

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL014010</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/31/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE LENOIR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1145 POWELL ROAD NE<br/>LENOIR, NC 28645</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 000                                                       | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on 08/30/22 - 08/31/22.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D 000                                                                                    |                                                                                                                          |                                                        |
| D 276                                                       | 10A NCAC 13F .0902(c)(3-4) Health Care<br><br>10A NCAC 13F .0902 Health Care<br>(c) The facility shall assure documentation of the following in the resident's record:<br>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure physician's orders were implemented for 1 of 5 sampled residents (#1) related to an order for a urinalysis.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 03/02/22 revealed diagnoses included Parkinson's disease (central nervous system disorder that affects movement) and encephalopathy (disease of the brain that affects function or structure).<br><br>Review of physician's orders for Resident #1 revealed an order for a urinalysis (a microscopic test of the urine) with culture and sensitivity dated 07/20/22.<br><br>Review of Resident #1's laboratory results from 07/01/22 - 08/30/22 revealed no results of a urinalysis. | D 276                                                                                    |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| D 276                                                       | <p>Continued From page 1</p> <p>Interview with the Health and Wellness Director (HWD) on 08/30/22 at 11:53am revealed:</p> <ul style="list-style-type: none"> <li>-She had been out of the facility when the order for the urinalysis was received.</li> <li>-The Resident Care Coordinator (RCC) should have sent the order to the local home health agency.</li> <li>-The RCC should have followed up on the urinalysis order to ensure it had been completed.</li> </ul> <p>Interview with the RCC on 08/30/22 at 11:56am revealed:</p> <ul style="list-style-type: none"> <li>-The staff had been unable to collect a urine sample and the local home health agency should have been contacted to collect the urine sample.</li> <li>-The HWD was responsible for following up on all orders to ensure they were completed but she had been out of the facility on leave.</li> <li>-The RCC was responsible for following up on the orders to ensure completion when the HWD was not in the facility.</li> <li>-The RCC had missed the order for the urinalysis.</li> </ul> <p>Telephone interview with the facility's contracted Physician's Assistant (PA) on 08/30/22 at 12:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She had ordered the urinalysis for Resident #1 due to an increase in confusion.</li> <li>-Resident #1's Parkinson's Disease sometimes caused an increase in confusion and it was difficult to determine if it was a urinary tract infection or the Parkinson's disease that was causing the confusion.</li> <li>-Resident #1 was not having any other symptoms of a urinary tract infection.</li> </ul> <p>Interview with the Administrator on 08/30/22 at 3:15pm revealed:</p> <ul style="list-style-type: none"> <li>-The HWD and RCC were responsible for ensuring all orders were complete.</li> </ul> | D 276                                                                                    |                                                                                                                          |                                                        |

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| D 276                                                       | Continued From page 2<br><br>-The order for the urinalysis had been<br>"overlooked".<br><br>Based on interviews and record review it was<br>determined that Resident #1 was not<br>interviewable. | D 276                                                                                    |                                                                                                                          |                                                        |