STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: _____ B. WING _____	05/20/2022

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BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

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D 000	Initial Comments	D 000	The following is the Plan of Correction for Brookdale Chapel Hill Memory Care regarding the Statement of Deficiencies dated 05/20/22. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement 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 or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective The Health and Welness Director (HWD) and/or designee will re-train direct care staff members on orders, documentation and following resident's Plan of Care. The Health and Wellness Director and/or designee will audit resident's records to verify policy compliance. To assist with ongoing compliance, the HWD or Associate Executive Director(AED) or designee will monitor this process by auditing ten (10) resident record weekly for the first month, then bi - weekly for one additional month.	07/20/2022
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure orders were implemented for 1 of 5 sampled residents (#1) related to applying and removal of thrombo-embolic-deterrent (TED) stockings. Review of Resident #1's current FL2 dated 11/02/21 revealed: -Diagnoses included dementia, hearing loss, hypertension, gastro-esophageal reflux disease, age related macular degeneration, vertigo, disorder of vestibular function, diplopia, and disorder of optic nerve. -There was an order for TED hose apply to left leg daily for edema. Review of Resident #1's physician's orders dated 11/09/21 and 01/19/22 revealed there was an order for TED hose use as directed. Review of Resident #1's progress notes revealed: -There was a note dated 03/25/22 at 9:48am that	D 276		

Reviewed and acknowledged- SS- 7/5/22

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D 276	Continued From page 1 staff were not able to locate Resident #1's TED hose. -There was a note dated 03/25/22 at 8:42pm that Resident #1 was not wearing TED hose. -There was a note dated 04/08/22 at 8:40pm that Resident #1 was not wearing TED hose. Review of Resident #1's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for TED to left leg on in the morning and off at bedtime one time a day for edema and remove per schedule, scheduled to apply at 9:00am and remove at 8:59pm. -There was documentation of application and removal from 03/01/22 to 03/24/22 and from 03/26/22 to 03/31/22 at 9:00am and 8:59pm. -There was no documentation of refusals to wear the TED hose. -There was documentation of other/see nurses notes on 03/25/22 at 9:00am and 8:59pm. Review of Resident #1's April 2022 eMAR revealed: -There was an entry for TED to left leg on in the morning and off at bedtime one time a day for edema and remove per schedule, scheduled to apply at 9:00am and remove at 8:30pm. -There was documentation of application and removal from 04/01/22 to 04/30/22 at 9:00am and 8:30pm. -There was no documentation of refusals to wear the TED hose. -There was documentation of other/see nurses notes on 04/08/22 at 8:30pm. Review of Resident #1's May 2022 eMAR revealed: -There was an entry for TED to left leg on in the morning and off at bedtime one time a day for	D 276		

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D 276	Continued From page 2 edema and remove per schedule, scheduled to apply at 9:00am and remove at 8:30pm. -There was documentation of application and removal from 05/01/22 to 05/19/22 at 9:00am and 8:30pm. -There was documentation of application on 05/20/22 at 9:00am. -There was no documentation of refusals to wear the TED hose. Observation of Resident #1 in her resident room on 05/19/22 from 9:00am to 5:10pm revealed: -At 9:00am, Resident #1 was in the bed and she was not wearing a TED hose on her left leg. -At 12:40pm, Resident #1 was sitting in her recliner and she was not wearing a TED hose on her left leg. -At 5:10pm, Resident #1 was sitting in her recliner and she was not wearing a TED hose on her left leg. Observation of Resident #1 in her resident room on 05/20/22 from 8:20am to 11:50am revealed: -At 8:20am, the resident was in her bed without a TED hose on her left leg. -At 10:20am, Resident #1 was in her bed without a TED hose on her left leg. -At 11:50am, Resident #1 was sitting up in bed without a TED hose on her left leg. Interview with Resident #1 on 05/20/22 at 11:50am revealed: -Staff placed her stockings on her leg. -Her legs hurt and swelled up in the past. -She wore stockings in the past and she had not worn the stockings for "sometime". Interview with a personal care aide (PCA) on 05/20/22 at 10:37am revealed: -Resident #1 wore TED hose.	D 276		

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D 276	Continued From page 3 -If the night shift staff did not place the TED hose on Resident #1's legs then she placed them on Resident #1 when she went in to perform personal care. -She had not placed TED hose on Resident #1 on 05/19/22. -She did not notice that Resident #1 was not wearing TED hose on 05/19/22. -She had not placed TED hose on Resident #1 on 05/20/22. Interview with a medication aide (MA) on 05/20/22 at 11:59am and 1:20pm revealed: -When a resident had an order for TED hose it appeared on the eMAR. -She read the instructions on the eMAR and might ask the PCA to place the TED hose on a resident if she was busy. -She had not placed the TED hose on Resident #1 on 05/20/22 because she was extremely busy with the medication pass. -She felt pressured to complete the medication pass within the specified time limit. -She thought another MA had placed the TED hose on Resident #1 but that was not the case. -She administered the morning medications to Resident #1, but she did not place the TED hose on Resident #1's left leg. -The MAs were responsible for ensuring residents TED hose were placed onto their legs. Telephone interview with Resident #1's Primary Care Provider (PCP) on 05/20/22 at 2:25pm revealed: -He had ordered TED hose for Resident #1's left leg due to swelling in that leg. -He thought Resident #1's left leg edema had improved. -He thought the order had been discontinued after receiving a phone call from the facility on	D 276		

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D 276	Continued From page 4 05/20/22. -He expected staff to notify him if Resident #1 refused to wear the TED hose, if the TED hose were not available, and if there were any difficulties regarding Resident #1's TED hose. -He had not been notified of any issues or refusals regarding Resident #1's TED hose. Interview with another MA on 05/20/22 at 12:19pm revealed: -When a resident had an order for TED hose, she asked the PCA to place the TED hose onto the resident. -If she was not busy, then she placed the TED hose on the resident herself. -On 05/19/22, she told the PCA to place TED hose on Resident #1, but she did not go to check to ensure the TED hose was placed. -She documented on the eMAR that Resident #1's TED hose was applied on 05/19/22. -The MA was responsible for ensuring that residents' TED hose was placed as ordered. Interview with the Health Wellness Director (HWD) on 05/20/22 at 12:42pm revealed: -She expected the MAs to apply the TED hose onto residents when ordered by the physician. -She expected the MAs to document if a resident refused or if the TED hose were applied and removed. -She held the MAs and herself responsible for ensuring TED hose were applied and removed as ordered by the physician. Interview with the Administrator on 05/20/22 at 2:08pm revealed: -She expected the MAs to place TED hose on residents as ordered by the physician. -She did not know that Resident #1's TED hose was not placed on 05/19/22 and 05/20/22.	D 276		

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D 276	Continued From page 5 -She held the HWD responsible for ensuring the physician orders were implemented.	D 276		
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, interviews, and record review the facility failed to ensure therapeutic diets were served as ordered for 4 of 8 sampled residents (Residents #3, #5, #7 and #8) with an order for a finger food diet (#7, #8); a carbohydrate control diet (#5); and a texture modified diet (#3). The findings are: 1. Review of Resident #7's current FL-2 dated 03/16/22 revealed diagnoses included Alzheimer's disease, hypothermia, hyperlipidemia, and hypertension. Review of Resident #7's facility's diet order form dated 03/16/22 revealed: -Diet type was a finger food diet. -A finger food diet was defined as a diet that provided nutritionally balanced meals in a form that can be eaten by hand without any difficulty.	D 310	The Health and Welness Director and/or designee will re-train direct care staff members on diet orders and therapeutic diets. The Health and Welness Director and/or designee will audit resident records to verify policy compliance. To assist with ongoing compliance, the HWD/ AED or designee will monitor this process by auditing ten (10) resident record weekly for the first month, then bi-weekly for one additional month.	07/20/2022

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D 310	Continued From page 6 Review of the facility's lunch menu 05/19/22 revealed: -The starter was a lettuce salad with dressing. -The entrée was baked fish. -The accompaniments were barley risotto and Harvard style beets. -The dessert was a sheet cake. Review of the facility's diet modifiers for a finger food diet for 05/19/22 revealed: -The lettuce salad was to be omitted and substituted with asparagus and tomatoes. -The baked fish was to be served as a sandwich and cut into fourths. -The barley risotto was to be omitted without substitution if served a sandwich. -The sheet cake was to be cut into fourths. Observation of the lunch meal service on 05/19/22 at 12:35pm revealed: -Resident #7 was served a piece of baked fish that was 6 inches long and 4 inches wide; the fish was not cut. -Resident #7 was trying to use a knife to cut her fish; she ate 25% of her fish. -Resident #7 was served diced potatoes and sliced cherry tomatoes. -Resident #7 was served a multi-layered cake that had cream between each layer and the cake had not been cut; she ate 50% of her cake. Review of the facility's dinner menu for 05/19/22 revealed: -The starter was clam chowder soup. -The entrée was spaghetti with meat sauce. -The accompaniment was steamed Italian mix. -The dessert was strawberry mousse. Review of the facility's diet modifiers for a finger	D 310		

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D 310	Continued From page 7 food diet for 05/19/22 revealed: -The started would be chunks of meat and vegetables in ½ inch size or less and served in a mug. -The entrée of spaghetti would be omitted and substituted with a hamburger cut into fourths. -The accompaniment would be bell peppers, squash and mushrooms cut into two-inch pieces. -The strawberry mousse would be served in a cone. Observation of the dinner meal service on 05/19/22 at 4:50pm revealed: -Resident #7 was served a cup of new England chowder soup; she ate less than 25%. -Resident #7 was served 1 and ½ cups of penne pasta with meat sauce spread evenly on top; she ate less than 25%. -Resident #7 was served 1 cup of corn kernels; she moved the corn around her plate throughout the meal but did not consume any of the corn. -Resident #7 was served a piece of coconut cream pie; she did not eat her pie. Interview with the cook on 05/20/22 at 9:18am revealed: -Finger foods meant the residents picked up what they eat with their fingers. -He should have put the fish on a sandwich for finger foods. -He usually cut the cake up for finger food. -The cake plates must have been mixed up. -He depended on the staff to serve the correct plates. -He did not think about the layers of cream between the layers for finger foods. Interview with a personal care aide (PCA) on 05/20/22 at 9:39am revealed: -Residents who had a finger food diet, meant the	D 310		

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D 310	Continued From page 8 residents were served a regular diet, but they ate with their fingers. -Residents with a finger food diet were given silverware, but they preferred to eat with their fingers. Interview with the facility's Registered Nurse (RN) on 05/20/22 at 10:33am revealed: -Finger food would be food that was easily picked up, and firm enough to pick up. -She would not expect something messy to be served as finger food. -She thought kernels of corn would be too small to serve as finger food. Interview with the Administrator on 05/20/22 at 12:19pm revealed: -Residents who were ordered a finger food diet should be served food that was easy to pick up with their hands. -Food with sauces should serve the sauce on the side for dipping. -Food should be easy to grasp. Refer to the interview with a PCA on 05/20/22 at 9:39am. Refer to the interview with the Dietary Manager on 05/20/22 at 11:14am. Refer to the interview with the Administrator on 05/20/22 at 12:19pm. Based on observations, record reviews, and interviews, it was determined Resident #7 was not interviewable. Attempted telephone interview with Resident #7's primary care provider on 05/20/22 at 12:58pm was unsuccessful.	D 310		

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D 310	Continued From page 9 2. Review of Resident #8's current FL-2 dated 03/17/22 revealed diagnoses included Parkinson's disease, dementia, hypertension, hyperlipidemia, and gastroesophageal disease. Review of Resident #8's facility's diet order form dated 05/12/22 revealed: -Diet type was a finger food diet. -A finger food diet was defined as a diet that provided nutritionally balanced meals in a form that can be eaten by hand without any difficulty. Review of the facility's lunch menu 05/19/22 revealed: -The starter was a lettuce salad with dressing. -The entrée was baked fish. -The accompaniments were barley risotto and Harvard style beets. -The dessert was a sheet cake. Review of the facility's diet modifiers for a finger food diet for 05/19/22 revealed: -The lettuce salad was to be omitted and substituted with asparagus and tomatoes. -The baked fish was to be served as a sandwich and cut into fourths. -The barley risotto was to be omitted without substitution if served a sandwich. -The sheet cake was to be cut into fourths. Observation of the lunch meal service on 05/19/22 at 12:35pm revealed: -Resident #8 was served a salad with dressing; she was eating the salad with her fingers. -She ate several bites of the salad when the staff moved the salad to the side and served her a bowl of fresh-cut fruit. -She ate several pieces of the cut-up fruit. -Resident #8 was served a piece of baked fish	D 310		

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D 310	Continued From page 10 that was 6 inches long and 4 inches wide; the fish was not cut. -Resident #8 was picking up the fish with her fingers and the fish fell onto her lap multiple times; she ate 25% of her fish. -Resident #8 was served diced potatoes and sliced cherry tomatoes. -Resident #8 was served a multi-layered cake that had cream between each layer and had not been cut. -She ate 100% of the cake and wiped her hands on her pants between bites. Interview with the cook on 05/20/22 at 9:18am revealed: -Finger foods meant the residents picked up what they eat with their fingers. -He sent out fruit for the residents with a finger food diet order. -It was common sense the residents should not eat a salad with their fingers. -He should have put the fish on a sandwich for finger foods. -He usually cut the cake up for finger food. -The cake plates must have been mixed up. -He depended on the staff to serve the correct plates. -He did not think about the layers of cream between the layers for finger foods. Interview with a personal care aide (PCA) on 05/20/22 at 9:39am revealed: -Residents who had a finger food diet, meant the residents were served a regular diet, but they are with their fingers. -Residents with a finger food diet, were given silverware, but they preferred to eat with their fingers. Review of the facility's dinner menu for 05/19/22	D 310		

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D 310	Continued From page 11 revealed: -The starter was clam chowder soup. -The entrée was spaghetti with meat sauce. -The accompaniment was steamed Italian mix. -The dessert was strawberry mousse. Review of the facility's diet modifiers for a finger food diet for 05/19/22 revealed: -The starter would be chunks of meat and vegetables in ½ inch size or less and served in a mug. -The entrée of spaghetti would be omitted and substituted with a hamburger cut into fourths. -The accompaniment would be bell peppers, squash and mushrooms cut into two-inch pieces. -The strawberry mousse would be served in a cone. Observation of the dinner meal service on 05/19/22 at 4:50pm revealed: -Resident #8 was served a cup of new England chowder soup; she ate less than 25%. -Resident #8 was served 1 and ½ cups of penne pasta with meat sauce; she ate 100%. -Resident #8 was served 1 cup of corn kernels. -She dropped a lot of the corn kernels on her lap and floor, but she did eat a lot of the individual kernels. -Resident #8 was served a piece of coconut cream pie. -She picked the pie up with her fingers, the pie broke and fell into her lap and then onto the floor. Interview with the facility's Registered Nurse (RN) on 05/20/22 at 10:33am revealed: -Finger food would be food that was easily picked up, and firm enough to pick up. -She would not expect something messy to be served as finger food. -She thought kernels of corn would be too small	D 310		

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D 310	Continued From page 12 to serve as finger food. Telephone interview with Resident #8's primary care provider (PCP) on 05/20/222 at 12:49pm revealed: -Resident #8 was ordered a finger food diet because she had severe dementia and would do better with finger foods instead of trying to manage utensils. -He was concerned Resident #8 had not been served foods that were appropriate for finger food such as pasta with a meat sauce and corn. -Resident #8 would have difficulty picking up small items like corn kernels because of dexterity. -If Resident #8 was not served finger food that was easy to eat, she may not eat and that was concerning. -He expected the diet to be served as ordered. Interview with the Administrator on 05/20/22 at 12:19pm revealed: -Residents who were ordered a finger food diet should be served food that was easy to pick up with their hands. -Food with sauces should serve the sauce on the side for dipping. -Food should be easy to grasp. Refer to the interview with a PCA on 05/20/22 at 9:39am. Refer to the interview with the Dietary Manager on 05/20/22 at 11:14am. Refer to the interview with the Administrator on 05/20/22 at 12:19pm. Based on observations, record reviews, and interviews, it was determined Resident #8 was not interviewable.	D 310		

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D 310	Continued From page 13 3. Review of Resident #5's current FL-2 dated 03/17/22 revealed diagnoses included Alzheimer's disease vitamin D deficiency, diabetes mellitus, hypokalemia, and hyperlipidemia. Review of Resident #5's facility's diet order form dated 02/03/22 revealed: -Diet type was a carbohydrate-controlled diet. -A carbohydrate-controlled diet was defined as a diet that offered consistent amounts of carbohydrates at meals and snacks on a day-to-day basis. Foods that contained sugar and other concentrated sweets may be allowed when planned into the total carbohydrate allowance for the meal. Review of the facility's lunch menu 05/19/22 revealed: -The starter was a lettuce salad with dressing. -The entrée was baked fish. -The accompaniments were barley risotto and Harvard style beets. -The dessert was a sheet cake. Review of the facility's diet modifiers for a carbohydrate-controlled diet for 05/19/22 revealed: -The lettuce salad was an acceptable food for a carbohydrate-controlled diet. -The baked fish was an acceptable food for a carbohydrate-controlled diet. -The barley risotto was to be omitted without substitution if served a sandwich. -The Harvard style beets were to be omitted and substituted with steamed beets. -The sheet cake was to be omitted and served sugar-free pound cake.	D 310		

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D 310	Continued From page 14 Observation of the lunch meal service on 05/19/22 at 12:35pm revealed: -Resident #5 was served a piece of baked fish; she ate 25%. -Resident #5 was served 1 cup of barley risotto; she ate 50%. -Resident #5 was served 1 cup of beets; she ate 75%. -Resident #5 was served a roll; she ate 75%. -Resident #5 was served a multi-layered cake that had cream between each layer; she ate 100%. Observation of the food cart on 05/19/22 at 12:48pm revealed multiple pieces of layered cake; all the cake slices looked the same. Interview with a personal care aide (PCA) on 05/19/22 at 12:48pm revealed all the residents were served the same type of cake; except for the pureed diet. Observation of the cake box on 05/19/22 revealed the box contained no nutritional information; the box was not labeled sugar-free. Interview with a cook on 05/19/22 at 12:50pm revealed there were no residents who ate sugar-free dessert, all the residents were served the same cake. Interview with the cook on 05/20/22 at 9:18am revealed: -He prepared the beets with sugar and vinegar. -All the beets were prepared the same. -He did not see a carbohydrate-controlled diet should have been served steamed beets. -He did not know he should have substituted the barley risotto with brown rice. -He should have substituted the cake for a	D 310		

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D 310	Continued From page 15 sugar-free dessert but did not see this on the diet modifiers. Review of the facility's dinner menu for 05/19/22 revealed: -The starter was clam chowder soup. -The entrée was spaghetti with meat sauce. -The accompaniment was steamed Italian mix. -The dessert was strawberry mousse. Review of the facility's diet modifiers for a carbohydrate-controlled diet for 05/19/22 revealed: -The clam chowder was an acceptable food for a carbohydrate-controlled diet. -The entrée of spaghetti had to omit the starch selection and bread selection. -The Italian mix was an acceptable food for a carbohydrate diet. -The strawberry mousse would be served as a reduced sugar strawberry mousse. Review of the facility's diet modifiers for corn revealed corn would be omitted and substituted with buttered yellow squash. Observation of the dinner meal service on 05/19/22 at 4:50pm revealed: -Resident #5 was served a cup of new England chowder soup; she ate 100%. -Resident #5 was served a plate that contained, penne pasta, corn, and bread. -The plate was removed by staff who stated Resident #5 needed a carbohydrate-controlled diet plate. -When the plate was returned the amount of corn had been increased and the bread was removed. -Resident #5 was served 1 and ½ cups of penne pasta with meat sauce; she ate 75%. -Resident #5 was served 1 and 1/2 cup of corn	D 310		

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D 310	Continued From page 16 kernels; she ate 50%. -Resident #5 was served a container of sugar-free pudding; she ate 75%. Interview with a personal care aide (PCA) on 05/20/22 at 9:39am revealed Residents who had a low carb diet order, meant the residents were not served bread, and instead were given more vegetables. Interview with the facility's Registered Nurse (RN) on 05/20/22 at 10:33am revealed: -She expected a carbohydrate-controlled diet to be prepared and served as ordered. -If Resident #5 was not served a carbohydrate-controlled diet, she may consume more carbohydrates than she was supposed to and her finger stick blood sugar (FSBS) would increase. Interview with the Administrator on 05/20/22 at 12:19pm revealed if a diabetic resident was not served a carbohydrate-controlled diet as ordered their FSBS could be affected. Telephone interview with Resident #3's primary care provider (PCP) on 05/20/222 at 12:49pm revealed: -Resident #5 was ordered a carbohydrate-controlled diet because she was diabetic. -If Resident #5 was not served a carbohydrate-controlled diet he was concerned the resident could experience higher FSBS levels. -He expected the diet to be served as ordered. Refer to the interview with a PCA on 05/20/22 at 9:39am.	D 310		

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D 310	Continued From page 17 Refer to the interview with the Dietary Manager on 05/20/22 at 11:14am. Refer to the interview with the Administrator on 05/20/22 at 12:19pm. Based on observations, record reviews, and interviews, it was determined Resident #5 was not interviewable. 4. Review of Resident #3's current FL-2 dated 03/17/22 revealed diagnoses included Alzheimer's disease, osteoarthritis, gastroesophageal disease, and asthma. Review of Resident #3's facility's diet order form dated 03/16/22 revealed: -Diet type was a textured diet. -A textured diet was defined as a diet that provided nutritionally balanced meals in a form that can be eaten by hand without any difficulty. Review of the facility's lunch menu 05/19/22 revealed: -The starter was a lettuce salad with dressing. -The entrée was baked fish. -The accompaniments were barley risotto and Harvard style beets. -The dessert was a sheet cake. Review of the facility's diet modifiers for a textured food diet for 05/19/22 revealed: -The lettuce salad was to be omitted and served tomato juice. -The baked fish was to be chopped. -The barley risotto and beets were an acceptable food for a texture-modified diet. -The sheet cake was an acceptable food for a texture-modified diet.	D 310		

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D 310	Continued From page 18 Observation of the lunch meal service on 05/19/22 at 12:35pm revealed: -Resident #3 was served a salad with dressing; she ate 50%. -Resident #3 was served a piece of baked fish that was chopped; she ate 50%. -Resident #3 was served barley risotto and beets; she ate 50%. -Resident #3 was served a multi-layered cake that had cream between each layer and had not been cut; she ate 50%. Interview with the cook on 05/20/22 at 9:18am revealed: -He did not see the diet modifier for a salad was to serve tomato juice. -He did not know residents who were ordered a texture-modified diet should not have raw vegetables to chew. -He usually cut up the cake and depended on the staff to serve the correct items to the residents. Interview with a personal care aide (PCA) on 05/20/22 at 9:39am revealed residents who had a textured modified diet order, meant the resident's foods were to be cut up because the resident could swallow small stuff. Review of the facility's dinner menu for 05/19/22 revealed: -The starter was clam chowder soup. -The entrée was spaghetti with meat sauce. -The accompaniment was steamed Italian mix. -The dessert was strawberry mousse. Review of the facility's diet modifiers for a texture modified diet for 05/19/22 revealed: -The starter would be cream of spinach soup. -The entrée of spaghetti was an acceptable food to be served.	D 310		

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D 310	Continued From page 19 -The accompaniment of Italian mix was an acceptable food to be served. -The strawberry mousse was an acceptable food to be served. Observation of the dinner meal service on 05/19/22 at 4:50pm revealed: -Resident #3 was served a cup of new England chowder soup; she ate less than 75%. -Resident #3 was served 1 and ½ cups of penne pasta with meat sauce that had been chopped; she ate 50%. -Resident #3 was served 1 cup of corn kernels; she ate 25%. -Resident #3 was served a piece of coconut cream pie; she ate 25%. Interview with the Activities Director on 05/19/22 at 4:56pm revealed all residents were served the same soup; the purees were the only soups that were different, and theirs were just pureed. Interview with the Dietary Manager on 05/20/22 at 11:14am revealed he thought a resident on a texture-modified diet could have a salad if it was chopped up. Interview with the facility's Registered Nurse (RN) on 05/20/22 at 10:33am revealed: -Residents who were ordered a texture-modified diet should be served food that was easier to chew. -A texture-modified diet would not be served raw vegetables. -If a resident was not served the appropriate texture and bite-sized food, the resident would be at risk of choking as well as not getting the nutrition they needed. Interview with the Administrator on 05/20/22 at	D 310		

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D 310	Continued From page 20 12:19pm revealed residents who were ordered texture modified diet should not have been served lettuce and could have been served soup as a substitute. Telephone interview with Resident #3's primary care provider (PCP) on 05/20/222 at 12:49pm revealed: -Resident #3 was ordered a texture-modified diet because she had dementia and this diet was easier to her to swallow. -Resident #3 had difficulty chewing tough foods, she would chew on the food but then spit it out. -If Resident #3 was served a regular diet he was concerned she would get the food she would not be able to chew. -He expected the diet to be served as ordered. Refer to the interview with a PCA on 05/20/22 at 9:39am. Refer to the interview with the Dietary Manager on 05/20/22 at 11:14am. Refer to the interview with the Administrator on 05/20/22 at 12:19pm. Based on observations, record reviews, and interviews, it was determined Resident #5 was not interviewable. Interview with a PCA on 05/20/22 at 9:39am revealed: -Residents with special diet orders were served first. -She knew which residents were on special diets. -The plates came from the kitchen. -She gave the residents the plates she was told to give them.	D 310		

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D 310	Continued From page 21 Interview with the Dietary Manager on 05/20/22 at 11:14am revealed he expected the cooks to look at the diet modifiers for each item served and follow the directions listed. Interview with the Administrator on 05/20/22 at 12:19pm revealed: -She expected the resident's diet orders to be served as ordered. -If a resident was not served the appropriate diet, the resident may not get the calories and nutrients that were needed.	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 observation, interview, and record reviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#3) for a lidocaine patch used to treat localized pain. The findings are: Review of Resident #3's current FL-2 dated 03/17/22 revealed: -Diagnoses included Alzheimer's disease, osteoarthritis, gastroesophageal disease, and	D 358	The Health and Wellness Director and/or designee will re-train medication technicians on medication administration. The Health and Wellness Director and/or designee will audit the medication, administration record and supplies to verify the medication is being dispensed as ordered . To assist with ongoing compliance, the HWD/AED or deignee will monitor this process by auditing the medication administration record and supplies of ten (10) residents weekly for the first month and then bi-weekly for one additional month.	7/20/2022

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D 358	Continued From page 22 asthma. -There was an order for a Lidocaine patch 4% apply to the lower back every morning and remove 12 hours later. (used to treat localized pain). Review of Resident #3's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for a lidocaine patch 4% apply to the lower back in the morning for pain and remove per schedule with a scheduled administration time of applying at 9:00am and removing at 8:59pm. -There was documentation the lidocaine patch was administered at 9:00am and removed at 8:49pm from 03/01/22-03/31/22. -There were no exceptions documented. Review of Resident #3's April 2022 eMAR revealed: -There was an entry for a lidocaine patch 4% apply to the lower back in the morning for pain and remove per schedule with a scheduled administration time of applying at 9:00am and remove at 8:59pm. -There was documentation the lidocaine patch was administered at 9:00am and removed at 8:49pm from 04/01/22-04/30/22. -There were no exceptions documented. Review of Resident #3's May 2022 eMAR revealed: -There was an entry for a lidocaine patch 4% apply to the lower back in the morning for pain and remove per schedule with a scheduled administration time of applying at 9:00am and remove at 8:59pm. -There was documentation the lidocaine patch was administered at 9:00am and removed at	D 358		

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D 358	Continued From page 23 8:59pm from 05/01/22-05/18/22. -There was documentation the lidocaine patch was applied on 05/19/22 but an exception was documented at 8:59pm the lidocaine patch was not in place to be removed. -There were no other exceptions documented. Observation of Resident #3's medications on hand on 05/19/22 at 3:54pm revealed: -There was a plastic bag with a pharmacy labeled for Resident #3's lidocaine patches dispensed on 04/12/22; thirty patches were dispensed. -There were 10 patches available to be administered. Observation of Resident #3's lower back on 05/19/22 at 4:10pm revealed there was no pain patch applied to the resident's back. Telephone interview with a pharmacist at the facility's contracted pharmacy on 05/19/22 at 4:11pm revealed: -Resident #3 was dispensed 30 lidocaine patches on 04/12/22. -Resident #3's lidocaine patches would need to be requested for a refill because the patches were considered a bulk item. -The lidocaine patches were ordered for pain as Resident #3 had osteoarthritis. -The pain patch would be applied directly to the area (lower back) for pain relief and if the resident's lidocaine patch was not applied as ordered, she would have unresolved pain. Telephone interview with a pharmacist at the facility's contracted pharmacy on 05/20/22 at 1:16pm revealed Resident #3 was dispensed 30 lidocaine patches on 01/04/22, 02/09/22, 03/09/22, 04/12/22, and 05/19/22, each dispensing was for a 30-day supply.	D 358		

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D 358	Continued From page 24 Based on eMAR documentation, medications dispensed, and medications on hand, there would have been no lidocaine patches remaining from the 04/12/22 dispensing. Interview with a medication aide (MA) on 05/20/22 at 10:15am revealed: -She worked as the MA yesterday, 05/19/22. -She applied a pain patch to Resident #3's back on 05/19/22. -She did not know why the patch was not on the resident's back when observed. -The resident may have pulled the patch off her back; she could pull the patch off. -Resident #3 could have had an accident and the patch was soiled and had fallen off or was removed because it was soiled too. It was hard to tell if Resident #3 had pain, but she knew the resident would wince and they "just knew by her expressions." -Resident #3 had not appeared to be in any pain. Interview with the facility's Registered Nurse (RN) on 05/20/22 at 10:33am revealed Resident #1's lidocaine pain patch was ordered for a reason and she was concerned the resident's pain patch was not being applied as ordered. Telephone interview with Resident #3's family member on 05/20/22 at 3:11pm revealed: -Resident #3 "used to complain of back pain a lot." -The lidocaine patch was ordered for Resident #3 because she had been refusing oral medications. -He had noted Resident #3 had become more sedentary as her dementia progressed. Interview with the Administrator on 05/20/22 at 12:19pm revealed:	D 358		

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D 358	Continued From page 25 -If Resident #3 was resistant to the lidocaine pain patch, or if she was removing the patch, she expected staff to talk to the facility's RN, and the nurse to inform her. -No one told her Resident #3 was not wearing her lidocaine pain patch. -The MAs were supposed to administer medications as ordered and follow the proper procedure if there was an exception. -Exceptions should be documented in the progress notes for Resident #3. -Resident #1 was at risk of being in pain if the pain patches were not applied as ordered. Telephone interview with Resident #3's primary care provider (PCP) on 05/20/222 at 12:49pm revealed: -Resident #3 had a history of chronic pain and the resident would have pain if the patches were not administered as ordered. -He was not notified Resident #3 was removing the pain patch. -He expected the order to apply the pain patch daily to be followed. Based on observations, record reviews, and interviews, it was determined Resident #3 was not interviewable.	D 358		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related	D 612	The Health and Wellness Director and/ or designee will re-train direct care staff on COVID guidelines for residents. Staff will take residents temperatures daily. The Health and Wellnes Director and/or designee will audit resident records to verify policy compliance. To assist with ongoing compliance, the HWD/AED or designee will monitor this process by auditing ten (10) resident	7/20/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: _____ B. WING _____	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

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D 612	Continued From page 26 policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to Special Care Unit (SCU) residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents. The findings are: Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever. Review of the North Carolina Department of Health and Human Services COVID-19 Post Acute Care Setting Infection Control Assessment and Response (ICAR) tool dated 10/2021 revealed staff and residents should be actively screened daily for fever, signs and symptoms of COVID-19.	D 612	records weekly for the first month, then bi-weekly for one additional month.	

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D 612	Continued From page 27 Review of the facility's COVID-19 policy last updated 03/21/22 revealed: -There was guidance to screen residents utilizing a screening log when residents returned from an outing, based on change of condition with symptoms and as DDCS/AH directed. -The guidance appeared on pages 4, 11, 20, and 30 of the policy. Review of five residents' March 2022, April 2022, and May 2022 electronic medication administration records (eMARs) revealed there was no documentation of daily temperatures. Review of the residents' temperature logs revealed there were no temperature logs dated for 2022. Observation of thermometers in the facility on 05/19/22 at 8:25am revealed there was a thermal scan thermometer attached to the wall near the front desk and there was hand-held thermal scan thermometer available for use. Interview with a resident on 05/19/22 at 8:45am revealed the staff did not check her temperature daily. Interview with another resident on 05/19/22 at 8:50am revealed: -She had her vital signs checked monthly. -Her temperature was not checked daily. Interview with a private duty sitter on 05/19/22 at 9:08am revealed: -She had been working with a resident at the facility for over a month and no one had taken the resident's temperature while she was in the facility. -She usually worked from 8:00am-8:00pm.	D 612		

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D 612	Continued From page 28 Interview with a third resident on 05/19/22 at 9:18am revealed: -The staff had not taken her temperature recently. -At some point staff were checking her temperature, but not regularly, and not every day. Interview with a personal care aide (PCA) on 05/20/22 at 10:37am revealed: -The medication aide (MA) would check vital signs if they were required. -The PCAs checked residents' weights and temperatures when needed -She did not check resident temperatures daily. -No one had asked her to check resident temperatures daily. Interview with a MA on 05/20/22 at 11:59am revealed: -She had transferred from another facility three weeks ago. -She was not checking residents' temperature daily. -The residents' temperature was not on the eMAR to check daily. -She thought the temperatures were checked on a regular basis. -She thought second shift checked temperatures for the residents and documented the temperatures on a log. Interview with another MA on 05/20/22 at 12:19pm revealed: -Resident's vital signs were obtained monthly. -When the facility had residents who tested positive for COVID-19, staff checked the residents' temperatures daily. -The resident's temperatures were not checked daily. -Staff stopped daily temperature checks when	D 612		

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D 612	Continued From page 29 there were no other positive COVID-19 cases. -She could not remember the date that staff stopped obtaining daily temperatures for the residents. -If the residents had symptoms, staff would check residents' temperatures. Interview with the Health and Wellness Director (HWD) on 05/20/22 at 12:42pm revealed: -Residents vital signs were checked monthly. -Resident temperatures were not being taken daily. -If a resident had any signs or symptoms of COVID-19, a rapid test was performed for that resident. -If residents did not feel well, a temperature was obtained for that resident. -She was not aware that residents' temperatures needed to be taken daily. -She was responsible for ensuring the CDC guidelines were followed related to resident screening for COVID-19. Interview with the Administrator on 05/20/22 at 2:02pm revealed: -The facility had a COVID-19 policy. -Daily temperatures were not being checked on the residents. -She did not know residents' temperatures needed to be checked daily. -She was told by a MA that temperatures were checked during a recent outbreak in the facility. -She thought resident temperatures were checked up until two weeks ago. -She and the HWD were responsible for ensuring the CDC guidelines were followed related to resident screening.	D 612		