

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/12/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE UNION PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE MONROE, NC 28112
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{D 000}	Initial Comments	{D 000}		
{D 137}	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: This rule area is still out of compliance. See State 2567 at Event ID #8FE211, dated 07/23/15.</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 6 sampled staff (Staff C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -A hire date of 09/11/15 as a housekeeper. -No documentation of a HCPR check.</p> <p>Interview on 11/12/15 at 1:55 pm with the Business Office Coordinator (BOC) revealed: -It was the BOC's responsibility to ensure the HCPR check was completed prior to hire. -On 07/28/15, the BOC completed an audit of every current employee's personnel file to ensure a HCPR check was completed. -The BOC stated she was positive the HCPR check was completed for all newly hired</p>	{D 137}	<p>The following Plan of Correction is for Brookdale Union Park. The following plan of correction is in regards to the Statement of Deficiencies dated August 6, 2015. This Plan of Correction is not to be construed as an admission of our 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 the identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.</p>	<p>for November 12, 2015</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
6839

TITLE: Executive Director
(X6) DATE: 11-24-15

STATE FORM

Addendum:
On 11/30/15, we spoke via telephone with Denise Kurbelman, ED concerning changes to this plan of corrections. We agreed the survey date was 11/12/15. The date of correction for the areas of noncompliance will be December 1, 2015. The ED will be responsible for monitoring the audit tools.

POC approved with addendum
11/30/15 Lisa Walthers

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{D 137}	Continued From page 1 employees since July 2015, and thought maybe Staff C's HCPR check had been misfiled. Interview on 11/12/15 at 2:05 pm with Staff C revealed she did not know anything about HCPR checks. Interviews on 11/12/15 with multiple residents at various times revealed no complaints regarding the care or services provided by Staff C. Review of a HCPR check completed on 11/12/15 for Staff C revealed no substantiated findings.	{D 137}	D137 10A NCAC 13F .0407(a)(5) Other Staff Qualifications HCPR check was completed on 11.12.15 on Staff A which resulted in no findings. Executive Director/Business Office Coordinator and or designee will perform HCPR checks on all associates hired. Ongoing audit tool in place to ensure HCPR checks are completed.	
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: This rule area is still out of compliance. See State 2567 at Event ID #8FE211, dated 07/23/15. Based on record review and interviews, the facility failed to follow-up with faxing blood pressure logs every two weeks to the physician for 1 of 5 sampled residents (Resident #4). The findings are: Review of Resident #4's current FL2 dated 8/18/15 revealed: -Diagnoses included hypertension, cardiomyopathy, aortic stenosis, dyslipidemia,	{D 273}		

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{D 273}	Continued From page 2 heart block (requiring a permanent pacemaker), dementia and Alzheimer's disease. -A physician's order for Coreg 12.5 mg twice a day and Diovan Hct 320-12.5 mg daily (both used to treat high blood pressure [BP]). -A physician's order to check BP daily and fax the log to the physician every two weeks. Review of Resident #4's record revealed: -A physician's order dated 8/27/15 for daily BP checks with parameters to notify physician for BP greater than 180/100 or less than 80/50. -A physician's order dated 8/27/15 to fax the daily BP results to the physician every two weeks on Monday. Review of Resident #4's Vital Signs and Weight Record for August 2015 revealed: -BP checks were documented daily from 8/01/15 to 8/31/15 with the BP ranged between 98/48 to 180/86. -A handwritten entry on 8/10/15 with "fax MD" with staff initials. -A handwritten entry on 8/24/15 with "fax MD". No staff initials or documentation that results had been faxed. Review of Resident #4's Vital Signs and Weight Record for September 2015 revealed: -BP checks were documented daily from 9/1/15 to 9/30/15 with BP ranged between 110/62 to 171/80. -A handwritten entry on 9/07/15 with "fax MD". No staff initials or documentation that results had been faxed. -A handwritten entry on 9/21/15 with "fax MD" with staff initials. Review of Resident #4's Vital Signs and Weight Record for October 2015 revealed:	{D 273}	D273 10A NCAC 13F .0902 Health care (b) the facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. HWD/RCC and/or designee to complete chart audits starting 11.25.15 to ensure Blood Pressure Checks are completed as required by orders. HWD/RCC and/or designee will provide education to Medication Technicians on procedure for regularly ordered blood pressure checks by 12.1.15.	

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{D 273}	<p>Continued From page 3</p> <ul style="list-style-type: none"> -BP checks were documented daily from 10/01/15 to 10/31/15 except 10/07/15 and 10/10/15 with BP ranged between 100/68 to 165/86. -A handwritten entry on 10/07/15 "inadvertently omitted" with staff initials and no BP documented. -No notation on 10/10/15 as to why no BP was documented. -Handwritten entries on 10/05/15 and 10/19/15 with "fax MD". No staff initials or documentation that results had been faxed. <p>Review of Resident #4's Vital Signs and Weight Record for November 2015 revealed:</p> <ul style="list-style-type: none"> -BP checks were documented daily from 11/01/15 to 11/12/15 with BP ranged between 114/61 to 150/85. -No documentation that the log had been faxed to the physician although there was a handwritten notation at the top of the page to "check BP daily and fax MD every two weeks on Monday". <p>Interview with Resident #4 on 11/12/15 at 10:15 am revealed that the staff checked her BP daily.</p> <p>Interview with the Health and Wellness Director on 11/12/15 at 1:20 pm revealed:</p> <ul style="list-style-type: none"> -Resident #4 had an order for daily BP checks which were to be faxed to the physician every two weeks. -The medication aides (MA) were to fax the BP record to the physician. -She could not find documentation in the record that the BP record was faxed to the physician every two weeks. -She could not find a fax confirmation that the BP record was sent to the physician every two weeks. -The physician came to the facility every two weeks and it was possible the physician reviewed Resident #4's BP records at that time, but could 	{D 273}		

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{D 273}	Continued From page 4 not verify this had occurred. -She was unsure how long the physician had been coming to the facility, but it had been "a while". Interview with Resident #4's primary care physician's office representative on 11/12/15 at 1:40 pm revealed they could not find verification or documentation the BP record was faxed to the physician by the facility. Interview with a MA on 11/12/15 at 2:00 pm revealed: -The MA on duty was to fax Resident #4's BP record to the physician. -Resident #4's physician had been "coming to the facility the last couple of months and looks at the BP". -"We have not been faxing (Resident #4's BP record) since the physician comes here every two weeks and looks at them". -The facility did not have documentation that the physician reviewed the BP records. -She could not verify or show documentation the BP record had been faxed to the physician.	{D 273}		

Warth, Lisa J

From: Denise Kunkelman <droush@brookdale.com>
Sent: Tuesday, November 24, 2015 4:35 PM
To: Warth, Lisa J
Subject: Plan of Correction - Brookdale Union Park ASPEN Event ID 8FE212
Attachments: 20151124161748827.tif

Good Afternoon Lisa, Please see the attached plan of correction for our recent re-visit. I will also be mailing this.

Sincerely,

DENISE KUNKELMAN
Executive Director
Closer relationships live here every day.

Brookdale Union Park (BU 18500)
1316 Patterson Street | Monroe | NC 28112 Main 704.282.0530 | Mobile 419.618.1092 | Fax 704.296.9058
www.brookdale.com |

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