration Record (eMAR) for February 2023, March 2023, and April 2023 revealed: -Staff A documented the administration of medications 11 days in February 2023. -Staff A documented the administration of medications 10 days in March 2023. -Staff A documented the administration of</p>	D 156		

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D 156	<p>Continued From page 3</p> <p>medications 5 days in April 2023.</p> <p>Interview with Staff A on 04/13/23 at 3:55pm revealed: -He administered medications independently and documented the administration. -His Medication Clinical Skills Competency Validation was completed by the previous Health and Wellness Director (HWD) for the facility, but he could not remember the date.</p> <p>Interview with the Administrator on 04/13/23 at 2:57pm revealed: -She was unable to locate the Medication Clinical Skills Competency for Staff A. -Staff A had recently taken the Medication Aide (MA) exam and had been administering medications to residents independently. -She thought the Medication Clinical Skills Competency Validation was completed by the previous Health and Wellness Director (HWD) for Staff A. -The HWD was responsible for ensuring all staff were checked off for competency requirements and validating completion of requirements including competency validations but she had recently left employment.</p> <p>2. Review of Staff C's, medication aide (MA) personnel record revealed: -Staff C was hired on 02/06/20. -Staff C completed the 15-hour medication administration training course on 01/12/22. -Staff C passed the written MA exam on 04/16/22. -There was no documentation Staff C completed the Medication Clinical Skills Competency Validation.</p> <p>Review of a Resident's electronic Medication Administration Record (eMAR) for February 2023,</p>	D 156		

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D 156	<p>Continued From page 4</p> <p>March 2023, and April 2023 revealed: -Staff C documented the administration of medications 1 day in February 2023. -Staff C documented the administration of medications 9 days in March 2023. -Staff C documented the administration of medications 1 days in April 2023.</p> <p>Interview with Staff C on 04/13/23 at 3:09pm revealed: -She administered medications to residents independently. -She had the Medication Clinical Skills Competency Validation completed by a nurse that is no longer employed by the facility during her 8 days of on the job training after taking the Medication Aide training class, but she did not know the date.</p> <p>Interview with the Administrator on 04/13/23 at 2:57pm revealed: -She was unable to locate the Medication Clinical Skills Competency for Staff C. -Staff C had been administering medications to residents independently. -She thought the Medication Clinical Skills Competency Validation was completed by the previous Health and Wellness Director (HWD) for Staff C. -The HWD was responsible for ensuring all staff were checked off for competency requirements and validating completion of requirements including competency validations.</p>	D 156	X	
D 161	<p>10A NCAC 13F .0504(a & b) Competency Eval & Validation For LHPS Tasks</p> <p>10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional</p>	D 161	HWD/ED or designee will verify all direct care staff have a completed LHPS Validation.	

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D 161	<p>Continued From page 5</p> <p>Support Tasks</p> <p>(a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a) (1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.</p> <p>(b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident.</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 1 of 3 medication aides (Staff C) had been competency validated for licensed health professional support (LHPS) tasks by return demonstration including urinary catheter care.</p> <p>The findings are:</p> <p>Review of Staff C's, medication aide (MA) personnel record revealed: -Staff C was hired on 02/06/20. -There was no documentation Staff C completed a LHPS Validation.</p> <p>Review of a resident's electronic medication</p>	D 161	<p>HWD/ED or designee will verify all Medication Technicians who administer medication had completed Clinical Skills Competency Validation. The HWD/ED and/or designee will audit associate's records to verify policy compliance. To assist with compliance the HWD/ED or designee will audit 10 staff records weekly for the first month and biweekly for the next month. HWD/ED or designee will verify all direct care staff has a completed LHPS Validation.</p>	7/1/2023

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D 161	Continued From page 6 administration record (eMAR) for March 2023 revealed documentation that Staff C had performed catheter care on 10 shifts. Interview with Staff C on 04/13/23 at 3:09pm revealed: -A nurse that was no longer employed by the facility completed the LHPS competency validation during her 8 days of new MA employee training after taking the Medication Aide training class, but she did not know the date. -She demonstrated tasks that included catheter care and dressing changes. Interview with the Administrator on 04/13/23 at 2:57pm revealed: -She thought the LHPS validation was completed by the previous Health and Wellness Director (HWD) for Staff C. -The HWD was responsible for ensuring all staff were checked off for competency requirements and validating completion of requirements including competency validations but the previous HWD was no longer employed by the facility.	D 161	Type text here	
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:	D 358	The Health and Wellness Director/ Executive Director or designee will audit staff record to verify policy compliance. The initial audit was completed on 4/26/2023. Med Cart audit has been completed on 5/10/2023. HWD/ED will monitor medication pass to verify policy compliance. HWD/ED or designee will verify all direct care staff have a completed LHPS validation. To assist with compliance ED/HWD or designee will audit staff records monthly for six months. HWD/ED and/or designee will verify all Med Tech's who administer medication completed Clinical Skills Competency Validation.	7/1/2023

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D 358	<p>Continued From page 7</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 4 residents (#4, #5 and #6) observed during the medication pass including errors with a supplement used to prevent urinary tract infections (#4), medications used to treat constipation (#4 and #6); and an antidepressant, an anti-inflammatory medication, a topical pain reliever and mineral supplement (#5); and for 2 of 3 sampled residents (#4 and #5) with orders for medications including an antifungal powder and prescription strength fluoride toothpaste (#4) and eye drops for glaucoma treatment (#5).</p> <p>The findings are:</p> <p>1. The medication error rate was 22% as evidenced by 7 errors out of 31 opportunities during the morning medication passes on 04/12/23 and 04/13/23.</p> <p>a. Review of Resident #4's current FL-2 dated 08/29/22 revealed: -Diagnoses included constipation, Alzheimer's dementia, hypertension, hypothyroidism, lumbar spinal stenosis, muscle weakness, osteoporosis, and gait abnormalities. -Medication orders included AZO cranberry tablets 2 daily (a urinary tract infection prevention supplement) and docusate 100mg twice daily (a stool softener).</p> <p>Review of Resident #4's Order Summary Report dated 03/09/23 revealed: -There was an order for AZO cranberry tablets 2 daily. -There was an order for docusate 100mg twice daily. -The primary care provider (PCP) signed the</p>	D 358		

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D 358	<p>Continued From page 8</p> <p>orders.</p> <p>Review of Resident #4's April 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for AZO cranberry tablets 2 daily at 8:00pm. -There was an entry for docusate 100mg twice daily at 9:30am and 5:00pm. <p>Observation during the morning medication pass on 04/12/23 at 10:00am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) removed 1 AZO cranberry tablet from the manufacturer's foil covered bubble package. -The MA removed 3 other medications from individual bubble packs for Resident #4. -There was no docusate tablet or capsule in the medication cup. -The MA crushed 5 total tablets for Resident #4 and mixed them in applesauce. -The MA administered Resident #4's morning medications at 10:00am with 1 AZO cranberry tablet and no docusate. <p>Interview with the MA on 04/12/23 at 2:15pm revealed:</p> <ul style="list-style-type: none"> -Resident #4's eMAR had an order for AZO cranberry 1 tablet of 50mg. -Looking at the eMAR, he must have confused docusate which he thought was 50mg 1 tablet with the AZO cranberry. -He was certain he placed 2 AZO cranberry tablets and the docusate in the resident's morning medication cup before crushing the medications. -He did not see the AZO cranberry tablets were scheduled for 8:00pm. <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/13/23 at</p>	D 358		

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D 358	<p>Continued From page 9</p> <p>4:17pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy had an order dated 03/08/23 for docusate 100mg twice daily for Resident #4. -The pharmacy dispensed docusate with the monthly cycle fills on 03/09/23 and 04/06/23. -The pharmacy had an order dated 03/08/23 for AZO cranberry tablets 2 daily. -Refills for AZO cranberry tablets were not automatic and needed to be requested by staff. -The pharmacy dispensed 50 tablets of AZO cranberry for Resident #4 on 02/01/23 and 03/22/23. -The AZO cranberry was a manufacturer's box of 50 tablets which was a 25-day supply. <p>Based on observations, interviews, and record reviews, it was determined Resident #4 was not interviewable.</p> <p>b. Review of Resident #6's current FL-2 dated 08/08/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included presence of a cardiac pacemaker, dementia, hypokalemia, gastro-esophageal reflux disease, right femur fracture, and vasovagal nerve syncope. -Medication orders included an order for Miralax 17 grams daily (a laxative). <p>Review of Resident #6's April 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There were 2 entries for Miralax 17 grams daily at 9:00am. -One entry was listed as Miralax 17 grams daily and the second entry was listed as the generic polyethylene glycol 17 grams daily. -Both entries had documentation Miralax was administered at 9:00am on 04/12/23. <p>Observation during the morning medication pass</p>	D 358		

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D 358	<p>Continued From page 10</p> <p>on 04/12/23 at 10:10am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) prepared Resident #6's morning medications which included 7 tablets which were crushed and mixed with applesauce. -The MA administered the medications to Resident #6 at 10:10am with a plain cup of water. -There was no Miralax powder mixed into the cup of water. <p>Interview with the MA on 04/12/23 at 2:15pm revealed he administered the Miralax powder mixed in water 5 minutes after observations of the medication pass.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/13/23 at 4:17pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy had an order dated 10/25/22 for Miralax 17 grams daily for Resident #6. -The pharmacy last dispensed 1 bottle of Miralax for Resident #4 on 11/22/22. -There were 30 doses in one bottle of Miralax. -Refills for Miralax were not automatic and needed to be requested by staff. <p>Based on observations, interviews and record reviews, it was determined Resident #6 was not interviewable.</p> <p>c. Review of Resident #5's current FL-2 dated 12/09/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Alzheimer's dementia. -Medication orders included Tylenol 500mg daily (anti-inflammatory) and calcium/vitamin D3 600mg/20mcg daily (supplement). <p>Review of Resident #5's Order Summary Report dated 03/11/23 revealed:</p> <ul style="list-style-type: none"> -There was an order for Tylenol 500mg daily. 	D 358		

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D 358	<p>Continued From page 11</p> <ul style="list-style-type: none"> -There was an order for calcium/vitamin D3 600mg/20mcg daily. -There was an order for Voltaren gel 1% topically to both knees daily (topical pain reliever). -The primary care provider (PCP) signed the orders. <p>Review of Resident #5's prescription order dated 04/10/23 revealed an order for sertraline 50mg every morning (anti-depressant).</p> <p>Review of Resident #5's April 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for sertraline 50mg daily at 8:00am. -There was documentation sertraline 50mg was administered on 04/13/23. -There was an entry for Voltaren gel 1% topically to both knees daily. -There was documentation Voltaren gel was administered on 04/13/23. -There was an entry for Tylenol 500mg daily at 9:30am. -There was no documentation entered for Tylenol on 04/13/23. -There was an entry for calcium 600/vitamin D3 20mcg 1 tablet daily at 9:30am. -There was no documentation entered for calcium/vitamin D3 on 04/13/23. <p>Observation during the morning medication pass on 04/13/23 at 9:15am revealed:</p> <ul style="list-style-type: none"> -The medication aide (MA) removed 1 tablet from a pharmacy labeled bubble pack and placed the tablet in Resident #5's morning medication cup. -The pharmacy label on the bubble pack had Resident #5's name and instructions for sertraline 25mg 1 tablet every morning and was dispensed on 03/21/23. 	D 358		

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(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	<p>Continued From page 12</p> <ul style="list-style-type: none"> -The MA crushed Resident #5's morning medications, mixed them in applesauce and administered them to the resident at 9:16am. -There was no Tylenol or calcium in the medication cup. -The MA placed topical pain relief patches on the resident's back and left the room. -The MA did not apply any topical gel to the resident's knees before leaving the room. <p>Interview with the MA on 04/13/23 at 9:15am revealed:</p> <ul style="list-style-type: none"> -There was no Tylenol or calcium on hand for Resident #5. -The medication carts were restocked the night before (04/12/23 into 04/13/23). -The old bubble packs of Tylenol and calcium must have been removed from the cart. -It was the facility's process to remove all bubble packs from the medication carts and return them to the pharmacy when the cart was restocked with new bubble packs each month. <p>Second interview with the MA on 04/13/23 at 9:35am revealed he administered the Voltaren gel to Resident #5 earlier that morning (before 9:15am on 04/13/23).</p> <p>Interview with Resident #5's primary care provider (PCP) on 04/13/2023 at 10:40am revealed:</p> <ul style="list-style-type: none"> -The Voltaren gel was for Resident #5's comfort and used to treat pain from osteoarthritis in his knees. -The sertraline was increased from 25mg to 50mg daily on 04/10/23 by the mental health provider (MHP). <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/13/23 at 4:17pm revealed:</p>	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 7870 CHAPEL HILL ROAD CARY, NC 27513		
(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	<p>Continued From page 13</p> <p>-The pharmacy had an order dated 04/10/23 to discontinue sertraline 25mg daily and start sertraline 50mg daily for Resident #5.</p> <p>-The pharmacy dispensed 30 tablets of sertraline 50mg on 04/10/23, but it was dispensed for the wrong resident.</p> <p>-The pharmacy dispensed Tylenol and calcium with vitamin D3 for Resident #5 on 03/11/23 and 04/13/23.</p> <p>-The pharmacy dispensed 1 tube of Voltaren gel on 03/06/23 for Resident #5.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable.</p> <p>Refer to interview with the facility's contracted primary care provider (PCP) on 04/13/23 at 10:40am.</p> <p>Refer to interview with the Health and Wellness Coordinator (HWC) on 04/13/23 at 5:08pm.</p> <p>Refer to interview with the Administrator on 04/13/23 at 12:00pm.</p> <p>2. Review of Resident #4's current FL-2 dated 08/29/22 revealed diagnoses included constipation, Alzheimer's dementia, hypertension, hypothyroidism, lumbar spinal stenosis, muscle weakness, osteoporosis, and gait abnormalities.</p> <p>a. Review of Resident #4's current FL-2 dated 08/29/22 revealed an order for nystatin powder topically under the breasts twice daily (antifungal).</p> <p>Review of Resident #4's Order Summary Report dated 03/09/23 revealed an order for nystatin powder topically under the breasts twice daily.</p>	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CARY	STREET ADDRESS, CITY, STATE, ZIP CODE 7870 CHAPEL HILL ROAD CARY, NC 27513
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(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	<p>Continued From page 14</p> <p>Observation of Resident #4's medications on hand on 04/13/23 at 11:27am revealed:</p> <ul style="list-style-type: none"> -There was a small bottle of nystatin powder with a pharmacy label. -The pharmacy label had Resident #4's name and instructions for nystatin powder twice daily as needed for redness. -The bottle was approximately one third full. <p>Review of Resident #4's February 2023 electronic medication administration record (eMAR) revealed there was an entry for nystatin powder topically under the breasts twice daily at 6:00am and 6:00pm.</p> <p>Review of Resident #4's March 2023 eMAR revealed there was an entry for nystatin powder topically under the breasts twice daily at 6:00am and 6:00pm.</p> <p>Review of Resident #4's April 2023 eMAR revealed there was an entry for nystatin powder topically under breasts twice daily at 6:00am and 6:00pm.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/13/23 at 4:17pm revealed:</p> <ul style="list-style-type: none"> -Resident #4's current order for Nystatin powder topically under breasts twice daily was dated on 10/27/22. -Nystatin powder was used to treat yeast infections. -The pharmacy dispensed 15 grams of nystatin powder for Resident #4 on 10/11/22 and 01/05/23. -Refills for nystatin powder were not automatic and needed to be requested by staff. <p>b. Review of Resident #4's current FL-2 dated</p>	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CARY	STREET ADDRESS, CITY, STATE, ZIP CODE 7870 CHAPEL HILL ROAD CARY, NC 27513
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D 358	<p>Continued From page 15</p> <p>08/29/22 revealed an order for PreviDent 5000 booster paste 1.1% twice daily (prescription strength fluoride toothpaste).</p> <p>Review of Resident #4's Order Summary Report dated 03/09/23 revealed an order for PreviDent 5000 booster paste 1.1% twice daily.</p> <p>Observation of Resident #4's medications on hand on 04/13/23 at 11:27am revealed: -There was a tube of Clinpro 5000 paste 1.1% with a pharmacy label. -The pharmacy label had Resident #4's name, indicated Clinpro was substituted for PreviDent, and had instructions to use twice daily in place of toothpaste. -The pharmacy label indicated the Clinpro was dispensed 09/08/22 and the tube was approximately one third full.</p> <p>Review of Resident #4's February 2023 electronic medication administration record (eMAR) revealed: -There was an entry for PreviDent 5000 booster paste 1.1% twice daily at 6:00am and 5:00pm. -There was documentation PreviDent was administered twice daily 02/01/23 through 02/28/23.</p> <p>Review of Resident #4's March 2023 eMAR revealed: -There was an entry for PreviDent 5000 booster paste 1.1% twice daily at 6:00am and 5:00pm. -There was documentation PreviDent was administered twice daily 03/01/23 through 02/28/23.</p> <p>Review of Resident #4's April 2023 eMAR revealed: -There was an entry for PreviDent 5000 booster</p>	D 358		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE CARY	STREET ADDRESS, CITY, STATE, ZIP CODE 7870 CHAPEL HILL ROAD CARY, NC 27513
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D 358	<p>Continued From page 16</p> <p>paste 1.1% twice daily at 6:00am and 5:00pm. -There was documentation PreviDent was administered twice daily 04/01/23 through 04/13/23 except at 6:00am on 04/09/23 for which there was no entry documented.</p> <p>Telephone interview with Resident #4's family member on 04/13/23 at 3:07pm revealed: -She visited the resident at the facility daily. -She was concerned that oral care was not being done for Resident #4. -The resident only had 8-10 teeth remaining. -There was frequently "gook" and food particles around the resident's teeth when she visited.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/13/23 at 4:17pm revealed: -Resident #4's original order for PreviDent 5000 booster paste 1.1% twice daily was dated on 07/09/20. -PreviDent was a prescription fluoride toothpaste used in place of regular toothpaste. -The pharmacy last dispensed 1 tube for Resident #4 on 09/08/22. -Prior to 09/08/22, the pharmacy dispensed 1 tube of PreviDent for Resident #4 on 12/09/20. -Refills for PreviDent paste were not automatic and needed to be requested by staff.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #4 was not interviewable.</p> <p>Refer to interview with the facility's contracted primary care provider (PCP) on 04/13/23 at 10:40am.</p> <p>Refer to interview with the Health and Wellness Coordinator (HWC) on 04/13/23 at 5:08pm.</p>	D 358		

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D 358	<p>Continued From page 17</p> <p>Refer to interview with the Administrator on 04/13/23 at 12:00pm.</p> <p>3. Review of Resident #5's current FL-2 dated 12/09/22 revealed: -Diagnoses included Alzheimer's dementia. -Medication orders included an order for Latanoprost 0.005% ophthalmic solution 1 drop in each eye daily at bedtime (glaucoma treatment).</p> <p>Review of Resident #5's Order Summary Report dated 03/11/23 revealed an order for Latanoprost 0.005% ophthalmic solution 1 drop in each eye daily at bedtime.</p> <p>Observations of Resident #5's medications on hand on 04/13/23 at 11:39am revealed: -There was a bottle of Latanoprost 0.005% ophthalmic solution with a pharmacy label. -The pharmacy label had Resident #5's name and instructions for Latanoprost 0.005% ophthalmic solution 1 drop in each eye daily at bedtime. -The pharmacy label indicated the bottle was dispensed on 02/16/23 and was approximately half full.</p> <p>Review of Resident #5's February 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Latanoprost 0.005% 1 drop in each eye at bedtime scheduled for 9:00pm. -There was documentation Latanoprost was administered daily from 02/01/23 through 02/28/23.</p> <p>Review of Resident #5's March 2023 eMAR revealed:</p>	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
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D 358	<p>Continued From page 18</p> <p>-There was an entry for Latanoprost 0.005% 1 drop in each eye at bedtime scheduled for 9:00pm.</p> <p>-There was documentation Latanoprost was administered daily from 03/01/23 through 03/31/23.</p> <p>Review of Resident #5's April 2023 eMAR revealed:</p> <p>-There was an entry for Latanoprost 0.005% 1 drop in each eye at bedtime scheduled for 9:00pm.</p> <p>-There was documentation Latanoprost was administered daily from 04/01/23 through 04/12/23.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/13/23 at 4:17pm revealed:</p> <p>-The pharmacy had an order for Latanoprost 0/005% 1 drop in each eye daily at bedtime dated 12/16/22 for Resident #5.</p> <p>-Latanoprost was used to treat glaucoma and not using it as directed might result in increased eye pressure.</p> <p>-The pharmacy dispensed 1 bottle of Latanoprost for Resident #5 on 12/28/22 and 02/16/23.</p> <p>-One bottle of Latanoprost lasted approximately 25 days.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable.</p> <p>Refer to interview with the facility's contracted primary care provider (PCP) on 04/13/23 at 10:40am.</p> <p>Refer to interview with the Health and Wellness Coordinator (HWC) on 04/13/23 at 5:08pm.</p>	D 358		

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D 358	Continued From page 19 Refer to interview with the Administrator on 04/13/23 at 12:00pm. Interview with the facility's contracted primary care provider (PCP) on 04/13/23 at 10:40am revealed: -She expected all medications to be administered as ordered. -It was concerning when medications were not administered as ordered. -There was a disruption in the processing of orders since the former Health and Wellness Director (HWD) left the facility last week (04/07/23). Interview with the Health and Wellness Coordinator (HWC) on 04/13/23 at 5:08pm revealed: -She started working as the HWC at the end of January 2023. -She and the former Health and Wellness Director (HWD) were responsible for processing medication orders. -New orders were handed to them by the provider or faxed. -She and the former HWD faxed orders that were handed to them to the pharmacy. -She and the former HWD divided the orders and entered them on to residents' eMARs. -The former HWD was responsible for medication cart audits. -MAs were responsible for reporting medication concerns to her. -Third shift MAs were responsible for putting new medications on the carts. -MAs were responsible for contacting the pharmacy for any medications not on hand for administration.	D 358		

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D 358	<p>Continued From page 20</p> <p>Interview with the Administrator on 04/13/23 at 12:00pm revealed:</p> <ul style="list-style-type: none"> -Medication aides (MAs) were responsible for administering medications as ordered. -MAs were responsible for documenting accurately on the electronic medication record (eMAR) after observing administration of medications. -The HWD was responsible for medication cart audits and random medication pass observations. -The last HWD was no longer working at the facility as of last week (04/07/23). -She and the HWC were new to the facility and working to develop systems of monitoring medication administration including medication cart audits and random medication pass observations. 	D 358		

Washington, Bynithia T

From: Iwona Hughes <ihughes1@brookdale.com>
Sent: Tuesday, May 23, 2023 10:24 AM
To: Washington, Bynithia T
Subject: [External] RE: Brookdale Cary 2023-04-13 Y0GR11
Attachments: Brookdale Cary 2023-04-13 SOD Y0GR11 (002)1.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning Miss Bynithia,

Please find attached Plan of Correction for Brookdale Cary. Please let me know if you have any questions.

Kind regards,

Iwona Hughes, CDP

Executive Director
Brookdale Cary (BU 03030)
7870 Chapel Hill Road
Cary, NC 27513
Community 919.932.1559
Direct 919.932.0436



From: Washington, Bynithia T <Bynithia.Washington@dhhs.nc.gov>
Sent: Tuesday, May 2, 2023 3:23 PM
To: jboampong@brookdale.com; Iwona Hughes <ihughes1@brookdale.com>
Cc: Goldman, Catherine E <Catherine.Goldman@wakegov.com>; DHSR.AdultCare.Star <DHSR.AdultCare.Star@dhhs.nc.gov>; DHSR.AdultCare.QualityandCompliance <DHSR.AdultCare.QualityandCompliance@dhhs.nc.gov>; dhsr.adultcare.email7 <dhsr.adultcare.email7@dhhs.nc.gov>; DHSR.Adultcare.Mailnotice <DHSR.Adultcare.Mailnotice@dhhs.nc.gov>; Polce, Karen M <karen.polce@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>
Subject: [EXTERNAL] Brookdale Cary 2023-04-13 Y0GR11

Dear Mr. Boampong:

Please find the Statement of Deficiencies and accompanying letter for the annual and follow up survey completed on April 13, 2023, attached to this e-mail. If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instruction on completing the plan of correction. **PLEASE NOTE: WE WILL NOT ACCEPT A FAXED PLAN OF CORRECTION! We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please**