STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 a follow-up survey on May 25 - 26, 2022.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 5 sampled residents (#5) related to not administering doses of a medication used to treat acid reflux. The findings are: Review of Resident #5's current FL-2 dated 02/16/22 revealed: -Diagnoses included gastroesophageal reflux disease, history of falls, unspecified abnormalities of gait and mobility, major depressive disorder, other amnesia, insomnia, hypothyroidism, fibromyalgia, other specified cognitive deficit, hyperlipidemia, hypertension, cerebral infarction,	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 358}	Continued From page 1 and muscle weakness. -There was an order for omeprazole 40mg (used to treat certain stomach and esophagus problems) daily. Review of Resident #5's six-month physician orders dated 03/09/22 revealed an order for omeprazole delayed release 40mg one capsule daily. Review of Resident #5's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for omeprazole delayed release 40mg one capsule daily, scheduled for 6:00am. -There was documentation of administration of omeprazole from 04/01/22 to 04/30/22 at 6:00am. Review of Resident #5's May 2022 eMAR revealed: -There was an entry for omeprazole delayed release 40mg one capsule daily, scheduled for 6:00am. -There was documentation of administration of omeprazole from 05/01/22 to 05/12/22, from 05/15/22 to 05/16/22, 05/18/22, from 05/21/22 to 05/22/22, and from 05/24/22 to 05/25/22 at 6:00am. -There was documentation of "pharmacy action required from 05/13/22 to 05/14/22, 05/17/22, from 05/19/22 to 05/20/22, and 05/23/22 at 6:00am. Observation of Resident #5's medications in the facility on 05/25/22 at 4:10pm revealed there was one bubble package containing a total of 28 capsules of omeprazole delayed release 40mg that were dispensed on 05/23/22.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 358}	Continued From page 2 Telephone interview with a representative at the facility contracted pharmacy on 05/25/22 at 3:42pm revealed: -There was an order dated 03/07/22 for omeprazole delayed release 40mg capsule daily with 6 refills. -There were 30 tablets dispensed on 12/06/21, 01/07/22, 02/03/22, 03/07/22, 04/07/22, and 05/23/22. -When medications were needed, staff had to request a refill via refill request form or calling the pharmacy. -The facility was not on cycle fill. -For Resident #5, there might been a few days overlap for the 02/03/22 dispense date. -Each bubble package of omeprazole would provide 30 days of dosages for Resident #5. -A refill request for omeprazole was made on 05/23/22 for Resident #5. -There were no other refill requests made in May 2022 for Resident #5's omeprazole. Interview with Resident #5 on 05/25/22 at 8:55am revealed: -She did not remember receiving her nighttime medications. -She thought she might not have received her nighttime medication. -She did not know how many tablets she received at night. Another interview with Resident #5 on 05/26/22 at 10:24am revealed: -She had no problems with her stomach today. -She had acid reflux, but she did not know if she took medication to treat it. -She took Prevacid in the past to treat her acid reflux. -She had a flare of acid reflux two nights ago on 05/24/22.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 358}	Continued From page 3 Telephone interview with a medication aide (MA) on 05/26/22 at 8:43am revealed: -The MAs requested refills when there were approximately 8 tablets remaining in a bubble package of medication. -The MA faxed a medication refill request sheet to the pharmacy or called the pharmacy to request a refill. -Medication refills could be requested using the eMAR system. -When the eMAR system was used, it showed the date the refill was requested. -Before a medication refill request was made, she checked the overstock drawer on the medication cart to ensure the medication was not already available. -Pharmacy notified the MAs if a medication was out of stock or if the resident's insurance did not cover the medication. -She requested medication refills for medications administered on other shifts. -She requested medication refills for medications administered on second shift. -However, the second shift and third shift MAs were responsible for requesting refills for medications administered during their shifts. -The facility had agency staff working and the agency staff might not request medication refills. -If there was any difficulty obtaining a medication after a refill request was sent, the MAs were supposed to call the pharmacy and notify the Health and Wellness Director (HWD). -If the medication was not available to administer, she documented that she called the pharmacy and when the medication would arrive at the facility. Interview with another MA on 05/26/22 at 9:35am revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 358}	Continued From page 4 -Medication refill requests were completed when there were 10 to 11 tablets remaining in the bubble package. -There was a sticker on the medication bubble package that was removed and placed on the refill request form to request a refill. -If she saw that the sticker was removed but the medication had not arrived, she called the pharmacy to inquire about the refill status. -Medications were delivered on the second shift. -If a medication refill was requested it should come in on the second shift. -If a medication did not arrive within 24 hours, she called the pharmacy to ask about the medication refill. -She also told the HWD when there was any difficulty with obtaining a medication refill. -If a medication was not available to administer, she documented a note on the progress notes. -There was a drop-down menu to choose other/see nurses notes and then a note could be written. -When pharmacy action required was chosen it could mean many things. -Pharmacy action required meant authorization was required, a refill request was made too soon, or the medication was not in stock. -She saw the documentation on Resident #5's May 2022 eMAR. -Resident #5's omeprazole was administered on the night shift. -She thought if one MA documented pharmacy action required on consecutive days then it was false documentation for another MA to document administering the medication on the following day. -If a MA documented administering a medication that was not in the facility, that was falsifying documentation. Telephone interview with a night shift MA on	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 358}	Continued From page 5 05/26/22 at 12:14pm revealed: -She worked for an agency not the facility. -She did not request medication refills. -She could not remember if Resident #5's omeprazole was not available to administer. -She did not recall requesting a refill for Resident #5's omeprazole. Interview with the Health and Wellness Director (HWD) on 05/26/22 at 11:33am revealed: -She did not know Resident #5 had not received omeprazole for approximately 11 days in May 2022. -She did not know that MAs were documenting administering omeprazole to Resident #5 when the medication was not in the facility. -She expected the MAs to request refills when there were 5 or 6 pills remaining in the bubble package. -She expected the MAs to look at the bubble package and note when the remaining pills reached the reorder section. -She expected the MAs to complete cart audits during their "down" time. -If the MAs had difficulty obtaining a medication refill, then she expected them to call the pharmacy to inquire about the medication. -She expected the MAs to document in the eMAR system that they called the pharmacy and what the pharmacy response was concerning the medication. -She held the MAs responsible for ensuring medications were requested and available to administer as ordered. Interview with the Administrator on 05/26/22 at 12:26pm. -She expected the MAs to request medication refills as indicated on the bubble packages. -The medication bubble package had an area	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 358}	Continued From page 6 indicating when to request a refill for the medication. -She expected MAs to document if they administered or did not administer medications. -She held the HWD responsible for ensuring medications were administered as ordered Attempted telephone interview with Resident #5's physician on 05/25/22 at 3:32pm was unsuccessful.	{D 358}		
D 363	10A NCAC 13F .1004(f) Medication Administration 10A NCAC 13F .1004 Medication Administration (f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage: (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container; (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name; (3) A separate container is used for each resident and each planned administration of the	D 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 363	Continued From page 7 medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications prepared for administration in advance were identified by name and strength up to the point of administration and protected from contamination and spillage for 2 of 2 residents (#3, and #6). The findings are: Observation of a first shift medication aide (MA) in the hallway of the facility on 05/25/22 at 10:33am revealed: -The MA prepared the morning medications for administration to Resident #6. -The MA prepared 8 oral medications for Resident #6 in a plastic medication cup and went to Resident #6's room. -Resident #6 was not in her room but she was in bible study. - The MA placed the medication cup inside the top drawer of the medication cart. -The cup was not labeled with the names of the medication and the cup was covered with another medication cup, but not sealed. -She prepared medications for another resident and continued with the medication pass.	D 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 363	Continued From page 8	D 363		

Observation of another MA located on another hallway of the facility on 05/25/22 at 10:38am revealed:
-The MA had a cup of pills prepared for a resident and she walked to the resident's room to administer the medications.
-The MA stated she planned to administer medications to a resident approaching her in the hallway.
-However, that resident walked outside to the smoking area.
-The MA stated she would administer medications to Resident #3 in lieu of the resident in the smoking area.
-She opened the top drawer of the medication cart and pulled out an uncovered, unsealed and unlabeled plastic medication cup.
-The medication cup was filled with 3 pills.
-The MA walked over to Resident #3 and administered the medications in the unlabeled cup to Resident #3.
-There were no other medication cups with pills in the top drawer of the medication cart.

1. Review of Resident #3's current FL2 dated 04/08/22 revealed:
-Diagnoses included chronic obstructive pulmonary disease, stage 3 chronic kidney disease, obstructive sleep apnea, unspecified macular degeneration, major depressive disorder and hypertension.
-There was an order for amlodipine (used to treat high blood pressure) 5 mg daily.
-There was an order for calcium-vitamin D (used to treat calcium and vitamin D deficiency) 600-400 mg-unit daily.
-There was an order for Remeron (used to treat depression) 15mg one-half tablet daily.
-There was an order for budesonide-formoterol fumarate aerosol (used to control symptoms of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 363	Continued From page 9 COPD) 80-4.5 mcg/act two puffs inhale twice daily. Telephone interview with the MA who conducted the 05/25/22 morning medication pass on 05/26/22 at 8:43am revealed: -She prepared Resident #3's medications after she prepared another resident's medications who she thought had gone to bible study. -She placed Resident #3's medication cup with medication in it unlabeled, uncovered, and unsealed in the top drawer of the medication cart to obtain water, a pill crusher and the plastic pill crusher pouches. -The other resident returned from bible study and she decided to administer her medication to her. -When she was ready to administer medications to Resident #3, she removed the pre-poured medications from the top drawer of the medication cart. -She administered the medications to Resident #3 and she could identify the medications in the cup based on their color. -She usually rechecked the medications using the bubble packages and the electronic medication administration record (eMAR), but she did not do that on 05/25/22. -She had not labeled Resident #3's medication cup with the names or strength of the medications. -She had not labeled Resident #3's medication cup with the resident's name. -When she prepared medications for residents and found the resident unavailable to administer the medications, she placed the pre-poured medications in the top drawer of the medication cart. -There was no other system in place when medications were prepared in advance that she knew about for medication administration.	D 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 363	Continued From page 10	D 363		

Based on observations, interviews, and record reviews it was determined Resident #3 was not interviewable.

Refer to the interview with the Health and Wellness Director (HWD) on 05/26/22 at 11:33am.

Refer to the interview with the Administrator on 05/26/22 at 12:26pm.

2. Review of Resident #6's current FL2 dated 1/04/22 revealed:
-Diagnoses included essential hypertension, primary open-angle glaucoma, retinopathy, history of falling, and unsteadiness on feet.
-There was an order for buspirone 5 mg (used to treat anxiety) twice daily.
-There was an order for Norvasc 5 mg (used to treat hypertension) twice daily.
-There was an order for Tylenol 500 mg (used to treat pain) twice a daily.
-There was an order for hydrochlorothiazide 25 mg (used to treat hypertension) daily.
-There was an order for multi-vitamins-minerals (used to treat vitamin deficiency) daily.
-There was an order for Tramadol 50 mg (used to treat pain) twice daily.
-There was an order for losartan-potassium 50 mg (used to treat hypertension) twice daily.

Review of Resident #6's six-month physician orders dated 02/22/22 revealed there was an order for Lexapro 10 mg (used to treat depression and anxiety) daily.

Interview with Resident #6 on 05/26/22 at 10:30 am revealed:
-She routinely participated in activities and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 363	Continued From page 11	D 363		

received her medications in morning after breakfast and in the evening around 7:00pm.
-She had not received medications during an activity.
-Her medication cups did not have her name written on it and she did not know the name of her medications.

Interview with the medication aide (MA) on 05/26/22 at 9:35am revealed:
-Whenever a resident was participating in an activity, she placed their medication cup with pills in the top drawer of the medication cart.
-She covered the medication cup with pills in it with another medication cup.
-She did not document the administration of the medications until she was able to administer the medications.
-She wrote a note to remind her to administer the medications to the resident whose medications were placed in the top drawer of the medication cart.
-She could identify the medications she placed in Resident #6's medication cup based on the color of the tablet and by the looking at electronic medication administration record.
-She usually placed the resident's name on the medication cup when she prepared the medications in advance.
-She did not know she needed to write the name and strength of the medication on the medication cup.
-The MAs were responsible for ensuring medications prepared in advance were covered, sealed, labeled with the resident's name, medication name and strength.

Refer to the interview with the Health and Wellness Director (HWD) on 05/26/22 at 11:33am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: _____ B. WING _____	R 05/26/2022

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 363	Continued From page 12 Refer to the interview with the Administrator on 05/26/22 at 12:26pm. _____ Interview with the Health and Wellness Director (HWD) on 05/26/22 at 11:33am revealed: -Medications should not be prepared in advance for administration and stored on the medication cart. -All medications should be administered after prepping for administration. -The medication could be administered to the incorrect resident if prepped in advance, unlabeled, and stored on the medication cart. -The facility did not have a policy for preparing medications in advance. Interview with the Administrator on 05/26/22 at 12:26pm revealed: -Medications should not be prepared in advance. -Once a medication was prepared, it should be administered to the resident. -She expected medication to be administered immediately after being prepared. -She was concerned medications could be administered to the wrong resident. -She held the HWD responsible for ensuring medications were not prepared in advance.	D 363		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
HAL041031 (Y1)	A. Building B. Wing (Y2)	5/26/2022 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTHWEST GREENSBORO	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0273 Reg. # 10A NCAC 13F .0902(b) LSC	Correction Completed 05/26/2022	ID Prefix D0367 Reg. # 10A NCAC 13F .1004(j) LSC	Correction Completed 05/26/2022	ID Prefix D912 Reg. # G.S. 131D-21(2) LSC	Correction Completed 05/26/2022
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
2/25/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO