A. BUILDING ______________________
(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER: 345394

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ______________________
B. WING __________________________

(X3) DATE SURVEY COMPLETED
C 08/12/2021

NAME OF PROVIDER OR SUPPLIER

BROOK STONE LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
8990 HIGHWAY 17 SOUTH
POLLOCKSVILLE, NC  28573

(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) COMPLETION DATE
---|---|---|---
F 000 INITIAL COMMENTS | F 000 | 8/19/21

Aunnounced complaint investigation survey
was conducted 8/10/21 through 8/12/21. One of
the 1 complaint allegation was not substantiated.
Event ID#DY9711.

F 678 Cardio-Pulmonary Resuscitation (CPR)
CFR(s): 483.24(a)(3)

$483.24(a)(3) Personnel provide basic life
support, including CPR, to a resident requiring
such emergency care prior to the arrival of
emergency medical personnel and subject to
related physician orders and the resident's
advance directives.

This REQUIREMENT is not met as evidenced
by:

Based on record review and staff interviews, the
facility failed to ensure facility staff maintained
current Cardio-Pulmonary Resuscitation (CPR)
certification for 1 of 13 nurses reviewed for CPR
certification (Nurse #1).

Findings included:

Review of the CPR policy dated 2/15/10 read in
part that nurses shall be CPR certified.

Record review of CPR certification for nursing
staff revealed Nurse #1 did not have current CPR
certification.

An interview on 8/10/21 at 11:29 AM with Nurse
#1 revealed she did not have a current CPR
certification and did not remember when her CPR
certification had expired.

An interview on 8/12/21 at 12:11 PM with the
Director of Nursing (DON) revealed she expected

On 08/10/2021, Administrator initiated
an audit to be conducted by Director of
Nursing/Designee of all licensed
personnel files to ensure all CPR
certifications were up to date. Any
licensed personnel found not in
compliance were removed from the
schedule until CPR certification can be
obtained.

On 08/11/2021, Administrator conducted
an in-service to Director of Nursing on
facility expectation to maintain all licensed
personnel CPR certifications and to
ensure an active copy is on file.

On 08/11/2021, Director of Nursing
educated the Licensed personnel found to
have an expired CPR certification to
include Disciplinary action for policy
violation.

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

Electronically Signed 08/19/2021

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.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 678</td>
<td>Continued From page 1</td>
<td>all facility nurses to maintain their CPR certification and she did not know why Nurse #1 had not maintained her certification.</td>
<td>• On 08/11/2021, Licensed personnel found to be out of compliance obtained the CPR certification.</td>
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<td>An interview on 8/12/21 at 12:21 PM with the Administrator revealed she expected the facility nurses to maintain a current CPR certification and she expected the DON to ensure this was done.</td>
<td>• On 08/12/2021, Administrator and Director of Nursing reviewed and revised, if applicable facility policy “Cardiopulmonary Resuscitation”.</td>
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<td>• On 08/17/2021, Administrator initiated an in-service for all licensed staff to be conducted by Director of Nursing/Designee on facility policy “Cardiopulmonary Resuscitation” specific to the facility’s requirement to attain and maintain current CPR certification throughout employment. Any licensed personnel not in-serviced by 08/17/2021 will be prior to next scheduled shift.</td>
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<td>• For continued monitoring, random selection of 25% of licensed personnel CPR certification will be audited to ensure all certifications are active. Audit to continue weekly times 4 weeks to total 100% then monthly thereafter.</td>
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<td>• All newly employed licensed staff will be required to provide active CPR certification during the orientation process and will be educated on facility policy “Cardiopulmonary Resuscitation” specific to the facility’s requirement to attain and maintain current CPR certification throughout employment.</td>
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<td>• Results of audit and education will be presented at the next scheduled Quality Assurance Committee meeting for review.</td>
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<td>Continued From page 2</td>
<td>F 678</td>
<td>and again at the following quarterly Quality Assurance Committee meeting with determination at that time for continued need for monitoring.</td>
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