

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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	D 000		
D 125	<p>10A NCAC 13F .0403(a) Qualifications Of Medication Staff</p> <p>10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021.</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 2 of 6 sampled medication aides (MA) (Staff E and Staff F) had validation of previous employment as a MA for each of the last 24 month periods or completion on the 5, 10 and 15 hours of MA training (Staff F), and a Medication Competency Validation Clinical Skills Checklist (Staff E) prior to administering medications unsupervised.</p> <p>The findings are:</p> <p>1. Review of Staff E's, medication aide (MA), personnel record revealed: -Staff E was hired on 01/17/23. -Staff E completed the 15-hour MA training course on 03/14/23. -Staff E had taken and passed the written MA examination on 06/03/2007. -There was no documentation Staff E completed</p>	D 125		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 125	<p>Continued From page 1</p> <p>a Medication Competency Validation Clinical Skills Checklist.</p> <p>Interview with Staff E on 09/28/23 at 12:55pm revealed:</p> <ul style="list-style-type: none"> -She had worked as a MA for several years, but had worked at the facility since January 2023. -She had completed the Medication Competency Validation Clinical Skills Checklist at previous facilities. -She trained on the medication cart for 3 or 4 weeks when she came to the facility. -The Health and Wellness Director (HWD) at the time she was hired, she did not complete a Medication Competency Validation Clinical Skills Checklist before she left employment. -The facility had corporate fill-in HWD staff, but none of the HWDs had completed Medication Competency Validation Clinical Skills Checklist for her since she was hired. <p>Review of a resident's September 2023 electronic medication administration record (eMAR) revealed there was documentation Staff E administered medication on 14 days from 09/01/23 to 09/26/23.</p> <p>Review of a resident's August 2023 eMAR revealed Staff E administered medication on 14 days from 08/01/23 to 08/31/23.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 09/28/23 at 2:25pm.</p> <p>Refer to the interview with a corporate Nurse Resident Care Coordinator on 09/28/23 at 2:40pm.</p> <p>Refer to the interview with the Executive Director on 09/28/23 at 2:50pm.</p>	D 125		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 125	<p>Continued From page 2</p> <p>2. Review of Staff F's, medication aide (MA), personnel record revealed: -Staff F was hired on 08/03/23. -Staff F had a Medication Competency Validation Clinical Skills Checklist completed on 08/22/23. -Staff F had taken and passed the written MA examination on 09/18/14. -There was no documentation Staff F completed the 5, 10, or 15-hour MA training course.</p> <p>Review of a resident's September 2023 electronic medication administration record (eMAR) revealed there was documentation Staff F administered medications and/or application of thrombo-embolism deterrent (TED) hose on 18 days from 09/01/23 to 09/26/23.</p> <p>Review of a resident's August 2023 eMAR revealed Staff F administered medications and application of TED on 5 days from 08/22/23 to 08/31/23.</p> <p>Interview with a corporate Nurse Resident Care Coordinator on 09/28/23 at 2:40pm revealed: -Staff F transferred from a sister facility to this facility. -There might be documentation for the 15 hours MA course at the sister facility, but there was none available for review at this facility.</p> <p>Attempted telephone interview with Staff E on 09/28/23 at 1:10pm was unsuccessful.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 09/28/23 at 2:25pm.</p> <p>Refer to the interview with a corporate Nurse Resident Care Coordinator on 09/28/23 at 2:40pm.</p>	D 125		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 125	<p>Continued From page 3</p> <p>Refer to the interview with the Executive Director on 09/28/23 at 2:50pm.</p> <p>Interview with the Business Office Manager (BOM) on 09/28/23 at 2:25pm revealed:</p> <ul style="list-style-type: none"> -She started work as the BOM at the facility a few months ago. -She kept with the training requirements and documents for new hires in her office. -The HWD was responsible for ensuring MA staff qualifications, like MA 5, 10, or 15-hour training (when required), and Medication Competency Validation Clinical Skills Checklist was completed and providing documentation for her to file in personnel records. <p>Interview with a corporate Nurse Resident Care Coordinator on 09/28/23 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -The corporate procedure was the HWD was responsible to ensure all MAs had completed competencies, including the 5, 10 or 15-hour medication aide training, if there was no documentation for previous completion prior to administering medications to residents. -The facility had experienced staff turnover with the HWD position with 2 different HWD nurses since January 2023. -The facility did not currently have a HWD on site, but one had been hired and was in training/orientation. -There were occasional corporate audits for residents' and staff records, but not for staff qualifications lately. -Staff F transferred from a sister facility to this facility. -There might be documentation for the 15 hours MA course at the sister facility but there was none available for review at this facility. 	D 125		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 125	Continued From page 4 Interview with the Executive Director on 09/28/23 at 2:50pm revealed: -All MAs were required to have the documentation for completion of the 5, 10 or 15-hour MA training before administering medications. -He did not have a system in place to routinely audit MA staff records for completeness. -The HWD was responsible for verifying MA staff qualification or completing necessary training. -There had been a turn-over of HWD staff and staff must have been overlooked for completing the Medication Competency Validation Clinical Skills Checklist before she administered medications.	D 125		
D 161	10A NCAC 13F .0504(a & b) Competency Eval & Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (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. (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.	D 161		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 161	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 2 of 6 medication aide/personal care aides (Staff C and Staff E) had been competency validated for licensed health professional support (LHPS) tasks by return demonstration including applying and removing thrombo-embolism deterrent (TED) hose.</p> <p>The findings are:</p> <p>1. Review of Staff C's, medication aide (MA)/personal care aide (PCA), personnel record revealed: -She was hired on 08/09/22 as a MA/PCA. -There was no documentation that she completed a LHPS Competency Validation to perform applying and removing TED hose.</p> <p>Review of a resident's September 2023 electronic medication administration record (eMAR) revealed Staff C documented application of the resident's TED hose at 6:00am for 17 of 17 shifts from 09/01/23 to 09/28/23.</p> <p>Interview with a morning MA on 09/28/23 at 1:32pm revealed: -Staff C routinely worked the night shift. -The morning MA checked the resident's legs when she administered 8:00am medications to ensure TED hose were applied as documented by the evening staff. -The resident routinely was wearing TED hose as documented by Staff C.</p>	D 161		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 161	<p>Continued From page 6</p> <p>Interview with the resident on 09/28/23 at 1:00pm revealed: -Staff came into her room every morning around 5:00am to apply her stockings. -She had a hard time remembering staff names. -She was not always alert enough to pay attention in the mornings, but she thought Staff C was one of the staff that came in routinely.</p> <p>Interview with a Corporate nurse staff on 09/28/23 at 1:30pm revealed she was not able to locate a LHPS validation for Staff C.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 09/28/23 at 1:15pm.</p> <p>Refer to the interview with a Corporate nurse staff on 09/28/23 at at 1:30pm.</p> <p>Refer to the interview with a Health and Wellness Director (HWD) from a sister facility on 09/28/23 at 3:00pm.</p> <p>Refer to the interview with the Executive Director (ED) on 09/28/23 at 2:50pm.</p> <p>2. Review of Staff E's, medication aide (MA), personnel record revealed: -Staff E was hired on 01/17/23 as a medication aide. -There was no documentation Staff E completed a LHPS task validation checklist.</p> <p>Review of a resident's September 2023 electronic medication administration record (eMAR) revealed Staff E documented application of the resident's TED hose for 17 of 17 shifts from 09/01/23 to 09/28/23</p> <p>Interview with Staff E on 09/28/23 at 12:55pm:</p>	D 161		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 161	<p>Continued From page 7</p> <ul style="list-style-type: none"> -She had worked as a MA for several years, but at the facility since January 2023. -She had completed the LHPS validation checklist at previous facilities. -She trained with the MA and personal care aide (PCA) staff for 3 or 4 weeks when she came to the facility. -The Health and Wellness Director (HWD) at the time she was hired did not complete a LHPS task validation before she left employment. -The facility had corporate fill-in HWD staff but none of the HWDs had completed a LHPS task validation for her since she was hired. -She routinely worked the morning shift in the Special Care Unit 4 or 5 days a week. -She routinely applied any TED hose not applied by the night shift when she arrived in the morning. -She passed medications for the first part of the morning shift and took over personal care for half of the residents the second half of her shift. -She routinely applied any TED hose not applied by the night shift when she arrived in the morning. -She assisted residents with assistive devices (walkers, wheelchairs, or canes), showers, toileting, and shared incontinence care with the PCAs. <p>Interview with a Corporate nurse staff on 09/28/23 at at 1:30pm revealed she was not able locate a LHPS validation for Staff E.</p> <p>Refer to the interview with the Business Office Manager (BOM) on 09/28/23 at 1:15pm.</p> <p>Refer to the interview with a Corporate nurse staff on 09/28/23 at at 1:30pm.</p> <p>Refer to the interview with a Health and Wellness Director (HWD) from a sister facility on 09/28/23 at 3:00pm.</p>	D 161		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 161	<p>Continued From page 8</p> <p>Refer to the interview with the Executive Director (ED) on 09/28/23 at 2:50pm.</p> <p>_____</p> <p>Interview with the BOM on 09/28/23 at 1:15pm revealed:</p> <ul style="list-style-type: none"> -She started work as the BOM at the facility a few months ago. -She kept with the training requirements and documents for new hires in her office. -The HWD was responsible to ensure MA and personal care aides (PCA) staff qualifications, like LHPS validations, were completed and providing documentation for her to file in personnel records. <p>Interview with a Corporate nurse staff on 09/28/23 at at 1:30pm revealed:</p> <ul style="list-style-type: none"> -The HWD was responsible to conduct LHPS validation checklist completion for MA and PCA staff upon hire or before the staff performed LHPS task unsupervised. -The facility had experienced repeated turnover of the HWD position in the last year. -She was at the facility to assist with organizing files and helping the BOM find required validations like LHPS checklist. -The LHPS validations for staff hired in the last year were found in different folders created by the various HWD nurses. -She was not able to locate a LHPS validations for staff. <p>Interview with a Health and Wellness Director (HWD) from a sister facility on 09/28/23 at 3:00pm revealed:</p> <ul style="list-style-type: none"> -She came to the facility occasionally to assist with residents' record audits. -The clinical team (HWD or assistant HWDs) was responsible to ensure staff were LHPS validated 	D 161		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 161	<p>Continued From page 9</p> <p>as new tasks were ordered for residents in the facility.</p> <ul style="list-style-type: none"> -The MAs provided direct care and administered medications. -All direct care staff should be LHPS validated before they were allowed to work on the floor on their own. -The facility had experienced a lot of turn over in the HWD position within the last year. -She had not done a LHPS validation for any staff at this facility. <p>Interview with the ED on 09/28/23 at 2:50pm revealed:</p> <ul style="list-style-type: none"> -The clinical staff (HWD or assistants to the HWD) were responsible to ensure all MA and PCA staff had required trainings and competency validations completed. -The clinical staff should provide documentation for completed LHPS validations to the BOM for filing in personnel records. -He had not audited any staff records or personnel files for completeness. 	D 161		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (#2) related to lost compression stockings.</p> <p>The findings are:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 10</p> <p>Review of Resident #2's current FL2 dated 03/06/23 revealed diagnoses included chronic kidney disease, dementia, Alzheimer's disease, fibromyalgia, and hypothyroidism.</p> <p>Review of Resident #2's Physician's Order Summary Report dated 06/22/23 revealed an order for compression stocking, apply in the morning and remove at bedtime.</p> <p>Review of Resident #2's verbal physician's orders dated 09/27/23 at 12:36pm revealed: -There was a verbal order to discontinue compression stockings apply in the morning and remove at bedtime. -Per Resident #2's primary care provider (PCP) Resident #2 had no edema or swelling, no issues, or concerns.</p> <p>Review of Resident #2's licensed health professional support (LHPS) review dated 09/20/23 revealed: -Staff assisted Resident #2 with the task of applying and removing compression stockings. -Resident #2's compression stockings were applied in the morning and removed at night by staff. -There was no documentation of whether Resident #2's compression stockings were on during the LHPS assessment on 09/20/23.</p> <p>Review of Resident #2's electronic medication administration records (eMARs) and progress notes for August 2023 revealed: -There was an entry for compression stocking, apply in the morning and remove at bedtime scheduled to be applied in the morning at 6:00am. -There was an entry for compression stocking, apply in the morning and remove at bedtime for</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 11</p> <p>swelling scheduled to be removed at bedtime at 8:00pm.</p> <p>-There was documentation Resident #2's compression stockings were not applied at 6:00am for 12 of 31 opportunities on 08/01/23, 08/16/23, 08/17/23, 08/20/23, 08/21/23, from 08/24/23-08/27/23, and from 08/29/23-08/31/23 with the reason documented as; no compression stockings, compression stockings were never removed, compression stockings were not on and staff were unable to locate compression stockings after several minutes of searching, compression stockings were not on and staff were unable to locate, cannot find compression stockings, did not have compression stockings to put on, and pharmacy action required.</p> <p>-There was documentation Resident#2's compression stockings were not removed at 8:00pm for 9 of 31 opportunities on 08/02/23 with no reason documented, on 08/22/23 through 08/31/23 with the reason documented as; did not have on.</p> <p>Review of Resident #2's eMARs and progress notes for September 2023 (09/01/23 through 09/26/27) revealed:</p> <p>-There was an entry for compression stocking, apply in the morning and remove at bedtime scheduled to be applied in the morning at 6:00am.</p> <p>-There was an entry for compression stocking, apply in the morning and remove at bedtime for swelling scheduled to be removed at bedtime at 8:00pm.</p> <p>-There was documentation Resident #2's compression stockings were not applied at 6:00am for 10 of 26 opportunities from 09/01/23-09/03/23, 09/06/23, from 09/20/23-09/22/23, and from 09/24/23-09/26/23 with the reason documented as; no compression</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 12</p> <p>stockings were nowhere to be found; unable to find compression stocking for a couple of weeks and this was reported to first shift a couple of weeks ago, no compression stockings to put on, did not see compression stockings, cannot find compression stockings, no compression stockings, and compression stockings not in the facility.</p> <p>-There was documentation Resident#2's compression stockings were not removed at 8:00pm for 4 of 25 opportunities on 09/01/23, 09/04/23, 09/05/23, and on 09/06/23 with the reason documented as; did not have on.</p> <p>Review of Resident #2's progress notes dated 09/27/23 revealed:</p> <p>-There was an entry documenting Resident #2 did not have her compression stocking on and staff was not able to find them.</p> <p>-There was an entry documenting the question: Is there any way we can reorder Resident #2's compression stockings?</p> <p>Observation of Resident #2 on 09/27/23 at 7:30am revealed:</p> <p>-Resident #2 was seated in her wheelchair at a table in the dining area of the Special Care Unit (SCU).</p> <p>-Resident #2 had on brown non-skid socks.</p> <p>-Resident #2 did not have on compression stockings.</p> <p>Second observation of Resident #2 on 09/27/23 at 3:05pm revealed:</p> <p>-Resident #2 was seated at a table in her wheelchair in the common area of the Special Care Unit (SCU).</p> <p>-Resident #2 had swelling on the tops of both her feet and ankles.</p> <p>-Resident #2 had on brown non-skid socks and</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 13</p> <p>did not have on compression stockings.</p> <p>Observation of Resident #2 on 09/28/23 between 8:40am and 9:05am revealed: -Resident #2 had white compression stockings on with brown non-skid socks on top of them. -Edema was noted to bilateral lower extremities from the end of her toes to her mid-calf.</p> <p>Interview with a first shift medication aide (MA) on 09/27/23 at 2:56pm revealed: -She did not know Resident #2 had an order for compression stockings. -Compression stockings were not scheduled to be applied during her shift which started at 7:00am. -Third shift was responsible for applying compression stockings and second shift was responsible for removing them. -Resident #2 usually had grip socks on during her shift. -She had not seen Resident #2 with compression stockings on since she started working in August 2023. -She noticed swelling in both Resident #2's feet which fluctuated from day to day. -When Resident #2 had increased swelling in her feet, she elevated her legs in the wheelchair. -She had not reported swelling in Resident #2's feet or Resident #2 not wearing compression stockings to clinical staff because they already knew.</p> <p>Interview with a shift personal care aide (PCA) on 09/27/23 at 3:09pm revealed: -Resident #2 had compression hose in her room, but they were discontinued on toady, 09/27/23. -Resident #2's compression hose had been applied daily prior to them being discontinued on 09/27/23.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 14</p> <ul style="list-style-type: none"> -MAs were responsible for applying and removing compression hose. <p>Observation of Resident #2's room on 09/27/23 at 3:10pm revealed:</p> <ul style="list-style-type: none"> -The PCA went to Resident #2's closet and pulled a pair of tan compression hose from a shelf in Resident #2's closet. -The PCA pulled a white pair of compression hose from Resident #2's top dresser drawer. <p>Interview with a second shift MA on 09/27/23 at 3:41pm revealed:</p> <ul style="list-style-type: none"> -Compression stockings were scheduled to be applied during third shift and removed during second shift. -Resident #2 usually did not have her compression stockings applied when she started her shift. -Either MAs or PCAs could apply and remove compression stockings. -She asked the PCA if Resident #2 had her compression stockings on or she went to check for herself prior to documenting. -Resident #2's compression stockings were still missing. -She had looked for them, but she could not find them. -She did not know there was both a tan pair and white pair of compression hose currently in Resident #2's room. -Resident #2 had swelling and cracks on her skin on the top and bottom of both her feet. -Resident #2's swelling did not seem to go away. <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/28/23 at 10:10am revealed:</p> <ul style="list-style-type: none"> -Compression stockings were dispensed to the facility for Resident #2 on 10/11/22, 10/26/22, 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 15</p> <p>01/31/23, and 04/10/23.</p> <p>-There had not been any requests for compression stockings since 04/10/23.</p> <p>Telephone interview with a third shift MA on 09/28/23 at 10:44am revealed:</p> <p>-The PCAs usually applied compression stockings when they got residents up and dressed in the mornings.</p> <p>-The PCAs let her know they could not find Resident #2's compression stockings and she documented in Resident #2's progress notes and told staff on first shift.</p> <p>-She had not seen Resident #2's compression stockings prior to 09/27/23.</p> <p>-She looked for Resident #2's compression stockings previously and spoke with two PCAs yesterday, 09/27/23, who told her they had been unable to find the compression stockings prior to yesterday on 09/27/23.</p> <p>-She usually tried to reorder compression stockings after they had been missing or misplaced for 3 days.</p> <p>-She tried to reorder Resident #2's compression stockings this week, but she was unable to.</p> <p>Interview with a Manager of the SCU on 09/28/23 at 11:59am revealed:</p> <p>-She learned on Monday, 09/25/23, or Tuesday, 09/26/23 that SCU staff could not find Resident #2's compression stockings.</p> <p>-She had not been told previously, in August or September 2023, that Resident #2 did not have compression stockings available to be applied.</p> <p>-She went to a local drug store on 09/27/23 and purchased Resident #2 a tan pair of compression stockings.</p> <p>-Resident #2's feet have always been swollen.</p> <p>-The MAs should have reordered Resident #2's compression stockings when they were missing</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 273	<p>Continued From page 16</p> <p>and let the primary care provider (PCP) know when she visited the facility on Mondays.</p> <p>Interview with the Executive Director (ED) on 09/28/23 at 1:50pm revealed: -He did not know Resident #2's compression stockings had been missing. -Staff should have contacted the pharmacy to get compression stockings for Resident #2 or reached out to Resident #2's PCP for an order for compression stockings.</p> <p>Interview with Resident #2's PCP on 09/28/23 at 5:20pm revealed: -Resident #2 had an order for compression stockings because of significant swelling of her bilateral lower extremities. -If the facility could not find Resident #2's compression stockings, she expected them to reach out to her to get another order for the compression stockings. -She did not know Resident #2 did not have her compression stockings applied 12 days in August 2023 and 10 days between 09/01/23 and 09/26/23. -That was a substantial amount of times not to have her compression stockings on.</p> <p>Attempted interview with the RCC on 09/28/23 at 1:56pm was unsuccessful.</p>	D 273		
D 276	<p>10A NCAC 13F .0902(c)(3-4) Health Care</p> <p>10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 17</p> <p>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to implement physician's orders for 1 of 5 sampled residents (#3) related to an order for thrombo-embolic deterrent (TED) hose.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 02/24/23 revealed diagnoses included chronic kidney disease, hypertension, chronic pain and vertebral cancer.</p> <p>Review of Resident #3's physician's order dated 03/15/23 revealed an order for knee length TED hose (use as directed).</p> <p>Review of Resident #3's electronic medication administration record (eMAR) for July through September 2023 revealed there was no entry for TED hose.</p> <p>Observation on 09/27/23 at 9:30am of Resident #3 revealed: -He was not wearing TED hose. -Edema to his bilateral extremities was not observed.</p> <p>Interview with Resident #3 on 09/17/23 at 9:30am revealed: -He was unaware there was an order for him to wear TED hose. -He was never provided TED hose. -He never had leg measurements taken for TED hose.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 18</p> <p>-He had swelling in his lower legs off and on. -He did not have any pain in his lower legs.</p> <p>Interview with a medication aide (MA) on 09/27/23 at 11:00am revealed: -She was not aware Resident #3 had an order for TED hose. -She never applied TED hose to Resident #3. -She could not locate an order in Resident #3's electronic health record (e-chart) for TED hose. -The Health and Wellness Director (HWD) was responsible for obtaining measurements for TED hose.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 09/27/23 at 3:45pm revealed: -Resident #3 had an order for TED hose dated 03/15/23. -Leg measurements were required prior to dispensing TED hose. -A follow-up form was faxed to the facility on 03/15/23 requesting measurements of Resident #3's leg. -The pharmacy never received the follow-up form with Resident #3's leg measurements. -The TED hose were not sent to the facility because the pharmacy did not receive Resident #3's leg measurements. -The facility was responsible for entering the order for TED hose onto the eMAR.</p> <p>Interview with a HWD from a sister facility on 09/28/23 at 9:00am revealed: -She did not see an order for TED hose for Resident #3. -When a new order was received, it was faxed to the pharmacy and added to the eMAR. -The HWD, Resident Care Coordinator (RCC) or MA faxed orders to the pharmacy and added</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 276	<p>Continued From page 19</p> <p>orders to the MAR.</p> <p>-If measurements were requested from the pharmacy, the HWD obtained the measurements and faxed them back to the pharmacy on the form provided.</p> <p>-She did not know why the measurements were never obtained and sent back to the pharmacy so the TED hose could be dispensed.</p> <p>Interview with the Administrator on 09/28/23 at 11:00am and 1:50pm revealed:</p> <p>-He was unaware Resident #3 had an order for TED hose and did not have them.</p> <p>-The HWD was responsible for obtaining measurements for TED hose and faxing them back to the pharmacy.</p> <p>-The RCC was responsible for ensuring orders were entered correctly.</p> <p>-The RCC was not in the facility.</p> <p>-He expected orders to be entered into the system and followed.</p> <p>Interview with Resident #3's primary care provider (PCP) on 09/28/23 at 12:30pm revealed:</p> <p>-Resident #3 was seen by the Nurse Practitioner on 03/15/23.</p> <p>-He reviewed the progress note from the visit on 03/15/23.</p> <p>-TED hose were ordered for Resident #3 for lower extremity swelling.</p> <p>-Resident #3 was to wear the TED hose every day when out of bed and removed them at night to help decrease the swelling.</p> <p>-He was unaware Resident #3 had not received the TED hose.</p> <p>-He expected the facility to obtain the measurements and have the TED hose available for Resident #3 to wear.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 D 358	<p>Continued From page 20</p> <p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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.</p> <p>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 1 of 5 sampled residents (#2) related to an antifungal medication and a topical corticosteroid cream.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 03/06/23 revealed diagnoses included chronic kidney disease, dementia, Alzheimer's disease, fibromyalgia, and hypothyroidism.</p> <p>a. Review of Resident #2's primary care provider's (PCP) progress note dated 09/04/23 revealed an order for Diflucan (used to treat yeast infections) 150mg 1 tablet every 72 hours for 2 doses.</p> <p>Review of Resident #2's electronic medication administration record (eMAR) for September 2023 (09/01/23 - 09/02/23) revealed: -There was an entry for Diflucan 150mg 1 tablet in the morning every Wednesday and Saturday for yeast until 09/08/23. -The start date of the order was 09/06/23.</p>	D 358 D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 21</p> <p>-Diflucan was documented as administered on 09/06/23, but there was no documentation Diflucan was administered 72 hours later, on 09/09/23.</p> <p>Observation of Resident #2's medications available for administration on 09/27/23 at 2:49pm revealed Diflucan was not available on the medication cart.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/28/23 at 10:10am revealed:</p> <p>-The facility keyed medication and treatment orders onto the eMAR.</p> <p>-The facility sent the medication orders to the pharmacy to fill the medications and the pharmacy kept copies of the orders.</p> <p>-Resident #2 had an order dated 09/04/23 for Diflucan 150mg 1 tablet every 72 hours.</p> <p>-Two tablets of Diflucan were dispensed to the facility on 09/04/23.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Refer to the interview with a medication aide (MA) on 09/27/23 at 3:19pm.</p> <p>Refer to the interview with a MA on 09/28/23 at 8:51am.</p> <p>Refer to the interview with a Manager of the Special Care Unit (SCU) on 09/28/23 at 11:59am.</p> <p>Refer to the interview with the Executive Director (ED) on 09/28/23 at 1:50pm.</p> <p>Refer to the interview with Resident #2's primary</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 22</p> <p>care [provider (PCP) on 09/28/23 at 5:20pm.</p> <p>b. Review of Resident #2's primary care provider's (PCP) progress note dated 09/04/23 revealed an order for hydrocortisone cream (used to treat redness, itching, and rashes) 1% apply to red itchy rash to bilateral thighs twice a day for 14 days.</p> <p>Review of Resident #2's electronic medication administration record (eMAR) for September 2023 (09/01/23 - 09/02/23) revealed:</p> <ul style="list-style-type: none"> -There was an entry for hydrocortisone cream 1% apply to bilateral thighs topically two times a day for red, itchy rash until 09/15/23, scheduled for administration at 8:00am and 8:00pm. -The start date was 09/05/23. -There was no documentation of the number of days hydrocortisone cream was to be administered. -Hydrocortisone was administered for 10 days at 8:00am from 09/06/23 through 09/15/23 and for 10 days at 8:00pm from 09/05/23 through 09/14/23. <p>Observation of Resident #2's medications available for administration on 09/27/23 at 2:49pm revealed:</p> <ul style="list-style-type: none"> -There was a tube of hydrocortisone cream 1% available for Resident #2 on the medication cart. -There was about half a tube of hydrocortisone remaining. <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/28/23 at 10:10am revealed:</p> <ul style="list-style-type: none"> -The facility keyed medication and treatment orders onto the eMAR. -The facility sent the medication orders to the pharmacy to fill the medications and the 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 23</p> <p>pharmacy kept copies of the orders. -Resident #2 had an order dated 09/04/23 for hydrocortisone cream 1% apply to bilateral thighs topically twice daily. -A 14 day supply was dispensed to the facility on 09/04/23.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Refer to the interview with a medication aide (MA) on 09/27/23 at 3:19pm.</p> <p>Refer to the interview with a MA on 09/28/23 at 8:51am.</p> <p>Refer to the interview with a Manager of the Special Care Unit (SCU) on 09/28/23 at 11:59am.</p> <p>Refer to the interview with the Executive Director (ED) on 09/28/23 at 1:50pm.</p> <p>Refer to the interview with Resident #2's primary care provider (PCP) on 09/28/23 at 5:20pm.</p> <p>Interview with a MA on 09/27/23 at 3:19pm revealed: -MAs were responsible for entering new order entries onto the eMAR. -When new orders were entered, the MA also entered start dates and end dates for time specific medication orders. -Medication was ordered from the pharmacy on the same day the order was entered onto the eMAR. -New orders were not always received in the SCU on the day they were written. -When she received a medication order that had a specified number of days for administration,</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 24</p> <p>she entered the start date as the date the order was written onto the eMAR and counted the specified number of days to get the end date for administration of the medication.</p> <p>-If she was not the MA who received the medication order, she just followed the directions and specified administration dates onto the eMAR.</p> <p>-No one checked behind the MAs to ensure medication orders and/or specified dates of administration were entered correctly.</p> <p>-She had not noticed Resident #2 was not administered complete doses of Diflucan or hydrocortisone cream.</p> <p>-The medications would not have been flagged to administer, if there was a stop date.</p> <p>Interview with a MA on 09/28/23 at 8:51am revealed:</p> <p>-She went to the assisted living side of the facility when she worked to pick up new orders.</p> <p>-She entered the new orders onto the eMAR.</p> <p>-She thought the Resident Care Coordinator (RCC) reviewed the orders once they were entered onto the eMAR.</p> <p>-When a medication order had specified number of days to administer, she entered the start date as the date she entered the order and counted the specified number of days to determine the end date.</p> <p>-She had not noticed Resident #2 was not administered complete doses of Diflucan or hydrocortisone cream.</p> <p>Interview with a Manager of the SCU on 09/28/23 at 11:59am revealed:</p> <p>-Some MAs entered medication orders onto the eMAR, but the RCC also entered some medication orders.</p> <p>-The RCC reviewed medication orders once they</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455
---	---

(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 25</p> <p>were entered onto the eMAR and she assisted as needed.</p> <p>-She did not know Resident #2's medication orders for Diflucan and hydrocortisone cream were not entered onto the eMAR correctly and were not administered as ordered.</p> <p>Interview with the ED on 09/28/23 at 1:50pm revealed:</p> <p>-MAs could enter medication orders onto the eMAR, but the RCC was responsible to follow up to make sure the medications were entered correctly.</p> <p>-He was not aware Resident #2's orders for Diflucan and hydrocortisone cream were not entered onto the eMAR correctly and were not administered as ordered.</p> <p>-He expected medications to be administered as ordered.</p> <p>Interview with Resident #2's PCP on 09/28/23 at 5:20pm revealed:</p> <p>-She ordered Diflucan to treat a yeast rash and hydrocortisone cream to calm the itching for Resident #2.</p> <p>-She was not aware the two doses of Diflucan and the 14-day treatment of hydrocortisone cream were not administered as ordered.</p> <p>-Resident #2 had ongoing issues with a yeast rash and she would have issues intermittently regardless of the dosing.</p> <p>-She expected both the Diflucan and hydrocortisone cream to be administered as ordered; however, there was no harm.</p>	D 358		