

PRINTED: 05/15/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ BY: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/25/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE NORTHWEST GREENSBORO

**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 conducted an annual and follow-up survey on April 24-25, 2018.	D 000		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews and record reviews, the facility failed to assure the hot water temperatures were maintained between 100 degrees Fahrenheit (F) to 116 degrees F for 10 of 10 water fixtures (sinks) in residents' rooms (#1, #2, #3, #6, #8, #10, #13, #14, #15, and #17) on Hall #1. The findings are: 1. Observations of water temperatures on Hall #1 on 4/24/18 from 9:45 am to 10:30 am revealed: -At 9:50 am, the hot water temperature at the sink in the bathroom of Room #6 was 132 degrees F. -At 10:08 am, the hot water temperature at the sink in the bathroom of Room #2 was 138 degrees F and there was visible steam when the water was running.	D 113	See Attached POC	

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

TITLE

(X6) DATE

STATE FORM

6899

15M011

If continuation sheet 1 of 21

Reviewed and accepted 05/29/18

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D 113	Continued From page 1 -At 10:10 am, the hot water temperature at the sink in the bathroom of Room #1 was 130 degrees F. -At 10:12 am, the hot water temperature at the sink in the bathroom of Room #3 was 130 degrees F. -At 10:15 am, the hot water temperature at the sink in the bathroom of Room #8 was 122 degrees F. -At 10:30 am, the hot water temperature at the sink in the bathroom of Room #10 was 124 degrees F. Interview on 04/24/18 at 9:52 am with a resident who resided in Room #6 revealed: -The water from the sink in the bathroom had always been too hot for at least one year. -The hot water heated up slowly, so she added cold water to make the water temperature cooler. -She had not been burned by the hot water because she knew to adjust the hot water temperature by adding cold water. -She did not recall if she had ever complained to the facility staff about the hot water being too hot. Interview on 04/24/18 at 9:52 am with a second resident who resided in Room #6 revealed: -She had not been burned by the hot water because she knew to adjust the hot water temperature by adding cold water. -She did not recall if she had ever complained to the facility staff about the hot water being too hot. Interview on 04/24/18 at 10:02 am with a resident who resided in Room #1 revealed: -Staff assisted her with entering and exiting the shower, but she washed her hands and did her grooming independently. -The water from the sink in the bathroom had been too hot for at least one year.	D 113		

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D 113	Continued From page 2 -She had not been burned by the hot water because she added cold water to adjust the hot water temperature. -She had not complained to the facility staff about the hot water being too hot. Interview on 04/24/18 at 10:08 am with a resident who resided in Room #3 revealed: -He was not sure how long the hot water had been as hot as it was today; but it had been that way "for a long while". -He had not been burned by the hot water because he added cold water to make the water temperature colder. -He liked the water hot for shaving. -He had not complained to the facility staff about the hot water temperature being too hot because he liked it that way. Interview on 04/24/18 at 11:00 am with a day shift medication aide revealed: -She did not monitor hot water temperatures; as far as she knew the facility Maintenance Technician (MT) monitored hot water temperatures. -The facility's MT had worked on adjusting Hall #1's hot water temperatures in the past (a few months ago). -She did not know the hot water temperatures were elevated on Hall #1. -No resident had complained to her about the hot water temperature being too hot on Hall #1. -No resident on Hall #1 had reported to her about being burned by the hot water. Interview on 04/24/18 at 11:04 am with a day shift personal care aide revealed: -She did not know the hot water temperatures were too hot on Hall #1. -No resident had complained about the water	D 113		

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D 113	Continued From page 3 being too hot, or that they had gotten burned by the hot water. Interview on 04/24/18 at 10:20 am with the Executive Director (ED) revealed: -The facility's Maintenance Technician (MT) was currently unavailable, and the Regional Maintenance Director (RMD) had been coming to the facility occasionally to cover for the facility's MT. -She knew the facility had experienced hot water temperatures on Hall #1 that were elevated above 116 degrees F. -Before the MT left the facility, the MT was routinely monitoring the hot water temperatures. -She did not know of any current problems with the hot water temperatures on Hall #1 being too hot. On 04/24/18 at 10:35 am, the ED was informed that signs were to be posted at the sinks on hall #1 informing the residents that the hot water temperatures were elevated and to request staff assistance with regulating the hot water prior to use. The ED immediately called the RMD to come to the facility to address the elevated hot water temperatures. Second interview on 04/24/18 at 10:40 am with the ED revealed: -The ED had turned the hot water temperature down at the hot water heater for Hall #1. -The ED had notified the Regional Maintenance Director (RMD) regarding elevated hot water temperatures, and RMD would be at the facility soon. -A local plumbing company would be contacted for assistance in correcting the hot water temperatures.	D 113		

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D 113	Continued From page 4 Observations on 04/24/18 at 10:45 am revealed that the ED had posted signs, on the mirrors above the residents' sinks, on Hall #1 alerting the resident and staff of the hot water temperatures. On 04/24/18 at 12:15 pm, a calibration of the surveyor's thermometer was performed using an ice-water slurry and the thermometer was determined to be reading accurately at 32 degrees F. On 04/24/18 at 2:15 pm, the Regional Maintenance Director's thermometer and the surveyor's thermometers were used to check a water temperature in Room #1 and both thermometers read the same at 122 degrees F. Recheck of the water temperatures at the sinks in residents' bathrooms on 4/25/18 revealed: -At 9:50 am, the hot water temperature at the sink in the bathroom of Room #1 was 116 degrees F. -At 9:54 am, the hot water temperature at the sink in the bathroom of Room #2 was 112 degrees F. -At 9:56 am, the hot water temperature at the sink in the bathroom of Room #3 was 106 degrees F. -At 9:59 am, the hot water temperature at the sink in the bathroom of Room #3 was 110 degrees F. -At 10:02 am, the hot water temperature at the sink in the bathroom of Room #6 was 108 degrees F. -At 10:08 am, the hot water temperature at the sink in the bathroom of Room #10 was 112 degrees F. Refer to interview on 04/24/18 at 11:38 am with the Regional Maintenance Director. Refer to interview on 04/24/18 at 12:45 pm with a representative for the local plumbing company.	D 113		

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STATE FORM

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D 113	Continued From page 5 Refer to interview on 04/25/18 at 10:10 am with the ED. Refer to review of the facility's "Logbook Documentation " for hot water temperatures. 2. Observations of water temperatures on Hall #1 on 4/24/18 from 9:15 am to 10:30 am revealed: -At 9:30 am, the hot water temperature at the sink in the bathroom of Room #13 was 124 degrees F and there was visible steam when the water was running. -At 9:45 am, the hot water temperature at the sink in the shared bathroom (shared by two resident's) of Room #14 was 124 degrees F and there was visible steam when the water was running. -At 9:52 am, the hot water temperature at the sink in the bathroom of Room #15 was 130 degrees F and there was visible steam when the water was running. -At 10:03 am, the hot water temperature at the sink in the shared bathroom (shared by two resident's) of Room #17 was 134 degrees F and there was visible steam when the water was running. Interview on 04/24/18 at 9:38 am with a resident who resided in Room #13 revealed: -The water from the sink had always been very hot early in the morning. -At times, the water from the sink had been too hot for her to wash her hands. -The water from the sink cooled off as the day went by. -She had never made a complaint about the hot water being too hot. Interview on 04/24/18 at 10:57 am with a medication aide revealed: -She did not know the water was too hot because	D 113		

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D 113	Continued From page 6 she turned on the cold water at the same time she was running the hot water when she washed her hands. -She had not received any complaints that the hot water was too hot. -She did not know if there had been any injuries related to the hot water. Recheck of the water temperatures at the sink in residents' bathrooms on 4/25/18 revealed: -At 9:51 am, the hot water temperature at the sink in the shared bathroom (shared by two resident's) of Room #17 was 112 degrees F and there was no visible steam when the water was running. -At 9:55 am, the hot water temperature at the sink in the bathroom of Room #15 was 110 degrees F and there was no visible steam when the water was running. -At 10:00 am, the hot water temperature at the sink in the bathroom of Room #13 was 110 degrees F and there was no visible steam when the water was running. -At 10:03 am, the hot water temperature at the sink in the shared bathroom (shared by two resident's) of Room #14 was 114 degrees F and there was no visible steam when the water was running. Refer to interview on 04/24/18 at 11:38 am with the Regional Maintenance Director. Refer to interview on 04/24/18 at 12:45 pm with a representative for the local plumbing company. Refer to interview on 04/25/18 at 10:10 am with the ED. Refer to review of the facility's "Logbook Documentation " for hot water temperatures.	D 113		

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D 113	Continued From page 7 Interview on 04/24/18 at 11:58 am with Regional Maintenance Director (RMD) revealed: -He arrived at the facility at 10:50 am, after the ED called him. -He had been coming to the facility to assist with maintenance requested for 4 or 5 weeks. -He had not routinely been checking hot water temperatures because no one had complained or requested water temperatures to be checked. -He thought he may have checked a water temperature in early April 2018. -He checked hot water temperatures on Hall #1 and the highest water temperatures he checked was 134 degrees. The hot water temperatures were "extremely hot. It (water) was too hot". -He had called a local plumbing company to assist with regulating the water temperatures because the hot water heater "mixing valve" was not working correctly due to mineral deposits inside the valve. (Mixing valves mix cold water with the hot water coming from the water heater to regulate the hot water temperature to desired settings.) -He had adjusted the water temperature down at the mixing valve on the hot water heater, but now the water was too cold and fluctuated too much. -The problem with the elevated hot water was the mixing valve was not adjusting properly due to corrosion within the valve that did not allow the water to flow properly causing the water temperature to fluctuate. Interview on 04/24/18 at 12:45 pm with a representative for the local plumbing company (plumber) revealed: -The plumber arrived at the facility at 11:00 am. -The Plumber and the RMD had adjusted the hot water temperatures down at the mixing valve for hall #1 -The mixing valve for hall #1 was last rebuilt in	D 113		

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D 113	Continued From page 8 2014. -The mixing valve needed a new repair kit that would be have to be ordered. -The facility had authorized the purchase of the kit and he would place the order for overnight shipping. -The part would be installed as soon as it was received. -The Plumber advised the RMD to continue to fine tune the mixing valve, bleed off the hot water and allow the temperature to readjust, until the desired temperature was achieved. Interview on 04/25/18 at 10:10 am with the ED revealed: -No facility staff had been assigned to monitor hot water temperatures by the facility's MT or the RMD during the absence of the MT. -She had thought the RMD or one of the sister facility's MT would have been responsible for monitoring hot water temperatures. -Starting today, she was monitoring the hot water temperature by checking the hot water temperature in 4 rooms each day on hall #1. -The local plumbing company would install the part as soon as it came in. -The facility's MT or the RMD should be documenting hot water temperature values taken during routine monitoring on the facility's "Logbook Documentation ". Review of the facility's "Logbook Documentation " for hot water temperatures revealed: -The facility policy stated "Ensure resident room water temperatures are between 100 degrees and 115 degrees F. -"Test Temperature in common area restroom handwashing sinks". -"Adjust water heater settings as required". - Hot water temperatures were documented as	D 113		

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D 113	Continued From page 9 follows: on 02/26/18, 02/27/18, 02/28/18, 03/01/18, 03/02/18, 03/05/18, and 03/06/18 the temperature was 116 degrees F for rooms #5, #7, #9, #12, #15, and #17; and, on 04/04/18, the temperature was 114 degrees F for room #13. There was no additional documentation for hot water temperature checks available for review. The facility failed to ensure hot water temperatures were maintained between 100-116 degrees F at 10 of 10 sampled sinks used by residents (Rooms #1, #2, #3, #6, #8, #10, #13, #14, #15, and #17) with hot water temperatures above 116 degrees F, ranging from 122 degrees F to 138 degrees F. The elevated hot water temperature placed the residents of Hall #1 at substantial risk a serious injury (a first, second, and possibly third degree burn) which constitutes a Type A2 Violation. The facility provided the following plan of protection on 04/24/18: -Immediately, the Executive Director (ED) posted signs and verbally warned residents of elevated hot water temperature and to ask for assistance from staff before using the hot water. -The Executive Director turned the hot water heater thermostat down and called the Regional Maintenance Director to come to the facility. -The Regional Maintenance Director arrived at the facility and was working on correcting hot water temperatures. -The Regional Maintenance Director will monitor hot water temperatures on-going for one week, then routinely thereafter. -The ED will monitor oversight of the hot water temperatures for compliance. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MAY 25,	D 113		

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D 113	Continued From page 10 2018.	D 113		
D 167	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure at least one staff person was on the premises at all times that had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 7 of 25 days on third shift (11:00 pm to 7:00 am) from 04/01/2018 through 04/25/2018 for 3 of 3 staff (Staff G, F and H). The findings are: 1. Review of Staff G's personnel file revealed: -Staff G was hired as a Medication Aide (MA) on 12/15/2017. -She worked on 3rd shift. -There was no documentation of Staff G's CPR	D 167		

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D 167	Continued From page 11 certification. Review of the staffing schedule for 04/01/2018 through 04/25/2018 revealed: -Staff G worked 11:00 pm to 7:00 am on 04/03/2018, 04/07/2018, 04/08/2018, 04/12/2018, 04/17/2018, 04/21/2018, and 04/22/2018. -There was no CPR certified staff person on the premises during the 11:00 pm - 7:00 am shift on 04/03/2018, 04/07/2018, 04/08/2018, 04/12/2018, 04/17/2018, 04/21/2018, and 04/22/2018. Telephone interview on 4/26/2018 at 4:22 pm with Staff G revealed: -She had transferred to the facility from a sister facility. -She had completed CPR certification at the previous facility and it was due for renewal in October 2018. -She thought the previous facility had sent all her paperwork to this facility including a copy of her CPR card. -She had called the previous facility and they were looking for her paperwork, but had not located it yet. Interview on 04/25/2018 at 3:25 pm with the Resident Care Coordinator (RCC) revealed she did not know Staff G did not have a copy of her CPR card on file. Refer to interview on 04/25/2018 at 3:40 pm with the Resident Care Coordinator (RCC). Refer to interview on 04/25/2018 at 4:00 pm with the Executive Director (ED). 2. Review of Staff F's personnel file revealed: -Staff F was hired on 07/05/2016 as a personal care aide (PCA).	D 167		

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D 167	Continued From page 12 -She worked 3rd shift. -There was documentation of Staff F's CPR certification which expired on 06/18/2017. Review of the staffing schedule dated 04/01/2018 - 04/25/2018 revealed: -Staff F worked 11:00 pm to 7:00 am 04/03/2018, 04/07/2018, 04/08/2018, 04/21/2018, and 04/22/2018. -There was no current CPR certified staff on the premises during these shifts. Interview on 04/25/2018 at 3:15 pm with Staff F revealed that she had been CPR certified previously but her certification expired in June 2017. Interview on 04/25/2018 at 3:30 pm with the Resident Care Coordinator (RCC) revealed she did not know Staff F's CPR certification had expired. Refer to interview on 04/25/2018 at 3:40 pm with the Resident Care Coordinator (RCC). Refer to interview on 04/25/2018 at 4:00 pm with the Executive Director (ED). 3. Review of Staff H's personnel file revealed: -Staff H was on 05/13/2016 as a personal care aide (PCA). -There was documentation of CPR certification which expired in December 2017. Review of the staffing schedule dated 04/01/2018 - 04/25/2018 revealed: -Staff H worked 11:00 pm to 7:00 am 04/12/2018 and 04/17/2018. -There was no current CPR certified staff on the premises during these shifts.	D 167			

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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 R 04/25/2018
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 167	Continued From page 13 Staff H was not available for interview on 04/25/2018. Refer to interview on 04/25/2018 at 3:40 pm with the Resident Care Coordinator (RCC). Refer to interview on 04/25/2018 at 4:00 pm with the Executive Director (ED). Interview on 04/25/2018 at 3:40 pm with the Resident Care Coordinator (RCC) revealed: -She was responsible for creating the staff schedules. -She thought she had staff with CPR certification available on each shift. Interview on 04/25/2018 at 4:00 pm with the Executive Director (ED) revealed: -The Resident Care Coordinator (RCC) was responsible for scheduling staff and ensuring CPR certified staff were available on each shift. -The RCC was also a certified CPR Instructor and would conduct a class for all staff on 04/26/2018.	D 167		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination	D 299		

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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 R 04/25/2018
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D 299	Continued From page 14 during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to serve eight ounces of pasteurized milk at least twice a day. The findings are: Review of the menu for 04/24/2018 revealed 1 cup of milk was to be served at breakfast, lunch, and dinner. Observation of the lunch meal service on 04/24/2018 at 11:45 pm revealed: -There were 45 residents present for the meal. -Staff offered tea, water, coffee, and juice to residents. -The tea, water, orange juice, apple juice, and grape juice were in pitchers on the counter in the dining room. -Milk was not offered or served to residents and there was no milk sitting out on the counter in the dining room. Observation of the dinner meal service on 04/24/18 at 4:30 pm revealed: -There were 49 residents present for the dinner meal. -Staff offered tea, water, coffee and lemonade to residents. -The tea, water, and lemonade were in pitchers on the counter in the dining room. -Milk was not offered or served to residents and there was no milk sitting out on the counter in the dining room. Review of the menu for Wednesday for 04/25/2018 revealed 1 cup of milk was to be	D 299		

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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 R 04/25/2018
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D 299	Continued From page 15 served at breakfast, lunch, and dinner. Observation of the breakfast meal service on 04/25/2018 at 8:15 am revealed: -There were 48 residents present for the breakfast meal. -Staff offered milk, juice, coffee, and water to residents. -Two gallon containers and a pitcher of milk was sitting on the counter in an ice tub along with a pitcher of water, grape juice, and apple juice. -Residents were served milk in their cereal. -Three residents were served a cup of milk. -As milk was being offered to residents in the dining room, one resident stated to another resident, "I haven't seen this before." Observation of the lunch meal service on 04/25/2018 at 11:45 am revealed: -There were 48 residents present for the lunch meal. -Staff offered lemonade, juice, water, tea, and coffee to residents. -The lemonade, tea, water, apple juice, grape juice, and orange juice were on the counter in the dining room. -Milk was not offered or served to residents and there was no milk sitting out on the counter in the dining room. Observation of the milk supply available in the refrigerator in the dining room on 04/25/2018 at 12:20 pm revealed there was 3/4 gallons of whole milk and 3/4 gallons of 2% milk. Observation of the milk supply available in the kitchen on 04/25/18 at 3:26 pm revealed there were five ½ gallons of 2% milk, 2 gallons of whole milk, and four ½ gallons of butter milk.	D 299			

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D 299	Continued From page 16 Interview with a personal care aide (PCA) on 04/25/18 at 3:01 pm revealed: -She assisted in the dining room during breakfast and lunch. -Serving beverages was a part of her responsibilities while assisting in the dining room. -She had assisted in the dining hall during the lunch meal service on 04/25/18. -She knew milk was supposed to be served at least twice daily. -She did not offer milk to residents during lunch today, but "she knew somebody offered milk." -She had offered milk to residents at times when she assisted in the dining hall. Interview with a medication aide (MA) on 04/25/2018 at 3:05 pm revealed: -She assisted in the dining room during breakfast and lunch. -Serving beverages was a part of her responsibilities while assisting in the dining room. -She had assisted in the dining hall during the lunch meal service on 4/25/18. -Milk was served during the breakfast meal with cereal, but not with lunch or dinner. -She did not offer milk to residents during lunch today, but she had offered milk to residents before. -She did not know milk was supposed to be served at least twice daily or that it was on the menu to be served at breakfast, lunch, and dinner daily. Interview with a second MA on 04/25/2018 at 3:14 pm revealed: -She assisted in the dining room during breakfast and lunch. -Serving beverages was a part of her responsibilities while assisting in the dining room. -There was 1 resident who drank milk.	D 299			

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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 R 04/25/2018
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D 299	Continued From page 17 - "We give milk to residents if they ask for it." - She did not know milk was supposed to be served at least twice daily or that milk was on the menu to be served for breakfast, lunch, and dinner daily. - "I just learned on yesterday that we need to offer milk to residents." Interview with a second shift MA on 04/25/2018 at 3:16 pm revealed: - She assisted in the dining room during the dinner meal during her shift. - Milk was not offered during dinner. - There was 1 resident who drank milk. - "I was never told that I needed to offer milk to residents until yesterday at a stand up meeting." Interview with a second shift PCA on 04/25/2018 at 3:19 pm revealed: - She assisted in the dining room during the dinner meal during her shift - Serving beverages was a part of her responsibilities while assisting in the dining room. - "We don't offer milk to all of the residents, but we give it to the residents who ask for it." - She did not know milk was supposed to be served at least twice daily or that it was on the menu to be served at breakfast lunch and dinner daily. - "I just learned on yesterday that we needed to offer milk to residents." Interview with the dietary manager (DM) on 04/25/2018 at 3:28 pm revealed: - The PCAs and the MAs were responsible for preparing and serving beverages to residents. - Milk, orange juice, apple juice, lemonade, tea, coffee, and water were available for residents at all meals. - Residents could ask for a specific beverage if it	D 299			

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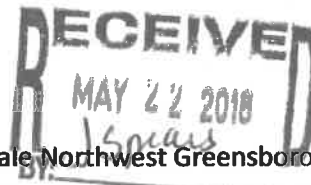
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/25/2018
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D 299	Continued From page 18 was not offered to them during a meal. -He did not know that milk was not served at lunch and dinner on 04/24/2018 and at lunch on 04/25/2018. -He knew milk was on the menu to be served at breakfast, lunch, and dinner and did not know why milk was not offered or served. Interview with a resident on 04/25/2018 at 3:39 pm revealed: -Milk in a cup was not offered at breakfast, lunch, or dinner except with cereal. -Today was the first time she had seen someone walk around with a pitcher of milk offering it to residents. -If she wanted milk, she had to ask for it. -If they offered me milk every day, I would probably drink it to help my stomach." Interview with a second resident on 04/25/2018 at 3:46 pm revealed: -They put milk in cereal if you have cereal." -You have to ask for milk. They don't offer it." Interview with a third resident on 04/25/2018 at 3:51 pm revealed: -This morning was the first time I've seen milk offered." -If you ask for it, you can get it." -I've never heard them ask if anyone wanted milk." Interview with the Resident Care Coordinator (RCC) on 04/25/2018 at 3:56 pm revealed: -If she needed to help in the dining room during her shift, it was during lunch. -Milk was supposed to be offered for at least 2 meals daily. -She did not know if milk was being offered to residents by staff for at least two meals daily.	D 299			

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D 299	Continued From page 19 -She did not know milk was not offered or served to residents during the lunch and dinner meals on 04/24/2018 and the lunch meal on 04/25/2018. -There were 5 or 6 residents who were not able to ask for milk if they wanted it. Interview with the Administrator on 04/25/2018 at 4:05 pm revealed: -Grape juice, apple juice, orange juice, lemonade, tea, milk, water, and coffee were available for residents at breakfast, lunch, and dinner. -She did not know milk was not offered or served to residents during the lunch and dinner meals on 04/24/2018 and the lunch meal on 04/25/2018. -She expected for milk to be offered for breakfast, lunch, and dinner. -There were 2 residents she knew of who could not ask for milk if they wanted it.	D 299		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to other requirements (hot water temperatures).	D912		

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D912	Continued From page 20 The findings are: Based on observations, interviews and record reviews, the facility failed to assure the hot water temperatures were maintained between 100 degrees Fahrenheit (F) to 116 degrees F for 10 of 10 water fixtures (sinks) in residents' rooms (#1, #2, #3, #6, #8, #10, #13, #14, #15, and #17) on Hall #1. [Refer to Tag D 0113, 10A NCAC 13F .0311 (d) Other Requirements (Type A2 Violation)].	D912		



The following is a summary of the Plan of Correction for Brookdale Northwest Greensboro. This Plan of Correction is in regards to the Corrective Action Report dated May 15th 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of the Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with the statutory and regulatory requirements. In this document, we have outlined the specific actions in the response to the identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0311 OTHER REQUIREMENTS

(D) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by the residents shall be maintained at a minimum of 100 degrees and shall not exceed 116 degrees. This rule applies to new and existing facilities.

Immediately, maintenance went to work on the water system to get temps down to 115 degrees. Several other areas were immediately tested, and signs were posted in affected areas alerting associates and residents to the risk of high water temps, and the plan in place to address the issue.

Water temperatures at various locations throughout the community will be monitored by Maintenance Tech/Designee on a scheduled basis for the next 30 days.

Thereafter, water temperatures will be monitored by the Maintenance Tech/Designee in various locations, including common areas and individual apartments, 3 times a week. Logs will be kept and available for review by the ED on a monthly basis. Water temperatures below 100 degrees or above 116 degrees will be reported immediately to the Executive Director.

Executive Director will review monthly temperature logs on a monthly basis.

Associates will be retrained by the Executive Director/Designee regarding water temperature precautions and what to do if temperatures are ever above 116 degrees.

10A NCAC 13F .0507 Training on Cardio- Pulmonary Resuscitation

Each Adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer on these procedures from one of these organizations. The staff person trained according to the Rule shall have access at all times on the facility to the one way valve pocket mask for use in performing cardio-pulmonary resuscitation.

The Business Office Manager (BOM) will conduct an audit of all CPR Certification records in order to determine expiration dates for existing certifications. CPR classes will be scheduled for the associates no later than 5-25-18.

The Business Office Manager will check and verify CPR training is current for all new staff hired.

The Business Office Manager will keep a list of all CPR -expiration dates-and training and will update and check monthly.

The Resident Care Coordinator will make a schedule that identifies all staff trained in CPR and that there is a least one person trained in CPR on every shift.

The Health and Wellness Director/Designee will check to verify compliance on a weekly basis

10A NCAC 13F .0904 (d)(3)(a) NUTRITION AND FOOD SERVICES

(D) Food Requirements in the Adult Care homes

(3) Daily Menus for regular diets shall include the following

(A) Homogenized whole, milk, low fat milk, skim milk or buttermilk: One cup (8 Ounces) of the pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to the risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.

Associates will be retrained regarding milk requirements and offering milk at meals.

There will be documentation at the next associate meeting where milk requirements are reviewed. The training be completed no later than 5-25-2018 and available for review

Executive Director/ Health and Wellness Director /Resident Care Coordinator/designee will complete daily observations, when present in the community, for the next 3 weeks for accuracy on milk being offered at meals.

There after observation will be on a random basis, but at least weekly of compliance.

G.S> 131D-21 Declaration of Resident Rights

Every resident shall have the following rights:

(2) To receive care and services which are adequate, appropriate, and in compliance with the relevant federal and state laws and rules and regulations.

Immediately, Maintenance went to work on the water system to get temps down to 115 degrees. Several other areas were immediately tested, and signs were posted in affected areas alerting associates and residents to the risk of high water temps, and a plan put in place to address the issue.

Water temperatures at various locations throughout the community will be monitored by Maintenance Tech/Designee on a scheduled basis for the next 30 days.

Thereafter, water temperatures will be monitored by the Maintenance Tech/Designee in various locations, including common areas and individual apartments, 3 times a week. Logs will be kept and available for review by the ED on a monthly basis. Water temperatures below 100 degrees or above 116 degrees will be reported immediately to the Executive Director.

Executive Director will review monthly temperature logs on a monthly basis.

Associates will be retrained by the Executive Director/Designee regarding water temperature precautions and what to do if temperatures are ever above 116 degrees.