

Division of Health Service Regulation

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|--|--|--|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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 000}            | Initial Comments<br><br>The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a follow-up survey on 6/28/16.  | {D 000}       | The following is the Plan of Correction for Brookdale Cotswold.  |                    |
| {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:<br/>(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 observation, interview, and record review, the facility failed to assure medications were administered as ordered by the licensed prescribing practitioner for 2 of 5 sampled residents (#1 and #2) which included errors with pantoprazole and Spiriva.</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 4/02/16 revealed:<br/>-The diagnoses included dementia, diabetes mellitus, hypertension and chronic anemia.<br/>-A physician's order for pantoprazole 40 mg 1 tablet daily (a medication used to treat gastroesophageal reflux disease and a damaged esophagus.)</p> <p>Review of Resident #1's record revealed a signed physician's order dated 6/22/16 to decrease</p> | {D 358}       | <p>This Plan of Correction is in regards to the Statement of Deficiencies dated June 28th, 2016. 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.</p> |                    |

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

*Amy S. Thomas*

TITLE

Operations Specialist

(X5) DATE

7/26/16

STATE FORM

8899

2QVP13

If continuation sheet 1 of 9

*Reviewed + Accepted*  
*Leah...*

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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 1</p> <p>pantoprazole to 20 mg once daily and if symptoms persist then increase back to 40 mg daily.</p> <p>Review of the June 2016 Medication Administration Record (MAR) revealed:<br/>                     -An entry for pantoprazole 40mg tablets take 1 tablet daily and documented as administered at 9:00 am 6/01/16 through 6/20/16, 6/22/16 and 6/23/16 with a hand written "order change" at the end of the entry.<br/>                     -An hand written entry for omeprazole 20 mg tablets take 1 tablet daily and documented as administered at 9:00 am on 6/24/16 and 6/26/16.<br/>                     -There were no initials on the entries to indicate who made the entry changes.</p> <p>Observation during the 8:00 am medication pass on 6/28/16 revealed:<br/>                     -At 8:29 am the Medication Aide (MA) pulled Resident #1's medication from the medication cart.<br/>                     -She put 6 tablets in the medication cup.<br/>                     -The omeprazole was not on the medication cart and she went to check the medication room.<br/>                     -The omeprazole was not in the medication room and the MA was going to order it and make sure the resident received the omeprazole 10:00 am.<br/>                     -The MA documented administration immediately after the medication was administered.</p> <p>Observation of Resident #1's medication on hand revealed one card of pantoprazole 40mg filled on 6/20/16 with 27 out of 30 tablets remaining.</p> <p>Interview with the MA on 6/28/16 at 9:40 am revealed:<br/>                     -She had attempted to order the omeprazole from the pharmacy but they had not received the order.<br/>                     -She went to the Resident #1's record and</p> | {D 358}       | <p>10A NCAC 13F .1004 (a)<br/>Medication Administration</p> <ul style="list-style-type: none"> <li>•Medication Technicians will administer medications and treatments as ordered by a licensed prescribing practitioner and in accordance with state regulations and the policies of the community.</li> <li>•Off-going Medication Technicians will complete a MAR Audit at the end of each shift to verify compliance at the end of their shift. Communication and documentation related to resident medication or care needs will be reflected on the Shift Change Report each shift.</li> </ul> | 7/26/16            |

Division of Health Service Regulation

|   |  |  |  |   |
|---|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                     |  | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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}   | Continued From page 2<br><br>discovered that the order was not for omeprazole 20mg and the order was for pantoprazole 20mg.<br>-She had faxed the order to the pharmacy and they were going to have the medication prior to 10:00 am.<br>-She did not process the order dated 6/22/16 for pantoprazole 20 mg.<br>-When the MAs received an order they were to fill out a new order tracking form and follow the instructions on this form and initial after each step was complete.<br>-They were unable to locate the tracking for the pantoprazole order dated 6/22/16.<br><br>Interview with the Memory Care Coordinator (MCU) on 6/28/16 at 11:12 pm revealed:<br>-She was unaware there was an order change dated 6/22/16 to decrease pantoprazole to 20mg daily.<br>-She was not aware the MAR had an entry for omeprazole 20mg rather than pantoprazole 20mg 1 tablet daily.<br>-It was the MAs responsibility to take new orders, fax them to the pharmacy and enter them onto the MAR and to utilize the new order tracking form.<br>-Once the new order had been processed the new order tracking form would be placed in the new order file located on the wall.<br>-She would check all orders to verify accuracy of transcription and ensure that the correct medication was in the facility.<br>-There was no new order tracking form for the pantoprazole order and she was never cued to verify the ordered was processed completely.<br>-She did not know why the new order tracking for was not utilized.<br>-She did believe she would have caught the discrepancy when comparing the June MARs with the July MARs. | {D 358}  | <ul style="list-style-type: none"> <li>•Medication Aides received re-training on expectations of Medication Administration with a focus on documentation on the MAR, new order processing and documentation/communication, medication preparation, and Rights of Medication Administration on 5/10, 6/14, &amp; 7/12.</li> <li>•Monitoring of Medication Administration and Documentation will be completed weekly by the HWD or designee and will continue monthly thereafter. Monitoring includes proper administration of medications, review of medication labeling, and documentation on the Medication Administration Record (MAR).</li> </ul> |   |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|---|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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}   | Continued From page 3<br><br>-The July MARs were in the process of being checked for accuracy and she had not yet reviewed Resident #1's July MAR.<br>-She reviewed the July MAR and the entry for pantoprazole 40 mg was still on the MAR which indicated the order was not faxed to the pharmacy that generated the facility MARs.<br><br>Interview with the Administrator on 6/28/16 at 3:25 pm revealed:<br>-She was unaware that the physician's order dated 6/22/16 for pantoprazole 20 mg was not initiated and omeprazole was entered on the June 2016 MAR.<br>-She did expect all MAs to utilize the new order tracking form so ensure orders were processed correctly and so the MCC could verify the orders were correct and the medication was in the building.<br><br>Interview with the Nurse at Resident #1's Primary Care Physician's office at 2:29 pm on 6/28/16 revealed:<br>-They were not made aware that Resident #1 had not received pantoprazole 20 mg.<br>-There was no adverse clinical significance to Resident #1's not having the pantoprazole 20 mg unless he was complaining of symptoms.<br><br>Interview with Resident #1 6/28/16 at 2:55 pm revealed:<br>-He had not been experiencing burning in the chest that usually occurred after eating and worsened when lying down.<br>-He denied heartburn, belching, nausea, regurgitation or discomfort in upper abdomen.<br><br>Interview on 6/28/16 at 3:25 pm with a representative from the pharmacy that generated | {D 358}  | <ul style="list-style-type: none"> <li>•An audit of all medication carts, resident charts and physician orders was completed in July 2016 to verify current medication and treatment orders. An additional audit will be completed as part of the monthly Medication Administration Record (MAR) changeover at the end of July as well. This will be completed monthly and as needed thereafter by the Health and Wellness Director, Resident Care Coordinator, and/or Designee(s).</li> <li>•Medication Administration Training will continue monthly hereafter.</li> </ul> |   |

Division of Health Service Regulation

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|--|--|--|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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 4</p> <p>the facility's MARs revealed:</p> <ul style="list-style-type: none"> <li>-They did not provide Resident #1's medication.</li> <li>-The only pantoprazole order they had on file was dated 3/25/16 for pantoprazole 40 mg take one tablet daily.</li> <li>-They had not received any order changes since.</li> <li>-They print all of the MARs for the facility including Resident #1.</li> </ul> <p>Interview on 6/28/16 at 3:33 pm with a representative from the pharmacy that provided Resident #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-They had received an order for Resident #1 to decrease pantoprazole to 20mg daily the morning of 6/28/16.</li> <li>-Prior to the morning of 6/28/16 they had only filled pantoprazole 40 mg 1 tablet daily.</li> <li>-They had never received an order for omeprazole 20mg.</li> </ul> <p>B. Review of Resident #2's current FL 2 dated 4/22/16 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD), bipolar disorder and anxiety.</li> <li>-A physician's order for Spiriva with inhalation device 18 mcg once daily (an anti-asthmatic), and Zyrtec 10 mg every night (an allergy medication).</li> </ul> <p>Review of Resident #2's Resident Register revealed an admission date of 4/29/16.</p> <p>Review of Resident #2's April 2016 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-It was for the charting period for 4/29/16 to 4/30/16.</li> <li>-A handwritten entry for Zyrtec 10 mg at bedtime and scheduled for 9:00 pm. The initialed entries on 4/29/16 and 4/30/16 were circled with documentation on the back of the MAR that it was</li> </ul> | {D 358}       |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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 5</p> <p>not given for "waiting for orders".</p> <p>-A handwritten entry for "Spiriva with hand inhaler device 18 mcg one cap inhalation once daily" and scheduled for 8:00 am. It was documented as administered at 8:00 am on 4/30/16.</p> <p>Review of Resident #2's May 2016 MAR revealed:</p> <p>-A handwritten entry for Zyrtec 10 mg at bedtime and scheduled for 9:00pm. The initialed entries on 5/01, 5/02 and 5/03/16 were circled, but no documentation for why the medication was not administered.</p> <p>-Zyrtec 10 mg was documented as administered daily from 5/04/16 to 5/31/16 at 9:00 pm except for one day on 5/20/16. There was no documentation why the medication was not administered.</p> <p>-Zyrtec 10 mg was not documented as administered as ordered 4 of 31 days in May 2016.</p> <p>-A handwritten entry for "Spiriva with hand inhaler device 18 mcg one cap inhalation once daily". There was no scheduled administration time. It was documented as administered once on 5/07, 5/08, 5/13, 5/16, 5/21, 5/22, and 5/27/16 at 9:00 pm.</p> <p>-Spiriva 18 mcg inhalation daily was not documented as administered daily for 24 of 31 days in May 2016.</p> <p>-There was no documentation why Spiriva was not administered daily.</p> <p>Review of Resident #2's June 2016 MAR from 6/01/16 to 6/28/16 revealed:</p> <p>-An entry dated 5/02/16 for Zyrtec 10 mg at bedtime and documented as administered daily at 9:00 pm from 6/01/16 to 6/27/16.</p> <p>-An entry dated 5/02/16 for Spiriva with hand inhaler device 18 mcg inhalation daily and</p> | {D 358}       |   |                    |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL060132                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>R-C<br>06/28/2016 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>BROOKDALE COTSWOLD |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3610 RANDOLPH ROAD<br>CHARLOTTE, NC 28211 |   |   |
| (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}  | Continued From page 6<br><br>documented as administered daily at 9:00 am from 6/01/16 to 6/28/16.<br><br>Review of medications on hand on the medication cart on 6/28/16 at 1:50 pm available for administration to Resident #2 revealed:<br>-Zyrtec 10 mg tablets available and dispensed on 5/29/16.<br>-An opened box of Spiriva 18 mcg capsules dispensed on 6/03/16. A hand-held inhalation device with Resident #2's name was inside the box with the medication.<br>-It could not be determined if Spiriva was administered to Resident #2 and not documented on the MAR.<br><br>Interview on 6/28/16 at 1:40 pm with Resident #2 revealed:<br>-She took what medications the Medication Aides (MA) administered to her.<br>-The facility ran out of her medications once that she was aware of, but "they got it before the next dose was due".<br>-She was aware that she was on Spiriva inhalation medication daily, but could not remember if she received Spiriva daily in the month of May.<br>-She was aware she was prescribed Zyrtec daily, but was not aware if she had missed any doses in the month of May.<br>-She had not had any breathing problems since she had moved into the facility in April 2016.<br><br>Interview on 6/28/16 at 2:45 pm with Resident #2's physician's office nurse revealed:<br>-There was no documentation in the office records that the facility had notified the physician Resident #2 had missed 4 of 31 doses of Zyrtec and 24 of 31 doses of Spiriva in May. | {D 358}  |   |   |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____   |                    | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|---|--|--|---|--------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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 7</p> <ul style="list-style-type: none"> <li>-They expected Resident #2 to receive medications as prescribed by the physician.</li> <li>-They expected Resident #2 to receive Spiriva inhalation daily, because the resident could develop respiratory difficulties if she did not receive it.</li> <li>-The office had not been notified of any difficulties or concerns related to Resident #2.</li> </ul> <p>Interview on 6/28/16 at 3:30 pm with one of the two facility's contracted pharmacy representative revealed:</p> <ul style="list-style-type: none"> <li>-They printed Resident MARs for the facility, but did not dispense medications for all the residents.</li> <li>-They had an FL 2 dated 4/22/16 with medication orders for Resident #2.</li> <li>-They had a physician's order for Spiriva 18 mcg daily dated 4/22/16 but had not filled that order.</li> <li>-They had a physician's order for Zyrtec 10 mg at bedtime and had filled the order on 5/16/16.</li> </ul> <p>Interview on 6/28/16 at 3:33 pm with the facility's second contracted pharmacy representative revealed:</p> <ul style="list-style-type: none"> <li>-They had first dispensed 30 Spiriva 18 mcg inhalation capsules on 6/03/16.</li> <li>-They had first dispensed 30 Zyrtec 10 mg tablets on 5/29/16.</li> <li>-"Sometimes we get an order and the facility tells us not to fill it yet."</li> </ul> <p>Interview on 6/28/16 at 4:05 pm with the Health and Wellness Director revealed:</p> <ul style="list-style-type: none"> <li>-"I'm sure the MA administered Spiriva to her (Resident #2) and did not sign it (on the MAR)."</li> <li>-She was not aware why staff were not documenting when medications were not administered.</li> </ul> <p>Interview on 6/28/16 at 4:35 pm with a MA</p> | {D 358}  |   |                    |   |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL060132</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>06/28/2016</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE COTSWOLD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3610 RANDOLPH ROAD<br/>CHARLOTTE, NC 28211</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>revealed:<br/>-If a medication was not available, the MA was to contact the back-up pharmacy to obtain it<br/>-If a medication was not administered, the MA was to document on the back of the MAR the reason it was not administered. This could include if the medication was refused, if the resident was out of the facility or if they were "waiting on pharmacy" to send the medication.</p> <p>Interview on 6/28/16 at 4:40 pm with the Executive Director revealed she expected medications to be administered as ordered.</p> | {D 358}       |   |                    |