

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 Guilford County Department of Social Services conducted an annual survey on May 18, 19 and 20, 2016.	D 000		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 2 of 5 sampled residents (Resident #4 and Resident #7) with a physician's order for a liberalized renal diet was served as ordered. The findings are: A. Review of Resident #4's current FL2 dated 05/21/15 revealed: -Diagnoses included end-stage renal disease, chronic kidney disease, and diabetes. -An order for a renal diet. Review of Resident #4's Resident Register revealed an admission date of 06/03/13. Review of a physician's order dated 03/18/16 revealed: -An order for a liberalized renal diet. -The liberalized renal diet was defined as "limits sodium, potassium, and phosphorous with	D 310		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 1 adequate calories and protein." Review of physician renewal orders dated 04/06/16 revealed an order for a liberalized renal diet. Review of Resident #4's record revealed she received dialysis on Tuesdays, Thursdays, and Saturdays for end-stage renal disease. Review of the posted diet list in the kitchen at the serving station revealed Resident #4 was to receive a liberalized renal diet. Review of the therapeutic diet menu for the lunch meal for the liberalized renal diet on 05/18/16 revealed the resident was to be served 1 cup of tossed iceberg lettuce salad, 4 ounces of roast beef, 1/2 cup of egg noodles, 1/2 cup of steamed carrots, 1 slice of white bread, and 4 ounces of pound cake. Observation of the lunch meal served to Resident #4 on 05/18/16 from 11:50 am to 1:00 pm revealed: -A staff person verbally provided, to Resident #4, a list of items to choose from for lunch, including roast beef, a lettuce salad, a sandwich, scalloped potatoes, and carrots. -There was no alternate option offered to Resident #4 for the scalloped potatoes, based on the liberalized renal diet. -Resident #4 was served roast beef (4 ounces), 1/2 cup of scalloped potatoes with cheese (instead of egg noodles), 1/2 cup of steamed carrots, no bread, 4 ounces of pound cake and 8 ounces of water. -Resident #4 fed herself without assistance and without difficulty. -Resident #4 consumed 75% of the roast beef,	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 2 100% of scalloped potatoes, 100% of carrots, and 3/4 of pound cake. Review of the therapeutic diet menu for the breakfast meal for the liberalized renal diet on 05/19/16 revealed the resident was to be served 3 ounces of scrambled eggs, a 1 ounce portion of beef patty, 1 two ounce bagel, 1 tablespoon of margarine, 1/2 cup of applesauce, 1/2 cup of cream of wheat cereal, and 3/4 cup of apple juice. Observation of the breakfast meal served to Resident #4 on 05/19/16 from 7:45 am to 8:45 am revealed: -A staff person verbally provided, to Resident #4, a list of items to choose from for breakfast, including bacon. -Resident #4 was served 2 pieces of bacon (instead of 1 ounce of beef patty), 3 ounces of scrambled eggs, and 8 ounces of water. -Resident #4 fed herself without assistance and without difficulty. -Resident #4 consumed 100% of the bacon and 100% of the scrambled eggs. Interview with Resident #4 on 05/20/16 at 9:35 am revealed: -She received dialysis three days a week (Tuesday, Thursday, and Saturday). -She had been on dialysis for three years. -She was on a renal diet. -The kitchen staff were responsible for preparing her meal for the renal diet. -"I can have bacon and I can have 32 ounces of liquids a day." -She monitored her own liquid intake. -The kitchen staff prepared her lunch meal for her to take with her when she went to dialysis. -She had been stable and had not required any	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 3 recent hospitalizations. Interview with the Dietary Manager on 05/20/16 at 11:00 am revealed: -He was aware Resident #4 was on a liberalized renal diet. -He was unaware Resident #4 received scalloped potatoes instead of egg noodles for lunch on 05/18/16. -He had prepared egg noodles to be served to Resident #4 for lunch on 05/18/16. -He did not know why Resident #4 received scalloped potatoes. -The cook or the Dietary Manager plate the food for residents. -He was unaware Resident #4 had received 2 slices of bacon for breakfast on 05/19/16. -He had "researched" turkey sausage and determined it was a suitable substitute (instead of the 1 ounce of beef patty listed on the liberalized renal diet) for the 2 slices of bacon on the regular menu. Resident #4 should have received turkey sausage instead of bacon that was listed on the liberated renal diet menu for breakfast on 05/20/16. -He did not know why Resident #4 received 2 slices of bacon for breakfast on 05/19/16. Refer to interview with a RA on 05/20/16 at 10:45 am. Refer to interview with the Dietary Manager on 05/20/16 at 10:55 am. Refer to interview with a Dialysis Center Clinical Manager on 10/20/16 at 10:25 am. B. Review of Resident #7's current FL2 dated 01/08/16 revealed:	D 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 4 -A diagnosis of end-stage renal disease. -An order for a renal diet. Review of Resident #7's Resident Register revealed an admission date of 01/16/15. Review of the therapeutic diet menu for the lunch meal for the liberalized renal diet on 05/18/16 revealed Resident #7 was to be served 1 cup of tossed iceberg lettuce salad, 4 ounces of roast beef, 1/2 cup of egg noodles, 1/2 cup of steamed carrots, 1 slice of white bread, and 4 ounces of pound cake. Observation of the lunch meal served to Resident #7 on 05/18/16 from 11:50 am to 1:00 pm revealed: -A staff person verbally provided, to Resident #7, a list of items to choose from for lunch, including roast beef, a lettuce salad, a sandwich, scalloped potatoes, and carrots. -Resident #4 was served roast beef (4 ounces), tossed iceberg lettuce salad with cucumbers and dressing, 1/2 cup of scalloped potatoes with cheese (instead of egg noodles), 1/2 cup of steamed carrots, no bread, 1/2 cup of English trifle, 8 ounces of water, and 8 ounces of lemonade. -Resident #4 fed herself without assistance and without difficulty. -Resident #4 consumed 75% of the roast beef, 100% of scalloped potatoes, 100% of carrots, and 100% of the English trifle (strawberries and shortcake). Review of the therapeutic diet menu for the breakfast meal for the liberalized renal diet on 05/19/16 revealed the resident was to be served 3 ounces of scrambled eggs, a 1 ounce portion of beef patty, 1 two ounce bagel (omit peanut	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 5 butter), 1 tablespoon of margarine, 1/2 cup of applesauce, 1/2 cup of cream of wheat cereal, and 3/4 cup of apple juice. Observation of the breakfast meal served to Resident #7 on 05/19/16 from 7:45 am to 8:45 am revealed: -A staff person verbally provided, to Resident #7 a list of bacon, eggs, oatmeal, and a bagel. -Resident #7 selected bacon, eggs, and a bagel. -No substitution for the bacon was offered. -Resident #7 was served 2 pieces of bacon (instead of 1 ounce of beef patty), 2 non-dairy creamers, 3 ounces of scrambled eggs, 6 ounces of coffee, and 1 bagel with cream cheese (cream cheese not listed on therapeutic diet menu). -Resident #7 fed herself without assistance and without difficulty. -Resident #7 consumed 100% of the bacon, 100% of the scrambled eggs, and 75% of the bagel with cream cheese. Interview with Resident #7 on 05/20/16 at 9:20 am revealed: -She received dialysis on Tuesday, Thursday, and Saturday. -She had been on dialysis for six years. -She was on a renal diet. -The kitchen staff were responsible for preparing her meal for the renal diet. -"I know what I am supposed to eat, but I don't always follow my diet." -Staff who "took orders" from her at meals used to tell her the alternatives offered for her renal diet, but I "turned it down so much" they stopped asking me. -She could have 32 to 40 ounces of liquids a day. -She monitored her own liquid intake. -The kitchen staff prepared her lunch meal for her to take with her when she went to dialysis.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 6 -She had been stable and had not required any recent hospitalizations. Interview on 05/20/16 at 10:48 am with a RA revealed: -She was aware Resident #7 was on a liberalized renal diet. -Resident #7 often refused substitutions made for the renal diet and chose foods being served on the regular menu. Interview with the Dietary Manager on 05/20/16 at 11:00 am revealed: -He was aware Resident #7 was on a liberalized renal diet. -He was unaware Resident #7 received scalloped potatoes instead of egg noodles for lunch on 05/18/16. -The cook or the Dietary Manager plate the food for residents. -He had prepared egg noodles to be served to Resident #7 for lunch on 05/18/16. -He did not know why Resident #7 received scalloped potatoes instead of egg noodles. -Resident #7 had requested at lunch on 05/18/16 to be served the English trifle dessert instead of the pound cake listed for the renal diet. -He was unaware Resident #7 had received 2 slices of bacon for breakfast on 05/19/16. -He had "researched" turkey bacon and had considered obtaining it to serve instead of serving the 1 ounce beef patty that was listed on the liberalized renal diet menu for breakfast on 05/20/16. -He did not know why Resident #7 had received 2 slices of bacon for breakfast on 05/19/16. Interview with a Dialysis Center Clinical Manager on 05/20/16 at 10:28 am revealed: -Resident #7 was very knowledgeable about what	D 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 7 she should and should not eat. -Resident #7 had been stable and had not had any recent complications with her renal dialysis. Refer to interview with a RA on 05/20/16 at 10:45 am. Refer to interview with the Dietary Manager on 05/20/16 at 10:55 am. Refer to interview with a Dialysis Center Clinical Manager on 05/20/16 at 10:25 am. Interview on 05/20/16 at 10:45 am with a Resident Assistant (RA) revealed: -She was responsible for assisting with serving residents at meal time in the dining room. -There was a list of resident's on special diets posted at the serving station in the kitchen. -"I usually tell the person fixing the plate either the name of the resident or the type of diet they need." -"I usually tell the resident what substitute they could have if they are on a special diet." -Residents who go to dialysis are provided a packed lunch by the kitchen staff. Interview with a Dialysis Center Clinical Manager on 05/20/16 at 10:25 am revealed: -The facility preferred a liberalized renal diet so dialysis patients would have some choice in their food selections. -Residents on the liberalized renal diet were to have no oranges, bananas, or orange juice because they were extremely acidic. -She did not see a problem with one or two pieces of bacon. Interview with the Dietary Manager on 05/20/16 at 10:55 am revealed:	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 310	Continued From page 8 -Dietary was responsible for cooking and plating meals for residents on liberalized renal diets. -The RAs and other staff verbally tell residents what they can choose from for their meal and the resident chooses. -Because resident's "order" their meals, it was possible the RAs and dietary staff were not giving residents on the liberalized renal diet the options for their diet when taking orders. -The RAs were responsible for informing the kitchen staff plating the meal the name of the resident they were serving. -The RAs were not to just say "I need a renal diet plate" because the server needed to know which resident was receiving the plate to ensure they were receiving the correct diet. -The cook had a menu to refer to for liberalized renal diets. -There needed to be better communication between the staff taking orders from residents and the kitchen staff preparing the plates. -He had previously provided an in-service for nursing staff, but "I probably need to do it again."	D 310		
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 observation, record review and	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 9 interview, the failed to assure medications were administered as ordered for 1 of 6 sampled residents (Resident #6) regarding aspirin. The findings are: Review of Resident #6's current FL2 dated 03/14/16 revealed: -Diagnoses included cerebral infarction, essential hypertension, generalized muscle weakness, atherosclerotic heart disease, and hyperlipidemia. -Medications included buffered aspirin 325 mg, 1 tablet daily by mouth. Review of Resident #6's Resident Register revealed an admission date of 03/22/16. A signed prescribing practitioner's order, dated 05/04/16 for aspirin 325 mg, 1 tablet by mouth every morning, quantity 30, with 5 refills. Observation on 05/19/16 at 7:50 am during the morning medication pass revealed: -The Medication Aide (MA) placed amlodipine 10 mg, atorvastatin 80 mg, loratidine 10 mg, tri-buffered aspirin 325 mg, vitamin D3 1,000 units, naproxen 500 mg, hydralazine hcl 50 mg and metoprolol 100 mg into a plastic medication cup for administration. -She placed another aspirin 325 into the cup. -She was prevented from administering the second aspirin 325 mg by the surveyor, who suggested the MA clarify the order for the second aspirin prior to administering. -The MA stated she was not aware there were two pharmacy issued packs of aspirin. Review of Resident #6's March 2016 Medication Administration Record (MAR) revealed: -A hand written entry for tri-buffered aspirin 325	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 10 mg, 1 tablet daily by mouth. -The entry was initialed daily, after the admission date of 03/22/16, indicating it was administered as ordered. Review of Resident #6's April 2016 MAR revealed: -A computer generated entry for tri-buffered aspirin 325 mg, take 1 tablet by mouth every day. -The entry was initialed for 29 of the 30 opportunities scheduled, indicating it was administered as ordered, except for 1 day. Review of Resident #6's May 2016 MAR revealed: -A computer generated entry for tri-buffered aspirin 325 mg, take 1 tablet by mouth every day. -The entry was initialed 19 times, indicating it was administered as ordered. -A hand-written entry for aspirin 325 mg, take 1 tablet by mouth every morning. -The hand-written entry was initialed 10 times, (05/09/16, 05/10/16, 05/11/16, 05/12/16, 05/13/16, 05/14/16, 05/15/16, 05/16/16, 05/17/16, 05/18/16) indicating the second dose of aspirin 325 mg was administered 10 times in 19 days. -Two entries, dated 05/04/16 and 05/19/16, had been initialed with a circle around them, indicating those doses had not been administered. -The back side of the MAR had an entry dated 05/04/16 "Aspirin - call pharmacy" and an entry dated 05/19/20 "Aspirin need clarification". Observation on 05/20/16 at 2:50 pm of the medication on hand for Resident #6 revealed: -A pharmacy issued bubble pack of aspirin 325 mg, filled on 04/21/16. -Another pharmacy issued bubble pack of aspirin 325 mg, filled on 05/03/16.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 11 Interview with the prescribing practitioner on 05/19/16 at 8:50 am revealed: - He intended for Resident #6 to take aspirin 325 mg 1 tablet, one time daily. - He was not aware Resident #6 had received 2 doses of aspirin 325 mg for 10 days this month. Interview with a pharmacy representative on 05/20/16 at 10:45 am revealed: -Aspirin 325 mg, with a quantity of 30 had been filled on 04/21/16. -The pharmacy received another order for aspirin 325 mg, quantity of 30, on 05/02/16, and the order was filled on 05/03/16. -The first order for aspirin 325 mg was discontinued on 05/02/16, and the remainder of that blister pack should have been returned to the pharmacy. -The pharmacy representative had never heard of anyone taking a double dose of aspirin 325 mg on a daily basis. Interview with a first shift MA on 05/19/16 at 7:50 am revealed: -She followed the MAR for medication administration. -She had not noticed Resident #6 was getting two doses of aspirin 325 mg. -New orders are processed by the MA: the MA received the new order, faxed a copy to the pharmacy and then filled out an in-house new order tracking form. The new order tracking form is received by the Health and Wellness Director (HWD), for final verification. Interview with another first shift MA on 05/20/16 at 10:30 am revealed: -A MA should have canceled the the first order for aspirin 325 mg and returned any medication remaining in the blister pack to the pharmacy,	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410		
(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 12 when the second order was received. -New orders are completed by the MA on the cart: the MA received a new order, faxed it to the pharmacy, transcribed it to the MAR, completed the new order tracking sheet and sent the sheet to the HWD for final approval. Interview on 05/19/16 at 4:15 pm with the HWD revealed: -The MA received new orders, she would fax a copy to the pharmacy, she would transcribe the order to the current MAR and fill out a new order tracking form to give to the HWD for final verification. The MA would also make an entry in the resident's chart and place the order in the resident's chart. Interview with the Administrator on 05/19/16 at 9:45 am revealed: -New orders are initiated by the MA on the cart, who will transcribe it onto the MAR, send a copy of the order to the pharmacy, and fill out the new order tracking form, which will go to the HWD for final approval. Interview on 05/20/16 at 10:15 am with Resident #6 revealed: - She had lived at the facility for "a couple of months" and she enjoyed it very much. - She did not know what medications she took, she depended on the staff at the facility to provide her medications as ordered by the prescribing practitioner.	D 358		