The following is a summary of the Plan of Correction for Brookdale High Point North Assisted Living. This Plan of Correction is in regards to the Corrective Action Report dates September 30, 2021. This Plan of Correction is not to be constructed as an admission of or agreement with the findings and conclusions in the State 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, nor have we identified mitigating factors.

10A NCAC 13F .0504(a) Competency Validation for LHPS Tasks

An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.

- The Executive Director/Business Office Manager or designee will conduct an audit on all current associates' training records to verify that non-licensed personnel have received a competency validation checklist that has been signed by the Registered Nurse. The Business Office Manager/Resident Care Coordinator or designee will verify that all newly hired non-licensed personnel have received a competency validation checklist prior to being placed on the schedule to perform personal care tasks. Plan of correction to be completed by November 30, 2021

10A NCAC 13F .0902(b) Health Care

The facility shall assure referral and follow-up to meet the routine and acute health care needs of the residents.

- The Executive Director/Resident Care Coordinator or designee will conduct retraining for all care associates in regards to referral and follow up of physician's orders. The Executive Director/Resident Care Coordinator or designee will conduct an audit on all current resident records to verify that physician orders are being followed as ordered. To assist with ongoing compliance, the Executive Director/Resident Care Coordinator or designee will provide weekly monitoring of physician orders for three (3) months, with the Health & Wellness Director/designee to monitor routinely thereafter. Plan of correction to be completed by November 30, 2021.

Ryan Smith, Executive Director

10-26-2021

Reviewed and acknowledged 10/28/21.
KG

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	HAL041039	A. BUILDING: _____ B. WING _____	09/30/2021

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D 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey and a Complaint investigation on 09/28/21-09/30/21 with an exit conference via telephone on 09/30/21.	D 000		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 4 sampled staff (Staff A and Staff B) were competency validated for Licensed Health Professional Support (LHPS) tasks by return demonstration including obtaining fingerstick blood sugar checks prior to performing these tasks on diabetic residents. The findings are: 1. Review of Staff A's medication aide (MA) personnel record revealed: -She was hired on 05/26/17. -There was documentation that Staff A's LHPS competency validation checklist was completed	D 161		

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D 161	Continued From page 1 on 09/28/21. Observation on 09/28/21 during the medication pass between 11:00am and 12:00pm revealed Staff A obtained a FSBS on a resident. Review of a resident's electronic medication administration record (eMAR) for July 2021, August 2021, and September 2021 revealed Staff A documented obtaining fingerstick blood sugar checks for 14 opportunities in August 2021 and 24 opportunities in September 2021. Telephone interview with Staff A on 09/30/21 at 12:35pm revealed: -She had training on LHPS tasks when she started working at the facility in 2017. -She checked residents' FSBS when she worked. -She had not demonstrated LHPS tasks on 09/28/21. Interview with a Health and Wellness Director (HWD) on 09/30/21 at 3:10pm revealed: -She was the HWD at the sister facility. -She was asked to complete the LHPS competency validation checklist with staff on 09/28/21. -She worked one on one with Staff A on 09/28/21 to complete the LHPS competency validation checklist. -Staff A returned demonstration on LHPS tasks such as subcutaneous injections. -For tasks that could not be demonstrated, because there was no resident available, she asked Staff A questions and had her answer what she would do. Refer to the interview with the Regional HWD on 09/30/21 at 9:05am.	D 161		

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D 161	Continued From page 2 Refer to the interview with the Business Office Manager on 09/30/21 at 2:24pm. Refer to the interview with the Administrator on 09/30/21 at 3:59pm. 2. Review of Staff B's, medication aide (MA) personnel record revealed: -Staff B was hired on 12/17/20. -There was documentation Staff B's LHPS competency validation checklist was completed on 09/28/21. Review of a resident's electronic medication administration record (eMAR) for July 2021, August 2021, and September 2021 revealed Staff B documented obtaining fingerstick blood sugar checks 25 opportunities in July 2021, 24 opportunities in August 2021, and 23 opportunities in September 2021. Telephone interview with Staff B on 09/30/21 at 12:35pm revealed: -She had training on LHPS tasks when she started working at the facility. -She checked residents' FSBS when she worked. -She had not demonstrated LHPS tasks on 09/28/21. Interview with a Health and Wellness Director (HWD) on 09/30/21 at 3:10pm revealed: -She was the HWD at the sister facility. -She was asked to complete the LHPS competency validation checklist with staff on 09/28/21. -She worked one on one with Staff B on 09/28/21 to complete the LHPS competency validation checklist. -Staff B returned demonstration on LHPS tasks such as subcutaneous injections.	D 161		

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D 161	Continued From page 3 -For tasks that could not be demonstrated, because there was no resident available, she asked Staff B questions and had her answer what she would do. Refer to the interview with the Regional HWD on 09/30/21 at 9:05am. Refer to the interview with the Business Office Manager on 09/30/21 at 2:24pm. Refer to the interview with the Administrator on 09/30/21 at 3:59pm. Interview with the Regional Health and Wellness Director (HWD) on 09/30/21 at 9:05am revealed: -As the Regional HWD she would be at the facility 1-2 days per week as the interim HWD until the position was filled. -The LHPS competency validation checklist should have been completed upon hire. -The facility's HWD was responsible for validating staff on LHPS tasks. -She would have expected the MAs to be validated prior to performing LHPS tasks on residents. Telephone interview with the Business Office Manager (BOM) on 09/30/21 at 2:24pm revealed: -She maintained the personnel records. -The HWD was responsible for completing the LHPS competency validation checklist and once it was completed it would be returned to her to be filed. In March 2021 she had told the previous Administrator and the HWD there were numerous LHPS competency validations that needed to be completed. -She and the new Administrator had started auditing personnel records in May 2021.	D 161		

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D 161	Continued From page 4 -The staff who needed LHPS validation checklists to be completed were given to the HWD. Telephone interview with the Administrator on 09/30/21 at 3:59pm revealed: -The HWD was responsible for completing the LHPS competency validation checklist. -The HWD was no longer employed with the facility, "as of last week." -He expected the LHPS validation to be completed upon hire. -He had expected the LHPS validation to be completed before the staff was on the floor working independently because it was the staffs' competency validation to show they knew how to do the tasks.	D 161		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure referral and follow up to meet the healthcare needs for 2 of 5 sampled residents (#3, #4) related to a resident who had orders for finger stick blood sugar (FSBS) checks with parameters for elevated or low FSBS values not administered as ordered (#4), and a resident that was refusing a stool softener and a topical treatment (#3). The findings are: 1. Review of Resident #4's current FL-2 dated 01/08/21 revealed:	D 273		

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D 273	Continued From page 5 -Diagnoses included hypertension and diabetes mellitus. -Novolog (a rapid acting insulin used to lower blood sugar) insulin inject per sliding scale. Give Novolog coverage after meals per finger stick blood sugar (FSBS) 0-149=0 units; 150-399= 3 units, and greater than 400=10 units. Review of Resident #4's physician's orders dated 06/14/21 and 09/13/21 revealed: -There was an order for FSBS check 30 minutes before meals, see Novolog insulin order for sliding scale coverage and call the PCP (Primary Care Provider) if FSBS was greater than 450 before meals. -There was an order to give cola or orange juice for FSBS results below 80. Repeat FSBS check in 10 minutes. If FSBS result was still below 80 give a second dose of orange juice or cola and recheck FSBS in 10 minutes. If the resident's FSBS result was below 80 give glucose gel if the resident was unable to eat or drink. Call the PCP if the resident's FSBS was still below 80. Review of Resident #4's electronic Medication Administration Record (eMAR) for July 2021 revealed: -There was an entry to check FSBS 30 minutes before meals, see Novolog insulin order for sliding scale coverage and call the PCP if FSBS was greater than 450 before meals. -On 07/09/21 at 11:30am, Resident #4's FSBS result was documented as 458 with no documentation the PCP was notified. -On 07/09/21 at 4:30pm, Resident #4's FSBS result was documented as 544 with no documentation the PCP was notified. -There was a second entry to give cola or orange juice for FSBS results below 80. Repeat FSBS in 10 minutes. If FSBS was still below 80 give a	D 273		

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D 273	Continued From page 6 second dose of orange juice or cola and recheck FSBS in 10 minutes. If the resident's FSBS was below 80 give glucose gel if the resident was unable to eat or drink. Call the PCP if the resident's FSBS was still below 80. -Resident #4's FSBS results were documented below 80 on 20 of 93 opportunities, and 18 of 20 opportunities when there was no documentation cola or juice was provided or a repeat FSBS check was performed. -Examples of FSBS results documented at 7:30am included 39 on 07/10/21, 47 on 07/12/21, 55 on 07/15/21, 42 on 07/18/21, 49 on 07/19/21, and 40 on 07/31/21. Review of the memory in Resident #4's glucometer on 09/29/21 at 9:56am revealed: -The date on the glucometer was 09/29/21 and the time displayed was 11:19am which was a variance of one hour and twenty three minutes. -On 07/10/21 at 6:41am, Resident #4's FSBS reading was recorded as 39; the next recorded FSBS was 150 at 9:30am. -On 07/12/21 at 6:10am, Resident #4's FSBS reading was recorded as 47; the next recorded FSBS was 210 at 9:06am. -On 07/15/21 at 5:45am, Resident #4's FSBS reading was recorded as 55; the next recorded reading was 224 at 8:40am. -On 07/18/21 at 6:09am, Resident #4's FSBS reading was recorded as 42; the next recorded reading was 367 at 9:33am. -On 07/19/21 at 6:25am, Resident #4's FSBS reading was recorded as 49; the next recorded reading was 289 at 9:25am. -On 07/31/21 at 6:58am, Resident #4's FSBS reading was recorded as 40; the next recorded reading was 340 at 10:14am. Review of Resident #4's progress notes	D 273		

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D 273	Continued From page 7 documented in the eMAR system for July 2021 revealed: -There was no documentation the PCP was notified on 07/09/21, Resident #4's FSBS was 458. -There was no documentation for the dates noted when Resident #4's FSBS results were below 80 that the resident was given cola or orange juice or a FSBS recheck was completed. Review of Resident #4's eMAR for August 2021 revealed: -There was an entry to check FSBS 30 minutes before meals, see Novolog insulin order for sliding scale coverage and call the PCP is FSBS was greater than 450 before meals. -On 08/26/21 at 11:30 am, Resident #4's FSBS result was documented as 476 with no documentation the PCP was notified. -There was a second entry to give cola or orange juice for FSBS results below 80. Repeat FSBS in 10 minutes. If FSBS was still below 80 give a second dose of orange juice or cola and recheck FSBS in 10 minutes. If the resident's FSBS result was below 80 give glucose gel if the resident was unable to eat or drink. Call the PCP if the resident's FSBS result was still below 80. -Resident #4's FSBS results were documented below 80 on 9 of 93 opportunities, and 8 of 9 opportunities when there was no documentation cola or juice was provided or a repeat FSBS check was performed. -Examples of FSBS results documented at 7:30am included 57 on 08/05/21, 59 on 08/09/21, 61 on 08/10/21, 41 on 08/13/21, 77 on 08/20/21, and 70 on 08/21/21. Review of Resident #4's glucometer history on 09/29/21 at 9:56am revealed: -The date on the glucometer was 09/29/21 and	D 273		

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D 273	Continued From page 8 the time displayed was 11:19am which was a variance of 1 hour and 23 minutes. -On 08/05/21 at 7:09am, Resident #4's FSBS reading was recorded as 47; the next recorded FSBS was 207 at 9:55am. -On 08/09/21 at 6:08am, Resident #4's FSBS reading was recorded as 59; the next recorded FSBS was 325 at 10:18am. -On 08/10/21 at 6:10am, Resident #4's FSBS reading was recorded as 61; the next recorded reading was 224 at 8:40am. -On 08/13/21 at 5:56am, Resident #4's FSBS reading was recorded as 41; the next recorded reading was 247 at 10:39am. -On 08/20/21 at 6:40am, Resident #4's FSBS reading was recorded as 77; the next recorded reading was 237 at 10:18am. -On 08/21/21 at 6:21am, Resident #4's FSBS reading was recorded as 70; the next recorded reading was 353 at 9:31am. Review of Resident #4's progress notes documented in the eMAR system for August 2021 revealed: -There was one documentation on the eMAR and progress notes for 08/15/21 when orange juice was administered for a FSBS result of 44 at 7:46am and a second FSBS result was documented as 67 at 8:23am, no additional orange juice or cola administration was documented and no subsequent FSBS check 10 minutes later was documented. -There was no additional documentation on the eMAR or progress notes for the dates noted in August 2021 when Resident #4's FSBS results was below 80 that the resident was given orange juice or a FSBS recheck was completed until the next scheduled FSBS around 11:30am. Review of Resident #4's eMAR for September	D 273		

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D 273	Continued From page 9 2021 revealed: -There was an entry to check FSBS 30 minutes before meals, see Novolog insulin order for sliding scale coverage and call the PCP is FSBS was greater than 450 before meals. -On 09/23/21 at 11:30am, Resident #4's FSBS results was documented as 503 with no documentation the PCP was notified. -On 09/25/21 at 11:30am, Resident #4's FSBS result was documented as 490 with no documentation the PCP was notified. Based on record reviews and interviews, without rechecking Resident #4's FSBS ten minutes after administering cola or orange juice, there would be no way of knowing if Resident #4's PCP needed to be notified of a FSBS result below 80. Telephone interview with Resident #4's primary care provider's Nurse Practitioner (NP) on 09/29/21 at 12:29pm revealed: -Resident #4 was seen by the NP routinely for uncontrolled diabetes. -She had trouble accessing FSBS values when she came to the facility because she did not have staff available to print the eMARs for review. -Resident #4 was referred to an Endocrinologist in April 2021 by the NP. -The facility had never called or faxed her for notification of the low blood sugar values in July 2021 or August 2021, including subsequent rechecks for verification that the FSBS was greater than 80 when cola or orange juice was administered. -She had no documentation for notification for FSBS values greater than 450 in July 2021, August 2021, or September 2021. -She was not aware of an occasion when Resident #4 was sent to the local emergency department for low blood sugar values.	D 273		

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D 273	Continued From page 10 -Resident #4 would be at risk for low blood sugar values causing sweating, headaches and even loss of consciousness. Telephone interview with the office manager at Resident #4's Endocrinologist's office on 09/29/21 at 2:00pm revealed: -Resident #4 was last seen in the office on 8/12/2021. -The office had no documentation the facility had contacted their office to report elevated FSBS values or FSBS values below 80 requiring administration of cola or orange juice. Interview with the Resident Care Director (RCD) on 09/29/21 at 3:00pm revealed: -The former Health and Wellness Director (HWD) primarily entered orders into the eMAR system. -The former HWD told staff that the HWD would communicate with the providers instead of the medication aides (MA) notifying the providers for health care issues. -The HWD was responsible for auditing eMARS for medication and treatment administration. -The RCD had not audited the residents' eMAR , including Resident #4's, to ensure providers were contacted as ordered. Telephone interview with the Corporate Nurse on 09/30/21 at 9:00am revealed: -The facility had not had a HWD since the week of 9/20/21. -The HWD was responsible to ensure the MAs followed physician's orders for treatments and medications and notified providers as ordered for any health care issue identified. -She started coming to the facility on 09/27/21 and would be coming 2 to 3 days a week to serve as the Interim HWD. -Staff should have documented the administration	D 273		

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D 273	Continued From page 11 of cola or orange juice for Resident #4's FSBS values less than 80 on the eMAR or in the facility progress notes for the resident. -She had not been able to locate any documentation for Resident #4's low FSBS being referred to the resident's NP or Endocrinologist. Telephone interview with Resident #4 on 09/30/21 at 1:27pm revealed: -She saw an Endocrinologist in August 2021, and her insulin was changed because her FSBS had been "really low." -When her FSBS was low, she would get a headache and feel dizzy. -The medication aides (MA) checked her FSBS before breakfast, lunch and dinner. -The MA did not recheck her FSBS after a low reading, but they did give her orange juice and encouraged her to eat and drink. -She always felt better after she drank orange juice and ate something; and she could tell her FSBS would improve because her headache went away. Telephone interview with the Administrator on 09/30/21 at 4:00pm revealed: -Resident #4 had a medication order with parameters to give cola or orange juice for FSBS results below 80. Repeat FSBS in 10 minutes. If FSBS result was still below 80 give a second dose of orange juice or cola and recheck FSBS in 10 minutes. If the resident's FSBS was below 80 give glucose gel if the resident was unable to eat or drink. Call the PCP if the resident's FSBS was still below 80 was entered in the eMAR system in such a way that it did not routinely show up for the MAs to see during medication administration. -The HWD had entered the order on Resident #4's eMAR originally on 04/27/21. -The order was put in as PRN (as needed) and	D 273		

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BROOKDALE HIGH POINT NORTH AL (NC)	1568 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 273	Continued From page 12 PRN medication order were only visible on the eMAR if the MA clicked on the PRN section of the eMAR screen. 2. Review of the facility's medication refusal policy revealed: -If a resident who was receiving medication assistance or administration chooses to not take their medication, the associate assisting or administering the medication should: -Take the appropriate action, including notifying the prescriber or primary care practitioner when there was a consistent pattern of the resident choosing to not take their medications. -Notify the physician and follow any instructions provided, unless there was an associate available who, acting within their scope of practice, was able to evaluate the significance of the resident not getting their medication. -Conduct an evaluation. Review of Resident #3's current FL-2 dated 10/29/20 revealed diagnoses including Type 2 diabetes, hypertension, asthma, and transient cerebral ischemic attack. a. Review of Resident #3's physician's orders dated 07/06/21 revealed there was an order to give 17 grams of Miralax powder (used to treat constipation) once daily. Observation of Resident #3 in the resident's room on 09/28/21 at 9:32am revealed Resident #3 refused Miralax powder during the medication pass. Review of Resident #3's July 2021 electronic medication administration record (eMAR) revealed:	D 273		

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D 273	Continued From page 13 -There was an entry for Miralax powder 17 gram give one time a day scheduled for 9:00am. -Miralax 17 grams was documented as refused on the eMAR 9 times out of 31 opportunities from 07/01/21 to 07/31/21. -There was no documentation in the eMAR notes that the provider was contacted about the Miralax refusals. Review of Resident #3's August 2021 eMAR revealed: -There was an entry for Miralax powder 17 gram give one time a day scheduled for 9:00am. -Miralax 17 grams was documented as refused on the eMAR 7 times out of 31 opportunities from 08/01/21 to 08/31/21. -There was documentation Resident #3 refused Miralax powder on 08/21/21 at 9:34am with a reason documented as, "States 'my doctor told me that I'm not supposed to take that.'" -There was no documentation in the eMAR notes that the provider was contacted about the Miralax refusals. Review of Resident #3's September 2021 eMAR revealed: -There was an entry for Miralax powder 17 gram give one time a day scheduled for 9:00am. -Miralax 17 grams was documented as refused on the eMAR 14 times out of 28 opportunities from 09/01/21 to 09/28/21. -There was documentation that Resident #3 refused Miralax powder on 09/19/21 at 9:17am with a reason documented as, "Resident refused. Does not want scheduled." -There was no documentation in the eMAR notes that the provider was contacted about the Miralax refusals. Observation of Resident #3's medications on	D 273		

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D 273	Continued From page 14 hand on 09/29/21 at 2:42pm revealed there was a bottle of Miralax powder dispensed on 08/04/21 with about half of the Miralax powder remaining. Attempted telephone interview with Resident #3's primary care provider (PCP) on 09/29/21 at 1:17pm unsuccessful. Review of Resident #3's progress notes, eMAR notes, and provider communication notes revealed there was no documentation that the provider was contacted about Resident #3 refusing Miralax. Interview with the Resident Care Director (RCD) on 09/29/21 at 3:19pm revealed that she had not contacted the provider about Resident #3's refusals of Miralax. Interview with a medication aide (MA) on 09/29/21 at 2:48pm revealed: -If a resident refused a medication, the MA would document the refusal in the progress notes using an "alert charting note" in the facility's eMAR system on the computer. -She had not let the provider know about Resident #3's Miralax refusals. -The facility's former Health and Wellness Director (HWD) used to be responsible for letting the provider know about medication refusals. -The HWD was no longer employed with the facility. -She was not sure who was responsible for contacting the provider about medication refusals. Interview with the RCD on 09/29/21 at 3:17pm revealed: -If a resident refused a medication, she would make the determination whether to let the provider know depending on the medication and	D 273		

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D 273	Continued From page 15 the resident. -She had not contacted the provider about Resident #3's Miralax refusals. -The facility's former HWD used to be responsible for communicating with the provider about medication refusals. -The HWD was no longer employed with the facility. -The MAs were responsible for contacting the provider about medication refusals. Interview with the Administrator on 09/29/21 at 4:44pm revealed: -When a resident refused a medication, he expected staff to try at least 3 attempts to administer the medication during the two-hour time frame. If the resident still refused the medication, he expected staff to discard the medication and document refusal. -He expected the MAs to make the provider aware of medication refusals after three days of consecutive refusals. -He expected the MAs to make the physician and residents' families aware of medication refusals if the refusal was frequent, even if there were not three consecutive days of refusals. -The facility staff documented medication refusal in the facility's eMAR system on the computer. -The former HWD used to be responsible for contacting the provider about medication refusals. -He was not aware that Resident #3 was refusing medications. -The MAs were responsible for contacting the provider about residents refusing medications. b. Review of Resident #3's signed physician's order dated 07/21/21 revealed there was an order to apply Eucerin lotion (used to treat dry skin) to whole body every evening shift every Monday and Thursday.	D 273		

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D 273	Continued From page 16 Review of Resident #3's July 2021 electronic medication administration record (eMAR) revealed: -There was an entry to apply Eucerin lotion to whole body every evening shift on every Monday and Thursday for dry skin. -Eucerin lotion was documented as refused 1 out of 3 opportunities between 07/22/21 and 07/31/21. -There was no documentation in the eMAR notes that the provider was contacted about the Eucerin lotion refusal. Review of Resident #3's August 2021 eMAR revealed: -There was an entry to apply Eucerin lotion to whole body every evening shift on every Monday and Thursday for dry skin. -Eucerin was documented as refused 7 out of 8 opportunities from 08/01/21 to 08/31/21. -There was no documentation in the eMAR notes that the provider was contacted about the Eucerin lotion refusals. Review of Resident #3's September 2021 eMAR revealed: -There was an entry to apply Eucerin lotion to whole body every evening shift on every Monday and Thursday for dry skin. -Eucerin was documented as refused 7 out of 8 opportunities for 09/01/21 to 09/27/21. -There was no documentation in the eMAR notes that the provider was contacted about the Eucerin lotion refusals. Observation of Resident #3's medications on hand on 09/29/21 at 2:42pm revealed that a tub of Eucerin lotion was dispensed on 09/01/21 with most of the Eucerin lotion remaining.	D 273		

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D 273	Continued From page 17 Review of Resident #3's progress notes, eMAR notes, and provider communication notes revealed there was no documentation that the provider was contacted about Resident #3 refusing Eucerin lotion. Interview with Resident #3 on 09/28/21 at 1:30pm revealed she asked the facility staff not to administer the Eucerin lotion on 09/27/21 because "it sticks to her clothes." Attempted telephone interview with Resident #3's Dermatologist on 09/29/21 at 1:14pm was unsuccessful. Interview with a medication aide (MA) on 09/29/21 at 2:48pm revealed: -If a resident refused a medication, the MA would document the refusal in the progress notes using an "alert charting note" in the facility's eMAR system on the computer. -She had not let the provider know about Resident #3's medication refusals. -The facility's former Health and Wellness Director (HWD) used to be responsible for letting the provider know about medication refusals. -The HWD was no longer employed with the facility. -She was not sure who was responsible for contacting the provider about medication refusals. Interview with the Resdent Care Director (RCD) on 09/29/21 at 3:17pm revealed: -If a resident refused a medication, she would make the determination whether to let the provider know depending on the medication and the resident. -She had not contacted the provider about Resident #3's medication refusals.	D 273		

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D 273	Continued From page 18 -The facility's former HWD used to be responsible for communicating with the provider about medication refusals. -The HWD was no longer employed with the facility. -The MAs were responsible for contacting the provider about medication refusals. Interview with the Administrator on 09/29/21 at 4:44pm revealed: -When a resident refused a medication, he expected staff to try at least 3 attempts to administer the medication during the two-hour time frame. If the resident still refused the medication, he expected staff to discard the medication and document refusal. -He expected the MAs to make the provider aware of medication refusals after three days of consecutive refusals. -He expected the MAs to make the physician and residents' families aware of medication refusals if the refusal was frequent, even if there were not three consecutive days of refusals. -The facility staff documented medication refusal in the facility's eMAR system on the computer. -The former HWD used to be responsible for contacting the provider about medication refusals. -He was not aware that Resident #3 was refusing medications. -The MAs were responsible for contacting the provider about residents refusing medications.	D 273		