

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 000}	<p>Initial Comments</p> <p>Staff with the Adult Care Licensure Section and Caldwell County DSS conducted a follow-up survey on site February 2-3, 2016, with an exit conference on February 4, 2016.</p>	{D 000}		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: Type B Violation</p> <p>Based on observation, interview, and record review, the facility failed to assure the referral and follow-up for 1 of 5 sampled residents (#3) related to a physician order for a Thyroid Stimulating Hormone (TSH) lab and for 1 of 5 sampled residents (#1) related to obtaining a clarification order for Donepezil.</p> <p>The findings are:</p> <p>A. Review of current FL2, dated 9/10/15, for Resident #3 revealed diagnoses which included bradycardia, diabetes mellitus, atrial fibrillation, and hyperkalemia.</p> <p>Review of Resident Register for Resident #3 revealed she was admitted to the facility on 5/20/14.</p> <p>Review of Resident #3's hospital discharge summary, dated 9/10/15, revealed a Thyroid Stimulating Hormone (TSH) circled laboratory</p>	D 273		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	<p>Continued From page 1</p> <p>value of 8.0 (with an H beside it for High) with normal range as 0.36 to 3.74.</p> <p>Review of the hospital discharge orders, dated 9/10/15, revealed no medication order for thyroid hormone replacement to treat hypothyroidism and no diagnosis of hypothyroidism.</p> <p>Review of the facility pharmacy review recommendations for Resident #3, dated 9/28/15, revealed: "A recent lab showed a TSH of of 8.0, does this require any further testing or treatment at this time?" -The pharmacy recommendation was signed by Resident #3's primary care physician, who noted, "Recheck TSH" with a signature dated 10/17/15.</p> <p>Review of Resident #3's resident records revealed no documentation of a TSH lab completed after 9/10/15.</p> <p>Interview with the Administrator on 2/3/16 at 11:30am revealed: -The facility Health and Wellness Director (HWD) or the Resident Care Coordinator (RCC) were responsible for handling lab orders, physician orders, and health care referrals. -The facility HWD left employment at that facility on 10/23/15, one week after the physician signed the order for the TSH lab. -The RCC left employment at that facility in "August or September 2015" -The new HWD began working at the facility December 2015. -When the facility did not have a HWD or a RCC, it would have been the responsibility of the Administrator or the Medication Aides to contact health care providers for referrals. -The facility just recently put a system in place in</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	<p>Continued From page 2</p> <p>which all orders are placed in the HWD's box, a notebook is maintained of all referrals, and a tracking form is maintained.</p> <p>Telephone interview with the Administrator on 2/3/16 at 4:40pm revealed: -Resident #3 went to her primary physician "today." -The primary care physician had no record of a TSH lab since 9/10/15. -Resident #3 had her TSH lab drawn "today."</p> <p>-Telephone interview with the Administrator on 2/4/16 at 1:25pm revealed Resident #3's TSH lab results (drawn on 2/3/16) had not been sent to the facility.</p> <p>Interview with Resident #3 on 2 /2/16 at 10:45 revealed: -The swelling would not go out of her legs. -She took Lasix on a routine basis. -She did not mention any other concerns related to her health.</p> <p>Telephone interview on 2/3/16 at 10:50am with Resident #3's responsible party revealed they had no concerns with the care Resident #3 was provided at this facility.</p> <p>Attempted telephone interview with Resident #3's physician on 2/4/16 at 9:02am was unsuccessful.</p> <p>B. Review of Resident #1's current FL2 dated 12/24/15 revealed: -Diagnoses included Alzheimer's Disease, hypothyroidism, and atrial fibrillation. -A physician's order for Donepezil HCL (used to treat Alzheimer's Disease) 5mg 1 tablet daily at bedtime. -A physician's order for Namenda XR (used to</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	<p>Continued From page 3</p> <p>treat Alzheimer's Disease) 28mg 1 capsule daily.</p> <p>Review of Resident #1's Resident Register revealed an admission date to the facility on 1/11/16.</p> <p>Review of a fax transmission verification report to Resident #1's physician dated 1/11/16 revealed: -"Please DC the Donepezil HCL 5mg. She's on Namenda XR 28mg also, taking the 2 together make her feel nauseated." -The communication was successfully transmitted on 1/11/16 at 8pm.</p> <p>Review of Resident #1's January 2016 Medication Administration Record (MAR) revealed: -A computer generated entry for Donepezil 5mg daily at bedtime scheduled for 8pm. -There were no documented administrations of the Donepezil from 1/11/16 to 1/22/16. -"Seeking Clarification" was handwritten to the right of the computer generated entry.</p> <p>Review of a physician's order for Resident #1 dated 2/2/16 revealed the physician discontinued the Donepezil.</p> <p>Review of Resident #1's February 2016 MAR revealed: -A computer generated entry for Donepezil 5mg daily at bedtime scheduled for 8pm. -There were no documented administration of the Donepezil from 2/1/16 to 2/2/16. -"Seeking Clarification" was handwritten over the computer generated entry. -"D/C 2/2/16" was handwritten to the right of the computer generated entry.</p> <p>Observation of Resident #1's medications on</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	<p>Continued From page 4</p> <p>hand in the facility on 2/3/16 at 8:45am revealed there was no Donepezil available for the resident on the medication cart.</p> <p>Interview with a Medication Aide on 2/3/16 at 8:50am revealed: -"We have not been giving the Donepezil" to Resident #1. -"We have been waiting on clarification." -An order was received from the physician yesterday to discontinue the medication.</p> <p>Interview with Resident #1 on 2/1/16 at 10:38am revealed: -The resident had no concerns with the medications staff were giving her. -She never ran out of medications.</p> <p>Interview with the Health and Wellness Director on 2/2/16 at 1:56pm revealed: -Resident #1 arrived to the facility with physician orders for both Donepezil and Namenda. -The resident's family had "said she should not have both." -The Donepezil had not been administered to Resident #1 since she had arrived to the facility. -"We have attempted to fax and call the physician's office for clarification without success." -The physician who wrote the order for the Donepezil was not a local physician which made driving to the physician's office to obtain a clarification order difficult. -She would immediately attempt to contact Resident #1's physician's office again to get clarification as to what medications the resident should receive.</p> <p>Interview with the Health and Wellness Director on 2/3/16 at 9:20am revealed:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She had obtained a discontinue order from the physician for the Donepezil on 2/2/16. -She had been faxing and calling the wrong physician's office concerning the order clarification for Resident #1. -She had no documentation of the telephone attempts she had made to clarify the medication with the physician. -She did not know the facility policy on the expectation of the timeframe a medication order should be clarified or followed up on. -"I was just told to fax the physician for a written order." -She had spoken with the family "at the time and asked them to go to the physician's office to get clarification, but they were getting a local doctor" and the intention was to have the new doctor to clarify the order. <p>Review of the facility's policy on medication reconciliation revealed:</p> <ul style="list-style-type: none"> -"Medication reconciliation involves comparing the resident's current medications with those ordered for the resident while under the care of the transferring organization.." -"The process of medication reconciliation should occur upon move in and may reduce the incidence of complications or adverse events from medication errors or omissions." -"...the residents current medications should be checked against what the resident was taking at home before being hospitalized or going to another care setting, the resident was prescribed upon release from the hospital or other care setting, and the residents current prescribed medications." -"Nursing associates or trained designees should notify the physician/healthcare provider/practitioner of changes to or omissions from the resident's medication regimen and verify 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	<p>Continued From page 6</p> <p>with the practitioner their wishes to reorder any medications stopped during the transition."</p> <p>Attempted telephone interview with Resident #1's physician on 2/3/16 at 9:25am was unsuccessful by exit.</p> <p>Interview with the Administrator on 2/3/16 at 9:50am revealed:</p> <ul style="list-style-type: none"> -The family had told them upon Resident #1's admission the Donepezil had been discontinued and the resident had not been taking it. -"We had reached out to the physician the best we could to obtain the that clarification." -"I know [the Health and Wellness Director's name] made several phone calls." -The resident had an appointment with the new local physician "tomorrow." -She expected her staff to clarify questions about medications with the physician "within 30 days, but that timeframe would also depend on the medication..." <hr/> <p>The Plan of Protection provided by the facility on 2/3/16 revealed:</p> <ul style="list-style-type: none"> -A new order tracking system is in place. -All new orders go into a new order tracking notebook, which will be reviewed by the Health and Wellness Director (HWD) or the Resident Care Coordinator (RCC). -The HWD or the RCC will review the notebook each workday to assure orders are followed. -The health care providers will be contacted if no response. -Chart audits will be completed to assure compliance. <p>DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 20,</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645
---	--

(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 273	Continued From page 7 2016.	D 273		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. related to referral and follow up for 2 of 5 residents (#1 and #3).</p> <p>The findings are:</p> <p>Based on observation, interview, and record review, the facility failed to assure the referral and follow-up for 1 of 5 sampled residents (#3) related to a physician order for a Thyroid Stimulating Hormone (TSH) lab and for 1 of 5 sampled residents (#1) related to obtaining a clarification order for Donepezil. [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type B Violation).]</p>	D912		