Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey and follow-up survey on January 25, 2023 through January 26, 2023.	D 000	The following is the Plan of Correction for Brookdale New Hope regarding the Statement of Deficiencies dated 2/14/23. 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.	
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 Medication Aides (MA) sampled, completed MA training hours, (Staff A). The findings are: Review of the personnel file for Staff A revealed: -She was hired on 02/18/20. -She was hired as a MA. -There was no documentation of successful MA training.	D 125	10A NCAC 13F .0403(a) Qualifications of Medication Staff Health and Wellness Director (HWD) provided Medication Aide (MA) training to Staff A and the personnel file was updated. The Business Office Coordinator will audit all personnel files for accuracy and completion and will update as indicated.	2/1/2023 2/7/2023

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christy White — TITLE: Executive Director — (X6) DATE: 2/28/2023

Reviewed and Acknowledged 03/09/2023
Susan S Melton RN

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D 125	Continued From page 1 -There was documentation of an exam on 10/27/15. Interview with Staff A on 01/26/23 at 2:12pm revealed: -She was hired at the facility on 02/18/20 as a MA. -She completed training at the facility several days after she was employed. -She did not have a copy of the training. Interview with the Health and Wellness Director (HWD) on 01/26/23 at 2:25pm revealed: -She was not employed with the facility when Staff A was hired. -She did training for MA's when new staff were hired. Interview with the Business Office Manager (BOM) on 01/26/23 at 3:50pm revealed: -She was responsible for all staff records. -She was the BOM at the facility when Staff A was hired. -A nurse at the facility completed the training for MA's during COVID and Staff A was part of that training. -She could not find the training record in Staff A's employment file. -She audited personnel files but not on a routine basis. Interview with the Administrator on 01/26/23 at 4:15 revealed: -She did not find the completed training in Staff A's employment file. -The facility audited personnel files using a corporate tool in preparation for state survey. -She expected all personnel files to be completed.	D 125	The Business Office Coordinator is responsible. To assist with compliance, the Executive Director will audit at least three personnel files on a monthly basis.	ongoing ongoing

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D 309	Continued From page 2	D 309		
D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure there was an accurate therapeutic diet list posted in the kitchen for 2 of 3 sampled residents with therapeutic diets related to a consistent carbohydrate diet (#1) and a regular diet (#6). The findings are: Observation of the kitchen on 01/25/23 at 3:52pm revealed: -There was a therapeutic diet list posted on the kitchen wall and over the steam table. -Both of the therapeutic diet lists were dated 01/01/23. 1. Review of Resident #1's current FL2 dated 08/20/22 revealed diagnoses included diabetes mellitus. Review of Resident #1's signed Physician's Diet Order sheet dated 08/09/22 revealed an order for a carbohydrate controlled diet. Review of the therapeutic diet lists posted in the	D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service Dining Services Coordinator (DSC) updated therapeutic diet list posted in the kitchen to reflect diet order shown on FL2 for Resident #1. The texture modified diet has been removed from resident #1 on the therapeutic diet list posted in kitchen to reflect reg diet with cut-up meats. Dining Services Coordinator will review all diets to ensure that diets posted in kitchen match current orders.	2/10/2023 2/10/2023

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D 309	Continued From page 3 kitchen on 01/25/23 revealed Resident #1 was on a carbohydrate controlled, texture modified diet. Interview with Resident #1 on 01/26/23 at 10:30am revealed he did not have any difficulty with chewing or swallowing and liked most of the meals that the facility provided. Refer to interview with the cook on 01/26/23 at 2:05pm. Refer to interview with the Resident Care Coordinator (RCC) on 01/26/23 at 1:05pm. Refer to interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:55pm. Refer to interview with the Dietary Manager (DM) on 01/26/23 at 2:15pm. Refer to interview with the Executive Director (ED) on 01/26/23 at 4:50pm. 2. Review of Resident #6's current FL2 dated 11/07/22 revealed: -Diagnoses included hypertension and hyperlipidema. -An order for a low fat, low cholesterol diet. Review of Resident #6's signed Physician's Diet Order sheet dated 11/09/22 revealed an order for a regular diet. Review of the therapeutic diet lists posted in the kitchen on 01/25/23 revealed Resident #6 was on a low fat, low cholesterol diet. Interview with Resident #6 on 01/26/23 at 12:00pm revealed: -He did not know what diet his Primary Care	D 309	continued from page 3 Dining Services will participate in monthly Collaborative Care Review Meetings to ensure any diet changes are documented in the kitchen as well as resident charts. Diet orders were received and Dining Services Coordinator made appropriate changes to posted list in kitchen for reference.	ongoing

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D 309	Continued From page 4 Provider (PCP) had ordered for him. -The facility served him the food that he asked for. Telephone interview with Resident #6's PCP on 01/26/23 at 3:33pm revealed: -She rarely ordered residents a low fat, low cholesterol diet and did not realize that was on Resident #6's FL2. -She wanted him on a regular diet. Refer to interview with the cook on 01/26/23 at 2:05pm. Refer to interview with the Resident Care Coordinator (RCC) on 01/26/23 at 1:05pm. Refer to interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:55pm. Refer to interview with the Dietary Manager (DM) on 01/26/23 at 2:15pm. Refer to interview with the Executive Director (ED) on 01/26/23 at 4:50pm. Interview with the cook on 01/26/23 at 2:05pm revealed the Dietary Manager (DM) made the therapeutic diet list and she referenced it to know who should be served a therapeutic diet. Interview with the Resident Care Coordinator (RCC) on 01/26/23 at 1:05pm revealed: -The Primary Care Provider (PCP) always put the residents' diet order on the Physician's Diet Sheet. -She was responsible for giving the kitchen a copy of the signed Physician's Diet Sheet. -She did not audit the therapeutic diet list that the DM made.	D 309		

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D 309	Continued From page 5 Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:55pm revealed: -The RCC was responsible for ensuring the PCP signed a diet order yearly. -The RCC provided the kitchen copies of the Physician's Diet Sheet when there was a new diet order. -She did not audit the therapeutic diet list that the DM made. Interview with the Dining Services Manager on 01/26/23 at 2:15pm revealed: -She was responsible for making the therapeutic diet list and made the current therapeutic diet list dated 01/01/23. -Someone from the clinical team (RCC or HWD) left copies of diet orders on her desk when a new resident moved in or when a resident's diet order changed. -Whenever she received a new diet order, she updated the therapeutic list and put the order in a binder. -She was not aware Resident #1's and Resident #6's diets were incorrect on the therapeutic diet lists posted in the kitchen. -After looking through the binder of diet orders she realized Resident #1 was ordered a carbohydrate controlled diet and Resident #6 was ordered a regular diet. Interview with the Executive Director (ED) on 01/26/23 at 4:50pm revealed: -The DM was responsible for making the therapeutic diet list for the kitchen based on the diet orders that the clinical team gave her. -She expected the DM to have an accurate therapeutic diet list for the kitchen to follow and for the clinical team to audit the list everytime a new diet order was provided.	D 309		

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D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2 and #3) had a physician's order to self-administer a medication to treat gastric discomfort, a decongestant ointment, a nasal spray to treat nasal dryness, a medication to decrease nicotine dependence (Resident #1), a medication to lower blood sugar levels (Resident #2), oxygen and a medication to decrease inflammation in the lungs (Resident #3). The findings are: Review of the facility's policy for self-administration of medication revealed: -The policy was dated March 2006. -Residents who desired to self-administer medications were required to pass a self-administration evaluation performed by the	D 375		

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D 375	Continued From page 7 nurse. -If a resident passed the self-medication evaluation, a physician order for the resident to self-administer medications was to be obtained. -The nurse was responsible to complete the self-medication evaluation initially, quarterly and with any change in resident condition. -The nurse was to use a current medication list when evaluating the resident's ability to self-administer medications. 1. Review of Resident #1's current FL2 dated 08/20/22 revealed diagnoses included ataxia following cerebrovascular disease, diabetes mellitus, hypertension and pressure ulcer of the buttocks. Review of Resident #1's record revealed there was no self-administration assessment completed. a. Observation of the top of Resident #1's tray table on 01/26/23 at 10:05am revealed Vicks Vapor Rub (an ointment used for a decongestant). Review of Resident #1's signed physician orders dated 08/20/22 revealed: -There was an order for Vicks Vapor Rub to apply to the chest topically every six hours as needed. -There was no self-administration order. Interview with Resident #1 on 01/26/23 at 10:05am revealed: -The resident used Vicks Vapor Rub under his nose when he felt congested. -The resident did not remember anyone asking him any questions on how he should use Vicks Vapor Rub.	D 375		

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D 375	Continued From page 8 Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:31pm revealed: -She was not aware Resident #1 did not have a self-administration order for Vicks Vapor Rub. -She was not aware Resident #1 did not have a self-administration assessment completed. b. Observation of the top of Resident #1's tray table on 01/26/23 at 10:05am revealed saline mist spray (used to treat nasal dryness). Review of Resident #1's signed physician orders dated 08/20/22 revealed: -There was an order for saline mist spray (used to treat nasal dryness), two sprays in each nostril four times a day. -The was an order for unsupervised self-administration. Interview with Resident #1 on 01/26/23 at 10:05am revealed: -The resident used saline mist spray when his nose felt dry and congested. -The resident did not remember anyone asking him any questions on how he should use the saline mist spray. Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:31pm revealed: -She was not aware Resident #1 did not have a self-administration assessment completed. c. Observation of the top of Resident #1's tray table on 01/26/23 at 10:05am revealed nicotine mini lozenges (used to decrease nicotine dependence). Review of Resident #1's signed physician orders dated 08/20/22 revealed: -There was an order for nicotine mini lozenge	D 375	10A NCAC 13F. 1005(a) Self-Administration of Medications Executive Director (ED) and Health and Wellness Director (HWD) will complete immediate chart audits of all residents that self-administer to ensure that both physician order and nurse assessment is current. Health and Wellness Director will review all self-administration orders and assessments quarterly to ensure order from physician and specific instructions for administration are printed on the medication label. Health and Wellness Director is responsible. Health and Wellness Director was educated that any resident that has an order for a bedside medication has to have a self-administration assessment completed.	1/31/2023 ongoing 1/27/2023

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D 375	Continued From page 9 (used to treat nicotine dependence) one lozenge every two hours as needed. -The was an order for unsupervised self-administration. Interview with Resident #1 on 01/26/23 at 10:05am revealed: -The resident used nicotine mini lozenge whenever he felt like he needed to smoke. -The resident did not remember anyone asking him any questions on how he should use the nicotine mini lozenge and how many he should be taking each day. Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:31pm revealed: -She was not aware Resident #1 did not have a self-administration assessment completed. d. Observation of an open dresser drawer near Resident #1 revealed a bottle of Pepto-Bismol (used to treat gastric discomfort). Review of Resident #1's signed physician orders dated 08/20/22 revealed: -There was an order for Pepto-Bismol Suspension (used to treat gastric discomfort) 30 milliliters every one hour as needed. -The was an order for unsupervised self-administration. Interview with Resident #1 on 01/26/23 at 10:05am revealed: -The resident used Pepto-Bismol only when he felt constipated. -The resident did not remember anyone asking him any questions on how he should use the Pepto-Bismol or how much he should be taking each day.	D 375		

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D 375	Continued From page 10 Interview with the Medication Aide (MA) on 01/26/23 at 10:15am revealed: -She was aware of medications in Resident #1's room. -She did not know Resident #1 did not have a self-administration order for Vicks Vapor Rub. -She did not know Resident #1 did not have an assessment completed for the medications at his bedside. Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:30pm revealed she was not aware Resident #1 did not have a self-administration assessment completed. Refer to the interview with the HWD on 01/26/23 at 1:30pm. Refer to the interview with the Executive Director (ED) on 01/26/23 at 4:55pm. 2. Review of Resident #2's current FL2 dated 04/04/22 revealed: -Diagnoses included hypertension and diabetes mellitus, type 2. -Orders included glipizide (a medication to lower blood sugar levels) 10mg two tablets daily. Review of Resident #2's signed physician orders dated 11/14/22 revealed: -There was an order for glipizide 10mg, two tablets once daily. -The resident was to self-administer the medication. Review of Resident #2's Self-Administration of Medication Review dated 11/11/22 revealed: -A list of the resident's current medications was to be used when evaluating the resident's ability to self-administer medications. -Resident #2's medication profile was verified with	D 375	Type text here	

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D 375	Continued From page 11 the facility's electronic Medication Administration Record (eMAR). Review of Resident #2's November 2022, December 2022, and January 2023 eMARs revealed: -There was an entry for glipizide 10mg, two tablets once daily. -The glipizide entry indicated the resident was to self-administer the medication unsupervised. -The entry was documented "U-SA" daily indicating the medication was self-administered unsupervised. Review of medications on hand for Resident #2 on 01/26/23 revealed: -She had a medication bottle of glipizide 10mg tablets in her room. -The label for the glipizide revealed Resident #2 was to take glipizide 10mg, two tablets twice daily with breakfast and with supper. Interview with Resident #2 on 01/26/23 at 2:22pm revealed: -Her family picked up her medication from the pharmacy and brought them to her. -She did not recall any time staff from the facility reviewed her medications or the medication labels. -She took her medications according to the medication label printed on the bottle. Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:30pm revealed: -She was responsible for completing the self-administration assessment for residents who wished to self-administer medications. -She verified the labels with the eMAR and if there were any discrepancies, she got clarification from the resident's primary care	D 375		

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D 375	Continued From page 12 provider (PCP). -It was possible she did not look at every label when performing Resident #2's assessment. -She was unsure why Resident #2 said she did not review her medications. Telephone interview with Resident #2's Primary Care Provider (PCP) on 01/26/23 at 3:36pm revealed: -Facility staff were responsible for performing the self-administration assessment. -She expected the facility staff to review the medication labels and inquire how the resident was self-administering the medication. -She expected staff to notify her of any medication order or medication label discrepancies. Refer to the interview with the Health and Wellness Director on 01/26/23 at 1:30pm. Refer to the interview with the Executive Director on 01/26/23 at 4:55pm. 3. Review of Resident #3's Resident Register revealed he was admitted to the facility on 10/26/22. Review of Resident #3's current FL2 dated 10/26/22 revealed: -Diagnoses included chronic obstructive pulmonary disease and obstructive sleep apnea. -There were no orders for oxygen or budesonide (a medication used to decrease inflammation in the lungs) nebulizer treatments. Review of Resident #3's signed physician orders dated 11/07/22 revealed: -There were no orders for oxygen or budesonide nebulizer treatments.	D 375	10A NCAC 13F. 1005(a) Self-Administration of Medications Type text here Health and Wellness Director (HWD) was educated on the importance and expectation of self-administered assessments for resident #2. HWD and staff were educated on the importance of always reviewing medication labels and notifying PCP of any discrepancies. HWD is responsible for the re-assessment of resident #2 to self-administer on a quarterly basis.	1/27/2023 1/27/2023 1/31/2023 ongoing

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 13 -The resident was to self-administer his medications unsupervised. Review of Resident #3's Self-Administration of Medication Review dated 11/01/22 revealed: -A list of the resident's current medications was to be used when evaluating the resident's ability to self-administer medications. -Resident #2's medication profile was verified with the facility's electronic Medication Administration Record (eMAR). a. Review of Resident #3's November 2022, December 2022, and January 2023 eMARs revealed there was no entry for oxygen. Review of a list of residents prescribed oxygen provided by the facility on 01/25/23 did not include Resident #3. Observation of Resident #3 room on 01/25/23 at 9:32am revealed an oxygen concentrator next to the bed. Interview with Resident #3 on 01/25/23 at 9:32am revealed he used oxygen while sleeping. Interview with the Executive Director (ED) on 1/25/23 at 10:35am revealed: -Resident #3 moved into the facility in October 2022. -She was not aware Resident #3 used oxygen. -The facility did not have an order for Resident #3's oxygen. Interview with Resident #3 on 01/25/23 at 4:20pm and on 01/26/23 at 1:24pm revealed: -He had been using oxygen for approximately 20 years at bedtime because his oxygen level dropped when he slept.	D 375		

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D 375	Continued From page 14 -A former sales staff signed him into the facility when he arrived. -He provided her with a list of his medications and informed her of the oxygen. -He got his oxygen supplies from his oxygen provider when he needed them. -No staff member had reviewed his medications or medication labels with him since he arrived. Interview with a personal care aide (PCA) on 01/26/23 at 4:15pm revealed: -She had never been in Resident #3's room. -Resident #3 was very independent and did not require any assistance. -Resident #3 left his laundry and trash in the hallway to be picked up by staff. Refer to the interview with the Health and Wellness Director on 01/26/23 at 1:30pm. Refer to the interview with the Executive Director on 01/26/23 at 4:55pm. b. Review of Resident #3's November 2022, December 2022, and January 2023 eMARs revealed there was no entry for budesonide nebulizer treatments. Interview with Resident #3 on 01/25/23 at 9:32am revealed he took nebulizer treatments once a day because of his lung disease. Observation of Resident #3 medications and nebulizer equipment on 01/25/23 at 4:20pm revealed: -There was a box containing budesonide inhalation suspension and a reusable nebulizer in the resident's cupboard. -Resident #3 kept the compressor in his closet.	D 375	HWD has received order from MD for oxygen for resident #3 HWD reviewed medications and medication labels with resident #3 to ensure that all records are accurate Health and Wellness Director and Executive Director will work together to audit resident medication lists along with medication labels on all residents to check for accuracy. HWD received order for budesonide nebulizer to be self-administered 2x/day for resident #3. Health and Wellness Director iwill re-assess resident #3 who self-administers to ensure capability by conducting the self-administer assessment quarterly.	1/31/2023 1/31/2023 ongoing 2/27/2023 ongoing

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D 375	Continued From page 15 Interview with Resident #3 on 01/25/23 at 4:20pm and on 01/26/23 at 1:24pm revealed: -He was taking nebulizer treatments before he arrived at the facility in October 2023. -A former sales staff signed him into the facility when he arrived. -He provided her with a list of his medications. -He would get nebulizer supplies from his oxygen provider when he needed them. -No staff member had reviewed his medications or medication labels with him since he arrived. Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:30pm revealed: -She was responsible for completing the self-administration assessment for residents who wished to self-administer medications. -The residents brought the medications to her office to complete the assessment. -She rarely went into a resident's room unless they were ill. -She was not aware of Resident #3's budesonide treatments because he did not show her the medication. -She was not aware Resident #3 had budesonide medication and nebulizer equipment in his room. -She was not aware, prior to 1/25/23, that Resident #2 had oxygen in his room because she had not been in his room. -She was unsure why Resident #3 said she did not review his medications. Refer to the interview with the Health and Wellness Director on 01/26/23 at 1:30pm. Refer to the interview with the Executive Director on 01/26/23 at 4:55pm. _____ Interview with the Health and Wellness Director (HWD) on 01/26/23 at 1:30pm revealed:	D 375		

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D 375	Continued From page 16 -She was responsible for completing the self-administration assessment for residents who wished to self-administer medications. -A self-administration assessment should be done on admission, quarterly or if the resident had a significant change. -She asked the residents what medications they self-administered, the dosage, the frequency, and how the medications were stored. -She verified the labels with the eMAR and if there were any discrepancies, she got clarification from the resident's primary care provider (PCP). Interview with the Executive Director on 01/26/23 at 4:55pm revealed: -The HWD was responsible for completing the self-administration assessment upon admission, quarterly, and any significant change. -She expected any discrepancies between the resident's medication orders and how the resident self-administered medications to be identified during the assessment. -The HWD was responsible for clarification of orders with the resident's PCP when necessary.	D 375		