

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>HAL034035</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/16/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE REYNOLDA ROAD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2980 REYNOLDA ROAD</b><br><b>WINSTON SALEM, NC 27106</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 a follow-up survey from 07/15/26 to 07/16/26.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D 000                                                                                                | See attached                                                                                                             |                                                                    |
| D 273                                                              | 10A NCAC 13F .0902(b) Health Care<br><br>10A NCAC 13F .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure health care referral and follow-up for 1 of 5 sampled residents (#5) related to notifying the provider of a resident's weight gain.<br><br>The findings are:<br><br>Review of Resident #5's current FL2 dated 05/20/26 revealed:<br>-Diagnoses included edema, anemia, atrial fibrillation, type 2 diabetes mellitus, and stage 3 chronic kidney disease.<br>-There was an order for furosemide 40mg (a medication used to treat edema) 1 tablet once daily.<br><br>Review of Resident #5's signed physician orders dated 07/07/26 revealed:<br>-There was an order for furosemide 20mg 1 tablet once daily for 7 days in addition to furosemide 40mg 1 tablet once daily.<br>-There was an order to obtain weight daily for 7 days and to notify the Primary Care Physician (PCP) for weight gain of 3 pounds within 24 hours or 5 pounds total.<br><br>Review of Resident #5's weight log from the July | D 273                                                                                                |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Shawnal Adams, ED*

*8-21-26*

STATE FORM

6899

CDHM11

If continuation sheet 1 of 12

Reviewed and Acknowledged  
08/24/26

*BB*

Division of Health Service Regulation

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| D 273                                                              | <p>Continued From page 1</p> <p>2026 electronic Medication Administration Record (eMAR) from 07/08/26 through 07/14/26 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry to obtain weight daily for 7 days and to notify the PCP for weight gain of 3 pounds within 24 hours or 5 pounds total.</li> <li>-On 07/09/26, Resident #5's weight was 231.</li> <li>-On 07/10/26, Resident #5's weight was 235.</li> <li>-There was no documentation from the eMAR that Resident #5's PCP was notified of significant weight gain from 07/09/26 to 07/10/26.</li> </ul> <p>Review of Resident #5's electronic progress notes revealed there was no documentation that Resident #5's PCP was notified of significant weight gain from 07/09/26 to 07/10/26.</p> <p>Interview with Resident #5 on 07/16/26 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>-The staff had weighed him several times during the last week.</li> <li>-He was not aware if he had gained some weight but does remember getting extra of his furosemide.</li> <li>-He had not experienced any swelling in his leg recently.</li> </ul> <p>Interview with Resident #5's PCP on 07/15/26 at 3:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She could not say if the facility had notified her of Resident #5's weight gain from 07/09/26 to 07/10/26.</li> <li>-She had no documentation of the PCP being notified of weight gain.</li> <li>-She expected the facility to communicate with her when she ordered notification due to weight parameters.</li> <li>-She expected a possible outcome of increased swelling for Resident #5's legs with substantial weight gain but she would not have considered</li> </ul> | D 273                                                                                                |                                                                                                                          |                          |                                                                    |

Division of Health Service Regulation

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| D 273                                                              | <p>Continued From page 2</p> <p>the weight increase significant from 07/09/26 to 07/10/26.</p> <p>Interview with a MA on 07/16/26 at 10:36am revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware of the order to check Resident #5's weight daily and to notify the PCP for a weight gain of 3 pounds within 24 hours.</li> <li>-She was not aware Resident #5 gained 3 pounds from 07/09/26 to 07/10/26 and that Resident #5's PCP was not notified of the weight gain.</li> <li>-The MAs were responsible for entering the weight in the computer and for notifying the PCP through electronic communication but she could not say why it had not been done.</li> </ul> <p>Interview with a second MA on 07/16/26 at 11:55am revealed:</p> <ul style="list-style-type: none"> <li>-She was aware of the order to check Resident #5's weight daily and to notify the PCP for a weight gain of 3 pounds within 24 hours because she had entered the order for Resident #5 into the eMAR system.</li> <li>-She was not aware Resident #5 gained 3 pounds from 07/09/26 to 07/10/26 and that Resident #5's PCP was not notified of the weight gain from 07/09/26 to 07/10/26.</li> <li>-The MAs were responsible for entering the weight in the computer and for notifying the PCP through electronic communication.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 07/16/26 at 10:00am revealed:</p> <ul style="list-style-type: none"> <li>-She was aware of the order to check Resident #5's weight daily and to notify the PCP for a weight gain of 3 pounds within 24 hours.</li> <li>-She was not aware Resident #5 gained 3 pounds from 07/09/26 to 07/10/26 and that Resident #5's PCP was not notified of the weight gain.</li> <li>-The MAs were responsible for notifying the</li> </ul> | D 273                                                                         |                                                                                                                          |                          |                                                                    |

Division of Health Service Regulation

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| D 273                                                              | <p>Continued From page 3</p> <p>physician when follow-up notification was ordered for weight parameters.</p> <p>-She expected the MAs to notify the Resident #5's PCP when his weight was outside of the ordered parameters.</p> <p>Interview with the HWD on 07/16/26 at revealed:</p> <p>-She was not aware of the order to check Resident #5's weight daily and to notify the PCP for a weight gain of 3 pounds within 24 hours because she had not worked that week.</p> <p>-She was not aware Resident #5 gained 3 pounds from 07/09/26 to 07/10/26 and that Resident #5's PCP was not notified of the weight gain until yesterday (07/15/26).</p> <p>-The MAs were responsible for notifying the physician when follow-up notification was ordered for weight parameters.</p> <p>-She expected the MAs to notify the Resident #5's PCP when his weight was outside of the ordered parameters.</p> <p>Interview with the Administrator on 07/16/26 at 1:16pm revealed:</p> <p>-She was aware of the order to check Resident #5's weight daily and to notify the PCP for a weight gain of 3 pounds within 24 hours.</p> <p>-She was not aware Resident #5 gained 3 pounds from 07/09/26 to 07/10/26 and that Resident #5's PCP was not notified of the weight gain until yesterday (07/15/26).</p> <p>-The MAs were responsible for notifying the physician when follow-up notification was ordered for weight parameters.</p> <p>-She expected the MAs to notify the PCP when a resident's weight was outside of the physician's ordered parameters.</p> | D 273                                                                                                |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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| D 358                                                              | Continued From page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D 358                                                                         |                                                                                                                          |  |                                                                    |
| D 358                                                              | <p>10A NCAC 13F .1004 (a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration<br/>(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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br/>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 5 residents (#1, #4) including errors with a medication for pain relief (#1), and a medication for relieving occasional constipation (#4).</p> <p>The findings are:</p> <p>1. Review of Resident #1's FL2 dated 08/12/25 revealed diagnoses included collapsed vertebrae, unspecified osteoarthritis, and generalized muscle weakness.</p> <p>Review of Resident #1's signed physician's orders dated 05/20/26 revealed there was an order for celecoxib (used to relieve pain) 100mg take 1 capsule every 12 hours as needed for pain.</p> <p>Review of Resident #1's May 2026 electronic medication administration record (eMAR) revealed:<br/>-There was an entry for celecoxib 100mg take 1 capsule every 12 hours as needed for administration from 05/20/26 to 05/31/26.</p> | D 358                                                                         |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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| D 358                                                              | <p>Continued From page 5</p> <p>-There was no documentation celecoxib was administered from 05/20/26 to 05/31/26.</p> <p>Review of Resident #1's June 2026 eMAR revealed:</p> <p>-There was an entry for celecoxib 100mg take 1 capsule every 12 hours as needed for administration from 06/01/26 to 06/30/26.</p> <p>-There was no documentation celecoxib was administered from 06/01/26 to 06/30/26.</p> <p>Review of Resident #1's July 2026 eMAR from 07/1/26 to 07/14/26 revealed:</p> <p>-There was an entry for celecoxib 100mg take 1 capsule every 12 hours as needed for administration.</p> <p>-There was no documentation celecoxib was administered from 07/01/26 to 07/14/26.</p> <p>Observation of Resident #1's medications on hand on 07/16/26 at 9:40am revealed there was no celecoxib 100mg available for administration.</p> <p>Interview with Resident #1 on 07/16/26 at 11:10am revealed:</p> <p>-Her Primary Care Physician (PCP) had ordered her a new pain medication on 05/20/26.</p> <p>-The PCP told her she was able to request the pain medication when she needed it for her back pain.</p> <p>-She had not experienced any pain recently but expected the medication to be available upon her request</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 07/16/26 at 10:00am revealed:</p> <p>-Resident #1 had a current order on file for celecoxib 100mg take 1 capsule every 12 hours as needed for pain.</p> | D 358                                                                         |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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| D 358                                                              | <p>Continued From page 6</p> <p>-Resident #1's celecoxib 100mg was last dispensed on 05/2/26 for a quantity of 30 tablets but was returned by someone at the facility.</p> <p>Interview with Resident #1's PCP on 07/16/26 at 11:00am revealed:</p> <p>-She had ordered Resident #1 celecoxib 100mg on 05/20/26 due to back-related pain.</p> <p>-She was not aware the facility did not have the celecoxib on the medication cart of Resident #1.</p> <p>-She expected the facility to have the celecoxib available for administration for when Resident #1 requested the medication.</p> <p>-She expected MAs to administer medications as ordered for the resident's.</p> <p>Interview with a medication aide (MA) on 07/16/26 at 10:36am revealed:</p> <p>-She administered Resident #1's medications according to the eMAR entries.</p> <p>-She was not aware there was no celecoxib available for administration for Resident #1 until today 07/16/26.</p> <p>-The Health and Wellness Director (HWD) and the Resident Care Coordinator (RCC) were responsible for medication cart audits to ensure medications were available for residents.</p> <p>Interview with a second MA on 07/16/26 at 11:55am revealed:</p> <p>-She administered Resident #1's medications according to the eMAR entries.</p> <p>-She was not aware there was no celecoxib available for administration for Resident #1 and she was not aware the celecoxib was returned to the pharmacy.</p> <p>-The 3rd shift MAs were responsible for auditing medication carts every week on Sundays.</p> <p>Interview with the RCC on 07/16/26 at 10:00am</p> | D 358                                                                      |                                                                                                                          |                          |                                                                 |

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>HAL034035</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/16/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE REYNOLDA ROAD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2980 REYNOLDA ROAD</b><br><b>WINSTON SALEM, NC 27106</b>                     |                          |                                                                    |
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| D 358                                                              | <p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware there was no celecoxib available for administration for Resident #1 until today 07/16/26.</li> <li>-She expected celecoxib to be available for administration for Resident #1 when the resident requested it.</li> <li>-No one had informed her that Resident #1 did not have celecoxib available for administration and she was not aware the celecoxib was returned to the pharmacy.</li> </ul> <p>Interview with the HWD on 07/16/26 at 10:25am revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware there was no celecoxib available for administration for Resident #1 until today 07/16/26.</li> <li>-She expected celecoxib to be available for administration for Resident #1 when the resident requested it.</li> <li>-No one had informed her that Resident #1 did not have celecoxib available for administration and she was not aware the celecoxib was returned to the pharmacy.</li> </ul> <p>Interview with the Administrator on 07/16/26 at 1:16pm revealed she was not aware there was no celecoxib available for administration for Resident #1 until today 07/16/26.</p> <p>Refer to interview with the RCC on 07/16/26 at 10:00am.</p> <p>Refer to interview with the HWD on 07/16/26 at 10:25am.</p> <p>Refer to the interview with the Administrator on 07/16/26 at 1:16pm.</p> <p>2. Review of Resident #4's FL2 dated 03/22/26 revealed diagnoses included sacral pressure</p> | D 358                                                                         |                                                                                                                          |                          |                                                                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL034035</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          |                    | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>07/16/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE REYNOLDA ROAD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2980 REYNOLDA ROAD</b><br><b>WINSTON SALEM, NC 27106</b>            |                    |                                                                 |
| (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                                                              | <p>Continued From page 8</p> <p>ulcers, lack of coordination, muscle weakness and dysphasia.</p> <p>Review of Resident #4's signed physician's orders dated 05/20/26 revealed there was an order for senna (used for relieving occasional constipation) 8.6mg take 2 tablets twice daily.</p> <p>Review of Resident #4's May 2026 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was no entry for senna 8.6mg take 2 tablets twice daily from 05/20/26 to 05/31/26.</li> <li>-There was no documentation senna 8.6mg was administered from 05/20/26 to 05/31/26.</li> </ul> <p>Review of Resident #4's June 2026 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was no entry for senna 8.6mg take 2 tablets twice daily from 06/01/26 to 06/30/26.</li> <li>-There was no documentation senna 8.6mg was administered from 06/01/26 to 06/30/26.</li> </ul> <p>Review of Resident #4's July 2026 eMAR from 07/01/26 to 07/14/26 revealed:</p> <ul style="list-style-type: none"> <li>-There was no entry for senna 8.6mg take 2 tablets twice daily.</li> <li>-There was no documentation senna 8.6mg was administered from 07/01/26 to 07/14/26.</li> </ul> <p>Interview with Resident #4 on 07/16/26 at 11:45am revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware she had an order for senna 8.6mg take 2 tablets twice daily.</li> <li>-She had not experienced any constipation.</li> </ul> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 07/16/26 at 12:57pm revealed Resident #4 did not have a current order on file for senna 8.6mg take 2</p> | D 358                                                                      |                                                                                                                 |                    |                                                                 |

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>HAL034035</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/16/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE REYNOLDA ROAD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2980 REYNOLDA ROAD</b><br><b>WINSTON SALEM, NC 27106</b> |
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| (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 |
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| D 358                    | <p>Continued From page 9</p> <p>tablets twice daily.</p> <p>Interview with Resident #1's PCP on 07/16/26 at 11:02am revealed:<br/>-She was not aware the facility was not implementing the senna 8.6mg take 2 tablets twice daily order for Resident #4.<br/>-If Resident #4's senna 8.6mg was not administered as ordered she was at risk for constipation.<br/>-She expected Resident #4's senna 8.6mg to be administered as ordered.</p> <p>Interview with a medication aide (MA) on 07/16/26 at 12:03pm revealed:<br/>-She administered Resident #4's medications according to the eMAR entries.<br/>-She was not aware of Resident #4's senna 8.6mg take 2 tablets twice daily order.<br/>-She was not responsible for chart audits or medication cart audits.</p> <p>Interview with the RCC on 07/16/26 at 12:05pm revealed:<br/>-She was not aware of Resident #4's senna 8.6mg take 2 tablets twice daily order.<br/>-She expected Resident #4's senna 8.6mg take 2 tablets twice daily order to be implemented.<br/>-No one had reported to her that Resident #4 experienced constipation.</p> <p>Interview with the Health and Wellness Director (HWD) on 07/16/26 at 12:16pm revealed:<br/>-She was not aware of Resident #4's senna 8.6mg take 2 tablets twice daily order.<br/>-No one had reported to her that Resident #4 experienced constipation.<br/>-She expected Resident #4's senna 8.6mg take 2 tablets twice daily order to be implemented.</p> | D 358               |                                                                                                                          |                          |

Division of Health Service Regulation

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| D 358                                                              | <p>Continued From page 10</p> <p>Interview with the Administrator on 07/16/26 at 1:25pm revealed she was not aware of Resident #4's senna 8.6mg take 2 tablets twice daily order.</p> <p>Refer to interview with the RCC on 07/16/26 at 10:00am.</p> <p>Refer to interview with the HWD on 07/16/26 at 10:25am.</p> <p>Refer to the interview with the Administrator on 07/16/26 at 1:16pm.</p> <p>Interview with the Resident Care Coordinator (RCC) on 07/16/26 at 10:00am revealed:<br/>-She and the Health and Wellness Director (HWD) were responsible for weekly eMAR and medication cart audits but she had not completed any audits because she was new to the RCC position.<br/>-Medication cart audits consisted of ensuring cart cleanliness, disposing of expired medications, ensuring accurate medication labels, and ensuring no overstock of medications.<br/>-A pharmacy representative completed an eMAR to cart audit quarterly but the medication aides (MA) completed an eMAR to cart audit every month when the cycle fill was completed for medications.</p> <p>Interview with the HWD on 07/16/26 at 10:25am revealed:<br/>-She and the RCC were responsible for weekly eMAR and medication cart audits but she had not completed any audits within the last 2 weeks due to not working.<br/>-Medication cart audits consisted of ensuring cart cleanliness, disposing of expired medications, ensuring accurate medication labels, and ensuring no overstock of medications.</p> | D 358                                                                         |                                                                                                                          |                          |                                                                    |

Division of Health Service Regulation

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| D 358                                                              | <p>Continued From page 11</p> <p>-A pharmacy representative completed an eMAR to cart audit quarterly but the MAs completed an eMAR to cart audit every month when the cycle fill was completed for medications.</p> <p>Interview with the Administrator on 07/16/26 at 1:16pm revealed:</p> <p>-The MAs, the HWD, and the RCC were responsible for auditing the medication carts weekly.</p> <p>-A pharmacy representative completed an eMAR to cart audit quarterly.</p> <p>-The HWD, the RCC, and the MAs were responsible for completing an eMAR to cart audit every 2 weeks when the cycle fill was completed for medications.</p> <p>-She expected the resident's medications to be available for administration on the medication carts.</p> <p>-She expected the MAs to administer resident's medications as ordered by the physician.</p> | D 358                                                                         |                                                                                                                          |  |                                                                    |

August 20, 2026

The following is the Plan of Correction for Brookdale Reynolda Road regarding the Statement of Deficiencies dated 7/16/2026. 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.

**10A NCAC 13F .1004 (a):**

The Executive Director/ Health and Wellness Director/designee will retrain Medication aides on medication administration policy and procedure.

To assist with ongoing compliance, the Health and Wellness Director/ designee will conduct weekly cart audits for four (4) weeks then monthly for three (3) months.

**10A NCAC 13F .0902 (b):**

The Executive Director/ Health and Wellness Director/ designee will conduct retraining for direct care associates on referral and follow up of physician's orders.

The Executive Director/ Health and Wellness Director/ designee will conduct an audit on current resident's records to verify compliance of physician's order.

To assist with compliance the Executive Director/Health and Wellness Director/ designee will review provider's orders weekly for (3) three months.

**Date of completion:** 8-24-26