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 01/23/2020

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BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

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D 000	Initial Comments The Adult Care Licensure Section and the Gaston County DSS conducted an annual and follow-up survey on January 22-23, 2020.	D 000		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure therapeutic diets were served as ordered for 2 of 3 sampled residents (Resident #2 and #3) with diet orders for a texture modified diet. The findings are: 1. Review of Resident #2's current FL-2 dated 10/17/19 revealed: -Diagnoses included chronic obstructive pulmonary disease, renal failure, and weakness. -There was an order for a mechanical soft diet (texture modified diet) and nectar thick liquids. Review of Resident #2's physician's orders dated 12/12/19 revealed an order for a texture modified diet. Review of the therapeutic diet list dated 12/12/19, posted in the kitchen, revealed Resident #2 was to be served chopped meats with nectar thick liquids.	D 310		

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Review of Resident #2's Physician's Diet Order sheet dated 09/16/19, located in a notebook in the kitchen, revealed Resident #2 was to be served a texture modified diet which "offered food that was moist and soft-solid. All meats and poultry were ground with the exception being small tender pieces of meat allowed in soups."

Review of the regular diet menu for lunch on 01/22/20 revealed residents on a regular diet should be served smothered pork chops, macaroni and cheese, baked cabbage with bacon, dinner roll, and cheesecake.

Review of the therapeutic diet menu for lunch on 01/22/20 revealed residents on a texture modified diet should be served a ground pork chop with gravy, macaroni and cheese, steamed cabbage, dinner roll, and cheesecake.

Observation of the lunch meal service on 01/22/20 from 11:45am to 1:01pm revealed:
-Resident #2 was served nectar thick water, nectar thick tea, nectar thick coffee, a pork chop cut into approximately 1-inch by 1-inch cubes covered with gravy, macaroni and cheese, steamed cabbage, dinner roll, and cheesecake.
-Resident #2 ate 100% of his food without difficulty.

Review of the regular diet menu for breakfast on 01/23/20 revealed residents on a regular diet should be served biscuit with sausage gravy, sausage patty, banana, and cream of rice hot cereal.

Review of the therapeutic diet menu for breakfast on 01/23/20 revealed residents on a texture modified diet should be served biscuit with sausage gravy, ground sausage with gravy,

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banana, and cream of rice hot cereal.

Observation of the breakfast meal service on 01/23/20 from 7:40am to 8:45am revealed:
-Resident #2 was served nectar thick water, nectar thick orange juice, nectar thick coffee, scrambled eggs, a liver mush patty cut into approximately 1-inch by 1-inch cubes, grits, banana, and toast with jelly.
-Resident #2 ate 100% of the scrambled eggs, 100% of the liver mush, 100% of the grits, 100% of the banana, and 50% of the toast with jelly without difficulty.

Interview with Resident #2 on 01/23/20 at 2:00pm revealed:
-The facility cut up his meat for him.
-He had not choked on his food while at the facility.
-He did have a habit of eating his food too fast and sometimes he got strangled on the food.
-Most of the food served to him was of a soft consistency, i.e. green beans, mashed potatoes, scrambled eggs, or gravy with bread.

Interview with Resident #2's primary care physician (PCP) on 01/23/20 at 12:00pm revealed:
-Resident #2 had a history of swallowing difficulties without choking or aspiration.
-Resident #2 received speech therapy services in 2019, and they recommended a texture modified diet with nectar thick liquids.
-She expected the facility to serve the texture modified diet with ground meats.
-If chopped meats were acceptable for a resident, she would indicate "chopped meats" on the physician's order.
-She expected the facility to follow all therapeutic diets as ordered.

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D 310	Continued From page 3 Refer to interview with the Dining Services Coordinator (DSC) on 01/23/20 at 10:17am. Refer to interview with the Health and Wellness Director (HWD) on 01/23/20 at 11:46am. Refer to interview with the Administrator on 01/23/20 at 3:21pm. 2. Review of Resident #3's current FL-2 dated 07/26/19 revealed: -Diagnoses included Parkinson's disease and dysphagia (difficulty with swallowing). -There was an order for a mechanical soft diet (texture modified diet). Review of Resident #2's physician's orders dated 12/12/19 revealed an order for a texture modified diet. Review of the therapeutic diet list dated 12/12/19, posted in the kitchen, revealed Resident #3 was to be served chopped meats. Review of the regular diet menu for lunch on 01/22/20 revealed residents on a regular diet should be served smothered pork chops, macaroni and cheese, baked cabbage with bacon, dinner roll, and cheesecake. Review of the therapeutic diet menu for lunch on 01/22/20 revealed residents on a texture modified diet should be served a ground pork chop with gravy, macaroni and cheese, steamed cabbage, dinner roll, and cheesecake. Observation of the lunch meal service on 01/22/20 from 11:45am to 1:01pm revealed: -Resident #3 was served water, tea, a pork chop	D 310		

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cut into approximately 1-inch by 1-inch cubes covered with gravy, macaroni and cheese, and dinner roll.
-Resident #3 ate 50% of her pork chop, 100% of her macaroni and cheese, and 100% of her roll without difficulty.

Observation of the breakfast meal service on 01/23/20 from 7:40am to 8:45am revealed Resident #3 did not eat breakfast.

Interview with Resident #3 on 01/23/20 at 2:25pm revealed:
-She sometimes had difficulty with swallowing if she ate too fast, but she had never choked.
-She had worked with a speech therapist since her admission to this facility who taught her techniques of safe swallowing.
-Staff always served her chopped meats instead of ground meats during meals, and she "did fine (with chopped meats)."

Interview with Resident #3's primary care physician (PCP) on 01/23/20 at 12:00pm revealed:
-Resident #3 was admitted to this facility (on 07/30/19) from a skilled nursing facility with recommendations for her to be on a texture modified diet.
-Resident #3 had a history of swallowing difficulties without choking or aspiration.
-She expected the facility to serve the texture modified diet with ground meats.
-If chopped meats were acceptable for a resident, she would indicate "chopped meats" on the physician's order.
-She expected the facility to follow all therapeutic diets as ordered.

Refer to interview with the Dining Services

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D 310	Continued From page 5 Coordinator (DSC) on 01/23/20 at 10:17am. Refer to interview with the Health and Wellness Director (HWD) on 01/23/20 at 11:46am. Refer to interview with the Administrator on 01/23/20 at 3:21pm. _____ Interview with the Dining Services Coordinator (DSC) on 01/23/20 at 10:17am revealed: -New diet orders were given to her by the Health and Wellness Director (HWD) and she filed them in a notebook in the kitchen. -New diet orders were typically documented on a Physician's Diet Order sheet that described the texture modified diet as a diet which "offered food that was moist and soft-solid. All meats and poultry were ground with the exception being small tender pieces of meat allowed in soups." -She used the diet orders provided by the HWD to create a therapeutic diet list and posted it in the kitchen. -If a resident with orders for a texture modified diet was listed on the therapeutic diet list to be served chopped meats instead of ground meats, it meant she had obtained verbal clarification from the HWD that this was the intention of the physician's order. Interview with the HWD on 01/23/20 at 11:46am revealed: -When a new diet order was received by the facility, she filed the original order in the resident's record, and provided a copy of the diet order to the DSC. -New diet orders were typically documented on a Physician's Diet Order sheet that described the texture modified diet as a diet which "offered food that was moist and soft-solid. All meats and	D 310		

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D 310	Continued From page 6 poultry were ground with the exception being small tender pieces of meat allowed in soups." -Because the Physician's Diet Order sheet had a clear description of the texture modified diet requiring ground meats, she did not think it was necessary to request clarification of these diet orders. -If kitchen staff required clarification of a diet order, they should communicate with her so she could either clarify it herself or contact the physician to get it clarified. -She could not recall clarifying diet orders for any resident currently ordered a texture modified diet. Interview with the Administrator on 01/23/20 at 3:21pm revealed: -Her expectation was for kitchen staff to serve therapeutic diets as ordered by the physician. -Only a physician could order and make changes to a diet order. -She expected the DSC to communicate with the HWD if clarification was needed on a diet order.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer	D 358		

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medications as ordered for 1 of 5 sampled residents including a medication used to thin the blood (Resident #3).

The findings are:

1. Review of Resident #3's current FL-2 dated 07/26/19 revealed:
-Diagnoses included chronic atrial fibrillation, hypertension, and congestive heart failure.
-There was an order for Warfarin 1mg one tablet at night (a medication used to thin the blood).

Review of Resident #3's subsequent physician's orders dated 09/23/19 revealed:
-Resident #3's international normalized ratio (INR) was 1.8 (target range is between 2.0 and 3.0). (INR is a test that measures how well the blood clots).
-There was an order for Warfarin 4.5mg one tablet on Mondays, Wednesdays, Thursdays, Fridays and Sundays.
-There was an order for Warfarin 3mg one tablet on Tuesdays and Saturdays.
-There was an order to recheck the INR in 1 week.

Review of Resident #3's subsequent physician's orders dated 09/30/19 revealed:
-Resident #3's INR was 1.9.
-There was documentation "patient currently on antibiotics. Will hold off on medication adjustment at this time."
-There was an order to recheck the INR in 1 week.

Review of Resident #3's subsequent physician's orders dated 10/07/19 revealed:
-Resident #3's INR was 2.2.
-There was an order to continue current Warfarin

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dose.
-There was an order to recheck the INR in 2 weeks.

Review of Resident #3's subsequent physician's orders dated 10/21/19 revealed:
-Resident #3's INR was 2.1.
-There was an order for Warfarin 4.5mg on Mondays, Wednesdays, Fridays and Sundays.
-There was an order for Warfarin 3mg on all other days (Tuesdays, Thursdays, and Saturdays).
-There was an order to recheck the INR in 2 weeks.

Review of Resident #3's subsequent physician's orders dated 11/04/19 revealed:
-Resident #3's INR was 2.0.
-There was an order to continue current Warfarin dose.
-There was an order to recheck the INR in 2 weeks.

Review of Resident #3's subsequent physician's orders dated 11/18/19 revealed:
-Resident #3's INR was 2.0.
-There was documentation Resident #3's current Warfarin dose was 4.5mg on Mondays, Wednesdays, Fridays and Sundays and Warfarin 3mg on all other days (Tuesdays, Thursdays, and Saturdays).
-There was an order to continue current Warfarin dose.
-There was an order to recheck the INR in 2 weeks.

Review of Resident #3's subsequent physician's orders dated 12/02/19 revealed:
-Resident #3's INR was 2.2.
-There was documentation Resident #3's current Warfarin dose was 4.5mg on Mondays,

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Wednesdays, Fridays and Sundays and Warfarin 3mg on Tuesdays, Thursdays, and Saturdays.
-There was an order to continue current Warfarin dose.
-There was an order to recheck the INR in 2 weeks.

Review of Resident #3's subsequent physician's orders dated 12/16/19 revealed:
-Resident #3's INR was 2.6.
-There was an order for Warfarin 4.5mg on Mondays, Wednesdays, Thursdays, Fridays, and Sundays.
-There was an order for Warfarin 3mg on Tuesdays and Saturdays.
-There was an order to recheck the INR in 2 weeks.

Review of Resident #3's November 2019 electronic medication administration record (eMAR) revealed:
-There was an entry for Warfarin 3mg one and one-half tablets (4.5mg) on Mondays, Wednesdays, Thursdays, Fridays, and Sundays.
-There was an entry for Warfarin 3mg one tablet on Tuesdays and Saturdays.
-There was documentation Resident #3 was administered Warfarin 4.5mg instead of the ordered 3mg on 11/07/19, 11/14/19, 11/21/19, and 11/28/19.

Review of Resident #3's December 2019 eMAR revealed:
-There was an entry for Warfarin 3mg one and one-half tablets (4.5mg) on Mondays, Wednesdays, Thursdays, Fridays, and Sundays.
-There was an entry for Warfarin 3mg one tablet on Tuesdays and Saturdays.
-There was documentation Resident #3 was administered Warfarin 4.5mg instead of the

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D 358	Continued From page 10 ordered 3mg on 12/05/19 and 12/12/19. Observation of Resident #3's medications available for administration on 01/23/20 at 1:57pm revealed: -There was one bubble pack of Warfarin 3mg tablets, with a dispense date of 01/14/20, with 3 of 11 tablets remaining. -There were two bubble packs of Warfarin 3mg one-half tablets, with a dispense date of 01/21/20, with 6 of 11 tablets remaining. Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 01/23/20 at 2:49pm revealed: -On 09/27/19, the pharmacy dispensed 9.5 tablets of Warfarin 3mg for Resident #3 with an order to administer one and one-half tablets (4.5mg) on Mondays, Wednesdays, Thursdays, Fridays, and Sundays and administer one tablet (3mg) on Tuesdays and Saturdays. -On 12/03/19, the pharmacy dispensed 16 tablets of Warfarin 3mg for Resident #3 with an order to administer one and one-half tablets (4.5mg) on Mondays, Wednesdays, Thursdays, Fridays, and Sundays and administer one tablet (3mg) on Tuesdays and Saturdays. -The pharmacy did not receive an order dated 10/21/19 for Warfarin 4.5mg on Mondays, Wednesdays, Fridays, and Sundays and Warfarin 3mg on other days (Tuesdays, Thursdays, and Saturdays.) Interview with the Health and Wellness Director (HWD) on 01/23/20 at 11:46am revealed: -Resident #3's INR value was measured by the Home Health Nurse (HHN) and reported to Resident #3's primary care physician (PCP) if she was in the facility that day. -If Resident #3's PCP was not in the facility on the	D 358		

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date Resident #3's INR value was measured, she was responsible for communicating the INR value to her PCP.
-She was responsible for entering new orders onto the eMAR.
-Medication aides (MA) could also enter new orders onto the eMAR.
-She did not realize Resident #3's order changed on 10/21/19 from Warfarin 4.5mg on Thursdays to Warfarin 3mg on Thursdays.
-In reviewing the PCP's written orders, she only noticed documentation to "continue current Coumadin (Warfarin) dose," and she did not notice the order was for Warfarin 4.5mg on Mondays, Wednesdays, Fridays, and Sundays and Warfarin 3mg on other days (Tuesdays, Thursdays, and Saturdays.)
-If she saw documentation to "continue current dose," she did not make any changes to the eMAR, or verify the order written matched the previous order.
-She thought an order to "continue current dose" meant no changes were being made to the previous dose.

Interview with Resident #3's PCP on 01/23/20 at 12:00pm revealed:
-Typically, either the HHN or the HWD would document Resident #3's INR level on a physician's order sheet along with her current dose of Warfarin.
-They sometimes did not document her current dose of Warfarin and she would have to look it up in the facility's computer system.
-She would then provide orders based on the current INR level and the current dose of Warfarin.
-She provided a written order for Resident #3 on 10/21/19 for Warfarin 4.5mg on Mondays, Wednesdays, Fridays, and Sundays and Warfarin

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D 358	Continued From page 12 3mg on other days (Tuesdays, Thursdays, and Saturdays.) -Her intention was for this to be Resident #3's new Warfarin dose. -She documented "continue current Coumadin (Warfarin) dose" meaning to continue the dose she ordered on 10/21/19 until the INR would be redrawn in 2 weeks. -She did not intend for Resident #3's Warfarin dose to remain the same as it had been prior to the INR level on 10/21/19. -She expected the facility to follow all orders as written and request clarification from her if needed. -Even though Resident #3 received the incorrect dose, her INR level had remained stable. Interview with the Administrator on 01/23/20 at 3:21pm revealed: -Her expectation was for the MAs and HWD to review medication orders carefully and request clarification if needed. -The HWD was responsible for assuring all medication orders were followed.	D 358		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:	D935		

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 01/23/2020

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
D935	Continued From page 13 (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 Medication Aides	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D935	Continued From page 14 (MA) sampled successfully passed the written exam within 60 days of successfully completing the skills validation competency evaluation (Staff B). The findings are: Review of the personnel file for Staff B, MA revealed: -She was hired on 06/11/19. -She was hired as a personal care aide / medication aide. -She had her medication clinical skills validation completed on 07/03/19. -There was no documentation of successful completion of the state written medication aide exam. Interview on 01/23/20 at 10:45am with the Business Office Manager (BOM) revealed: -She was responsible for checking when staff were hired to see if they had the medication aide exam. -She noticed Staff B was listed on the Health Care Personnel Registry as a "Medication Aide". -She did not realize that the Medication Aide listing did not apply to the Adult Care Homes. Interview on 01/23/20 at 11:25am with the Health and Wellness Director (HWD) revealed: -She had completed the medication clinical skills validation for staff B on 07/03/19. -She was not aware of the differences between the nursing home exam and the adult care home exam. Interview on 01/23/20 at 2:30pm with the Administrator revealed: -She was not aware that Staff B did not have her medication aide test.	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D935	Continued From page 15 -It was the responsibility of the BOM and HWD to make sure all staff had appropriate training. Attempted telephone interview on 01/23/20 at 3:30pm with Staff B was unsuccessful.	D935		