STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Pasquotank County Department of Social Services conducted an annual, follow-up, and complaint investigation survey February 2, 2022 - February 4, 2022. The complaint investigations were initiated by the Pasquotank County Department of Social Services on November 11, 2021, January 18, 2022, and January 25, 2022.	D 000		
D 067	10A NCAC 13F .0305(h)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 8 exit doors accessible to the residents' on the Assisted Living (AL) unit had a sounding device that activated for safety for 15 residents who were all assessed to be intermittently disoriented, with 1 resident assessed as constantly disoriented, and	D 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 1	D 067		

1 resident with a documented history of exit seeking behaviors (#10).

The findings are:

Review of residents' current FL-2s who resided on the Assisted Living unit (AL) as of 02/02/22 revealed:
-There were 15 of 45 residents who were documented as being intermittently disoriented, semi-ambulatory and ambulatory..
-There was 1 of 45 residents who was documented as being constantly disoriented.

Observation of the exit door at the end of the women's resident hall on 02/02/22 at 9:01am revealed:
-The door did not alarm when it was opened.
-There were no batteries in the alarm and the battery cover was missing.

A second observation of the exit door at the end of the women's resident hall on 02/02/22 at 4:25pm revealed:
-The door did not alarm when opened.
-There were no batteries in the alarm and the battery cover was missing.

Interview with a maintenance person on 02/02/22 at 4:29pm revealed:
-The maintenance staff checked the door alarms last week.
-The door alarms were supposed to be checked twice per week.
-The maintenance supervisor documented when the door alarms were checked.
-Someone had been removing the batteries out of the women's hall alarm, he was unsure who it was.
-The alarm on the women's hall had batteries last

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 2 week when it was checked, he was not sure how long the batteries had been missing. Observation of the door exiting to the smoking area on 02/02/22 at 9:41pm revealed: -There was a small square box located on the upper right corner of the interior side of the door. -There was a keyless turn lock on the interior side of the door. -There was a handwritten sign on the door, "Do not go out this door until 6:00am, that goes for all residents that go out to smoke" per the Administrator (named). -There was no audible sound when the exit door was opened. -The exit door opened into a covered screened porch. -There was one screened door with a movable latch that led to the facility grounds. -There was no enclosures or fencing surrounding the facility grounds leading from the screened door. Intermittent observations of the door exiting to the smoking area on 02/03/22 from 7:40am to 5:00pm revealed: -At 7:40am, a resident went outside to the smoking porch without staff accompaniment. -At 12:50pm, three residents went outside to the smoking porch without staff accompaniment. -There was no audible alarm when the exit door opened. -Residents were going in and out of the exit door and there were no audible alarms when the door was opened. -The small square box located on the upper right corner of the interior side of the door had a small switch to set the alarm to off, chime, and alarm. -The switch was set to off.	D 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 3 Intermittent observations of the door exiting to the smoking area on 02/04/22 from 8:11am to 5:00pm revealed there was no audible alarm when the exit door was opened. Interview with a personal care aide (PCA) on 02/02/22 at 9:50am revealed when an exit door alarm was activated by sounding that meant the door was not locked and staff were responsible to go to the door to ensure a resident had not gone out of the facility. Interview with a medication aide (MA)/PCA on 02/02/22 at 4:32pm revealed: -She was not aware of any residents that had ever eloped from the AL unit due to doors being unlocked or not alarming properly. -There were at least two residents that she could recall being confused and one resident that wandered on the AL unit. -MAs were responsible to check that doors were properly alarming at the beginning of each shift and as often as possible when walking up and down the halls. -She could not remember if she had checked the women's hall door at the beginning of her shift and was not aware the alarm was missing batteries. Interview with the Receptionist on 02/02/22 at 4:45pm revealed: -There should have been an audible alarm on all of the AL exit doors. -She had never heard an audible alarm sound when the door exiting to the smoking area was opened because residents went in and out of the door to smoke cigarettes during the day. -The audible alarms were on the AL exit doors to alert staff if a resident went out the exit door and staff could redirect the resident back inside.	D 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 4	D 067		

-There had been incidences when certain staff were taking the batteries out of the exit doors audible alarms.

A second interview with the maintenance person on 02/04/22 at 4:57pm revealed:
-Residents had scheduled times to go outside and smoke in the smoking area.
-Residents could exit the facility through the smoking area exit door freely throughout the day without staff.
-The sounding device on the exit door was not activated with a sounding alarm during the day but staff monitored the exit door.
-He was aware there were residents in the AL unit with disorientation and the alarm did not sound when the exit door to the smoking area opened.

Interview with a MA on 02/04/22 at 8:05am revealed:
-There were several confused and ambulatory residents that resided on the AL unit.
-One resident on the AL unit would occasionally go to the door and stand at it; her room was at the end of the hall right next to the unalarmed door.
-The MAs were responsible to ensure that the doors alarmed properly at the beginning of each shift then ensure each resident was present according to the census.
-The women's hall alarm was working properly that morning when she came in and had batteries.
-It was concerning that the women's hall alarm did not work properly over the last two days and did not have batteries because residents could have gotten out without the staff knowing.
-If residents assessed with disorientation left the facility without staffs' knowledge, it would be of concern because there was a lot of wooded areas

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 5	D 067		

and water surrounding the facility.
-The only time she had noticed the women's hall alarm did not have batteries was last week.
-She reported the missing batteries immediately to the Resident Care Coordinator (RCC) who replaced the batteries.
-She was not sure who was removing the batteries from the alarm.

Telephone interview with a MA on 02/04/22 at 5:45am revealed:
-There were sounding devices that activated when the exit doors were opened on the AL section.
-When an exit door was opened and the alarm sounded, staff were responsible to immediately see why the exit door was alarming.
-The exit door leading the smoking area never alarmed when the door was opened.
-The exit door leading to the smoking area was locked from 10:00pm - 6:00am nightly.

Confidential interview with a staff revealed:
-There were times the staff had found batteries missing out of the sounding devices on the two exit doors on the women's hallway.
-The last occurrence was last week (week beginning 01/30/22).
-The staff could not locate any batteries during the shift to replace the missing batteries in the exit doors sounding devices.
-The staff reported the incident of the missing batteries to the oncoming staff on the next shift.

Review of the facility's December 2021 monthly maintenance logs revealed:
-All the door alarms in the facility were checked for proper functioning on 12/14/21.
-There was no documentation of weekly or daily door alarm checks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 6 Review of the facility's January 2022 monthly maintenance logs revealed: -All the door alarms in the facility were checked for proper functioning on 01/11/22. -The batteries in all of the door alarms were replaced on 01/11/22. -There was no documentation of weekly or daily door alarm checks. Review of the facility's February 2022 monthly maintenance logs revealed: -All the door alarms in the facility were checked for proper functioning on 02/03/22. -There was no documentation of weekly or daily door alarm checks. 1. Review of Resident #10's current FL-2 dated 10/26/21 revealed: -Diagnoses included schizophrenia and mental disability. -The resident was intermittently disoriented. Review of Resident #10's current assessment and care plan dated 10/26/21 revealed: -The resident ambulated with the use of a wheelchair daily. -The resident was oriented and forgetful and needed reminders. -The resident was sometimes oriented to time and place. Review of Resident #10's Clinical/Nurses Notes revealed: -On 04/12/21 with a time documented as "6-3", a PCA reported the resident was exit seeking, tried to exit the "north hall" exit door. The resident stated that she was trying to find her children and she needed a new wheelchair. The resident received an as needed Ativan. (Ativan is a	D 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 7	D 067		

medication used to treat anxiety).
-On 04/13/21 at 10:00am, the resident had been agitated lately; yesterday, (04/12/21) the resident was trying to get out the side doors stating that she wanted to see her children.
-On 06/20/21 with a time documented as "6-3", the resident went to the men's hall and opened the door and set the alarm off.
-On 08/18/21 at 11:40am, there was an entry signed by the Resident Care Coordinator (RCC), the resident got out of the building today when other residents were holding the door. The resident went to the end of the driveway; when the resident was asked where she was going, the resident stated that she was going to see her son.
-On 09/11/21 at 9:25am, there was an entry signed by the RCC, the resident kept trying to get out the doors.

Interview with the RCC on 02/04/22 at 5:15pm revealed:
-She verified she documented in Resident #10's Clinical/Nurses Note on 08/18/21 and 09/11/21.
-Resident #10 had a history of attempting to exit the facility through the front exit door without staff supervision.
-She was not aware of Resident #10 attempting to exit the facility without staff since October 2021 or November 2021.
-The front exit door was locked and the other exit doors were alarmed with a sounding device.
-The exit door to the smoking area did not alarm when the door was opened during the day..
-She thought Resident #10 would not attempt to exit the facility through the exit door leading the smoking area because the resident did not like smoke and never went outside in that area.
-Staff were responsible to ensure the exit doors alarmed when opened on all three shifts.
-She had concerns the exit doors did not alarm to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 8	D 067		

alert staff when the exit doors were opened because she wanted the residents to be safe.

Telephone interview with Resident #10's mental health provider on 02/04/22 at 10:45am revealed:
-The resident had mild cognitive impairments.
-In August 2021, the resident had a mini mental exam and the resident scored a 26 meaning the resident had mild cognitive impairment.
-In January 2022, another mini mental exam was done that reflected the resident had moved from mild to moderate cognitive impairment.
-It would have been important to ensure there was a sounding device on all exit doors of the AL section of the facility to ensure the safety of all residents with cognitive impairments.

Interview with the Administrator and Owner of the facility on 02/02/22 at 5:00pm revealed:
-The Administrator was unaware of a rule that the AL doors had to be alarmed when opened when there were residents residing in the AL section assessed with disorientation.
-Maintenance staff were to check the door alarms monthly.
-The door to the smoking porch was not set up to alarm during the daytime.
-The door to the smoking porch was supposed to alarm at night.

_____

The facility failed to ensure 2 of 8 exit doors on the Assisted Living (AL) Unit were equipped with a sounding device alerting staff when activated with Resident #10 who resided on the AL, known to be intermittently disoriented, with a documented history of exit seeking. This failure was detrimental to the health, safety, and welfare of the residents which constitutes a Type B Violation.

_____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 067	Continued From page 9 The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/04/22 for this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 21, 2022.	D 067		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews the facility failed to ensure the Special Care Unit (SCU) was free of hazards left accessible to 28 residents which included an unsecured common bathroom which was under construction and contained several hazardous tools and items. The findings are: Review of the facility's current license effective 01/01/22 revealed the facility was licensed with a capacity of 130 residents with a Special Care Unit (SCU) capacity of 26 residents.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 10 The facility's census in the SCU was 26 residents. Intermittent observations of the SCU on 02/04/22 from 9:00am to 9:53am revealed: -Upon entry to the SCU, there was a nurse station on the right and a common living area and dining room on the left. -There were two resident halls that branched off through double doors to the right and to the left. -Upon entering the right hall, there was resident room on the left with the door open and two residents were observed resting on their beds; upon review of one of the resident's FL2, it revealed he was documented as ambulatory. -Next door to the resident room, to the right, was a common bathroom under construction with the door open. -There were resident rooms across the hall from the common bathroom and down the hall from the common bathroom. -Residents on this hall would have to walk past the common bathroom to reach the entrance to the hall to access the common living area and the dining room except for the first room on the left. -Resident #9 was in the hallway around the corner from the common bathroom in a wheelchair; review of the residents record revealed he had a history of confusion, behaviors, and an elopement. -There was a medication aide (MA) administering medications to residents on this hall during this time frame. -There was a personal care aide (PCA) providing care to residents in multiple rooms on this hall with the doors closed. -There was a sitter with several residents in the common living area across from the entrance to the hall. -There was a housekeeper and MA intermittently present at the nurse station across from the	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 11	D 079		

entrance to the hall.
-None of the SCU staff on the unit had direct line of sight of the common bathroom under construction from where they were seated or working.

Observation of the common bathroom on the SCU hall on 02/04/22 from 9:22am to 9:48am revealed:
-At 9:22am the room was unattended and there were no facility staff or contracted workers in or around the bathroom.
-The bathroom door was open and unable to be locked.
-There was concrete rubble strewn all over the floor with exposed wires and pipes along the gutted walls.
-There was an exposed light bulb and insulation hanging from the ceiling.
-There was a large power tool, similar to a jack hammer, with an approximately 12-inch sharp metal blade protruding from the end. lying on the floor plugged into an electrical socket.
-There was a large shovel, a long, sharp metal pole, a ladder, a crowbar, and a roll of electrical wire on the floor.
-The contracted construction workers returned to the room at 9:33am and filled a wheelbarrow with concrete rubble.
-The contracted construction workers came and went from the room 3 times between 9:33am and 9:44am removing the concrete debris through the back door of the facility to an unknown location.
-They packed up all tools and other items after removing all the concrete debris and left the facility leaving the room unattended.

Interview with the contracted construction company owner on 02/04/22 at 9:48 am revealed:
-Construction on the bathroom on the SCU was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 12	D 079		

started on 02/03/22.
-The facility told him in advance about the safety concerns of the residents who resided in the SCU.
-He was told to not to leave hazardous supplies accessible to the residents who resided in the SCU.
-He was not concerned about leaving the bathroom door unlocked while he was away from the room.
-He was not concerned that he had been away from the unlocked bathroom long enough for anyone to injure themselves.
-He was not sure how he would be able to finish the construction project without leaving the room unattended with his tools while he was actively working due to the fact the bathroom door was unable to be locked.

Interview with medication aide (MA) on 02/04/22 at 9:35am revealed:
-The bathroom door was expected to be shut and locked during construction because there were residents on the SCU who had wandering behaviors.
-She expected the contracted workers to shut and lock the bathroom door when they left the room unattended.
-It was important for the door to be locked when unattended to prevent any SCU residents from coming into contact with an unsafe environment.
-She was not instructed to do so, but was trying to keep an eye out for residents near the common bathroom because of the construction.

Interview with MA/personal care aide (PCA) on 02/04/22 at 9:43am revealed:
-It was a concern that the bathroom door was not locked during construction because residents on the SCU were confused and had wandering

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 13	D 079		

behaviors all the time.
-Due to their wandering behaviors the residents might swallow things or injure themselves on unsecured or sharp objects.

Interview with the Assistant Administrator/Special Care Coordinator (SCC) on 02/04/22 at 10:00am revealed:
-Construction on the common bathroom on the SCU was started on 02/03/22 and she was aware there was no lock on the door.
-It was a concern that the bathroom was accessible to the SCU residents during construction because residents could enter the unattended room and injure themselves.
-There was no facility staff assigned to monitor residents around the bathroom during construction, and she did not know why.

Interview with the facility owner on 02/04/22 at 10:08am revealed:
-She was aware there was no lock on the bathroom door.
-She did not have enough facility staff to assign someone to monitor the unlocked bathroom under construction and therefore could not guarantee supervision of the area.
-The contracted workers were not expected to lock the door each time they left the bathroom because there was no lock.
-The contracted workers ceased the construction project and left the facility once safety concerns were identified.

Observation of the the common bathroom on the Special Care Unit (SCU) on 02/04/22 at 6:07pm revealed:
-The entrance door to the bathroom was locked.
-There was a large handwritten sign "DO NOT ENTER, CLOSED for construction, NO ENTRY,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 079	Continued From page 14 stay out", 2 small printed stop sign shaped signs "STOP, DO NOT ENTER" and several lines of pink colored tape across the door. Telephone interview with one of the facility's mental health providers on 02/04/22 at 10:45am revealed: -There was a concern for the safety of residents in the SCU when there was a room left unsecured and/or not monitored by staff. -Most of the residents residing in the SCU had unsteady gaits and would have been at risk of a possible fall in the room and if tools were left unattended in the room the residents would not know not to touch those items. -It would have been important to have secured the room at all times while under construction in the SCU to protect the residents' safety. _____ The facility failed to ensure a common bathroom was secure while under construction and containing a large power tool, a large shovel, a long, sharp metal pole, a ladder, a crowbar, and a roll of electrical wire The room was accessible to 28 residents on the Special Care Unit (SCU) including residents diagnosed with dementia and wandering behaviors. This failure was detrimental to the health, safety, and welfare of the residents in the SCU and constitutes a Type B Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 02/04/22. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 21, 2022.	D 079		
D 225	10A NCAC 13F .0702(a) Discharge Of Residents	D 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 225	Continued From page 15 10A NCAC 13F .0702 Discharge Of Residents (a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in Paragraphs (a) through (g) of this Rule. The discharge of a resident initiated by the facility involves the termination of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for the resident based on the facility's bed hold policy. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure residents received a discharge according to conditions and procedures which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to discharge of residents. The findings are: Based on interview and record reviews, the facility failed to provide a safe and orderly discharge with a 30-day notice and appeal rights for 1 of 2 sampled residents (Resident #9) as evidenced by failing to coordinate an appropriate and safe discharge for a resident, who was discharged to the emergency room (ER) for a complaint of leg pain and a fall. [Refer to Tag 927, G.S. 131D-21(17) Declaration of Resident's Rights (Type A1 Violation)].	D 225		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 16	D 270		

accordance with each resident's assessed needs, care plan and current symptoms.

This Rule is not met as evidenced by:
TYPE A2 VIOLATION

Based on observations, interviews, and record reviews the facility failed to provide supervision to 2 of 7 sampled residents (#1, #4) in accordance with the facility's policies and physician orders resulting in a resident (#4) falling five times in a 3-week time frame resulting in injury and hospitalization, and a resident (#1) having two unwitnessed falls in a 3 week time frame resulting in a hip fracture.

The findings are:

1.Review of Resident #4's current FL-2 dated 12/13/21 revealed:
-Diagnoses included Alzheimer's Disease, difficulty walking, anxiety disorder, diabetes mellitus, hypertension, paroxysmal atrial fibrillation, congestive heart failure, osteoarthritis, cerebrovascular disease, and muscle weakness.
-The resident was intermittently disoriented and semi-ambulatory.
-The resident was documented as having wandering behaviors.

Review of Resident #4's Resident Register dated 12/13/21 revealed:
-The resident was admitted to the facility's Special Care Unit (SCU) on 12/15/21.
-The resident had significant memory loss requiring direction.
-The resident required assistance with ambulation (walking), toileting and other activities of daily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 17	D 270		

living (ADL).
-The resident was documented as discharged on 01/04/22 due to passing away at the facility.

Review of Resident #4's Level of Care Determination and ADL checklist dated 12/15/21 revealed:
-The resident required extensive assistance with bathing, dressing, ambulation, toileting, transferring, and grooming.
-He also required weight bearing support from another person or someone would have to perform tasks for him.

Review of Resident #4's Pre-Admission and Quarterly assessment form dated 12/07/21 revealed:
-The resident was documented with moderate severe cognitive decline being frequently disoriented and requiring assistance with all ADLs.
-The resident required constant redirection and was ambulatory with unsteady gait, sometimes crawling on the floor.

Review of Resident #4's Nursing Evaluation dated 12/15/21 revealed the resident had a history of falls and required a Fall Risk Assessment.

Review of Resident #4's Fall Risk Evaluation and Interventions dated 12/15/21 revealed:
-The resident's fall score was a 20; any score over 7 was considered a high fall risk.
-The resident was to have daily fall screenings.

Review of Resident #4's record revealed there was no documentation that the resident received daily fall screenings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 18 Review of Resident #4's facility progress note dated 12/15/21 revealed: -The resident was a new admission to the Special Care Unit (SCU). -He had a history of wandering behaviors, was semi-ambulatory only able to walk a short distance and had a history of crawling on the floor. -The resident was incontinent of bladder and bowel and required 15-minute supervision checks for 72-hours then would be on 30-minute supervision checks there-after. Review of Resident #4's Incident/Accident (I/A) Report dated 12/17/21 revealed: -Staff heard a loud "thump" at 1:35am and discovered the resident laying in the floor. -The resident had a head injury that included an abrasion and a knot above his eye. -The staff called 911 to transport the resident to the Emergency Department (ED) via an ambulance with Emergency Management Services (EMS). Review of Resident #4's facility progress note dated 12/17/21 at 3:00am revealed: -The resident was discovered lying in the floor after an unwitnessed fall. -There was a knot on the right side of the resident's eye and cheek. -He was immediately sent to the hospital for further evaluation. Review of Resident #4's hospital ED provider notes dated 12/17/21 revealed: -The resident was diagnosed with a head injury and abrasion after an unwitnessed fall. -The resident was discharged back to the facility via wheelchair accompanied by a nurse at 4:54am.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 19 Review of Resident #4's facility progress note dated 12/20/21 at 3:44pm revealed: -The resident was found on the floor after he had an unwitnessed fall attempting "to change himself". -The resident complained of pain in his left knee. -The residents Power of Attorney (POA) was contacted and instructed the staff to provide Tylenol for pain relief and not send the resident to the hospital for further evaluation. -The Special Care Coordinator (SCC) was notified. Review of Resident #4's I/A Report dated 12/24/21 revealed: -Staff coming on shift at 2:00pm noticed a bruise on the resident's eye. -Staff were not sure if the bruise was a result of an unwitnessed fall. -The staff called 911 to transport the resident to the hospital via an ambulance with EMS. Review of Resident #4's ED provider notes dated 12/24/21 revealed the resident was seen for an unwitnessed fall resulting in a hematoma (bruise) around his right eye. Review of Resident #4's hospital after visit summary dated 12/24/21 revealed the resident was diagnosed with a head injury due to a fall. Review of Resident #4's facility progress note dated 12/24/21 revealed the resident returned from the hospital on the second shift (3:00pm - 11:00pm) with no new orders. Review of Resident #4's I/A Report dated 12/25/21 revealed: -The resident was sitting in his wheelchair in the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 20	D 270		

television (TV) room.
-A personal care aide (PCA) heard a loud noise at 6:15am and found the resident lying on the floor.
-The resident stated his head was hurting from the fall.
-The staff called 911 to transport the resident to the ED via an ambulance with EMS.

Review of Resident #4's hospital Admission History and Physical (H&P) dated 12/25/21 revealed:
-The resident was admitted for an unwitnessed fall and reported to have an increase in frequency of unwitnessed falls over the previous 10 days.
-The resident's Eliquis (a medication used as a blood thinner) was to be discontinued due to his increase in falls and the risk for hemorrhagic stroke with the increased falls.
-A family member reported the resident had over 10 falls within the last few weeks with most of them being unwitnessed.
-The resident had bruising around his right eye from a previous fall with head injury.

Review of Resident #4's facility progress note dated 12/25/21 at 11:00am revealed:
-The resident received orders from the hospital for a geri-chair with a tray, half rails, and a fall mat.
-The resident's Power of Attorney was notified to come sign restraint paperwork and gave verbal consent to use the geri-chair with a tray.

Review of Resident #4's hospital progress notes dated 12/26/21 revealed:
-The resident's recurrent falls occurred with underlying dementia causing him to be unable to follow directions and maintain fall prevention precautions.
-The resident had balance issues but did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 21	D 270		

benefit from a previous admission to a skilled rehabilitation facility because he was unable to retain information to assist him from falling.
-There was a consideration of palliative care due to advanced dementia with recurrent falls.
-The discharge plan was in 1-2 days to find appropriate placement with home health therapy and going to a skilled nursing facility there forward to reside.
-The resident appeared confused and weak but without distress.
-The resident asked for pain medication but was unable to state where his pain was located.

Review of Resident #4's hospital discharge summary dated 12/27/21 revealed:
-The resident was discharged after being evaluated for 3-days after recurrent unwitnessed falls.
-The resident received a face to face assessment for the use of a geri-chair and hospital bed with half rails.
-The resident was no longer ambulatory and required two people to assist him in transfers making him a greater risk for falls and injuries.
-The facility was to monitor and assist the resident while using the ordered equipment.

Review of Resident #4's hospital case management note dated 12/27/21 revealed:
-The resident was discharged to the facility on 12/27/21 at 4:30pm.
-The resident was referred to home health services upon discharge.
-It was documented that the hospital understood the facility to be a skilled nursing facility.

Review of Resident #4's hospital after visit summary dated 12/25/21-12/27/21 revealed:
-There was an order for the delivery of home

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 22	D 270		

medical equipment to include a hospital bed with half rails, geri-chair with tabletop, and fall mat.
-The equipment was expected to be delivered on 12/28/21.

Review of Resident #4's I/A Report dated 01/04/22 revealed:
-A PCA was performing her rounds and found the resident unresponsive at 1:56am.
-The PCA called for the MA who began cardio-pulmonary resuscitation (CPR) until EMS arrived.
-Another PCA called 911 to transport the resident to the hospital via an ambulance with EMS.
-EMS took over CPR and attempted to administer medications to revive the resident.
-The resident's rescue efforts were unsuccessful, and he was pronounced deceased at 2:21am.

Review of Resident #4's EMS report dated 01/04/22 revealed:
-The resident was found unresponsive by the facility at 1:58am.
-The facility called for EMS to respond at 1:59am.
-The facility stated they last checked on the resident at 12:00am on 01/04/22.
-EMS arrived onsite at 2:04am and took over CPR and resuscitation efforts at 2:06am.
-The resident was unresponsive, cold, dry, pale, and with absent heart rate and breath sounds was lying in feces on the floor upon arrival.
-Resuscitation efforts were performed using CPR and intravascular medications until the time of death was recorded at 2:21am.

Review of Resident #4's January 2022 Restraint Use Oversight record revealed:
-The resident was documented as unrestrained on 01/04/22 from 11:15pm to 1:45am.
-The resident was documented as toileted on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 23 01/03/22 at 11:00pm. -The resident was documented as expired on 01/04/22 at 2:00am. Review of Resident #4's record revealed there was no documentation of any supervision checks for January 2022. Interview with a medication aide (MA)/personal care aide (PCA) on 02/04/22 at 5:30am revealed: -She was not present for any of Resident #4's falls but was present on the night he passed away on 01/04/22. -The staff rounded on Resident #4 every 2-hours, there were no call bells in his room, and they never heard any sounds from the resident's room that were concerning on 01/04/22. -Resident #4 was not on any increased supervision or safety checks that she was aware of, she did not know why as he had a history of falling. -Resident #4 was last rounded on at 1:00am on 01/04/22 in which he was in bed asleep. -She was working on 01/04/22 and a PCA she was working with had performed her safety rounds (she could not recall what time) and asked her to come to Resident #4's room because she found the resident unresponsive on the floor in a t-shirt; he also was observed to have been incontinent. Interview with a second MA/PCA on 02/04/22 at 6:08am revealed: -Resident #4 was often found crawling on the floor and had a history of a lot of falls. -He required increased supervision because he liked try to be independent. -He was sent out to the hospital several times for falls and was on safety checks every two hours prior to his first fall.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 24 -After the first fall, she thought Resident #4 was on increased supervision, but could not remember. Interview with a third MA on 02/04/22 at 9:30am revealed: -The SCU staff tried to check on all resident's in the SCU every 30-minutes. -The SCU was rarely short-staffed and all staff had been well trained to keep resident's safe upon hire and intermittently there-after. Interview with Assistant Administrator/Special Care Coordinator (SCC) on 02/04/22 at 10:08am revealed: -Resident #4 was a high fall risk with an unsteady gait; he frequently crawled on the floor and would try to get out of his wheelchair to try to walk. -The resident was supposed to have daily fall screenings upon admission due to his high risk of falls. -The SCU's policy was for residents to receive 15-minute safety checks for 72 hours upon admission, then every 30-minutes thereafter. -Any resident with restraints was expected to have safety checks every 15-minutes. -She was not present or sure when Resident #4 was last checked on the morning he passed away on 01/04/22, but he should have been checked on every 15-minutes if he was restrained or every 30-minutes if he was not restrained. -If Resident #4 was not checked on every 30-minutes as expected she did not know why. -Other than restraints, there were no other interventions or increased supervision measured implemented for Resident #4, she did not know why. Interview with the Administrator on 02/02/22 at 11:56am revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 25 -All residents residing on the SCU were expected to have safety rounds every 30-minutes. -Any SCC resident who had a risk of increased falls or who were in restraints were expected to be rounded on more often than every 30-minutes. Telephone interview with Resident #4's primary care provider's (PCP's) nurse on 02/04/22 at 4:19pm revealed: -The PCP office had not been notified of any of Resident #4's falls from 12/15/21 to 01/04/22. -Resident #4's PCP expected to be notified every time the resident fell. -When the office received information that a resident fell, the PCP would review the information and either provide orders or assess the resident to provide further guidance and orders. Attempted telephone interview with the PCA that found Resident #4 unresponsive on 02/04/22 at 5:35am and 6:30pm was unsuccessful. Attempted telephone interview with Resident #4's PCP on 02/04/22 at 4:19pm was unsuccessful. 2. Review of Resident #1's current FL-2 dated 08/18/21 revealed: -Diagnoses included urinary tract infection, keratoconjunctivitis, spondylosis, pathological fracture, overactive bladder, and stress fracture. -The resident was constantly disoriented and non-ambulatory. -The resident required assistance with ambulation and transfer. -She required limited assistance with bathing, dressing, and grooming. -The resident was functionally limited in sight and hearing and was incontinent of bowel and bladder.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 26 -Her level of care was documented as assisted living (AL) unit. Review of Resident #1's current care plan dated 05/21/21 revealed: -The resident required supervision with ambulation and transfer. -She required limited assistance with bathing, dressing, and grooming. -Toileting was not addressed on the resident's evaluation. Review of the facility's assisted living (AL) unit supervision policy revealed: -Residents were monitored every two hours unless the resident assessment indicated the resident was disoriented, was restrained, or other needs existed for more frequent orders. -Resident residing on AL who were deemed disoriented or utilized a restraining device were to be monitored every 30 minutes. Review of Resident #1's primary care provider (PCP) Standing Order for Transfer to Emergency Department revealed: -The facility was expected to notify the PCP of witnessed and unwitnessed falls which occurred during business hours. -The facility was expected to notify the PCP on the next business day of any witnessed or unwitnessed falls which occurred after business hours. -The facility was expected to call 911 and have the resident transferred to the Emergency Department (ED) if the resident was unconscious or had visible injuries. -The PCP expected to be notified the next business day of the resident's transfer if 911 was called. -The PCP would determine what follow up was	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 27	D 270		

needed after being notified of resident falls.

Review of Resident #1's Incident/Accident (I/A) Report dated 12/31/21 revealed:
-The resident had an unwitnessed fall at 7:00am.
-The resident was found on the bathroom floor.
-The resident was transported to the emergency department (ED) via ambulance by emergency medical services (EMS).

Review of Resident #1's emergency department (ED) provider note dated 12/31/21 revealed:
-The resident was found on the floor of her facility and brought in by EMS.
-The resident was discharged back to the facility on 12/31/21 with diagnoses of fall, elevated troponin, chronic leukocytosis, and pneumonia.

Interview with a second MA/PCA on 02/04/22 at 5:30am revealed there had been no instructions since Resident #1's falls to check on the resident more often than every two hours.

Review of Resident #1's I/A Report dated 01/18/22 revealed:
-The resident had an unwitnessed fall at 2:20am.
-The resident was found on the floor.
-She stated she was getting up to the bathroom and missed her wheelchair.
-She complained of head pain and right leg pain.
-The resident was transported to the ED via ambulance by EMS.

Review of Resident #1's ED provider note dated 01/18/22 revealed:
-The resident was found on the floor at the facility.
-The resident said she lost her balance.
-She complained of bilateral hip and thigh pain as well as right lower extremity pain.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 28	D 270		

-She was discharged back to the facility on 01/18/22 with a diagnosis of right greater trochanter fracture (hip fracture), suspected fracture at left ischial tuberosity (the curved bone that makes up the bottom of the pelvis), and strain/partial tear of right hamstring.

Review of Resident #1's PCP's office/outpatient visit note dated 01/19/22 revealed:
-The resident had diagnoses which included history of falls and right hip fracture.
-She had new orders for a hospital bed with rails.
-The resident had new orders for a fall mat.

Review of Resident #1's progress notes from her Orthopedic provider dated 01/24/22 revealed:
-The resident sustained a fracture to her right hip.
-The resident had an order for physical therapy (PT).

Review of Resident #1's PCP's office/outpatient visit note dated 02/02/22 revealed:
-The resident had a decline in her functional status since the last PCP visit.
-The PCP ordered hospice for the resident.

Interview with Resident #1's hospice provider on 02/04/22 at 4:32pm revealed she expected the resident to be on increased supervision due to the resident's use of restraints and history of falls.

Review of Resident #1's record on 02/02/22-02/04/22 revealed:
-There was no increased supervision documented for the resident after any of her falls.
-There was no documentation of an assessment related to the significant change in the resident's condition.

Interview with Resident #1's family members on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 29 02/02/22 at 9:18am revealed: -The resident's family members visited her almost daily. -The resident had a history of falls and had fallen at least three times in the last few months. -When the resident fell at the facility the previous summer, she had broken 9 ribs. -The resident's most recent fall was 01/18/22 in which she fractured in hip. -Prior to the resident's most recent fall the resident was fairly independent being able to sit up in a chair, was talkative, and did not require briefs for incontinence. -Since the resident's most recent fall, she has been less alert, less talkative, unable to eat or drink much, and has experienced anxiety in which she did not want to be alone. -It was somewhat concerning because the resident often complained of thirst when they visited and they were unsure how often staff were coming in to check on the resident and meet her needs. Observation of Resident #1 on 02/02/22 at 9:18am revealed: -The resident was lying in a hospital bed with bedrails. -The resident was not alert. -The resident cried out in pain when she was moved by a family member. Observation of Resident #1 on 02/04/22 at 8:04am revealed: -The resident required the assistance of two staff members when she was transferred from her bed to her wheelchair. -When the staff members assisted the resident with her transfer she cried out in pain and stated, "That's my broken leg!"	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 30	D 270		

Interview with a personal care aide (PCA) on 02/02/22 at 4:54pm revealed:
-All residents on the AL unit received supervision safety checks every two hours unless instructed otherwise by the Resident Care Coordinator (RCC) or Administrator.
-She was not aware of Resident #1 requiring supervision safety checks more often than every two hours, even after her falls, she did not know why.

Interview with a second PCA on 02/04/22 at 8:18am revealed:
-Resident #1 had bed rails to prevent her from falling out of the bed.
-Resident #1 had safety checks every two hours and did not receive any kind of increased supervision.
-It was concerning that staff were not told to increase safety checks on Resident #1 because the resident had a decline and change in her status since her last fall.

Interview with a medication aide (MA)/PCA on 02/02/21 at 4:32pm revealed:
-Resident #1 used to be well-oriented and fairly independent.
-Since Resident #1's last fall, she now required total care which included incontinence care every two hours.
-Resident #1 had eaten approximately 50% less in the last two weeks and asked for water every time she entered the room.
-She had not received any specific instructions to check on Resident #1 more often since either of the resident's falls.

Interview with a second MA/PCA on 02/04/22 at 5:30am revealed:
-There was no facility procedure to identify

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 31	D 270		

resident's who were a high fall risk except to look at their record or to write it in the communication log that was documented in each shift.
-Resident #1 had a history of a lot of falls and used to be independent being able to dress and toilet herself until her last fall on 01/18/22.
-She found Resident #1 on the floor when she fell on 01/18/22 when she was performing her safety rounds; she had experienced an unwitnessed fall while trying to get out of bed and missed her wheelchair.
-When she found Resident #1 on the floor the morning of 01/18/22, she immediately sent the resident to the hospital and then instructed the MA on the next shift to notify the resident's PCP during business hours.
-Resident #1 had a call bell and fall alarm.
-The call bell and the fall alarm was not in use the morning of 01/18/22.
-Since Resident #1's last fall she had to be very careful with her because she was fragile and moaned in pain when she was moved.
-Resident #1 often complained of being cold and did not want to be alone since she returned from the hospital on 01/18/22.
-All residents on the AL were provided safety checks every two hours.
-There had been no instructions since Resident #1's falls to check on the resident more often than every two hours.

Interview with a third MA/PCA on 02/04/22 at 6:08am revealed:
-She found Resident #1 on the floor in the bathroom when she fell on 12/31/21 around 6:30am.
-She had just been in Resident #1's room checking on her roommate, but was getting ready to leave after her shift and decided to check on everyone one last time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 32	D 270		

-All residents on the AL unit generally received safety checks every two hours.
-Resident #1's fall alarm was not in use when she fell on 12/31/21, she did not know why.
-She was not present when Resident #1 fell on 01/18/22, but since the resident returned from the hospital after that fall, she had declined and required a lot more assistance that she used to.
-Resident #1 was no longer able to move independently or go to the restroom by herself since her last fall.
-Since Resident #1's last fall, the resident now had bedrails and a fall alarm in place.
-She had never been instructed to check on Resident #1 more often than every two hours since her falls.

Interview with a third MA on 02/04/22 at 8:13am revealed:
-She was not present for Resident #1's fall on 01/18/22 but knew she had fractured her hip during that fall.
-The resident was on every 2 hour safety checks prior to her fall.
-She was not aware of any increase in safety checks or supervision after any of the resident's falls.
-She was not aware of a bed alarm or any other fall prevention measures being put into place for Resident #1 after her falls.
-Resident #1 used to be fairly independent prior to her falls but was different now; the resident did not want to be alone and was recently put on hospice due to her decline in condition.
-Usually, residents who experienced falls were placed on increased safety checks every 15-30 minutes for 72 hours.
-Resident #1 was not on increased safety checks.
-There were a lot of residents in the facility who frequently fell and she though all residents should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 33	D 270		

received 30-60 minute safety checks due to their fall risk.

Interview with the Resident Care Coordinator (RCC) on 02/04/22 at 5:35pm revealed:
-She expected the Resident #1 to be put on every 30 minute safety checks after her falls.
-It was her and the MAs responsibility to ensure the resident was on increased supervision.
-She was unsure why the Resident #1 was not put on every 30 minute safety checks after her falls, it must have been overlooked.
-She was concerned that the resident's most recent fall could have been prevented if increased supervision and fall precautions, such as a fall mat and fall alarm, had been put into place.
-She was not aware that Resident #1 had a bed rail in place, but because the rail was considered a restraint, the resident should have been on every 15-minute safety checks.

Interview with the Assistant Administrator/ Special Care Coordinator (SCC) on 02/04/22 at 10:00am revealed:
-She expected facility staff to follow facility policy and any standing orders from the PCP after any resident falls.
-She was unfamiliar with Resident #1's care and was unsure if Resident #1 was receiving increased supervision.
-Resident #1 used to be independent and able to ambulate in her wheelchair prior to her last fall.
-Since Resident #1's last fall, she was now requiring full assistance and was recently admitted to hospice care.

Interview with the Administrator on 02/02/22 at 11:56am revealed:
-All residents who resided on the AL unit were expected to receive safety checks every two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 34 hours. -Any resident who had safety concerns on the AL unit should have increased safety rounds more often than two hours. Telephone interview with Resident #1's Nurse Practitioner (NP) on 02/03/22 at 4:30pm revealed: -She last saw Resident #1 on 02/02/22, 01/19/22, and 01/13/22. -She was only aware Resident #1 had fallen on 01/18/22 because the hospital faxed her paperwork from her ED visit noting the resident had broken her hip. -She expected the facility to follow standing orders for falls and notify her of falls within the business day. -A fax was sufficient notification. -She expected increased supervision and safety checks after the resident's first fall and would have provided fall precaution orders such as a concave mattress, fall mat, and bed/chair alarm, had she been made aware of the falls. Telephone interview with Resident #1's PCP on 02/04/22 at 4:05pm revealed: -He expected to be notified of all resident falls by the next business day. -He was not made aware of Resident #1's falls. -He expected the resident to have every 30 minute safety checks for increased supervision after falling. -If he had been made aware of the resident's falls he would have given orders for fall precaution interventions such as a fall mat, bed/chair alarm, and concave mattress as well as increased supervision. _____ The facility failed to provide supervision for 2 of 7 sampled residents in accordance with the facility's policies and procedures and the resident's	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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 270	Continued From page 35 assessed needs which resulted in Resident #4 sustaining five falls over a three week period that resulted in head injuries, hematoma, abrasions, increased level of care requiring home health and a recommendation for skilled nursing, and hospitalization, and Resident #1 sustaining multiple falls that resulted in a fractured hip with overall decline resulting in hospice services. This failure resulted in serious physical harm and serious neglect which constitutes a Type A2 Violation. _____ The facility did not provide an acceptable Plan of Protection to provide supervision for residents or a date of expected compliance. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 06, 2022.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure physician notification for 2 of 7 (#1,#4) sampled residents related to a resident who experienced pain that was not reported to the primary care provider (PCP) (#1), a resident who was supposed to attend a specialty follow-up medical referral appointment related to abnormal laboratory	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 36	D 273		

findings (#1), and two residents that had multiple falls that required hospitalizations and were not reported to the PCP (#1, #4).

The findings are:

Review of the facility's contracted PCP's Standing Order for Transfer to the Emergency Department (ED) signed 03/25/21 revealed:
-When a resident had a witnessed or unwitnessed fall after office hours, weekends, and holidays, the resident should be observed for head injury, head injury symptoms such as bleeding, headache, or bruising.
-If conscious with no visible injury the facility staff should contact the PCP office the next business day to communicate the patient had a fall.
-The PCP office would determine if a telephone visit or office visit was necessary.
-Patients with "urgent needs", but no visible injury and no abnormalities in vitals, presenting as not feeling well, stomach pain, back pain, leg pain, general aches/pains, those that are on pain medications or have habitual visits to the ED should be assessed.
-The PCP office should be contacted the next business day to communicate the resident had a fall.
-The PCP office would determine if a telephone visit or office visit was necessary.
-Emergency needs are identified as falls with visible injures, bleeding, unconsciousness, abnormalities of vitals, syncope or fainting, heart attack, acute breathing difficulties, or any other medical emergency.
-The facility should contact 911 immediately and be transferred to the ED.

Review of the facility's Falls, Elopement, Behavior Management Policy and Procedure dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 37 01/26/22 revealed: -The facility should assess the resident for injury and call for help if necessary. -If the resident sustained more than a superficial injury but is not unconscious, the facility staff should call 911 and keep the resident as comfortable as possible until 911 help arrived. -Staff were to follow up with a resident's PCP as directed by the Resident Care Coordinator (RCC), Special Care Coordinator (SCC), or Administrator. 1. Review of Resident #1's current FL-2 dated 08/18/21 revealed: -Diagnoses included urinary tract infection, keratoconjunctivitis, spondylosis, pathological fracture, overactive bladder, and stress fracture. -The resident was constantly disoriented and non-ambulatory. -The resident needed assistance with ambulation and transfers. -She required limited assistance with bathing, dressing, and grooming. -The resident was functionally limited in sight and hearing and was incontinent of bowel and bladder. -Her level of care was documented as assisted living (AL). Review of Resident #1's current care plan dated 05/21/21 revealed: -The resident required supervision with ambulation and transfers. -She required limited assistance with bathing, dressing, and grooming. -Toileting was not addressed on the resident's evaluation. Observation of Resident #1 on 02/02/22 at 9:18am revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 38	D 273		

-The resident was lying in a hospital bed with a bed rail up on one side and the other side of the bed locked against the wall.
-The resident was not alert.
-The resident cried out in pain when she was moved by a family member.

Observation of Resident #1 on 02/04/22 at 8:04am revealed:
-The resident required the assistance of two staff members when she was transferred from her bed to her wheelchair.
-When the staff members assisted the resident with her transfer she cried out in pain and stated, "That's my broken leg!"

a. Review of Resident #1's current FL-2 dated 08/18/21 revealed there was an order for Acetaminophen 325mg two tablets to be given at bedtime. (Acetaminophen is a medication used to treat minor pain.)

Review of Resident #1's Incident/Accident (I/A) Report dated 01/18/22 revealed:
-The resident had an unwitnessed fall at 2:20am.
-The resident was found on the floor.
-She stated she was getting up to the bathroom and missed her wheelchair.
-The resident complained of head pain and right leg pain.
-The resident was transported to the hospital via ambulance by Emergency Medical Services (EMS)

Review of Resident #1's emergency department (ED) provider note dated 01/18/22 revealed:
-The resident complained of bilateral hip and thigh pain as well as right lower extremity pain.
-The resident was discharged back to the facility on 01/18/22 with a diagnosis of right greater

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 39	D 273		

trochanter fracture (hip fracture) suspected fracture at left ischial tuberosity (the curved bone that makes up the bottom of the pelvis), and strain/partial tear of the right hamstring.
-The resident was discharged with orders for Hydrocodone 5-325mg every 4 hours for 5 days. (Hydrocodone is a medication used to treat moderate to severe pain.)

Review of Resident #1's primary care provider's (PCP) office/outpatient visit note on 01/19/22 revealed:
-The resident had diagnoses which included history of falls and right hip fracture.
-The resident had pain to her right hip and leg.

Review of Resident #1's electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Hydrocodone 5-325mg every 4 hours for 5 days.
-The Hydrocodone was documented as administered four to five times a day 01/19/22-01/23/22.
-There was an entry for Acetaminophen 325mg two tablets to give daily at 7:30pm for heel pain.
-Acetaminophen was documented as administered 01/01/22-01/31/22 as ordered, except on 01/27/22 and 01/31/22 due to refusal.

Interview with a personal care aide (PCA) on 02/02/22 at 4:37pm revealed:
-Resident #1 went to the hospital one or two weeks ago for a fall.
-She was unaware that Resident #1 had a hip fracture.
-Resident #1 had pain in her hip when she was turned.
-She was not given specific instructions on caring for the resident since her fracture.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 40	D 273		

Interview with a medication aide (MA)/PCA on 02/04/22 at 5:30am revealed:
-Resident #1 used to be talkative and independent prior to her fall on 01/18/22.
-Now Resident #1 was unable to verbalize much pain, but she would complain of being cold and moan in pain when the staff tried to provide her care and she did not want to be left alone.
-The only pain medication that was available to Resident #1 after the Hydrocodone was depleted after five days of discharge was her daily Tylenol.
-She had not reported Resident #1's pain to anyone.
-She assumed someone on 1st or 2nd shift had reported the resident's pain.

Review of Resident #1's record on 02/02/22-02/04/22 revealed
-There was no documentation of pain assessment by facility staff for the resident.
-There was no documentation that the resident's PCP had been made aware of her pain.

Interview with Resident #1's family members on 02/02/22 at 9:18am revealed:
-The resident's family members visited her almost daily.
-The resident had a history of falls and had fallen at least three times in the last few months.
-The resident's most recent fall was 01/18/22 in which she fractured her hip.

Interview with the Resident Care Coordinator (RCC) on 02/04/22 at 5:35pm revealed:
-She was not notified by staff that Resident #1 was having pain.
-She expected to be notified right away if the Resident #1 was having pain.
-She was not aware that Resident #1 had been moaning and crying during personal care and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 41	D 273		

thought the resident had pain medication orders; she did not realize the Hydrocodone prescribed by the hospital was only for five days.
-If she had known Resident #1 was having pain, she would have reported the pain to the resident's PCP and gotten a telehealth visit scheduled to obtain orders for pain relief.
-It was her and the MAs responsibility to call and report the Resident #1's pain to the PCP.
-The RCC expected to be notified of a resident's pain even if the MA reported it to the PCP.

Telephone interview with Resident #1's hospice provider revealed:
-She received a referral for hospice for Resident #1 on 02/02/22 due to a decline in the resident's status.
-She assessed the resident on 02/02/22 and Resident #1 was admitted to hospice services.
-During her initial assessment, she noticed the resident was having moderate to severe pain..
-There was no pain medication ordered for the resident when she was seen by the hospice provider on 02/02/22 except for her daily Acetaminophen which was not sufficient for Resident #1's pain.
-She ordered Morphine for the resident's pain on 02/02/22. (Morphine is a medication used to treat moderate to severe pain.)
-She expected the facility to notify her of the resident's pain as soon as it was noticed.
-She was concerned the facility had not notified a provider of the resident's pain sooner because pain affected the resident's quality of life.

Telephone interview with Resident #1's Nurse Practitioner (NP) on 02/03/22 at 4:33pm revealed:
-The resident was normally talkative at her previous visits and was talkative during her 01/19/22 visit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 42	D 273		

-She noticed a decline in the patient's status at her visit on 02/02/22 and that the resident was not talkative at that visit.
-She ordered hospice for the resident on 02/02/22 due to her decline in status.
-She was not made aware by the facility that Resident #1 was having pain when she was moved.
-She expected the facility to make her aware immediately if the resident was having pain.
-If she had been notified that the resident was having pain, she would have ordered comfort measures such as pain medication for her.

Telephone interview with Resident #1's PCP on 02/04/22 at 4:08pm revealed:
-He was not aware the resident was having pain.
-He expected to be notified if Resident #1 was in pain as soon as possible so the resident would not suffer.
-If he had been made aware of the resident's pain, he could have assessed and evaluated her pain to provide orders for medication and holistic measures to help relieve the pain.

b. Review of Resident #1's primary care provider (PCP) Standing Order for Transfer to Emergency Department revealed:
-The facility was to notify the PCP of witnessed and unwitnessed falls which occurred during business hours.
-The facility was expected to notify the PCP on the next business day of any witnessed or unwitnessed falls which occurred after business hours.
-The facility was expected to call 911 and have the resident transferred to the Emergency Department (ED) if the resident was unconscious or had visible injuries.
-If 911 was called for the resident the PCP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 43	D 273		

expected to be notified the next business day of the resident's transfer.
-The PCP would determine if follow up was needed after being contacted for resident falls.

Review of Resident #1's Incident/Accident (I/A) Report dated 12/31/21 revealed:
-The resident had an unwitnessed fall at 7:00am.
-The resident was found on the bathroom floor.
-The resident was transported to the emergency department (ED) via ambulance by Emergency Medical Services (EMS).
-The PCP was not notified of the resident's fall.

Review of Resident #1's emergency department (ED) provider note dated 12/31/21 revealed:
-The resident was found on the floor facility and brought in by EMS.
-The resident was discharged back to the facility on 12/31/21 with diagnoses of fall, elevated troponin, chronic leukocytosis, and pneumonia.

Review of Resident #1's I/A Report dated 01/18/22 revealed:
-The resident complained of head pain and right leg pain.
-The resident was transported to the ED via ambulance by EMS.
-The PCP was not notified of the resident's fall.

Review of Resident #1's ED provider note dated 01/18/21 revealed:
-The resident was found on the floor at the facility.
-The resident said she lost her balance.
-The resident complained of pain in both hips and thighs pain as well as right lower leg pain.
-The resident was discharged back to the facility on 01/18/21 with a diagnosis of right greater trochanter fracture (hip fracture), suspected

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 44 fracture at left ischial tuberosity, and strain/partial tear of the right hamstring. Review of Resident #1's PCP's office/outpatient visit note on 01/19/22 revealed: -The resident had diagnoses which included history of falls and right hip fracture. -The resident had new orders for a hospital bed with rails. -The resident had new orders for a fall mat. Review of Resident #1's record on 02/02/22-02/04/22 revealed: -There was no documentation of communication with the resident's PCP making him aware of her falls. -There was no documentation of an assessment related to the significant change in the residents condition. Review of Resident #1's PCP visit on 02/02/22 revealed: -The resident had a decline in her functional status since the last PCP visit. -PCP ordered hospice for the resident. Interview with Resident #1's family members on 02/02/2022 at 9:18am revealed: -The resident's family members visited her almost daily. -The resident had a history of falls and had fallen at least three times in the last few months. -The resident's most recent fall was 01/18/22 in which she fractured her hip. -Prior to her most recent fall the resident was able to sit up in a chair, was talkative, and did not require briefs for incontinence. -The family was concerned that the facility had notified them of the resident's fall on 01/18/22 but did not notify them that she had sustained a	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 45	D 273		

severe injury of a hip fracture until 3 days later on 01/21/22.
-They were unsure if the facility had notified the resident's PCP.

Interview with a medication aide (MA) on 02/02/21 at 4:32pm revealed:
-Resident #1 had a change in her status since her last fall.
-The resident was now total care which included incontinence care.

Interview with a second MA/personal care aide (PCA) on 02/04/22 at 5:30am revealed:
-She found Resident #1 on the bathroom floor when she fell on 01/18/22.
-She immediately sent the resident to the hospital for evaluation and notified the resident's family member.
-She did not notify the resident PCP because it was after hours, but she told the next shift so they could call Resident #1's PCP during business hours to let him know per the standing orders.
-She did not know why Resident #1's PCP was not notified of her fall.
-It was the responsibility of the MA to notify the PCP or the Resident Care Coordinator (RCC) during the next business day to obtain further order after a resident fall.

Interview with the RCC on 02/04/22 at 5:35pm revealed:
-She or the MA were responsible to notify the resident's PCP if a resident fell within the business day.
-She was unsure of why Resident #1's PCP was not contacted about her falls, it must have been missed.
-It was concerning that Resident #1's PCP was not notified of her falls because she sustained

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 46	D 273		

injury from the fall and the fall causing injury might have been prevented if he had known and provided further orders.

Interview with Assistant Administrator/Special Care Unit Coordinator (AA/SCC) on 02/04/22 at 10:00am revealed:
-She expected the facility staff to follow facility policy and any standing orders from the PCP after any patient falls.
-She expected the MA to make the PCP aware of the resident's fall the same business day or the next business day if it was after hours.

Telephone interview with Resident #1's Nurse Practitioner (NP) on 02/03/22 at 4:30pm revealed:
-She last saw Resident #1 on 02/02/22, 01/19/22, and 01/13/22.
-She expected the facility to follow standing orders for reporting falls.
-She was not notified by the facility of the resident's falls on 12/31/21 and 01/18/22.
-She only knew the resident had fallen on 01/18/22 because the hospital faxed her information about the resident's hip fracture.
-A fax from the facility would have been enough to notify her of the falls.
-If she had been notified of the resident's falls she would have ordered a concave mattress and bed alarm for the resident after the first fall to try and prevent further falls.

Telephone interview with Resident #1's PCP on 02/04/22 at 4:08pm revealed:
-He expected to be notified of all resident falls on the same day or by the next business day.
-He was not made aware of Resident #1's falls on 12/31/21 and 01/18/22.
-If he had been made aware of the resident's falls he would have ordered physical therapy (PT) for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 47	D 273		

the resident and followed PT's guidance on what fall interventions the resident might have needed.
-If he had been made aware of the resident's falls he would have ordered increased supervision for the resident.

c. Review of Resident #1's emergency department (ED) provider note dated 12/31/21 revealed:
-The resident was found on the floor of her facility and brought in by emergency medical services (EMS).
-Laboratory (lab) testing was ordered for the resident which included an order for a complete blood count (CBC). (A CBC is a set of medical lab tests that provide information about the cells in a person's blood.)
-The CBC revealed abnormal results of the resident's white blood count (WBC).
-The lab component revealed the resident's WBC value was 28.3. (Normal WBC value was 4.0-11.0.)
-The resident was discharged back to the facility on 12/31/21 with diagnoses of fall, elevated troponin, chronic leukocytosis (elevated WBC), and pneumonia.

Review of Resident #1's hospital discharge summary dated 12/31/21 revealed the resident was to follow up with a hematologist-oncologist (a doctor who specializes in treating cancers of the blood) for her chronic leukocytosis.

Review of Resident #1's records on 02/02/22-02/04/22 revealed:
-There was no documentation that an appointment was made for the resident to see the hematologist-oncologist.
-There was no documentation that the resident was seen by the hematologist-oncologist.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 48 Interview with the RCC on 02/04/22 at 5:35pm revealed: -The transportation coordinator was responsible for setting up medical appointments for the residents. -Physician orders went to the MA and the MA was to put a copy of the orders in the transport coordinator's box. -Resident appointments were expected to be made within 1 to 2 days of receiving the orders. -After being made aware of Resident #1's hematology-oncology appointment not being scheduled, the RCC asked the transport coordinator on 02/04/22 if the appointment had been scheduled and was told it had not been scheduled, and that the transport coordinator did not know why it was not scheduled. -She was concerned that the resident's hematology-oncology appointment had not been made because it was needed to evaluate the resident's leukocytosis. Interview with Assistant Administrator/Special Care Unit Coordinator (AA/SCC) on 02/04/22 at 10:08am revealed: -It was her responsibility to make follow-up appointments with resident's PCP as ordered or per policy. -The facility was expected to schedule a follow up appointment with providers as ordered. Interview with Resident #1's primary care provider (PCP) on 02/04/22 at 4:08pm revealed: -He expected the facility to make Resident #1's hematology-oncology appointment as ordered within one business day. -He was concerned that the resident did not have her appointment for hematology-oncology because leukocytosis indicated she needed to be	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 49	D 273		

evaluated for cancer.

Attempted interview with the transport coordinator on 02/04/22 at 5:35pm was unsuccessful.

2. Review of Resident #4's current FL-2 dated 12/13/21 revealed:
-The resident was intermittently disoriented and semi-ambulatory.
-The resident was documented as having wandering behaviors.

Review of Resident #4's Resident Register dated 12/13/21 revealed the resident was admitted to the facility's Special Care Unit (SCU) on 12/15/21.

a. Review of the facility's Incident/Accident (I/A) Report form revealed:
-There was a section to indicate whether a resident's Primary Care Provider (PCP) had been notified of the incident or accident.
-There were instructions to leave the report for the Resident Care Coordinator (RCC) or the Special Care Coordinator (SCC) if the incident or accident occurred after hours so that the RCC or SCC could contact the resident's PCP as soon as possible and document the contact date and time on the report.

Review of Resident #4's I/A Report dated 12/17/21 revealed:
-The resident had an unwitnessed fall resulting in a head injury.
-The staff called 911 to transport the resident to the hospital via an ambulance with Emergency Medical Services (EMS).
-The resident's Primary Care Provider (PCP) was not notified of the resident's fall.

Review of Resident #4's progress note dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 50	D 273		

12/20/21 at 3:44pm revealed:
-The resident was found on the floor after he had an unwitnessed fall attempting "to change himself".
-The resident complained of pain in his left knee.
-The residents Power of Attorney (POA) was contacted and asked the staff to provide Tylenol for pain relief and not send the resident to the hospital for further evaluation.
-The Special Care Coordinator (SCC) was notified.
-There was no documentation that Resident #4's PCP was notified of the resident's fall.

Review of Resident #4's I/A Report dated 12/24/21 revealed:
-Staff coming on shift at 2:00pm noticed a bruise on the resident's eye.
-Staff were not sure if the bruise was a result of an unwitnessed fall.
-The staff called 911 to transport the resident to the hospital via an ambulance with EMS.
-The resident's Primary Care Provider (PCP) was not notified of the resident's fall.

Review of Resident #4's I/A Report dated 12/25/21 revealed:
-The resident was sitting in his wheelchair in the television (TV) room.
-A personal care aide (PCA) heard a loud noise at 6:15am and found the resident laying on the floor.
-The resident stated his head was hurting from the fall.
-The staff called 911 to transport the resident to the hospital via an ambulance with EMS.
-The resident's Primary Care Provider (PCP) was not notified of the resident's fall.

Interview with a medication aide (MA)/personal care aide (PCA) on 02/04/22 at 5:30am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 51	D 273		

-Resident #4 was often found crawling on the floor and had a history of a lot of falls.
-He was sent out to the hospital several times for falls.
-It was the MA's responsibility to notify the Special Care Coordinator (SCC) or Administrator of any resident falls so they could notify the resident's PCP.
-If a fall happened after hours, she would report the fall to the on-coming shift MA who would then notify the SCC or Administrator so they could notify the resident's PCP.

Interview with a MA on 02/04/22 at 9:33am revealed:
-It was the MA or the SCC's responsibility to notify a resident's PCP of an accident or injury the day it was identified or happened.
-If after hours, the PCP should be notified within the next business day.
-She assumed the SCC notified Resident #4's PCP of his falls.

Interview with Assistant Administrator/Special Care Coordinator (AA/SCC) on 02/04/22 at 10:08am revealed:
-It was her responsibility to contact a resident's PCP to notify them of resident falls.
-She was aware of Resident #4's falls and was not sure why his PCP had not been notified of his frequent falls.
-She did not call Resident #4's PCP after any of his falls, she did not know why.

Telephone interview with Resident #4's PCP's nurse on 02/04/22 at 4:19pm revealed:
-The PCP office had not been notified of any of Resident #4's falls between 12/15/21 to 01/04/22.
-Resident #4's PCP expected to be notified every time the resident fell.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 52	D 273		

-When the office received information that a resident fell, the PCP would review the information and either provide orders or assess the resident to provide further guidance and orders.

Attempted telephone interview with Resident #4's PCP on 02/04/22 at 4:19pm was unsuccessful.

b. Review of Resident #4's Emergency Department (ED) provider note dated 12/24/21 revealed the resident was to follow-up with his primary care provider after being evaluated in the ED for an unwitnessed fall.

Review of Resident #4's hospital discharge procedure orders dated 12/27/21 revealed:
-He had been admitted to the hospital due to an unwitnessed fall.
-The resident was to follow up with his PCP within 1-week of discharge.

Review of Resident #4's record revealed there was no documentation that the resident was seen or evaluated by his PCP the entire time he was admitted at the facility from 12/15/21-01/04/22.

Interview with Assistant Administrator/Special Care Coordinator (AA/SCC) on 02/04/22 at 10:08am revealed:
-It was her responsibility to make follow-up appointments with resident's PCP as ordered or per policy.
-The facility was expected to schedule a follow up appointment with a resident's PCP if a resident was having frequent falls.
-Resident #4 did not have any appointments with his PCP because the facility was waiting on his insurance to approve him to change to a different PCP.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 53 -She did know why she did not follow up with his current PCP in the meantime. Telephone interview with Resident #4's PCP's nurse on 02/04/22 at 4:19pm revealed: -The resident had not been seen by the PCP between 12/15/21-01/04/22. -Resident #4's PCP expected to be notified every time the resident fell so she could follow up with the resident for evaluation as ordered and expected. -When the office received information that a resident fell, the PCP would review the information and either provide orders or assess the resident to provide further guidance and orders. Attempted telephone interview with Resident #4's PCP on 02/04/22 at 4:19pm was unsuccessful. _____ The facility failed to ensure the acute and routine health care needs were met for 2 of 7 sampled residents including not notifying Resident #1's PCP of the resident experiencing pain from 01/23/22 to 02/02/22 without pain medication for a fractured hip which resulted from a fall, not notifying the PCP of her recurrent falls, and not making a follow-up appointment for her to see a hematologist/oncologist to be evaluated for possible cancer, and not notifying the PCP of Resident #4's recurrent falls or making follow up appointments with his PCP after his falls. This failure resulted in physical harm and neglect which constitutes a Type B Violation. _____ The facility did not provide an acceptable Plan of Protection to provide referral and follow-up for residents or a date of expected compliance. THE CORRECTION DATE FOR THE TYPE B	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 54 VIOLATION SHALL NOT EXCEED MARCH 6, 2022.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 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 (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to implement orders for 1 of 6 sampled residents (#12) that was ordered continuous oxygen. The findings are: Review of the facility's Policy and Procedure for Medication Refusals revealed: -Document number of attempts and who attempted giving the meds in nursing notes and communication log. -After 3 refusals if the resident continued refusing medications, for the next 24 hours, contact the Administrator. -If during normal business hours, contact MD if possible for instructions. -If the resident continued to refuse medications for 72 hours, please contact the physician and get instructions on steps to be taken.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 55 Review of Resident #12's current FL-2 dated 11/12/21 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), shortness of breath (SOB), hypertension (HTN), pneumonia, pleural effusion, and respiratory failure with hypoxia. -An order for oxygen (O2) Continuous 2 Liters (L). Review of Resident #12's current care plan dated 10/19/21 revealed: -The resident was on continuous O2 at 2L/minute. -The resident had shortness of breath. Review of Resident #12's Licensed Health Professional Support dated 11/09/21 revealed: -The resident used oxygen via nasal cannula continuously. -The resident ambulated as he desired with portable oxygen. Review of Resident #12's February 2022 electronic medication administration records (eMAR) revealed there was no entry for the resident to receive continuous oxygen. Observation of Resident #12 on 02/02/22 at 4:32 pm revealed he did not have his O2 on. Interview with Resident #12 on 02/02/22 at 4:32 pm revealed: -On 01/03/22 during a power outage he did not receive any oxygen until power was restored. -He sat and took it easy and did not do much moving around. -He did not refuse to wear his oxygen. -He had a backup portable tank but it had run out several months ago. -He requested a portable tank about 2 or 3 months ago but had not heard back.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 56 -He was not sure if the facility staff contacted the medical equipment company. -He had a portable concentrator that was broken and he reported it to the Resident Care Coordinator (RCC), 3 or 4 months ago. Interview with the RCC on 02/03/22 at 8:38 am revealed: -Resident #12's O2 concentrator was provided by the facility contracted medical equipment company. -Portable concentrators were on back order. -He was required to use the concentrator continuously. -Resident #12 refused to wear his O2 daily. -He had a portable tank for backup use if he needed it. Telephone interview with Resident #12's Primary Care Provider (PCP) on 02/03/22 at 9:44 am revealed: -Resident #12 was supposed to wear his O2 continuously. -She had not received a report from facility staff that the resident refused to wear his O2 continuously. -The facility should have had a backup plan to transport Resident #12 to the emergency room during a power outage. -She expected Resident #12 to have an O2 concentrator available at all times. -The facility needed to arrange a Durable Medical Equipment (DME) appointment. Interview with RCC on 02/04/22 at 10:03 am revealed: -She assumed that Resident #12's refusal of oxygen would be documented on the eMAR. -She was not aware that the resident's refusal of oxygen was not documented on the eMAR.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 57 Telephone interview with the facility contracted medical equipment company on 02/04/22 at 10:30 am revealed: -Resident #12 had a 5 Liter concentrator, if anything went wrong an alarm would go off and the company would respond. -The facility did not have to call to order portable tanks. -The resident had a portable concentrator for power outages, that was not on backorder. -The company switched out Resident #12's portable concentrator several times. -The company picked up the portable concentrator, charged the device, and returned the same device each time they were called to service the O2 concentrator. -The facility staff called on 01/28/22 for portable tanks, the company did not have the tanks to provide, the tanks were scheduled to be delivered 02/04/22. Observation of Resident #12 on 02/04/22 at 5:20 pm revealed Resident #12 was wearing his O2. Interview with Resident #12 on 02/04/22 at 5:20 pm revealed: -He did not refuse oxygen. -He reported to the RCC the issues with his portable concentrator and portable tank a while ago. Interview with RCC on 02/04/22 at 5:16 pm revealed: -Resident #12's refusals should be documented in the progress notes. -She did not think that Resident #12's PCP was notified of refusals. -She told Resident #12 daily that he needed to wear his O2.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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	Continued From page 58 Interview with the Assistant Administrator/Special Care Coordinator (AA/SCC) on 02/04/22 at 6:00 pm revealed: -She was aware that Resident #12 did not wear his O2 continuously because he refused to wear his O2. -She expected the MAs to document when Resident #12 refused to wear his O2. -She did not know if Resident #12's PCP was contacted about his refusals. -She expected the MAs to follow the PCPs order for Resident #12 to wear his O2 continuously.	D 276		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 3 of 5 residents (#13, #15, #16) observed during the medication passes including errors with a medication to decrease stomach acid (#15, #16), an inhaled medication to treat wheezing and shortness of breath (#13), and for 1 of 5 residents sampled for record review including errors with a medication used to treat anxiety and a narcotic pain medication (#2).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 59 The findings are: The medication error rate was 11% as evidenced by the observation of 3 errors out of 26 opportunities during the 9:30am medication pass on 02/02/22 and the 8:00am medication pass on 02/03/22. 1. Review of Resident #16's current FL-2 dated 12/15/21 revealed: -Diagnoses included autism, anxiety, diarrhea and constipation. -There was an order for Omeprazole 40mg daily. (Omeprazole is a medication used to treat acid reflux). Observation of the 9:30am medication pass on 02/02/22 revealed: -The medication aide (MA) prepared Resident #16's medications for administration, including Omeprazole 40mg at 9:22am. -The MA entered the room and administered Resident #16's medications, including Omeprazole 40mg at 9:24am. Review of Resident #16's January 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Omeprazole 40mg once daily with a scheduled administration time at 6:30am. -Omeprazole 40mg was documented as administered on 02/02/22 at 6:30am. Interview with the MA observed 02/02/22 on the 9:30am medication pass on 02/02/22 at 11:50am revealed: -The MAs were responsible to ensure residents' medications were given within one hour of the scheduled administration times.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 60	D 358		

-Medications scheduled at 6:30am should have been given on third shift.
-There had been previous times when the 3rd shift MA had not administered Resident #16's 6:30am medications which had caused the resident to receive the medication later than scheduled.
-The MAs were responsible for ensuring the residents' medication orders were followed as written and administered when scheduled.

Confidential interview with a staff revealed "99.9 percent" of the time, 3rd shift did not administer Omeprazole in the morning.

Interview with Resident #16 on 02/03/22 at 4:27pm revealed:
-He sometimes received a capsule early in the morning before he ate breakfast and other times the MA administered the capsule after he had eaten breakfast.
-He suffered from heartburn at times, but not much.
-The last time he had heartburn was "sometime this week".
-He usually just tapped on his chest with his hand which helped to relieve his heartburn.

Interview with the Resident Care Coordinator (RCC) on 02/04/22 at 5:15pm revealed it was expected for MAs to administer medications to the residents one hour before or after the scheduled administration time.

Telephone interview with a pharmacist with the facility's contracted pharmacy on 02/04/22 at 4:07pm revealed Omeprazole was scheduled early in the mornings, prior to eating breakfast in order for the medication to have time to work to decrease stomach acid secretions prior to eating

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 61	D 358		

a meal.

Refer to the interview with the Assistant Administrator on 02/04/22 at 5:45pm.

2. Review of Resident #15's current FL-2 dated 06/14/21 revealed:
-Diagnoses included gastroesophageal reflux disease.
-There was an order for Omeprazole 40mg every morning. (Omeprazole is a medication used to treat acid reflux).

Review of a subsequent medication order for Resident #15 dated 10/19/21 revealed an order for Omeprazole 40mg every morning daily at 6:30am.

Observation of the 9:30am medication pass on 02/02/22 revealed:
-The medication aide (MA) prepared Resident #15's medications for administration, including Omeprazole 40mg at 9:25am.
-The MA entered the room and administered Resident #15's medications, including Omeprazole 40mg at 9:27am.

Review of Resident #15's January 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Omeprazole 40mg once daily with a scheduled administration time at 6:30am.
-Omeprazole 40mg was documented as administered on 02/02/22 at 6:30am.

Interview with the MA observed 02/02/22 on the 9:30am medication pass on 02/02/22 at 11:50am revealed:
-The MAs were responsible to ensure residents'

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 62	D 358		

medications were given within one hour of the scheduled administration times.
-Medications scheduled at 6:30am should have been given on third shift.
-There had been previous times when the 3rd shift MA had not administered Resident #16's 6:30am medications which had caused the resident to receive the medication later than scheduled.
-The MAs were responsible for ensuring the residents' medication orders were followed as written and administered when scheduled.

Confidential interview with a staff revealed "99.9 percent" of the time, 3rd shift did not administer Omeprazole in the morning.

Interview with Resident #15 on 02/03/22 at 4:31pm revealed:
-He usually received a medication around 6:30am or before he ate breakfast in the morning but not everyday.
-He did not have any heartburn currently but he occasionally did.
-When he had heartburn, it was usually brief and went away on its own (without any action).

Interview with the Resident Care Coordinator (RCC) on 02/04/22 at 5:15pm revealed it was expected for MAs to administer medications to the residents one hour before or after the scheduled administration time.

Telephone interview with a pharmacist with the facility's contracted pharmacy on 02/04/22 at 4:07pm revealed Omeprazole was scheduled early in the mornings, prior to eating breakfast for the medication to have time to work to decrease stomach acid secretions prior to eating a meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 63 Refer to the interview with the Assistant Administrator on 02/04/22 at 5:45pm. 3. Review of Resident #13's current FL-2 dated 09/23/21 revealed: -Diagnoses included dyspnea on minimal exertion and chronic obstructive pulmonary disease. -There was an order for Pulmicort 0.5mg/2, one vial via nebulizer twice daily. (Pulmicort is an inhaled medication used to control and treat wheezing and shortness of breath). Review of a subsequent medication order for Resident #13 dated 01/06/22 revealed an order for Pulmicort 0.5mg/2, give one vial via nebulizer twice daily at 7:30am and 7:30pm, rinse mouth after use. Observation of the 8:00am medication pass on the Special Care Unit (SCU) on 02/03/22 revealed: -The medication aide (MA) prepared Resident #13's medications for administration, including Pulmicort 0.5mg/2, one vial at 8:19am. -The MA emptied Pulmicort, one vial into the nebulizer's medicine chamber, turned the nebulizer on and assisted the resident to place the mouthpiece in her mouth at 8:34am while the resident was sitting upright in a chair in the room. -The MA remained in the room observing Resident #13 during the administration of Pulmicort through the nebulizer. -The MA intermittently encouraged Resident #13 to stay awake and verbally prompted the resident at intervals to keep her lips pursed to the mouthpiece until all the contents of the Pulmicort had evaporated from the medicine chamber. -The medicine chamber was emptied at 8:40am and the MA told the Resident #13 "your done" and assisted the resident to remove the mouthpiece	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 64	D 358		

from her mouth and the MA turned the nebulizer off.
-At 8:41am, the MA told Resident #13 she had some water for her "if you want it" and left approximately ¼ cup of water beside the resident's chair.
-Resident #13 was not observed rinsing her mouth or drinking any of the water.
-The MA did not offer Resident #13 any instructions or assistance to rinse the mouth after the administration of Pulmicort.

Review of Resident #13's January 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Pulmicort 0.5mg/2, give one vial via nebulizer twice daily at 7:30am and 7:30pm. Rinse mouth after use.
-Pulmicort 0.5mg/2 was documented as administered on 02/03/22 at 7:30am.

Interview with the MA, observed 02/03/22 on the 8:00am medication pass, on 02/04/22 at 2:20pm revealed:
-She gave Resident #13 water to drink after she administered the resident's Pulmicort using the nebulizer.
-There were instructions on Resident #13's eMAR to rinse the mouth after administering Pulmicort.
-She usually offered Resident #13 water to rinse her mouth and spit the water out after she administered Pulmicort to the resident.
-She thought she did not assist Resident #13 to rinse and spit the water out after using Pulmicort because she was "over thinking it" (administering the medication).
-It was hard for Resident #13 to comprehend and follow instructions given and would not have known to rinse her mouth after receiving Pulmicort unless assisted and directed to do so.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 65	D 358		

Telephone interview with a pharmacist with the facility's contracted pharmacy on 02/04/22 at 4:07pm revealed it was important to rinse Resident #13's mouth after administering Pulmicort through the nebulizer because the medication was an oral steroid which could cause an oral fungal infection if the medication was not rinsed from the resident's mouth after administration.

Based on observations, interviews and record reviews, it was determined Resident #13 was not interviewable.

Refer to the interview with the Assistant Administrator on 02/04/22 at 5:45pm.

4. Review of Resident #2's current FL-2 dated 09/22/21 revealed:
-Diagnoses included heart failure and bipolar disorder.
-There was an order for Lorazepam 0.5mg twice daily. (Lorazepam is a controlled medication used to treat anxiety).

Review of Resident #2's medication orders dated 11/29/21 revealed:
-There was an entry "knee pain" in the staff concerns/observation.
-There was an order for an x-ray of the knees and to start Oxycodone/Acetaminophen 5/325mg twice daily as needed for pain one hour apart from Lorazepam. (Oxycodone/Acetaminophen is a narcotic medication used to treat moderate to moderately severe pain).

Review of Resident #2's December 2021 electronic medication record (eMAR) revealed:
-There was an entry for Lorazepam 0.5mg twice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 66	D 358		

daily with a scheduled administration time of 7:30am and 7:00pm.
-There was documentation Lorazepam 0.5mg was administered at 7:30am and 7:30pm from 12/01/21 - 12/31/21.
-There was an entry for Oxycodone/Acetaminophen 5/325mg twice daily as needed for pain, one hour apart from Lorazepam.
-Oxycodone/Acetaminophen 5/325mg was documented as administered on 12/03/21 at 7:43pm, 12/04/21 at 7:05pm, 12/05/21 at 8:04pm, 12/06/21 at 7:23pm, 12/07/21 at 8:02pm, 12/08/21 at 6:57pm, 12/09/21 at 7:50pm, 12/10/21 at 7:37pm, 12/14/21 at 6:50pm, 12/15/21 at 7:54pm, 12/16/21 at 7:21pm, 12/17/21 at 8:02pm, 12/23/21 at 8:19pm, 12/24/21 at 6:43pm for a total of 14 doses documented as administered in less than one hour from the scheduled dose of Lorazepam 0.5mg at 7:30pm.

Interview with a medication aide (MA) on 02/04/22 at 2:06pm revealed:
-She verified her initials were documented as administering Resident #2's Oxycodone/Acetaminophen 5/325mg on 12/04/21 at 7:05pm and administering Lorazepam 0.5mg at 7:30pm on 12/04/21.
-She administered Resident #2's Oxycodone/Acetaminophen 5/325 at 7:05pm because the resident asked for the medication and she thought she must have overlooked the order to give the medication one hour apart from Lorazepam 0.5mg at 7:30pm.

Telephone interview with Resident #2's mental health provider on 02/04/22 at 10:45am revealed Resident #2 could have been at risk for side effects of unsteadiness and/or feelings of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 67 increased tiredness when Oxycodone/Acetaminophen 5/325mg and Lorazepam 0.5mg were administered less than one hour apart. Attempted telephone interview with Resident #2's PCP on 02/04/22 at 4:37pm was unsuccessful. Attempted telephone interview with Resident #2's health care power of attorney on 02/03/21 at 6:47pm was unsuccessful. Refer to the interview with the Assistant Administrator on 02/04/22 at 5:45pm. _____ Interview with the Assistant Administrator on 02/04/20 at 5:45pm revealed she expected for the residents' medications to be administered as ordered.	D 358		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to physical environment, housekeeping and furnishings, and health care.	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D912	Continued From page 68 The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 8 exit doors accessible to the residents' on the Assisted Living (AL) unit had a sounding device that activated for safety for 15 residents who were all assessed to be intermittently disoriented, with 1 resident assessed as constantly disoriented, and 1 resident with a documented history of exit seeking behaviors (#10). [Refer to Tag 067, 10A NCAC 13F .0305(h)(4) Physical Environment (Type B Violation)]. 2. Based on observations, interviews, and record reviews the facility failed to ensure the Special Care Unit (SCU) was free of hazards left accessible to 28 residents which included an unsecured common bathroom which was under construction and contained several hazardous tools and items. [Refer to Tag 079, 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to assure residents were free from neglect as related to personal care and supervision and health care.	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D914	Continued From page 69 The findings are: 1. Based on observations, interviews, and record reviews the facility failed to provide supervision to 2 of 7 sampled residents (#1, #4) in accordance with the facility's policies and orders resulting in a resident (#4) falling five times in a 3-week time frame resulting in injury and hospitalization, and a resident (#1) having two unwitnessed falls in a 3 week time frame resulting in a hip fracture. [Refer to Tag 270, 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A2 Violation)]. 2. Based on observations, record reviews, and interviews, the facility failed to ensure physician notification for 3 of 7 (#1,#4,#5) sampled residents related to a resident who experienced pain that was not reported to the primary care provider (PCP) (#1), a resident who was supposed to attend a specialty follow-up medical referral appointment related to abnormal laboratory findings (#1), ankle pain with swelling and bruising that was not immediately reported to the PCP who was diagnosed with an ankle fracture a day after the fall (#5), and two residents that had multiple falls that required hospitalizations and were not reported to the PCP (#1, #4). [Refer to Tag 273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)].	D914		
D927	G.S. 131D-21(17) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 17. To not be transferred or discharged from a facility except for medical reasons, the residents' welfare, nonpayment for the stay, or when the	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 70	D927		

transfer is mandated under state or federal law. The resident shall be given at least 30 days' advance notice to ensure orderly transfer or discharge, except in the case of jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal a facility's attempt to transfer or discharge the resident pursuant to rules adopted by the Medical Care Commission, and the resident shall be allowed to remain in the facility until resolution of the appeal unless otherwise provided by law. The Medical Care Commission shall adopt rules pertaining to the transfer and discharge of residents that offer at least the same protections to residents as state and federal rules and regulations governing the transfer or discharge of residents from nursing homes.

This Rule is not met as evidenced by:
TYPE A1 VIOLATION

Based on interview and record reviews, the facility failed to provide a safe and orderly discharge with a 30-day notice and appeal rights for 1 of 2 sampled residents (Resident #9) as evidenced by failing to coordinate an appropriate and safe discharge for a resident, who was discharged to the emergency room (ER) for a complaint of leg pain and a fall.

The findings are:

Review of Resident #9's previous FL2 dated 09/13/21 revealed:
-Diagnoses included dementia, hypertension, urinary tract infection, systematic inflammatory response syndrome (SIRS), syncope, sepsis,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 71	D927		

deep vein thrombosis (DVT), and altered mental status.
-He was constantly disoriented.
-He had wandering behaviors.
-He was ambulatory.

Review of Resident #9's Resident Register dated 09/20/21 revealed:
-The resident was admitted to the facility on 09/20/21.
-The resident was discharged on 11/15/21 to the hospital.

Review of Resident #9's current FL-2 dated 12/30/21 revealed:
-Diagnoses included Alzheimer's disease, dementia, cerebral vascular accident (CVA), urinary tract infection-resolved (UTI), mild intermittent asthma, and essential hypertension.
-He was constantly disoriented, semi-ambulatory, and had wandering behaviors.

Review of Resident #9's progress notes dated 10/05/21 at 9:45am revealed the resident was being verbally aggressive with other residents and using foul language towards them.

Review of Resident #9's progress notes dated 10/07/21 at 9:26am revealed staff notified the Assistant Administrator/ Special Care Coordinator (SCC) that Resident #9 was agitated and balled his fist as if he was going to hit another resident that evening in the dining room.

Review of Resident #9's progress notes dated 10/17/21 at 6:00am - 3:00pm revealed the resident was being threatening to another resident, he stated if the resident said anything to him he was going to get her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 72 Review of Resident #9's progress notes dated 10/27/21 at 6:34pm revealed the resident had wandered into another resident's room and when asked by the medication aide (MA) what happened the resident said he was trying to get her out of his room. Review of Resident #9's progress notes dated 10/28/21 at 3:00pm - 11:00pm revealed the resident was not in his room and staff noticed that the resident had gone to another residents room opened up the window and jumped out, resident was found at a restaurant. Review of an Incident/Accident (I/A) Report dated 10/28/21 at 6:00pm revealed: -Resident #9 was not in his room. -Staff noticed another resident's room window was up. -The resident had jumped out of the window. -The resident was found at a restaurant. Review of Resident #9's progress notes dated 10/30/21 at 7:00pm revealed: -The resident thought that another female resident was his girlfriend. -The resident tried to get the female resident to stay in his room. -The resident got very mad and started to yell and curse at staff. -The resident walked up and down the halls knocking on doors. Review of Resident #9's progress notes dated 10/30/21 at 7:01pm revealed the SCC called the resident's family member and explained that the family had to come and pick up the resident because it was not safe for the resident to stay at the facility due to his behaviors with other residents, verbal aggression, and threats.	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 73 Review of Resident #9's progress notes dated 10/31/21 at 6:30am - 2:00pm revealed resident had been walking up and down the hall looking for the resident that he thought was his girlfriend. Review of Resident #9's progress notes dated 11/01/21 at 6:30am - 3:00pm revealed resident was trying to get to a resident that he called his girlfriend. Review of Resident #9's progress notes dated 11/05/21 (no time documented) revealed resident had aggressive behavior towards staff and thought that another resident was his girlfriend. Review of Resident #9 Discharge Notice revealed that resident's family was provided notices on 11/15/21 and 12/29/21. Review of Resident #9's progress notes dated 11/11/21 at 1:15pm revealed: -Resident #9 woke up complaining of leg pain and was unable to stand. -The resident had been sitting in a spare wheelchair because resident was unable to walk. -Throughout the day resident had not been acting his normal self and seemed to be getting worse. -The resident was unable to sit up correctly in wheelchair and had urinated on self a couple of times. -The resident's conversation with staff was not making any sense. Review of Resident #9's progress notes dated 11/11/21 at 1:25pm revealed: -The resident was leaning to the right side in wheelchair. -The resident stated that he was having difficulty walking.	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 74	D927		

-The resident was having trouble with word recall.
-The medication aide (MA) asked to send the resident to the emergency room (ER) for evaluation.

Review of Resident #9's I/A Report dated 11/11/21 at 2:00pm revealed:
-Resident #9 had been complaining of leg pain.
-The resident fell in his room, but did not hurt himself, not bleeding, no bruising.
-Emergency Medical Services (EMS) was called.
-The resident was transported to the hospital.

Review of Resident #9's hospital records dated 11/11/21 revealed:
-Resident #9 was an 80-year-old male with a history of Alzheimer's and asthma.
-Resident #9 was admitted to the ER for an evaluation of right-sided weakness and reported slurred speech.
-The story was from EMS conflicted with that of the facility.
-Resident #9 was admitted for secondary stroke work-up and urinary tract infection (UTI).

Review of Resident #9's hospital records dated 11/12/21 revealed plan to discharge resident tomorrow to facility.

Review of Resident #9's hospital records dated 11/13/21 revealed:
-It was planned to discharge the resident today; however, facility did not accept residents on the weekend.
-The resident's primary nurse denied the resident had any aggressive or combative behavior.

Review of Resident #9's hospital records dated 11/14/21 revealed discharge was planned on Saturday; however, the facility did not accept

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 75	D927		

residents on the weekend. Resident #9 would be discharged on 11/15/21.

Review of Resident #9's Notice of Discharge dated 11/15/21 revealed:
-The reason for the notice was the safety of the resident or other individuals in this facility were endangered.
-The planned discharge location was to the hospital/resident's family member.
-The discharge notice was signed by facility Administrator.

Review of Resident #9's progress notes dated 11/15/21 at 1:29pm revealed:
-The SCC spoke with hospital care manager.
-The resident was back to his normal, no slurred speech, and walking with no issues.
-She told care manager that the facility was unable to take resident back due to aggressive behaviors and that he was not a fit for their community.

Review of Resident #9's progress notes dated 11/15/21 at 1:36pm revealed:
-The SCC spoke with the resident's family member and explained that resident was not a fit for their facility.
-The facility was unable to accept the resident back.

Review of email from Ombudsman to Adult Home Specialist (AHS) dated 11/16/21 at 1:47pm revealed:
-The ombudsmen had submitted an appeal to the hearing office.
-The resident should be allowed to return to the facility because there was no documentation to suggest that resident was an immediate danger to himself or other residents/staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 76 -The hospital was not an appropriate discharge location; and the hospital had determined the resident remained at the assisted living level of care. -The resident was ready to return to the facility. Review of Resident #9's progress notes dated 11/16/21 at 11:45am revealed: -A 30-day discharge notice was issued 11/15/21 by the Administrator. -The Notice was emailed to ombudsmen and resident's family member. -The Notice was faxed to Department of Social Services (DSS). Review of Resident #9's hospital records dated documented daily from 11/24/21 through 12/16/21 revealed: -Resident had been cooperative and with appropriate behavior. -He had not required a sitter or restraints. -There were no behavioral issues noted by nursing. -Resident #9 was medically stable for discharge. -Case management had worked on placement. -Resident #9 now had an accepting facility. Review of Resident #9's hospital records documented daily from 12/21/21 through 12/29/21 revealed: -Resident #9 was alert, pleasant, and conversant. -Resident #9 was able to follow my commands appropriately. -Resident #9 was able to tell me his name but unable to tell where he was and gave any other fine details of his history. -Resident #9 was behaving appropriately without any noted issues. -Resident #9 was medically stable for discharge. -Multiple facilities have denied placement for	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 77	D927		

Resident #9 for various reasons.
-Case management had worked other possibilities for placement.

Review of Resident #9's Discharge Notice dated 12/29/21 revealed:
-Reasons for the notice was resident has failed to pay the cost of services and accommodations by the payment due date specified in the resident's contract, after receiving written warning of discharge for failure to pay; or the discharge is mandated under Article 1 or Article 3 of N.C.G.S. Chapter 131D or rules adopted by the Medical Care Commission.
-The planned discharge location was to the hospital and resident's family member.
-It was signed and dated by Assistant Administrator.

Review of Resident #9's Hearing Decision from NC Department of Health and Human Services (DHHS) dated 12/29/21 revealed:
-The hearing was conducted on 12/3/21.
-Participants of the hearing were the resident's daughter, regional long-term care ombudsmen, and the hospital Case Manager.
-Notice of Transfer/Discharge was issued to the resident by the facility dated 11/15/21.
-The hearing request form was submitted by the ombudsmen dated 11/16/21.
-On 11/15/21 hospital staff called the facility and stated resident was "back to normal, no slurred speech, and walking w/ no issues. Special Care Unit Director wrote in facility notes "we are unable to take resident back due to aggressive behaviors and was not a fit for their community."
-As of the hearing date, the resident remained at the hospital because the facility would not readmit him.
-The hospital Care Manager testified that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 78 resident had not had any aggressive or elopement risk behaviors during hospital admission. -The resident had an infection which could have been a source of the resident's aggressive behavior. -The Notice of Discharge issued to the resident by the facility on 11/15/21 had been reversed. Review of email from the Administrator to AHS dated 12/29/21 at 4:48pm revealed: -The facility completed an assessment on resident at the hospital. -The facility required new admission paperwork with the new guardianship. -The facility told resident's family member that she would need to make a full payment for room and board with the human resources director. -The facility was pending discharge information and new admission paperwork to take resident back. Review of Resident #9's hospital records dated 12/30/21 revealed: -The resident was alert, pleasant, and conversant. -The resident was able to follow my commands appropriately. -The resident was behaving appropriately without any noted issues. -The resident was medically stable for discharge. -Multiple facilities had denied placement of the resident for various reasons. -Case management had worked on other possible placements. Review Resident #9's hospital records dated 12/31/21 revealed: -The resident's admission date was 11/11/21 and resident's discharge date was 12/31/21.	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 79 -The resident was brought to the ER from facility after staff noted resident had increased weakness to his right arm and leg for about 1 week and change in resident's speech. -Resident's primary nurse denied the resident having any aggressive or combative behavior. -Resident stated that he was ready to go to the assisted living facility. Review of Resident #9's progress note dated 12/31/21 at 9:00am revealed: -Resident #9 was a new/readmission into SCU from the hospital. -Resident was admitted to the hospital for primary diagnosis Cerebral Vascular Accident (CVA). Interview with the SCC on 02/03/22 at 8:46am revealed: -The resident was issued two discharge notices and one was for non-payment. -She did not know the date that the hospital tried to discharge resident. -The hospital case manager called on a Friday in November, she thought it was the 12th and stated resident had a stroke. -She thought that the hospital called back on the 15th saying he was ready for discharge but were assessing resident for physical therapy. -She told the hospital case manager that the facility was not taking him back. -The facility issued a second notice of discharge, she did not know the exact date, but it was the end of December 2021. -The resident came back to the facility on 12/31/21. -The resident was at the hospital from 11/11/21 until 12/31/21, but the facility would not take him back. Telephone interview with ombudsmen on	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 80 02/03/22 at 9:22am revealed: -The hospital case manager contacted the facility on 11/15/21 and she was told that the resident could not come back. -A hearing was requested on 11/16/21 and the decision was made on 12/29/21. -The hearing was scheduled for 01/26/22. -She made several attempts to communicate with the facility via email and by telephone to readmit the resident. -She suggested a conference call via email and the facility would not respond. -During the hearing on 01/26/22 the resident's family member was issued a summons for small claims court. -The resident's family member attended court on 12/21/21. -On 12/29/21 the resident's family member was given a notice of discharge for non-payment. -The court ruled in the favor of the facility for resident's family member to pay. -The resident's family member paid what was ordered by the court on 12/31/21. -The facility wanted to discharge the resident and they were waiting on the second hearing request. Telephone interview with Resident #9's family member on 12/29/21 at 2:36pm revealed: -She did not know that the resident's social security benefits were not being provided to the facility. -She was notified by the ombudsmen that resident's funds were sent back to Social Security by the previous facility. -She did not become aware of resident having a balance at the current facility until she received the court summons on 12/03/21. -She did not receive any notices or invoices of non payment from the facility. -She had no access to resident's funds before the	D927		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 81	D927		

court hearing.
-No funds had been deposited into resident's account since September 2021.
-The facility continued to receive Special Assistance Payments.

Telephone interview with hospital case manager on 02/04/22 at 12:23pm revealed:
-They communicated with the facility to take the resident back.
-Documentation was completed on 12/30/21 to send the resident back to the facility after the hearing decision.
-The facility stated they did not have the ability to pick up resident on 12/30/21 and they had to arrange transportation.
-On 12/29/21, they received a call from the SCC to complete an assessment on resident.
-The SCC called for FL2 corrections, medications, and stated that the facility needed a wheelchair.
-The facility started to move the resident after they received notification from the ombudsmen.
-The resident's family member called and stated that the facility was not taking resident back because of an outstanding bill.

Telephone interview with Resident #9's family member on 02/04/22 at 5:49pm revealed:
-The resident was able to have visitors, he was in a regular room, on the 2nd floor.
-The family made multiple visits.
-The resident complained of not knowing why he was there and wanted to leave.
-The resident could not understand why he was there and wanted to see his friends.
-The resident complained of being cold.
-The resident stated that no one would tell him where his clothes were.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D927	Continued From page 82 Based on observations, interviews and record reviews, it was determined Resident #9 was not interviewable. _____ The facility failed to provide a safe discharge for Resident #9 who had a diagnosis of dementia and was constantly disoriented in a manner to maintain the resident's mental health and well being. The resident was transported to the hospital emergency room for leg pain on 11/11/21 and was found medically stable for discharge back to the facility on 11/13/21. The facility denied readmission of the resident back to the facility until 12/31/21, which resulted in the resident having to reside in the hospital for 48 days. The facility's failure resulted in serious neglect and constitutes a Type A1 Violation. _____ The facility provided a Plan of Protection in accordance with G. S. 131D-34 on 02/03/22. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 6, 2022.	D927		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D935	Continued From page 83 (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 5 sampled staff (Staff E and F) who were administering medications had completed the 5, 10, or 15-hour medication aide training prior to administering medications. The findings are: 1. Review of Staff E's personnel record revealed:	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D935	Continued From page 84 -She had a hire date of 09/10/21. -She had the title of medication aide (MA). -She was signed off on the Medication Clinical Skills Checklist on 09/13/21. -There was no documentation of Staff A completing the 5,10, or 15-hour Medication Administration Training Course. -She passed the Medication Administration Exam on 02/10/10. -There was no documentation of Medication Aide verification for Staff E's personnel record. Attempted telephone interview with Staff E on 02/04/22 at 5:04pm was unsuccessful. Refer to the interview with the Assistant Administrator on 02/04/22 at 5:12pm. 2. Review of Staff F's personnel record revealed: -She had a hire date of 09/13/16. -She had the title of Medication Aide. -She was signed off on the Medication Clinical Skills Checklist on 09/01/17. -She passed the Medication Administration exam on 10/16/17. -There was no documentation of Staff F completing the 5,10, or 15-hour Medication Administration Training Course. -There was no documentation of employment verification for Staff F's. Telephone interview with Staff F on 02/04/22 at 5:41pm revealed: -She was rehired either in September or October 2016, could not remember the exact hire date. -She had completed the Medication Administration Training at another facility but could not remember the date of completion. -The facility where she had completed the Medication Administration Training was not a	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL070008	A. BUILDING: _____ B. WING _____	R 02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

(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
D935	Continued From page 85 "sister facility" where she was hired. Refer to the interview with the Administrator on 02/04/22 at 5:12pm. _____ Interview with the Assistant Administrator on 02/04/22 at 5:12pm revealed: -Staff E and F had been employed sporadically for the past few years. -She was not aware that Staff E and F had not completed the 5, 10, or 15-hour online Medication Administration Training Course for Adult Care Homes. -Human Resources was responsible for pre and post hire information for all staff.	D935		
D9999	Final Observation In accordance with the settlement agreement dated October 23, 2023 tag D270 was decreased from a Type A1 Violation to a Type A2 Violation and tag D273 was decreased from a Type A1 Violation to a Type B Violation.	D9999		