	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION		ATE SURVEY OMPLETED
		345091	B. WING			10/29/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		10/23/2013
				1820 BROOKWOOD AVENUE		
EDGEWO	OD PLACE AT THE VI	LAGE AT BROOKWOOD		BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 166 SS=D	483.10(f)(2) RIGHT RESOLVE GRIEVA	TO PROMPT EFFORTS TO	F 16	66		11/26/15
	facility to resolve gi	right to prompt efforts by the ievances the resident may se with respect to the behavior				
	by: Based on resident family interviews, re Partners in Excelle review, the facility f grievance regarding of 2 residents who staffing (Resident # of 3 family member insufficient staff (Re The findings includ Resident #51 was a 07/03/15. The mos (MDS) dated 08/04 severe cognitive im interview on 10/26/ member indicated I lack of staff on the of time it took for st to administer scheo indicated he had re director of nursing. medication adminis weeks, 10/15/15 th hydrocodone-aceta scheduled for admi and 8:00pm. The 9 10:33am on 10/15/	,		F166- The statements made of correction are not an adm do not constitute an agreem alleged deficiencies. To remain compliant with the state regulations the facility I will take the actions set forth correction. The plan of corre constitutes the facility □ s alle compliance such that all alle deficiencies cited have been corrected by the dates indica Corrective Action for Resider An audit of past grievances of six months will be conducted worker and any unresolved i addressed to the individual t grievance by the appropriate member. This will be comple 11/26/15. To resolve the grie facility has filled all RN vacat internal moves and the hiring agency nurses and two (2) m assistants. The facility has r approval from the organizati nurse aide positions, and (3) positions. We have subsequ one nurse and one aide. T	ission to and ent with the e federal and has taken and in the plan of ction gation of ged or will be ated. Ints affected: for the past d by the social tems will be hat had e staff eted by evance, the ncies with g of (2) two pursing received on for (5) five there nurse uently hired	

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

11/23/2015

(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091 GE AT BROOKWOOD EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) 2:00pm medication was n 10/20/15 and at 4:40pm	· ,	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVENUE BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETI
GE AT BROOKWOOD EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) 2:00pm medication was n 10/20/15 and at 4:40pm	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVENUE BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION (X5) LD BE COMPLETI
EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) 2:00pm medication was n 10/20/15 and at 4:40pm	PREFIX TAG	1820 BROOKWOOD AVENUE BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETI
EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) 2:00pm medication was n 10/20/15 and at 4:40pm	PREFIX TAG	BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETI
EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) 2:00pm medication was n 10/20/15 and at 4:40pm	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETI
AUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) 2:00pm medication was n 10/20/15 and at 4:40pm	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETI
2:00pm medication was n 10/20/15 and at 4:40pm	F 16		
2:00pm medication was n 10/20/15 and at 4:40pm	1 10		
n scheduled to be given at ed at 9:47pm on 10/24/15 5. nitted to the facility on ent minimum data set revealed the resident had rm memory. During an t 3:24 PM, the resident gs she used her call bell to n and she waited at least scussed it with the director and there had been no 3 provided proof of an ion that was sent on he staff shortage and had itted on 12/31/06. The lata set (MDS) dated resident had intact long . During an interview on esident #47 indicated agoing problem. The irector of nursing e reasons why it wasn ' t e to talk about it every e trying to do and nothing still late medications, one is in a unit, resulting in the wered. During the ember indicated the staff it the desk and never		will monitor staff schedules, and als projects the staffing levels for the weekends to ensure coverage. The administrator and director of nursing with residents on 12/4/15 resident of meeting to discuss. For residents potentially influenced Staff will be educated by the Director Clinical Services on the process of individual grievance and group grie resolution by 11/26/2015.Education include feedback regarding time of day work load variances and potent solutions for improved team work for meeting resident needs. In addition Healthcare Administrator will in-ser- department heads including Director Clinical Services on Grievance Poli Procedure on 11/24/15. The facility place three management positions units affected to help coordinate ca to ensure adequate staffing levels. role will also consist of being able to the units in the event of a staffing shortage due to call out, etc. to elim the splitting of halls among existing In the interim, we will utilize addition agency nurses to fill staff vacancies the administration will be responsible o on call as a back up to this process needed. To also address the conce response times, the present call ligl system will be upgraded to track ca response times and will be monitor	e g met council g met council : or vance will the tial or , The vice all or of cy and will on the re and Their o work ninate staff. nal s until ed and f being as rn over ht il light
	ed at 9:47pm on 10/24/15 5. witted to the facility on ent minimum data set revealed the resident had m memory. During an 3:24 PM, the resident s she used her call bell to and she waited at least scussed it with the director and she waited at least scussed it with the director and there had been no 8 provided proof of an on that was sent on ted on 12/31/06. The ata set (MDS) dated esident had intact long During an interview on esident #47 indicated going problem. The rector of nursing reasons why it wasn ' t to talk about it every e trying to do and nothing till late medications, one in a unit, resulting in the vered. During the ember indicated the staff t the desk and never 10/28/15 at 12:12 PM,	ed at 9:47pm on 10/24/15 bitted to the facility on ent minimum data set revealed the resident had m memory. During an 3:24 PM, the resident s she used her call bell to and she waited at least ccussed it with the director and she waited at least ccussed it with the director and she waited at least accussed it with the director and there had been no b provided proof of an on that was sent on ted on 12/31/06. The ata set (MDS) dated esident had intact long During an interview on esident #47 indicated going problem. The rector of nursing reasons why it wasn ' t to talk about it every e trying to do and nothing till late medications, one in a unit, resulting in the vered. During the ember indicated the staff t the desk and never 10/28/15 at 12:12 PM, e were not enough nursing tient care. I often had to s to do patient care. "	ad at 9:47pm on 10/24/15administrator and director of nursin with residents on 12/4/15 resident of meeting to discuss.at 9:47pm on 10/24/15administrator and director of nursin with residents on 12/4/15 resident of meeting to discuss.at 9:47pm on 10/24/15meeting to discusse.at 9:47pm on 10/24/15meeting to discusse.<

Event ID: MCHD11

Facility ID: 954565

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		MEDICAID SERVICES				IO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	PLE CONSTRUCTION G	· · ·	E SURVEY IPLETED
		345091	B. WING		1	0/29/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				1820 BROOKWOOD AVENUE		
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		BURLINGTON, NC 27215		
(X4) ID			ID	PROVIDER'S PLAN OF COR		(X5) COMPLETION
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		DATE
F 166	Continued From pag	e 2	F 1	66		
	Nurse #6 indicated th	nere were not enough		Systematic Changes: The res	ponsibility	
		ssigned to do resident care.		of investigating grievances and		
	-	medications to assist		complaints initially rests with th		
	residents with call be	ells, which caused		Worker. Upon receipt of a grid	evance, the	
		e. She was also responsible		facility representative will begin		
	to go to the assisted	living unit if they needed a		investigation into the allegation		
	nurse.			department head of any involve		
		nterview on 10/29/15 at 8:33		employee will be notified to the		
		ted she had so many		the complaint and that an investigation	•	
	residents every night			underway. The investigation w		
		do resident care. She was o to the assisted living facility		date and time of any incident, to circumstances surrounding the		
		ent had an incident. She		incident, location, witnesses,	allegeu	
		o (2) aides until 11:00pm and		resident/visitor account of alle	aed	
	then only one (1).			incident, employee accounts o	-	
		on 10/29/15 at 8:50 AM, NA#		incident, and recommendation	-	
	-	s were scheduled on the hall		corrective action/plan. The re	sident	
	every day. She indic	ated she had worked alone		grievance form (see attached)		
	on 10/26/15. She ind	licated the weekends were		sent to the Healthcare Adminis	trator within	
	worse. There were n	ot enough aides to cover the		five working days of the receip	t of the	
		the schedule revealed NA# 6		form for review and potential for	ollow up.	
		om 12pm- 3pm on 10/26/15.		Within ten (10) working days o		
	-	on 10/29/15 at 9:07AM, NA#7		filing of the form, the concerne		
		a shortage of staff and the		be notified of the findings of inv	-	
	-	ked to work extra hours, and		as well as any corrective action		
		one. The residents have		been recommended to resolve		
		on because of the shortage.		An ongoing effort to recruit, hir per diem staff to have a system		
	The family members concerns at the shor			for call outs for nurses and nur	•	
		on 10/29/15 at 10:42 AM,		assistants to ensure adequate		
		ated there was a shortage of		This will be attained by having	•	
		vas not covered and the		positions posted on website ef	•	
		staff on duty to fill the shift		11/23/15. Audits of scheduled		
		eet was posted for staff to		medications administration will		
	• • •	here were currently empty		conducted monthly for on-time		
		for staff to work. The part		compliance. Thirty charts will		
		ted first then the full time		monthly for three months until		
		on 10/26/15 NA #8 left early		compliance or better is achieve		
	and NA#6 worked th	e unit alone, until the next		the goal is achieved then audit		

Facility ID: 954565

If continuation sheet Page 3 of 18

PRINTED: 12/16/2015 FORM APPROVED

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	PLE CONSTRUCTION	(-)	E SURVEY
		345091	B. WING		1	0/29/2015
ME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		5/25/2015
				1820 BROOKWOOD AVENUE		
GEWOO	OD PLACE AT THE VI	LLAGE AT BROOKWOOD		BURLINGTON, NC 27215		
X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
REFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION	SHOULD BE	COMPLETI
TAG	REGULATORY C	OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
F 166	Continued From pa	age 3	F 16	6		
	shift.			conducted quarterly. Results	will be	
		v on 10/29/15 at 2:59 AM,		reported to the QA compliance	e team. The	
		there was a shortage of staff,		addition of nursing assistant s		
		m to work alone causing		affected units will allow the nu		
	medications to be a			properly administer medicatio		
		v on 10/29/15 at 3:30 PM,		units with less interruption. A		
		dicated the grievances were		installation of call light system audit will be completed by sch		
		priate department heads for idents had on going		90 days and share with nursir		
	grievances of lack			administration of call light resp	-	
	-	e. The concern was given to		Quality Assurance: The num		
	the Director of Nurs	-		grievances will be reported in		
		v on 10/29/15 at 3:39 PM, the		Quarterly meeting. Grievance		
		ing the resident council		in the council meetings will be	logged in	
	meetings she kept	the residents updated on the		the grievance log and the issu	es will be	
		he hiring process had been a		summarized monthly by the s		
		rent (hiring) system and		and reported weekly at stand		
		has prevented the staffing of		Monday for planning by the cl		
	•	vere staff out on family medical		plan committee which will me	-	
		there had been a lot of ositions were not approved,		through Friday beginning 11/2		
		hire agency staff. The DON		Staff openings, call light responses and results of pain medication		
		staff, but we still have had		administration times will be re		
		ule. We were pulling people		quality assurance team at qua		
		other to cover. The staffing		meeting and additional follow	•	
	problem had not be			instituted if necessary.		
	•	lent council minutes for June 5,				
	2015, July 3, 2015,	, July 27, 2015, August 7,				
		l, 2015, and October 2, 2015				
		ents expressed concerns				
	regarding lack of ca staff.	are because of insufficient				
		ners in Excellence Minutes for				
	July 27, 2015 revea					
	•		1			1
	raised concerns du	iring the family meeting				
		-				

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				FO	ED: 12/16/2015 RM APPROVED NO. 0938-0391
DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			ATE SURVEY MPLETED
	345091	B. WING			10/29/2015
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
			1820 BROOKWOOD AVENUE		
OD PLACE AT THE VILL	AGE AT BROOKWOOD		BURLINGTON, NC 27215		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
Continued From page	e 4	F 24	14		
must listen to the view grievances and recor and families concerni	ws and act upon the nmendations of residents ng proposed policy and				
by: Based on resident in family interviews, res Partners in Excellence review, the facility fail grievance regarding i resident council minu The findings included Review of the resider 2015, revealed in par would be meeting wit executives later today need. She notes she staffing. " Review of the resider 2015, revealed resider 2015, revealed resider 2015, revealed resider gasses were not begi of insufficient staff. F concern that at times get to the bathroom. turned off call system did not give them rea they would come to a Review of the Partne July 27, 2015, reveale expressed that there	terviews, staff interviews, ident council minutes, e Minutes and record led to resolve on going nsufficient staff voiced in tes and family meetings. I: nt council minutes for June 5, t, "Director of Nursing h (names of the facility ' s) y to discuss the staffing is still working on weekend nt council minutes for July 3, ents expressed medication inning until 11 pm because Residents expressed a it took an hour or more to Residents noted that staff o and then did not come or listic time frames of when ressist. rs in Excellence Minutes for ed family members		To address group grievances, recommendations were develops social worker, Healthcare adm the Assistant Manager, and the Clinical Services on 11/19/201 recommendations include the The minutes of the residents of the Partners for Excellence co will be sent to the Healthcare Administrator within three days Issues or concerns that need i attention like potential violation rights will be handled immedia social worker leading the meet concerns in need of immediate will be assigned to the Directon Services or designee for action discussion with the concerned resident/caregiver. The Health Administrator will review the co minutes and assign action item appropriate leader. The Director	oped by the inistrator, e Director of 5. The following, ounsel and mmittees s for review. mmediate of resident tely by the ing. These e attention r of Clinical n to include care ouncil ns to the tor of er assigned	
	S FOR MEDICARE & DF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER OD PLACE AT THE VILL SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From page GRIEVANCE/RECOM When a resident or fa must listen to the view grievances and recor and families concerni operational decisions life in the facility. This REQUIREMENT by: Based on resident in family interviews, res Partners in Excellence review, the facility fail grievance regarding i resident council minu The findings included Review of the resider 2015, revealed in par would be meeting wit executives later today need. She notes she staffing. " Review of the resider 2015, revealed resider 2015, revealer 2015, revealer 2015, revealer 2015, revealer 2015, revealer 2015, revealer 2015, revealer 2015, revealer 2015, revealer 2	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 345091 ROVIDER OR SUPPLIER OD PLACE AT THE VILLAGE AT BROOKWOOD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews, family interviews, resident council minutes, Partners in Excellence Minutes and record review, the facility failed to resolve on going grievance regarding insufficient staff voiced in resident council minutes and family meetings. The findings included: Review of the resident council minutes for June 5, 2015, revealed in part, " Director of Nursing would be meeting with (names of the facility 's) executives later today to discuss the staffing need. She notes she is still working on weekend staffing. " Review of the resident council minutes for July 3, 2015, revealed residents expressed a concern that at times it took an hour or more to get to the bathroom. Residents noted that staff turned off call system and then did not come or did not give them realistic time frames of when they would come to assist. Review of the Partners in Excellence Minutes for July 27, 2015, revealed family members expressed that there was not enough staff to feed	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A S010 ROVIDER OR SUPPLIER OD PLACE AT THE VILLAGE AT BROOKWOOD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews, family interviews, resident council minutes, Partners in Excellence Minutes and record review, the facility failed to resolve on going grievance regarding insufficient staff voiced in resident council minutes and family meetings. The findings included: Review of the resident council minutes for June 5, 2015, revealed in part, " Director of Nursing would be meeting with (names of the facility ' s) executives later today to discuss the staffing need. She notes she is still working on weekend staffing. " Review of the resident council minutes for July 3, 2015, revealed residents expressed a concern that at times it took an hour or more to get to the bathroom. Residents expressed a concern that at times it took an hour or more to get to the Partners in Excellence Minutes for July 27, 2015, revealed family members expressed that there was not enough stafft to feed	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDERSUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION A BUILDING A BUILDING A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE DP LACE AT THE VILLAGE AT BROOKWOOD STREET ADDRESS, CITY, STATE, ZIP CODE Continued From page 4 STREET ADDRESS, CITY, STATE, ZIP CODE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX Continued From page 4 F 244 GRIEVANCE/RECOMMENDATION F 244 Continued From page 4 F 244 GRIEVANCE/RECOMMENDATION F 244 Continued From page 4 F 244 GRIEVANCE/RECOMMENDATION F 244 Continued From page 4 F 244 GRIEVANCE/RECOMMENDATION F 244 Corrective Action for Residents and family interviews, fail interviews, fail interviews, resident council minutes, Partners in Excellence Minutes and record review, the facility failed to resolve on going gievance regarding insufficient staff voiced in residents concerning processo and record receive with the residents concerning processo and record receives of the resident council minutes for June 5, 2015, revealed in part, "Director of Nursing would be meeting with (names of the facility 's) executives later today to discuss the staffing need. She notes she is still working on we	MENT OF HEALTH AND HUMAN SERVICES FOO SFOR MEDICARE & MEDICALS SERVICES OMBI SFOR MEDICARE & MEDICALAL SERVICES OMBI SEFOR MEDICARE & MEDICARE & MEDICARE & MEDICARES (X2) MULTIPLE CONSTRUCTION (X2) ROWDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE (X2) OP LACE AT THE VILLAGE AT BROOKWOOD ITERET ADDRESS, CITY, STATE, ZIP CODE (X2) SUMMAY STATEMENT OF DEPICENCES IPROVIDER OR SUPPLER (X2) SUMMAY STATEMENT OF DEPICENCES PROVIDER OR SUPPLER (X2) SUMMAY STATEMENT OF DEPICENCES IPROVIDER OR SUPPLER (X2) SUMMAY STATEMENT OF DEPICENCES IPROVIDER OR SUPPLER IPROVIDER OR SUPPLER SUMMAY STATEMENT OF DEPICENCES IPROVIDER OR SUPPLER IPROVIDER OR SUPPLER SUMMAY STATEMENT OF DEPICENCES IPROVIDER OR SUPPLER IPROVIDER OR SUPPLER Continued From page 4 F 244 F 244 F 244 GRIEVANCE/RECOMMENDATION F 244 Corrective Action for Residents Affected: To address group grievances, and family interviews, staff interviews, family interviews, resident council minutes, Partners in Excellence Minutes of June 5, 2015, revealed in part. Director of Nursing would be meeting wifth (names of the facility''s) F 244

Facility ID: 954565

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	S FOR MEDICARE &					0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED
		345091	B. WING		10/	29/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE	DE	
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		1820 BROOKWOOD AVENUE BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 244	Continued From page	e 5	F 244	1		
F 244	were not delivered to arrived on the hall be assisting other reside members expressed not report to work, the for more residents. A yesterday an aide wat time. A family memb insufficient, a resident he got agitated when member expressed a be medicated for beh insufficient staff. A fat they felt like they nee sure residents ' need member said that she make sure that her he Family members exp hurried then they may residents to eat. Fam weekends there was Review of the residen 7, 2015, revealed residen 7, 2015, revealed resident a time. At times, then after 7 pm. They ask two staff members at starting late on their of resident noted that the bed early due to lack answered the call bel they will be right them back. The Director of were still several aided been filled.	the residents when the trays cause staff would be ents with feeding. Family that when a nurse aide did e aide on duty had to care family member noted that is feeding 2 residents at one er noted that when staff was it was put in bed at 2 pm and this happened. A family o concern that residents will aviors because of mily member reported that ded to be here daily to make ds were met. Another family e came 3 times a day to usband got what he needed. ressed that if staff was y not be able to encourage illy members noted that on no staff visible. It council minutes for August idents noted the nurses one for more than one unit at re was only 1 aide on a unit ed if there should be at least a time. Nurses were still evening medication pass. A ley did not like to be put to of staffing. When staff II, they would say okay or e and they did not come 'Nursing indicated there e positions that haven ' t	F 244	status of the follow up. Withi working days of the initial filir form, the concerned party wil of the findings of investigation any corrective actions that has recommended to resolve the The minutes will be maintaine electronically and in hard copterm care social worker and the actions identified will be reporfollowing months resident of Partners in Excellence meeti will include the issue, the act the status of resolution and welectronically to the clinical term corrective action for those affected by the deficiency will defined vehicle for tracking is assure the residents that their being heard in a timely mannic contribute to a higher quality facility, increase engagement satisfaction. To resolve the graphoval from the organization nurse aide positions, and (3) positions. We have subseque one nurse and one aide. The also appointed a scheduler p will monitor staff schedules, a projects the staffing levels for weekends to ensure coveragradministrator and director of with residents on 12/4/15 reside	ng of the Il be notified n as well as ave been issue. ed by by the long the follow up rted at the counsel/ ng . Report ion plan, and vill be sent earn. se residents I give a more asues and will ir voice is her, and of life in the t and their rievance, the ncies with of (2) two ursing eceived on for (5) five three nurse ently hired he facility has osition that and also r the e. The nursing met	

Facility ID: 954565

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		ND HUMAN SERVICES MEDICAID SERVICES			FOR	D: 12/16/201 M APPROVE D. 0938-039
TATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION		E SURVEY PLETED
		345091	B. WING		10	/29/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		1820 BROOKWOOD AVENUE BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 244	not safe not to have a Resident noted she w because her aide wa Review of the resider October 2, 2015 reve of insufficient staff. A nurses wouldn ' t ans finally got a response 9 pm. During an interview of Nurse #8 stated, " th assistants (NA) to do stop my medication p During an interview of Nurse #6 indicated th nursing assistants as She stopped passing residents with call be medications to be late to go to the assisted nurse. During a telephone in AM, Nurse #5 indicate residents every night medication pass and also responsible to g down stairs if a reside indicated she had two then only one (1). During an interview of 6 indicated two aides every day. She indicate on 10/26/15. She ind worse. There were no schedule. Review of had worked alone fro During an interview of indicated there was a	a nurse on each unit. vas put to bed at 4 pm s working alone. Int council minutes for ealed the ongoing grievance Another resident noted swer his call light and he e but he didn ' t get help until on 10/28/15 at 12:12 PM, were were not enough nursing patient care. I often had to bass to do patient care. " on 10/28/15 at 3:06 PM, here were not enough signed to do resident care. I medications to assist Ils, which caused e. She was also responsible living unit if they needed a hterview on 10/29/15 at 8:33 ed she had so many	F 24	be affected: A standard proce problem resolution with assig accountability will also contrit resolution of issues and reduc complaints related to personal treatment.Staff will be educat Director Clinical Services on to of individual grievance and gri grievance resolution by 11/26/2015.Education will incl feedback regarding time of the load variances and potential si improved team work for meet needs. In addition the Health Administrator will in-service an heads on group grievance pro- 11/24/15.The facility will place management positions on the affected to help coordinate can ensure adequate staffing level role will also consist of being the units in the event of a star shortage due to call out, etc. the splitting of halls among es In the interim, we will utilize an agency nurses to fill staff vac the administrative positions an trained. Also, the current nur administration will be response on call as a back up to this pri- needed. To also address the response times, the present of system will be upgraded to tra- response times and will be minursing administration to ensi- timeliness of staff to patient nur- is to be completed by 1/15/16	ned bute to timely ced al care and ed by the the process roup lude e day work solutions for ing resident acare II department ocedure on e three e units are and to els. Their able to work ffing to eliminate kisting staff. dditional ancies until re hired and sing sible of being rocess as concern over call light ack call light onitored by ure eeds. This 5.	

Facility ID: 954565

If continuation sheet Page 7 of 18

EDGEWOOD PREFIX TAG F 244 CC Sta VO Th CO Du Sta Sta Sta Sta VO OD Sta Sta Sta Sta Sta Sta Sta Sta Sta Sta	VIDER OR SUPPLIER PLACE AT THE VILLA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page taff were working alo oiced their frustratior			STREET ADDRESS, CITY, STATE, ZI 1820 BROOKWOOD AVENUE BURLINGTON, NC 27215 PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T	P CODE	E SURVEY IPLETED
EDGEWOOD PREFIX TAG F 244 CC Sta VO Th CO Du Sta Sta Sta Sta VO OD Sta Sta Sta Sta Sta Sta Sta Sta Sta Sta	PLACE AT THE VILLA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L continued From page taff were working alo oiced their frustration	AGE AT BROOKWOOD	ID PREFIX	STREET ADDRESS, CITY, STATE, ZI 1820 BROOKWOOD AVENUE BURLINGTON, NC 27215 PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T	P CODE OF CORRECTION	
EDGEWOOD PREFIX TAG F 244 CC Sta VO Th CO Du Sta Sta Sta VO OD Sta Sta VO OD Sta Sta	PLACE AT THE VILLA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L continued From page taff were working alo oiced their frustration	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	1820 BROOKWOOD AVENUE BURLINGTON, NC 27215 PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T	P CODE OF CORRECTION	
(X4) ID PREFIX TAG F 244 Co sta vo Th co Du sta sta sta vo op	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L continued From page taff were working alo oiced their frustratior	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	BURLINGTON, NC 27215 PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T		
(X4) ID PREFIX TAG F 244 Co sta vo Th co Du sta sta sta vo op	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L continued From page taff were working alo oiced their frustratior	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T		
F 244 Co sta vo Th co Du sta sta ex ga vo op	(EACH DEFICIENCY REGULATORY OR L continued From page taff were working alo oiced their frustratior	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED T		
sta vo Th co Du sta sta ex ga vo op	taff were working alo oiced their frustration		1		O THE APPROPRIATE ENCY)	(X5) COMPLETIO DATE
sta vo Th co Du sta sta ex ga vo op	taff were working alo oiced their frustration		F 24	14		
vo Th co Du sta sta ex ga vo op	oiced their frustration	no. The residents have	F 24		cal Sonvicos or	
Th co Du sta sta ex ga vo op				Worker, Director of Clinic Administrator will be pres		
co Du sta sta ex ga vo op	De tamily membere h	had expressed their		resident and family coun		
Du sta ex ga vo op	oncerns at the shorta	•		address grievances after		
sta sta ex ga vo op		n 10/29/15 at 10:42 AM,		extenuating circumstanc		
ex ga vo op	-	ed there was a shortage of		ongoing effort to recruit,	-	
ga vo op	taff. The schedule wa	as not covered and the		diem staff to have a syst		
vo	xpectation was for st	aff on duty to fill the shift		call outs for nurses and i	nursing assistants	
ор		et was posted for staff to		to ensure adequate cove	-	
		ere were currently empty		attained by having per di		
1 tim		or staff to work. The part		posted on website effect		
		ed first then the full time		Audits of scheduled pain		
		n 10/26/15 NA #8 left early unit alone, until the next		administration will be con for on-time compliance.	-	
	hift.	dinit alone, dinti the next		be audited monthly for th	-	
-		n 10/29/15 at 2:59 AM,		90% compliance or bette		
	-	ere was a shortage of staff,		Once the goal is achieve		
		o work alone causing		be conducted quarterly.		
	nedications to be adm	-		reported to the QA comp		
Du	uring an interview or	n 10/29/15 at 3:30 PM,		addition of nursing assis	tant staff on the	
		ated the grievances were		affected units will allow t		
-		te department heads for		properly administer med		
	esolution. The reside	0 0		units with less interruptic		
	rievances of lack of s			installation of call light sy		
	ne Director of Nursing	The concern was given to		audit will be completed b 90 days and share with r	-	
		n 10/29/15 at 3:39 PM, the		administration of call ligh		
	ON indicated during					
		e residents updated on the		Quality Assurance: The	number of	
		hiring process had been a		grievances will be report		
		nt (hiring) system and		Quarterly meeting. Griev		
		prevented the staffing of		in the council meetings v		
	-	e staff out on family medical		the grievance log and the		
	ave act (FMLA), the			summarized monthly by		
		tions were not approved,		and reported weekly at s	-	
		e agency staff. The DON		Monday for planning by		
		iff, but we still have had		plan committee which wi through Friday beginning	-	
	oles in the schedule. om one unit to anoth	We were pulling people				

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PRINTED: 12/16/2015 FORM APPROVED

					O. 0938-039
DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY IPLETED
	345091	B. WING		10)/29/2015
OVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
D PLACE AT THE VILL	AGE AT BROOKWOOD				
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETIO DATE
Continued From page	e 8	F 244			
problem had not bee	n resolved. "		times will be reported to the quality assurance team at quarterly QA me	eting	
483.25(n) INFLUENZ IMMUNIZATIONS	ZA AND PNEUMOCOCCAL	F 334			11/26/15
that ensure that (i) Before offering the each resident, or the representative receiv benefits and potentia immunization; (ii) Each resident is of immunization Octobe annually, unless the icontraindicated or the immunized during thi (iii) The resident or th representative has th immunization; and (iv) The resident's me documentation that in following: (A) That the residen representative was p the benefits and pote immunization; and (B) That the resider influenza immunization; influenza immunization;	e influenza immunization, resident's legal ves education regarding the al side effects of the offered an influenza er 1 through March 31 immunization is medically e resident has already been is time period; ne resident's legal ne opportunity to refuse edical record includes ndicates, at a minimum, the nt or resident's legal rovided education regarding ential side effects of influenza at either received the on or did not receive the on due to medical				
	DVIDER OR SUPPLIER DVIDER OR SUPPLIER D PLACE AT THE VILL SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From pag problem had not bee 483.25(n) INFLUENZ IMMUNIZATIONS The facility must dev that ensure that (i) Before offering the each resident, or the representative receive benefits and potentia immunization; (ii) Each resident is of immunization Octobe annually, unless the contraindicated or th immunized during thi (iii) The resident or the representative has the immunization; and (iv) That the resider representative was per the benefits and potentian influenza immunizati influenza immunizati	DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091 DVIDER OR SUPPLIER D PLACE AT THE VILLAGE AT BROOKWOOD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 problem had not been resolved. " 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident or the resident's legal representative was provided education regarding the benefits and potential side effects of influenza	EDEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE DOWDER OR SUPPLIER 345091 B. WING D PLACE AT THE VILLAGE AT BROOKWOOD It SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F244 Continued From page 8 F 244 problem had not been resolved. " F 334 483.25(n) INFLUENZA AND PNEUMOCOCCAL F 334 IMMUNIZATIONS F 334 The facility must develop policies and procedures that ensure that (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunization; and (iv) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the	IDEFINITION (X1) PROVIDERSUPPLERCLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING 345091 IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING DYIDER OR SUPPLER STREET ADDRESS, CITY, STATE, 2P CODE DEACE AT THE VILLAGE AT BROOKWOOD SUMMARY STATEMENT OF DETICIENCES READ DEPCIDENCY WILE TO PERCIENCES READ DEPCIDENCY WILE TO PERCIENCES TO THE APPRO REQULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG PROVIDERS PLAN OF CORRECT (EXPAN DEPCIDENCY WILE TO PERCIENCES) REQULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG PROVIDERS PLAN OF CORRECT (EXPAN DEPCIDENCY WILE TO PERCIENCES) (EXPAN DEPCIDENCY WILE TO PERCIENCES) TAG PROVIDERS PLAN OF CORRECT (EXPAN DEPCIDENCY WILE TO PERCIENCES) (EXPAN DEPCIDENCY WILE TO PERCIENCES) TAG PRETX (EXPAN DEPCIDENCY WILE OF PRECIMENCES) (EXPAN DEPCIDENCY WILE TO PERCIENCES) (EXPAN DEPCIDENCY WILE TO PERCIENCES) (EXPAN DEPCIDENCY WILE TO PERCIENCES) TAG PRETX (EXPAN DEPCIDENCY WILE OP CORRECT TO THE APPRO DEFICIENCY) Continued From page 8 problem had not been resolved. " F 244 results of pain medication administr times will be ensite and additional follow up will be institu- necessary. F 334 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS F 334 F 334 F 334 10) Before offering the influenza immunization of the resident's legal representative resident is offered an influenza immunization, and (W) The resident is offered an influenza immunization, and (B) That the resident or resident's legal representative was provided education regarding the benefits	IDEPCIENCIES CORRECTION (M1) PROVIEWESUPPLIERCUA IDENTIFICATION NUMBER: (M2) MULTIPLE CONSTRUCTION A BUILDING (M2) MULTIPLE CONSTRUCTION A BUILDING (M2) MULTIPLE CONSTRUCTION A BUILDING DVIDER OR SUPPLIER 345091 B. WING 120 BROOKWOOD AVENUE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION EXPONENCE NUMBER: REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL (RECOLLINGTON OR LSC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL (RECOLLINGTON OR LSC DENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL (RECOLLINGTON OR LSC DENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL (RECOLLINGTON OR LSC DENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) Continued From page 8 problem had not been resolved. " IP PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) IP PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) IP PROVIDER'S PLAN

Event ID: MCHD11

Facility ID: 954565

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		ID HUMAN SERVICES MEDICAID SERVICES					INTED: 12/16/2015 FORM APPROVED IB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		STRUCTION) DATE SURVEY COMPLETED
		345091	B. WING				10/29/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	•	
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD			ROOKWOOD AVENUE		
	-			BURLI	NGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	κ	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 334	Continued From page	e 9	F3	334			
	legal representative r the benefits and pote immunization; (ii) Each resident is o immunization, unless medically contraindic already been immuni (iii) The resident or the representative has the immunization; and (iv) The resident's me documentation that in following: (A) That the resident representative was p the benefits and pote pneumococcal immuni (B) That the resident contraindication or re (v) As an alternative, and practitioner recor pneumococcal immuni years following the fir immunization, unless	ated or the resident has zed; le resident's legal e opportunity to refuse edical record includes ndicated, at a minimum, the t or resident's legal rovided education regarding ntial side effects of nization; and t either received the nization or did not receive imunization due to medical fusal. based on an assessment mmendation, a second nization may be given after 5 est pneumococcal medically contraindicated or sident's legal representative					
	by: Based on resident at record review, the fac pneumococcal vaccir	-		of do	334□The statements made or correction are not an admission not constitute an agreement eged deficiencies.	on to and	

Event ID: MCHD11

Facility ID: 954565

If continuation sheet Page 10 of 18

		MEDICAID SERVICES				8-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	、 ,		(X3) DATE SURVE COMPLETED	
		345091	B. WING		10/29/20	15
NAME OF PI	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CO	DE	
				1820 BROOKWOOD AVENUE		
EDGEWO	OD PLACE AT THE VILL			BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE COMP E APPROPRIATE D	(X5) PLETIC DATE
F 334	Continued From page	e 10	F 334	1		
	#32).		1 00-	To remain in compliance with	all federal	
				and state regulations, the fac		
	Findings included:			taken or will take the actions	•	
		admitted on 10/4/12. The		this plan of correction. The p	lan of	
	diagnosis included hy	/pertension, parkinson ' s		correction constitutes the fac	liity⊡s	
		. Review of the recent		allegation of compliance suc		
		DS), dated 9/7/15, revealed		alleged deficiencies cited have		
		cognitively impaired. The		will be corrected by the dates		
	MDS also indicated the			Corrective Action for Resider		
		nation was up to date. There nformation available for		Resident #138, #93, #147, # the facility failed to offer the	27, anu #32,	
		cate the pneumococcal		pneumococcal vaccine. This	was	
	vaccination was offer	-		corrected on 11/23/15 by cor		
	Record review of Res	sident#138 ' s medication		pneumococcal screen on eac	-	
	administration record	(MAR), revealed that the		affected residents to establis	h vaccination	
		nation was not given as		status. If found to be in need		
		stration. The chart revealed		pneumococcal vaccination a		
		neumococcal was marked		screen was completed, the a		
	was left blank.	st five years. This section		residents or their responsible provided the vaccine educati		
		n 10/29/15 at 4:12PM, the		offered the pneumococcal va		
	-	e indicated the expectation		resident or responsible party		
		e residents pneumococcal		pneumococcal vaccination, t		
		e coded on the MDS and		information was recorded in		
	documented on the ir	nmunization flow sheet and		resident⊡s medical record. If	f the resident	
	kept on the medication			or responsible party consent	ed to the	
	. ,	rse stated that she could not		vaccination, this information		
		tation of the pneumococcal		in the resident s medical rec	· •	
	vaccination for Reside			with the MD order for the vac		
	-	n 10/ 29/15 at 4:57PM, the ated that her expectation of		vaccination was administered resident by unit nurse and re		
	-	pneumococcal vaccination		electronic medical record.		
		ation policy for all new		Corrective Action for Resider	nt⊡s	
	-	ment on the immunization		Potentially Affected		
	flow sheet that should	be kept on the MAR.		Effective 11/18/15 the Directo	or of Clinical	
	During an interview o	n 10/29/15 at 6:15PM. The		Services reviewed and update		
		d that his expectation of the		Immunizations and Documer	-	
		dents the pneumococcal		Effective 11/19/15 to 11/25/1		
	vaccination on admis	aion and provide the		in the facility within these dat	haa will ha	

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		MEDICAID SERVICES			OMB NO. 0938-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345091	B. WING		10/29/2015
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		1820 BROOKWOOD AVENUE BURLINGTON, NC 27215	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETIC
F 334	Continued From page	e 11	F 334	1	
F 334	education to resident should also documen done. 2.Resident #93 was a diagnosis included di Review of the recent dated 10/19/15, revea was moderately impa indicated that the res vaccination was up to assessment informati #93 to indicate the pr was offered or receiv. Record review of Res administration record revealed that the pne not given as schedule chart revealed that the mas marked as not gi This section was left During an interview o infection control nurse was on admission the vaccination should be documented on the ir kept on the medication record(MAR). The nu provide the documen vaccination for Resid During an interview o director of nursing sta the staff was to offer according to immuniz admissions. During an interview o administrator indicate	s and family. The staff t in the chart it had been admitted on 5/21/15. The abetes and psychosis. Minimum Data Set (MDS), aled the resident 's cognition ired. The MDS also ident 's pneumococcal o date. There was no ion available for Resident neumococcal vaccination ed. sident#93 's medication (MAR) for Resident #93, umococcal vaccination was ed for administration. The e resident 's pneumococcal iven in the last five years. blank. n 10/29/15 at 4:12PM, the e indicated the expectation e residents pneumococcal e coded on the MDS and nmunization flow sheet and on administration rse stated that she could not tation of the pneumococcal ent#93. n 10/ 29/15 at 4:57PM, the ated that her expectation of pneumococcal vaccination ration policy for all the new	F 334	screened for the pneumococcal va by the Assistant Manager of Clinic Services and MDS Coordinator. If resident has previously received th pneumococcal vaccination, that information will be entered into the resident s electronic medical reco the Assistant Manager of Clinical S and MDS Coordinator. If that inform is found in the resident s paper of that information will be transferred resident s electronic medical reco the Assistant Manager of Clinical S and MDS Coordinator and all futur screenings will be entered into and the resident s electronic medical by the nurse conducting the screen found to be in need of the pneumo vaccination, the resident or their responsible party will receive the vaccination education sheet and o the pneumococcal vaccination by the Assistant Manager of Clinical Serv MDS Coordinator. If the resident of responsible party decline the pneumococcal vaccination, that information will be recorded in the resident s medical record by the Assistant Manager of Clinical Serv MDS Coordinator. If the resident of responsible party consent to the pneumococcal vaccination, that information will be recorded in the resident s medical record by the Assistant Manager of Clinical Serv MDS Coordinator. If the resident of responsible party consent to the pneumococcal vaccination, that information will be recorded in the resident s medical record, along with MD order for the pneumococcal vaccination by the Assistant Manager Clinical Services and MDS Coordin	al the

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		MEDICAID SERVICES		LE CONSTRUCTION	OMB NO. 0938-03
ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	(X3) DATE SURVEY COMPLETED		
		345091	B. WING		10/29/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE
EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD				1820 BROOKWOOD AVENUE BURLINGTON, NC 27215	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLETIC HE APPROPRIATE DATE
F 334	Continued From page	e 12	F 334	4	
F 334	document in the char During an interview o Resident #93 indicate whether the pneumoo offered to him at the f of the facility. 3.Resident #147 was diagnosis included di depression. Review set (MDS), dated 9/2 s cognition was impai indicated that the resivaccination was up to assessment informati #147 to indicate the p was offered or receive Record review of Resi administration record pneumococcal vaccin scheduled for administ that the resident ' s p as not given in the last was left blank. During an interview o infection control nurse was on admission the vaccination should be documented on the in kept on the medicatio record(MAR). The nu provide the documen vaccination for Resid During an interview o director of nursing sta the staff was to offer	t it had been done. In 10/29/15 at 6:20PM, ed he could not recall coccal vaccination had been facility or receiving it outside admitted on 12/5/12. The abetes, dementia and of the recent minimum data 1/15, revealed that resident ' ired. The MDS also ident ' s pneumococcal o date. There was no ion available for Resident oneumococcal vaccination ed. sident#147 ' s medication (MAR), revealed the nation was not given as stration. The chart revealed neumococcal was marked st five years. This section In 10/29/15 at 4:12PM, the e indicated the expectation e residents pneumococcal e coded on the MDS and mmunization flow sheet and on administration rse stated that she could not tation of the pneumococcal	F 334	medical record. Effective 11/26/15 and ongoresident will be screened for pneumococcal vaccination admission to the facility by inurse. Each resident will revaccination education shee admission folder. The admireview the vaccination educ with the resident and/or the party and offer the pneumo vaccination. If the resident of responsible party decline the pneumococcal vaccination, information will be recorded resident s medical record. or their responsible party corpneumococcal vaccination, information will be recorded resident s medical record. or their responsible party corpneumococcal vaccination, information will be recorded resident medical record, MD order for the pneumococcal vaccination, and the vaccin administered by the unit nurecorded in the medical record Systemic Changes Effective 11/19/15 to 11/25/will be given to all nursing s RN s and LPN s in a Just in-service by the Director of Services. This education will screening and vaccination for the pneumococcal vaccination for the pne	r the upon the admitting ceive the t in their tting nurse will cation sheet ir responsible coccal or their ne that d in the If the resident onsent to the that d in the along with the occal ation will be rse and ord. 15 education staff to include t In Time f Clinical ill include the education mococcal he to the resident, nt the above is electronic

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		MEDICAID SERVICES			OMB NO. 0938-03 (X3) DATE SURVEY	
ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		345091	B. WING		10/29/2015	
NAME OF PI	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE		
EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD				820 BROOKWOOD AVENUE BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETIC	
F 334	Continued From page	e 13	F 334			
	staff was to offer residevaccination and proviresidents and family. document in the chart 4.Resident #27 was a diagnosis included dia anxiety. Review of the (MDS), dated 9/14/15 cognitively intact. The resident's pneumoco- date. There was no a available for Resident pneumococcal vaccin received. Record review of Resident pneumococcal vaccin received. Record review of Resident scheduled for administ that the resident's pr as not given in the las was left blank. During an interview o infection control nurse was on admission the vaccination should be documented on the in kept on the medication record(MAR). The nu provide the document vaccination for Reside During an interview o director of nursing stat the staff was to offer p according to immuniz admissions. During an interview o	dents the pneumococcal de the education to The staff should also t it had been done. admitted on 5/13/14. The abetes, hypertension and be recent minimum data set 5, revealed that resident was e MDS also indicated that the occal vaccination was up to ssessment information t #27 to indicate the hation was offered or sident#27 medication (MAR), revealed the hation was not given as stration. The chart revealed neumococcal was marked at five years. This section n 10/29/15 at 4:12PM, the e indicated the expectation e residents pneumococcal e coded on the MDS and nmunization flow sheet and on administration rse stated that she could not tation of the pneumococcal	Γ 334	administration in the resident s m record. Effective 11/19/15 and ongoing, a immunization information will be e into and kept in the resident s ele medical record. Quality Assurance Effective 11/26/15 and ongoing ea week, the Assistant Manager of C Services will review all newly adm resident s electronic medical recor- completed pneumococcal vaccinal screenings and education. If the mo- or their responsible party declined pneumococcal vaccination, the As- Manager of Clinical Services will m the resident s electronic medical to ensure that information was recor- the resident or their responsible p- consented to the pneumococcal vaccination, the Assistant Manager Clinical Services will review the resident s electronic medical recor- ensure that information was recor- along with the MD order for the pneumococcal vaccination. The A- Manager of Clinical Services will a review the resident s medication administration record (MAR) to em vaccination was given by the unit Effective 11/26/15 and ongoing ea quarter, a compliance report of sc and vaccinated residents for the pneumococcal vaccination will be reviewed by the Director of Clinical Services and presented at the Qu Assurance Committee meeting.	Il entered ectronic ach linical itted ords for tion esident I the ssistant eview record corded. If arty er of ords to ded, ssistant also sure the nurse. ach reened	

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STATEMENT (OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION	OMB NO. 0	
	ND PLAN OF CORRECTION				COMPLETED	
		345091	B. WING		10/29/2	2015
NAME OF P	AME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD				1820 BROOKWOOD AVENUE BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE C	(X5) OMPLETIO DATE
F 334	Continued From page 14 residents and family. The staff should also document in the chart it had been done. During an interview on 10/29/15 at 6:25PM, Resident #27 indicated she could not recall whether the pneumococcal vaccination was offered or received in the facility or outside of the facility. 5.Resident #32 was admitted on 1/5/10. The diagnosis included depression and dementia. Review of the recent minimum data set (MDS),		F 33	34		
	dated 10/5/15, reveal	minimum data set (MDS), led that resident ' s cognition DS also indicated that the				
		occal vaccination was up to issessment information				
	pneumococcal vaccir received.					
		sident#32 medication (MAR), revealed the nation was not given as				
	scheduled for admini	stration. The chart revealed neumococcal was marked				
	was left blank.	st five years. This section				
	infection control nurs	n 10/29/15 at 4:12PM, the e indicated the expectation e residents pneumococcal				
		e coded on the MDS and mmunization flow sheet and				
	record(MAR). The nuprovide the document	rse stated that she could not tation of the pneumococcal				
	-	ent#32. in 10/ 29/15 at 4:57PM, the ated that her expectation of				
	the staff was to offer	pneumococcal vaccination ation policy for all the new				
		n 10/29/15 at 6:15PM. The				

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVE	8-039 :v
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED		
		345091	B. WING		10/29/20	15
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		820 BROOKWOOD AVENUE SURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE COMP	(X5) PLETION DATE
F 334	Continued From page	9 15	F 334			
		d that his expectation of the				
	staff was to offer resid	lents the pneumococcal				
	vaccination and provide the education to					
	residents and family. The staff should also document in the chart it had been done.					
F 431	483.60(b), (d), (e) DR		F 431		11/26	\$/15
SS=D	LABEL/STORE DRU		1 431		11/20	/10
	The facility must employ or obtain the services of					
		t who establishes a system				
	of records of receipt and disposition of all					
	controlled drugs in sufficient detail to enable an					
	accurate reconciliation; and determines that drug records are in order and that an account of all					
		aintained and periodically				
	Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the					
	appropriate accessory instructions, and the e applicable.	y and cautionary				
		ate and Federal laws, the				
	locked compartments	drugs and biologicals in under proper temperature only authorized personnel to				
	have access to the ke					
	permanently affixed c controlled drugs listed					
	Control Act of 1976 a abuse, except when t	Abuse Prevention and nd other drugs subject to he facility uses single unit				
		tion systems in which the imal and a missing dose can				

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	S FOR MEDICARE &	MEDICAID SERVICES		LE CONSTRUCTION	FORM APP OMB NO. 093 (X3) DATE SURVE	8-039	
			· · /			COMPLETED	
		345091	B. WING		10/29/20	15	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
				1820 BROOKWOOD AVENUE			
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		BURLINGTON, NC 27215			
(X4) ID		TATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF C				
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		PLETIO DATE	
F 431	Continued From pag	e 16	F 43	1			
1 101	be readily detected.		145				
	be readily delected.						
		T is not met as evidenced					
	by:						
		ons and staff interviews, the		F431- The statements made on the	nis plan		
	facility failed to date	5 out of 13 opened bottles of		of correction are not an admission	to and		
	various insulin bottle	s in one of six medication		do not constitute an agreement wi	th the		
	carts.			alleged deficiencies.			
				To remain in compliance with all fe			
	Findings Included:			and state regulations, the facility h			
	A			taken or will take the actions set for			
		e medication storage cart on n 10/29/15 at 10:17 am		this plan of correction. The plan of			
	-	bottles of various insulin		correction constitutes the facility□ allegation of compliance such that			
		and not dated with the "		alleged deficiencies cited have be			
		e yellow label provided on the		will be corrected by the dates indic			
	side of the insulin bo			Corrective action for Residents aff			
	pharmacy.			by deficient practice:			
				The five vials opened and not date	ed were		
	An interview with the	e nurse on Dogwood Hall		on Dogwood and the nurse intervi			
	regarding this medic	ation cart on 10/29/15 at		admitted not checking for the expi			
		he insulin bottles should		dates and understanding his role i			
		en they were opened. The		verifying the expiration date. The l			
		sed the Insulin on this day		were within manufacturer s expire			
		e bottles to see when they		date and therefore no residents wa	ere		
	-	insulin bottles were not the manufacturer 's date of		Corrective action for residents po	tentially		
		reported, according to their		affected:			
		lin is opened, the nurses		Pharmacy began labeling insulin v	vhen		
		the insulin from the " open "		distributed to the unit with a twenty			
	-	led that the nurse opening		day expiration date effective 10/30	-		
	the bottle is responsi	ible for writing the date on the		All nursing staff will be educated b	by the		
	label when it was op	ened.		Director of Clinical Services on the			
				Rights of medication administratio			
		Pharmacist on 10/29/15 at		twenty eight day expiration of mult			
	-	ne medication carts are		vials, and returning to pharmacy a	-		
	cnecked each month	and all insulin are removed		dose vials found with an expiration	ate or		

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TATEMENT	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DA	NO. 0938-039 ITE SURVEY MPLETED	
		345091	B. WING			0/29/2015	
				STREET ADDRESS, CITY, STATE, ZIP CO 1820 BROOKWOOD AVENUE	DE		
EDGEWO	OD PLACE AT THE VILL	AGE AT BROOKWOOD		BURLINGTON, NC 27215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE	
F 431	month. The Pharmac is the insulin bottles s are opened. The nur- yellow label provided bottle as to when the further added the insu 28 days from the date An interview with the 10/29/15 at 3:00 pm r the nurses are to be s bottles when they are are discarded 28 day She further added it is responsibility to be su	carts at the end of each cist reported her expectation should be dated when they se is expected to fill in the on the side of the insulin bottle was opened. She ulin should be disposed of e it was opened. Director of Nursing on revealed her expectation of sure to date the insulin e opened and to ensure they ys after they are opened.	F 43	an expired date by 11/26/20 Education to all nursing staff Director of Clinical Services Rights of Medication administ twenty eight day expiration for vials, and returning to the phr multi does vials found without expiration date or an expired checks for expired insulin and dated will be documented with narcotic check at shift chang 11/26/2015. Systematic Changes: Pharmacy took ownership on for dating the insulin vials as delivered to the units. Beginn 11/26/2015, insulin will be ch change of shift with narcotic documented by the oncomin Quality Assurance Focused medication pass of looking at insulin administrati the five rights of administrati conducted by the Assistant N designee each month for four months. Eight observations of performed unannounced; on medication cart. Documenta focused medication pass ob and the ongoing insulin check summarized and reported to of clinical services monthly of Monday of each month and a quarterly QA meeting beginn 11/26/2015.	by the on the Five stration, or multi does armacy any it an date. Cart d insulin not th each e beginning n 10/30/2015 they are ning necked at checks and g nurse. eservations ion for use of on will be Aanager or ir consecutive will be e for each tion for the servations eks will be the director ue the first at the		

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