STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 Gaston County Department of Social Services conducted a follow-up survey on August 1 and 2, 2017 with a telephone exit on August 3, 2017.	(D 000)		
(D 074)	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure walls and floors were clean and in good repair in 10 Resident Bedrooms, 1 Resident Bathroom, and all Hallways throughout the facility. The findings are: Observation on 8/1/17 at 10:05 am of Room #35 revealed approximately 3 heavily stained areas ranging in size from 6 to 12 inches which was dark in color, and 2 areas of worn carpet ranging in size from 8 to 12 inches where the carpet pile had been worn through to the carpet backing which was black in color. Observation on 8/1/17 at 10:16 am of Room #37 revealed: -The walls in the room had multiple scuff marks which were blackish in color and ranging in size	(D 074)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 9/10/17
STATE FORM 6899 MLTN12 If continuation sheet 1 of 28

Reviewed and Accepted 9-19-17 KB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 074}	Continued From page 1 from 4 to 8 inches. -The carpet at the room entrance had 2 areas approximately 3 to 5 inches that had detached from the floor was was bubbling up. -There were 4 areas on the carpet ranging in size from 5 to 8 inches where the carpet was heavily stained which was dark in color. Observation on 8/1/17 at 10:21 am of the common bathroom and sitting area for Room #39 revealed: -There were 3 chairs against the wall, dark blue in color, where the seat cushions were stained with a brownish stain. -The bathroom floor had some paper debris on the floor. -In the bathroom there was a disposable brief soiled with feces partially out of the trash can. Observation of resident room #7 on 8/1/17 at 10:25 am revealed: -There were several brown carpet stains approximately 6 - 12 inches in diameter. -There was a large amount of small paper debris scattered across the carpet. Observation on 8/1/17 at 10:36 am revealed: -The hallway floor between rooms 31, 32 and 41 had a heavily soiled area approximately 36 inches in diameter, blackish brown in color. -The corner of the wall beside room 31 had an area approximately 36 inches vertical with exposed plaster. Observation on 8/1/17 at 10:39 am of Room #32 revealed multiple stains brownish in color on the carpet ranging in size from approximately 12 to 24 inches. Observation on 8/1/17 at 10:42 am of Room #40	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 074}	Continued From page 2 revealed: -A 36 inch line on the wall parallel to the floor where the paint had been worn off with a 4 inch diameter tear in the plaster. -Three brownish stains on the floor ranging in sized from 12 to 18 inches in diameter. Observation on 8/1/17 at 10:45am of Room #41 revealed several stains blackish brown in color on the carpet one approximately 14 inches in size and the other approximately 9 inches in size. Observation on 8/1/17 at 10:50 am of Room #33 revealed the carpet throughout the room was heavily stained with a blackish brown color with the stain sizes ranging in size from 6 to 18 inches. Observation of resident room #13 on 8/1/17 at 10:51 am revealed: -A large amount of small paper debris and lint scattered across the carpet. -There were holes and scrapes in three walls ranging in size of approximately 3 - 12 inches long. -There was a hole on the wall behind the door approximately 12 inches long. -There were brown marks on one wall approximately 4 - 6 inches long. -The frame of the door had several black marks approximately 6 inches in length. Interviews with 11 residents on 8/1/17 during the initial tour revealed: -"The housekeeping could be better". -"The Housekeeper only cleans the room once per week". -The Housekeeper vacuums the room once per week. -"The bathroom needs to cleaned a little more".	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 074}	Continued From page 3 -They did not feel like the floor was dirty, but either worn or stained. -The Maintenance Man will use a carpet cleaner sometimes. -"An outside company comes and cleans the hallway carpets". -They feel the Housekeeper needs some help with cleaning the rooms. -The staff "generally" empty the trash cans every day, but sometimes they don't get emptied every day. -"It would be nice to have the rooms cleaned more often". -"I have spilled food on my carpet". -They had noticed some residents spilling drinks in the hallway. -"Housekeeping doesn't do much." -"Housekeeping is done by us [the residents]. We vacuum and make our own beds." -"The facility could do a better job with housekeeping." Interview with a Housekeeper on 8/1/17 at 11:00am revealed: -There are two Housekeepers working in the facility. -If as residents spills something on the floor they have a "spot spray" to use and then she wipes the stain up. -The carpets get clean when the Maintenance Man cleans them, but the residents will mess them up after they are cleaned. -The residents eat and drink food in the rooms and hallways and will occasionally spill their food and drinks on the floor. -She had told the previous Administrator when the floors in the rooms needed cleaning. -She always told the Maintenance Man when the carpet in the rooms needed cleaning. -The resident rooms are vacuumed weekly and	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 074}	Continued From page 4 when needed. -Some residents would let her know when they spill something. Interview with the Maintenance Man on 8/2/17 at 8:10am revealed: -He cleans the carpets when needed. -He cleans the carpets in the residents rooms. -Some of the residents have electric wheelchairs and will "beat the walls up". -His priority is to get the empty rooms "turned over" so new residents can move in. -There is an outside company who will come in and clean the carpets in the common areas when needed. Interview with the Administrator on 8/2/17 at 10:45am revealed: -She had worked at the facility for approximately 3 weeks. -The resident rooms should be cleaned daily. -There is an outside company that comes in as needed to clean the common areas. -When a resident moves out the room is painted, floors are cleaned or replaced if needed, and all repairs are made before a new resident moves in. -The residents will spill food and drink on the floors after they are cleaned.	{D 074}		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 5 Rule. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to order and apply a compression stocking as ordered by the primary care provider for 1 of 5 sampled residents (Resident #2). The findings are: Review of Resident #2's current FL2 dated 6/7/17 revealed diagnoses included stage 4 chronic kidney disease, chronic obstructive pulmonary disease (COPD), and Hyponatremia. Review of Resident #2's Resident Register revealed an admission date of 6/9/17. Review of Resident #2's current care plan, completed on 6/9/17 and signed by the physician indicated the resident required a two person assist for transfers and extensive assistance with toileting. Review of Resident#2's record revealed: -A physician order dated 7/10/17 for thromboembolic deterrent stockings (TED) to be put on in the morning and removed at bedtime. -A second physician's order dated 7/21/17 for TED hose to be put on in the morning and removed at bedtime. Review of Resident #2's July 2017 eMar (electronic medication administration record) on 8/2/17 revealed:	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 6 -An entry for TED hose to be put on in the morning and removed at bedtime. -Treatment times were scheduled as placing the TED hose on at 6:00am and off at 8:00pm. -There was documentation for 7/25/17, 7/26/17, 7/27/17, 7/28/17, 7/29/17, and 7/31/17, of TED hose being applied and removed by staff. -There was documentation of staff removing TED hose on 7/30/17 at 8:00pm. Observation on 8/1/17 at 10:20am of Resident #2 revealed: -She was in her room sitting in a wheelchair in a house dress and shoes. -Her legs were swollen. -She was not wearing compression stockings. Observation on 8/1/17 at 12:15pm of Resident #2 revealed: -She was in the dining room sitting in a wheelchair beside her family member in the same clothes she had on earlier this morning. -Her legs were swollen. -She was not wearing compression stockings. Observation on 8/2/17 at 3:35pm with Resident #2 revealed: -She was sitting in her wheelchair in a house dress and shoes. -Her legs were swollen and had heavy creases around her ankles. Interview on 8/2/17 at 1:55pm with a Medication Aide (MA) revealed: -Resident #2 requires assistance getting in and out of bed. -Resident #2 has had several falls since her admission to the facility on 6/9/17. -Resident #2 has been receiving physical therapy in attempts to return home.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 7 -Resident #2 was compliant with treatment. -She had not seen any compression stockings for Resident #2. -If a resident required TED hose or compression stockings she would request an order from the physician, the physician would then write an order and she would measure their legs and send the order and the measurements to the facility pharmacy. -The pharmacy would supply the resident with TED hose or compression stockings. -The TED hose or compression stockings would be applied on at 6:00am and removed at 8:00pm each day. Interview on 8/2/17 at 3:35pm with Resident #2 revealed: -Her legs were "swollen and painful" -She had been on Lasix for some time, but was not currently on Lasix. -She had just returned from an appointment with the nephrologist and her legs were "more swollen". -She did not have TED hose or compression stockings on, nor did she have any. Interview on 8/2/17 at 3:40pm with a family member for Resident #2 revealed: -"Someone" had mentioned to him about TED hose for Resident #2 "some time ago." -Resident #2 did not have any TED hose or compression stockings. -No one had asked him to purchase TED hose or compression stockings for Resident #2. -He had expressed his concerns about Resident #2's edema over a week ago to the Health and Wellness Director. Interview on 8/2/17 at 3:55pm with a Medication Aide (MA) revealed:	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 8 -She confirmed her initials on the eMar as applying TED hose and removing the TED hose on 5 different occasions between 7/25/17 and 7/31/17. -"The Personal Care Aides (PCA) are the ones who actually put the TED hose on and take them off at bedtime." -"It's [SIC] my responsibility, I should have been more aware." -She was just checking boxes on the eMAR and not checking to see if Resident #2 had the compression stockings on or not. Interview on 8/2/17 at 4:00pm with the Health and Wellness Director revealed: -She was aware there was an order for TED hose. -Resident #2's family had spoken with her about starting Resident #2 on Lasix, but the physician did not want to do that because of her renal function and had ordered TED hose for her. -There was a place in the eMAR system for the MA to make notes if the treatment was not available or not provided. -She was unaware the staff were documenting the TED hose were being applied and removed when Resident #2 did not have any TED hose to be applied or removed. "That is unacceptable." Interview on 8/2/17 at 4:45pm with the pharmacy manager revealed: -The facility had the ability to put in orders for residents that did not receive medications or treatments from the facility pharmacy. -These orders were placed in the eMar system so staff could document orders and treatments on the eMar. -The pharmacy had never received an order for Resident #2 for TED hose or compression stockings.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 9 -Resident #2 had 14 active orders in the eMar system but Resident #2 did not receive her medications from the facility pharmacy but her own pharmacy. -There was an active order for "Ted hose to be applied in the am at 6:00am for edema and removed at bedtime for edema which would be 8:00pm." Interview with Resident #2's primary care provider on 8/3/17 at 11:09am revealed: -She relied on the staff to follow the orders she wrote for the residents. -Fluid retention impacted the resident's neuropathy and made her a higher risk for falls. -She was aware Resident #2 had problems with edema and had ordered compression stockings (used to reduce swelling in the feet, ankles and lower legs) to assist her. -She had not ordered Lasix at this time due to the resident's severe renal issues. The facility failed to implement orders for Ted Hose for 1 of 5 sampled residents (Resident #2). The facility's failure to implement a physician's order to provide TED hose for Resident #2 put her at risk for having falls and increase swelling of legs, which was painful to the resident. Failure to follow the physician's order for compression socks (Ted Hose) for Resident #2 was detrimental to the health and safety of the resident and constitutes a Type B Violation. The facility provided a Plan of Protection on 8/3/17 that included: -The Health and Wellness Director or Designee will verify documentation and implementation of TED hose.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 10 The Health and Wellness Director of Designee will audit resident records and clarify orders, follow-up on implementation of procedures, treatments or orders. The Health and Wellness Director of Designee will monitor the new order tracking system daily and provide retraining on the new order tracking system to all med aides. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 17, 2017.	D 276		
{D 280}	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs	{D 280}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 280}	Continued From page 11 (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the Licensed Health Professional Support (LHPS) evaluations which include a physical assessment and evaluation of the resident's care being provided, were completed within 30 days for 1 resident (Resident #2) who had orders for thromboembolic deterrent stocking (TED), physical therapy and bilateral heel protectors and quarterly for 1 resident (Resident #5) with swallowing problems and requiring assistance with transfers. The findings are: A. Review of Resident #2's current FL2 dated 6/7/17 revealed: -Diagnoses included stage 4 chronic kidney disease, type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), Hyponatremia, hyperosmolality, and erythematous anemia. -Resident #2 experienced intermittent disorientation, semi-ambulatory with a wheelchair and was incontinent of bladder and bowel. -A physician's order for physical therapy five times weekly. -A physician's order for skin prep and heal protectors to bilateral heels. Review of Resident #2's Resident Register revealed an admission date of 6/9/17. Review of Resident #2's current care plan, completed on 6/9/17 and signed by the physician	{D 280}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 280}	Continued From page 12 indicated the resident required a two person assist for transfers and extensive assistance with toileting, ambulation,bathing and dressing. Review of Resident#2's record revealed: -A physician order dated 7/10/17 for thromboembolic deterrent stockings (TED) to be put on in the morning and removed at bedtime. -A second physician's order dated 7/21/17 for TED hose to be put on in the morning and removed at bedtime. Review of Resident #2's record revealed there were no LHPS evaluations. Observation on 8/1/17 at 10:20am of Resident #2 revealed: -She was in her room sitting in a wheelchair in a house dress and shoes. -Her legs were swollen. -She was not wearing compression stockings. Observation on 8/1/17 at 12:15pm of Resident #2 revealed: -She was in the dining room sitting in a wheelchair beside her family member in the same clothes she had on earlier this morning. -Her legs were swollen. -She was not wearing compression stockings. Observation on 8/2/17 at 3:35pm with Resident #2 revealed: -She was sitting in her wheelchair in a house dress and shoes. -Her legs were swollen and had heavy creases around her ankles. Interview on 8/2/17 at 3:35pm with Resident #2 revealed: -Her legs were "swollen and painful"	{D 280}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 280}	Continued From page 13 -She had just returned from an appointment with the nephrologist and her legs were "more swollen". -She did not have TED hose or compression stockings on, nor did she have any. Interviews with 2 Personal Care Aides (PCA) on 8/2/17 revealed: -They had been trained by the previous LHPS nurse how to do 2 person transfers. -Resident #2 had several falls since her admission and required assistance with her transfers. -They had not been trained on any LHPS task for Resident #2. Interview on 8/2/17 at 1:55pm with a Medication Aide (MA) revealed: -Resident #2 requires assistance getting in and out of bed. -Resident #2 has had several falls since her admission to the facility on 6/9/17. -Resident #2 has been receiving physical therapy in attempts to return home. -She had not seen any compression stockings for Resident #2. Interview on 8/2/17 at 11:25am with the Health and Wellness Director (HWD) revealed: -She had not completed and LHPS assessment of Resident #2. -A previous LHPS nurse was assisting the facility and the HWD would have the previous LHPS nurse call to see if an assessment had been completed for Resident #2. -Attempted telephone interview on 8/2/17 at 3:00pm with the previous LHPS nurse was unsuccessful.	{D 280}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 280}	Continued From page 14 Interview with Resident #2's primary care provider on 8/3/17 at 11:09am revealed: -She relied on the staff to follow the orders she wrote for the residents. -Fluid retention impacted her neuropathy and made her a higher risk for falls. -She was aware Resident #2 had problems with edema and had ordered compression stockings (used to reduce swelling in the feet, ankles and lower legs) to assist her. Refer to interview on 8/2/17 at 11:25am with the HWD. Refer to interview on 8/2/17 at 2:40pm with the Administrator. B. Review of Resident #5's current FL2 dated 5/26/17 revealed: -Diagnoses included cerebrovascular disease, oropharyngeal dysphagia, and muscle weakness. -The resident used a wheel chair for ambulation. Review of Resident #5's Resident Register revealed an admission date of 9/22/15. Continued review of Resident #5's LHPS reviews revealed: -An LHPS review dated 12-29-16 which listed deeding techniques for residents with swallowing problems (mechanically altered diet), and transferring semi-ambulatory residents. -An LHPS review dated 4-12-17 which listed feeding techniques for residents with swallowing problems (mechanically altered diet), and transferring semi-ambulatory residents. -There was no LHPS review completed for 7/12/17 which was 21 days late. Interview on 8/2/17 at 3:00pm with Resident #5 revealed:	{D 280}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 280}	Continued From page 15 -The staff were good at helping her if she needs anything. -The staff would help her to bathe, getting dressed and getting in her wheelchair. -She had to have help getting around and staff would help her. -The staff would remind her to eat slowly and take her time when at her meals. -She had not had any problems since her admission. Interview on 8/2/17 at 10:45am with a Personal Care Assistant (PCA) revealed: -Resident #5 needed help from staff with getting out of bed and into her wheelchair. -Resident #5 needed help from staff with her shower and getting dressed. -Resident #5 needed "a little" verbal prompting while eating to eat slowly and not rush. Refer to interview on 8/2/17 at 11:25am with the Health and Wellness Director. Refer to interview on 8/2/17 at 2:40pm with the Administrator. --- Interview on 8/2/17 at 11:25am with the Health and Wellness Director (HWD) revealed: -She had been with the facility since May 2017. -She was responsible for the LHPS assessments as she was a Registered Nurse. -She had not completed an audit of the residents to see who require the LHPS assessments since she started in May. Interview on 8/2/17 at 2:40pm with the Administrator revealed: -The Resident Care Coordinator should monitor the time or the Health and Wellness Director is	{D 280}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 280}	Continued From page 16 responsible for assuring all medications are correct and accurate. -She would have the new Health and Wellness Director assure all medications are current and accurate.	{D 280}		
{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: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to assure medications were administered as ordered by the prescribing practitioner for 3 of 5 sampled residents (#1, #3 and #5) (clonazepam, acetaminophen) and 1 of 9 residents observed on a medication pass (Resident #6) (Calcium). The findings are: A. Review of Resident #5's current FL2 dated 5/26/17 revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 17 -Diagnoses included cerebrovascular disease, oropharyngeal dysphagia, and muscle weakness. -Medications included clonazepam 0.25mg every day at hour of sleep. Review of a physician order dated 7/18/17 revealed an order for clonazepam 0.5mg, take 1 tablet at hour of sleep. Review of a controlled substance accountability sheet for Resident #5 revealed: -The medication was clonazepam 0.5mg tablet. -Instructions printed on the label to take 0.5mg tablet (0.25mg) at bedtime. -The dispense date was 6/9/17 for 30 half tablets of 0.5mg clonazepam. -The documentation on the controlled substance sheet showed 30 (0.25mg tablets) administered from 6/15/17 through 7/15/17. Review of a second controlled substance accountability sheet for Resident #5 revealed: -The medication was clonazepam 0.5mg tablet. -Instructions printed on the label to take half a 0.5mg tablet (0.25mg) at bedtime. -The dispense date was 7/8/17 for 30 half tablets of 0.5mg clonazepam. -The documentation on the controlled substance sheet showed 15 (0.25mg tablets) administered from 7/16/17 through 7/31/17. Review of the medication on hand for Resident #5 on 8/2/17 at 1:45pm revealed 16 half tablets of clonazepam 0.5mg tablets available for administration. Review of the July 2017 medication administration record for Resident #5 revealed: -Clonazepam 0.5mg tablet at bedtime for sleep. -The documentation showed the medication had	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 18 been administered daily from 7/1/17 through 7/31/17 in July 2017. Interview on 8/2/17 at 10:30am with the facility pharmacy revealed: -The only clonazepam sent to the pharmacy for Resident #5 were half tablets of 0.5mg which was 0.25mg. -The facility did not order the clonazepam 0.5mg tablets. Interview on 8/2/17 at 11:45am with a Medication Aide revealed: -The new physician orders are checked by the RCC. -The clonazepam 0.5mg half tablets were being given to Resident #5 and staff signed for administering 0.5mg clonazepam. -They had not noticed the difference of dosage strength on the control card medication. Interview on 8/2/17 at 2:30pm with the corporate nurse revealed: -The Resident Care Coordinator (RCC) was responsible for assuring all medications on the medication cart are accurate. -The Medication Aides should have caught the error. Interview on 8/2/17 at 2:40pm with the Administrator revealed: -The Resident Care Coordinator or the Health and Wellness Director is responsible for assuring all medications are correct and accurate. -She would have the new Health and Wellness Director assure all medications were current and accurate. Interview on 8/2/17 at 3:00pm with Resident #5 revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 19 -She did not have any trouble sleeping. -She felt that she sometimes "sleeps too much". -She got a sleeping pill at night, but did not know what it was. Attempted telephone interview on 8/2/17 at 2:00pm with Resident #5's physician was unsuccessful. Refer to the General Guidelines for Medication Administration policy. B. Review of Resident #3's FL2 date 10/25/16 revealed: -Diagnoses included debility, pyelonephritis, anxiety, depression, hypertension, gastro esophageal reflux disease, and urinary retention. -An order for acetaminophen 325mg tablets, take 2 tablets by mouth every 4 hours as needed (prn) for pain. Review of Resident #3's June and July 2017 electronic medication administration record (eMAR) revealed: -There was an entry for acetaminophen 325mg tablets, give 2 tablets by mouth every 4 hours as needed. -There was documentation that the acetaminophen had been administered on 6/15/17, 6/20/17, and 6/21/17. -There was documentation that the acetaminophen had been administered on 7/5/17, 7/7/17, 7/13/17, 7/28/17, and 7/29/17. Observation of Resident #3's medication in the medication cart on 8/2/17 revealed: -There was a plastic bottle labeled acetaminophen 500mg caplets. -The bottle had Resident #3 name written in blue ink on it. -There was no other acetaminophen in the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 20 medication cart for Resident #3. Interview with the facility pharmacy on 8/2/17 at 2:15pm revealed the pharmacy did not provide the acetaminophen for Resident #3. Interview with a second shift Medication Aide on 8/2/17 at 3:35pm revealed: -The plastic bottle labeled acetaminophen 500mg caplets was what was administered to the resident. -Families sometime bring medications in for the residents. -The medications are given to the Executive Director or the Resident Care Coordinator (RCC) for review. -"If we have an order for the med, we compare the med to the eMAR to make sure it's the right medicine and dose". Interview with second Medication Aide on 8/2/17 at 3:55pm revealed: -Medications that are brought in by families are given to the RCC to check for accuracy. -"If she isn't here we leave it on her desk". -She was unaware the acetaminophen was a different dose that what was on the eMAR. Interview with the Resident Care Coordinator on 8/2/17 at 2:50pm revealed: -She was responsible for checking the medications brought in by family for accuracy. -"Sometimes I think the med aides will just put the meds [SIC] in the cart when I'm not here." Interview with the Clinical Corporate Nurse on 8/2/17 at 2:45pm revealed: -The Resident Care Coordinator is responsible for managing medications brought in by family. -"She is supposed to compare the meds the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 21 family brings in to the doctor's order." -"I would expect the med aides are to do three checks before giving the medication." Refer to the General Guidelines for Medication Administration policy. C. Review of Resident #6's current FL2 dated 1/26/17 revealed: -Diagnoses of dementia, fatigue, depression, anxiety, and history of breast cancer. -An order for Calcium-Vitamin D 600mg/400iu one tablet by mouth two times per day. Observation during the medication pass on 8/2/17 at 7:30am revealed: -The Medication Aide administered 1 tablet of calcium 400mg with vitamin D 500iu to Resident #6. -The tablet came from a plastic bottle labeled Citracal. -The bottle of Citracal had Resident #6's name hand written in blue ink on it. Review of a physician signed order sheet dated 6/28/17 for Resident #6 on 8/2/17 revealed an order for calcium 600mg with vitamin D 400iu give 1 tablet by mouth three times a day. Interview with a second shift Medication Aide on 8/2/17 at 3:35pm revealed: -Families of the residents sometimes bring medications in for the residents. -The medications are given to the Executive Director or the Resident Care Coordinator (RCC) for review. -"If we have an order for the med, we compare the med to the eMAR to make sure it's the rights medicine and dose".	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 22 Interview with the Resident Care Coordinator on 8/2/17 at 2:50pm revealed: -She was responsible for checking the medications brought in by family for accuracy. -"Sometimes I think the med aides will just put the meds [SIC] in the cart when I'm not here." Interview with the Clinical Corporate Nurse on 8/2/17 at 2:45pm revealed: -The Resident Care Coordinator is responsible for managing medications brought in by family. -"She is supposed to compare the meds the family brings in to the doctor's order." -"I would expect the med aides are to do three checks before giving the medication." Refer to the General Guidelines for Medication Administration policy. Review of the facility policy General Guidelines for Medication Administration dated 11/2011, and revised 7/2016, on 8/2/17, revealed "Trained or licensed associates administering or assisting with medications shall follow the 7 rights of medication administration: right medication, right dose, right time, right route, right resident, right documentation and right to refuse.	{D 358}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 367}	Continued From page 23 administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 5 sampled residents (#1, #5) for Xanax for Resident #1 and clonazepam for Resident #5. The findings are: A. Review of Resident #5's current FL2 dated 5/26/17 revealed: -Diagnoses included cerebrovascular disease, oropharyngeal dysphagia, and muscle weakness. -Medications included clonazepam 0.25mg every day at hours of sleep. Review of the July 2017 medication administration record for Resident #5 revealed an entry for clonazepam 0.5mg half tablet at bedtime for sleep. Review of a physician order dated 7/18/17 at 2:54pm revealed an order for clonazepam 0.5mg,	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 367}	Continued From page 24 take 1 tablet at hour of sleep. Review of the medication on hand for Resident #5 on 8/2/17 at 1:45pm revealed 26 half tablets of clonazepam 0.5mg tablets available for administration. Review of a controlled substance accountability sheet revealed: -The medication was clonazepam 0.5mg tablet. -Instructions printed on the label to take 0.5mg tablet (0.25mg) at bedtime. -The dispense date was 6/9/17. -The documentation on the controlled substance sheet showed 30 (0.25mg tablets) administered from 6/15/17 through 7/15/17. Interview on 8/2/17 at 10:30am with the facility pharmacy revealed: -The only clonazepam sent to the pharmacy for Resident #5 was half tablets of 0.5mg which was 0.25mg. -The facility did not order the new clonazepam 0.5mg tablets. Interview on 8/2/17 at 11:45am with a Medication Aide revealed: -The new physician orders are checked by the RCC. -The clonazepam 0.5mg (0.25mg) half tablets were being given and signed off as 0.5mg. -They had not noticed the difference of dosage strength on the control card medication. Interview on 8/2/17 at 2:30pm with the corporate nurse revealed: -The Resident Care Coordinator (RCC) was responsible for assuring all medications on the medication cart are accurate. -The Medication Aides should have caught the	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 367}	Continued From page 25 error. -She did not know why 0.5mg clonazepam had not been ordered from the pharmacy. Interview on 8/2/17 at 2:40pm with the Administrator revealed: -The Resident Care Coordinator or the Health and Wellness Director is responsible for assuring all medications are correct and accurate. -She would have the new Health and Wellness Director assure all medications were current and accurate. Interview on 8/2/17 at 3:00pm with Resident #5 revealed: -She did not have any trouble sleeping. -She felt like she sometimes "sleeps too much". -She got a sleeping pill at night, but did not know what it was. Attempted telephone interview on 8/2/17 at 2:00pm with Resident #5's physician was unsuccessful. B. Review of Resident #1's current FL2 dated 4/12/17 revealed: -Diagnoses included heart failure, anxiety disorder, chronic obstructive pulmonary disease, insomnia, hypertension, major depressive disorder, rheumatoid arthritis, asthma, hyperlipidemia, neuralgia, and neuritis. -There was a medication order for Xanax 1 mg tablets, give 1/2 (0.5mg) tablet after lunch, and 1 (1mg) tablet a bedtime. 1. Review of Resident #1's June and July 2017 eMar (electronic medication administration record) on 8/1/17 revealed: -An entry for Xanax 0.5mg tablet, give 1 tablet by mouth by mouth every day with an administration	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 367}	Continued From page 26 time of 1300. -There was documentation of administration for 30 out of 30 opportunities for June 2017. -There was documentation of administration for 31 out of 31 opportunities for July 3017. -An entry for Xanax 0.5mg tablet, give 2 tablets (1mg) by mouth at bedtime for anxiety with an administration time of 2200. -There was documentation of administration for 26 out of 30 opportunities for June 2017. -There was no documentation for 6/8/17, 6/13/17, 6/25/17, and 6/29/17. -There was documentation of administration for 23 out of 31 opportunities for July 2017. -There was no documentation for 7/4/17, 7/5/17, 7/12/17, 7/14/17, 7/19/17, 7/25/17, 7/26/17, and 7/30/17. Review of Resident #1's Xanax 1mg tablet narcotic count sheet dated 7/2/17 - 7/31/17 revealed documentation that Xanax 1mg tablets had been administered at 8:00pm on 7/4/17, 7/5/17, 7/12/17, 7/14,17, 7/19/17, 7/25/17, 7/26/17, and documented as administered at 10:00pm on 7/30/17. Request for Resident #1's Xanax narcotic count sheet for June 2017 was not provided. Interview with Resident #1 on 8/2/17 at 9:30am revealed that she had been getting her Xanax medication nightly and had not missed a dose. Interview with the Health and Wellness Director on 8/2/17 at 10:23am revealed: -"We don't have a set policy on bedtime administration times. I will call the pharmacy and get the times changed on the eMAR." -"The Medication Aides were probably giving the Xanax early and then forgot to sign the eMAR."	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	R 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(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 367}	Continued From page 27 Review of the facility policy General Guidelines for Medication Administration dated 11/2011, and revised 7/2016, on 8/2/17 revealed "Medications and treatments shall be administered one (1) hour before or one (1) hour after the prescribed frequency and time unless ordered by the physician/healthcare provider or according to state regulation."	{D 367}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure all residents received care and services were adequate, appropriate, and in compliance with relevant federal and state laws and regulations related to health care. The findings are: Based on observation, interviews and record reviews, the facility failed to order and apply a compression stocking as ordered by the primary care provider for 1 of 5 sampled residents (Resident #2). [Refer to Tag 276, 10A NCAC 13F .0902 Health Care (Type B Violation)]	{D912}		

This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0306(a)(1) Housekeeping and Furnishings

Resident rooms requiring carpet cleaning will be cleaned. In house carpet extracting and cleaning tool will be used.

Outside cleaning contract will be established with a vendor to provide quarterly professional carpet cleaning of all common areas and resident rooms as needed.

First cleaning service to be completed on 9/8/2017 and scheduled every three months thereafter.

10A NCAC 13F .0902(c) (3-4) Health Care

Health and Wellness Director (HWD) or designee will provide training on New Order Tracking System to Medication Aides.

Medication Aids will place completed New Order Tracking Forms into a folder.

Health and Wellness Director (HWD)/Resident Care Coordinator (RCC) or designee will check folder two times daily and place in binder after review.

Executive Director (ED) or designee will check binder weekly for four weeks.

The date of correction for this deficiency will not exceed October 10, 2017

10A NCAC 13F .0903(c) Licensed Health Professional Support

HWD will review new orders daily for LHPS tasks.

HWD will complete the LHPSs and place on the chart audit tool for tracking.

The HWD or designee will review the chart audit tool on a monthly basis.

The ED or designee will monitor the chart audit tool monthly for three months and then quarterly thereafter for compliance.

The date of correction for this deficiency will not exceed October 25, 2017

10A NCAC 13F 1004(a) Medication Administration

HWD or designee to provide retaining to Medication Aides on New Order Tracking System.

The community will utilize the New Order Tracking Form for new orders.

The Medication Aides will implement the new medication order and then place a copy of the new order along with the New Order Tracking Form into the Tracking folder.

The Health and Wellness Director (HWD), Resident Care Coordinator (RCC) or designee will review the folder twice per day to verify completion of the order.

The Executive Director (ED)/designee will review the folder weekly for four weeks.

The date of correction for this deficiency will not exceed October 25, 2017.

10A NCAC 13F 1004(j) Medication Administration

HWD or designee to provide retaining to Medication Aides on New Order Tracking System.

The community will utilize the New Order Tracking Form for new orders.

The Medication Aides will implement the new medication order and then place a copy of the new order along with the New Order Tracking Form into the Tracking folder.

The Health and Wellness Director (HWD), Resident Care Coordinator (RCC) or designee will review the folder twice per day to verify completion of the order.

The Executive Director (ED)/designee will review the folder weekly for four weeks.

The date of correction for this deficiency will not exceed October 25, 2017.

GS 131 D-21(4) Declaration of Resident Rights
(Corrected with the Type B Violations)