

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW HOPE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 conducted an Follow-up survey on March 19, 2019	{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 doors in 2 resident rooms (#37 and #40) were in good repair. The findings are: Observations of the walls and doors in resident room #37 on 03/19/19 between 9:00am and 9:45am revealed: -In resident room #37, the entry door both the left and right lower door frame had scratches that revealed bare wood, and the bottom of the doors had black scuff marks. -In resident room #37, the entry door, 1/3 of the way up had scratches that revealed bare wood, and the bottom of the doors had black scuff marks. -In resident room #37, the bathroom door, both inside and outside 1/3 of the way up had scratches that revealed bare wood, and the bottom of the doors had black scuff marks.	{D 074}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW HOPE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 -In resident room #37, both the lower third of the bathroom door frame and the closet door frame had scratches that revealed bare wood, and the bottom of the doors had black scuff marks. -In resident room #37, the lower portion of the right side bathroom wall, had scratches and deep gouges in the sheetrock and black scuff marks on the wall. -In resident room #37, the lower portion of the back bathroom wall, had scratches and black scuff marks on the wall. -In resident room #37, the right side bathroom sink cabinet door was off of its hinges. -In resident room #37, the baseboard to the left of the closet door had scratches that revealed bare wood. -In resident room #37, the first closet on the right had scratches that revealed bare wood on the door frame, and the bottom of the doors had black scuff marks. -In resident room #37, the second closet on the right had scratches that revealed bare wood on the door frame, the right side of the door frame was loose and splintered, and the bottom of the doors had black scuff marks. -In resident room #37, the right side entry wall trim was broken. -In resident room #37, the left side entry wall was gouged and sheetrock was missing and had black scuff marks. Observations of the walls and doors in resident room #40 on 03/19/19 between 9:00am and 9:45am revealed: -In resident room #40, there was a black scuff mark on the left wall approximately 36 in. by 2 in. in size and a black scuff mark on the right wall approximately 24 in. by 2 in. in size. -In resident room #40, the lower third of the bathroom door frame had deep scratches that	{D 074}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW HOPE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 bare wood, and the bottom of the door had black scuff marks. -In resident room #40, the baseboards to the left of the bathroom door and across from the bathroom door were scratched with bare wood showing. Review of the Weekly Maintenance Rounds log book on 03/19/19 at 1:00pm revealed: -Weekly entries were made starting 11/27/18 - 03/14/19. -There was documentation of various environmental concerns such as issues with the carpet and walls in the common areas and resident rooms. -Rooms #37 and #40 were not documented as needing repairs. Review of the Staff Maintenance Log Book on 03/19/19 at 1:00pm revealed there were no entries for rooms #37 and #40 documented in the log book for repairs by the staff. Interview with a resident from room #37 on 03/19/19 at 9:36am revealed: -No repairs had been completed to the walls and doors in her room since she has lived in facility. -Her wheelchair caused the damage to the walls and doors. -She was afraid she would cut her leg on the splintered closet door trim. -She had caught her clothes on the splintered closet door trim before but had not cut herself. -She reported the splintered closet door trim to the maintenance man several months ago after she caught her wheelchair on the trim and pulled it loose. -She was ashamed of the way the room looked and could not have guests visit because it looked so bad.	{D 074}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW HOPE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 -The maintenance man told her he would fix the wall back in November and now would not because she "will just damage it again". Interview with a resident from room #40 on 03/19/19 at 10:00am revealed: -The repairs had not been done in her room since she had lived at the facility. -Her wheelchair caused the damage to the walls and doors. -The maintenance man told her he would not repair the walls and doors because they would "just get damaged again". Interview with a personal care aide (PCA) on 03/19/19 at 12:03pm revealed: -She reported all damages or repairs needed to the Resident Care Coordinator (RCC) and medication aide (MA) then filled out the Staff Maintenance Log Book. -Rooms #37 and #40 have been damaged since she started in November 2018. -She told the Maintenance Director (MD) about a lot of issues with rooms #37 and #40 but he did not fix them. He told her "it would just happen again". Interview with another PCA on 03/19/19 at 12:15pm revealed: -She reported repairs needed to the RCC, the MA and also documented in the Staff Maintenance Log Book. -Rooms #37 and #40 have been damaged since November 2018. -She told the MD about a lot of issues in the facility concerning repairs and the MD was rude and would not fix the issues even if they were in the log book. Interview with the RCC on 03/19/19 at 1:54pm	{D 074}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW HOPE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 revealed: -All repairs noticed by the staff were entered in the Staff Maintenance Log Book. -The MD was responsible for all of the repairs in that log book. -She told the MD about issues in the log book and complaints from residents like rooms #37 and #40 and he did not respond to any of the complaints. -She let the Administrator know about all of the complaints and repairs that were not completed. Interview with the Maintenance Director on 03/19/19 at 2:17pm revealed: -He was responsible for all repairs to the facility except those requiring an outside agency. -Wall patching, repairs and painting was completed for room #37 and #40 in November 2018. -He kept all repair work which needed to be completed in a computer in his office and after the repairs were made the entries were deleted. -He kept a log book in the staff office where any staff could document any maintenance issues. -Every morning he checked the log book and prioritized the repairs to be made. -He completed weekly maintenance rounds on the entire facility and recorded the rounds in the weekly maintenance rounds notebook. -All issues documented in the weekly maintenance round book and staff maintenance log book after completion was documented as such. -Frequently he would repair damage to a wall or door from a wheelchair and the next day he would find the same area damaged again. Interview with the Administrator on 03/19/19 at 2:31pm revealed: -The MD was responsible for inspecting walls and	{D 074}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW HOPE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 5 doors for needed repairs. -Staff could also notify the MD of areas needing repaired by documenting it in the Staff Maintenance Log Book. -The MD worked forty or more hours each week and was responsible for all routine repairs and the complete "unit turnovers" that occurred when residents moved out. -It was difficult for the MD to keep up with repairs because he was the only person who worked in the maintenance department. -She did not know room's #37 and #40 were still in need of repair. -She expected the MD to make any repairs as many times as it took to maintain the walls, floor and carpets regardless of how many times something was damaged. -She expected the MD to make repairs and use materials that might prevent further damage to the walls, trim and doors.	{D 074}		