

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure walls/baseboards were clean and in good repair throughout the facility.</p> <p>The findings are:</p> <p>Observation of resident room #52 on 9/22/15 at 8:12 am revealed: -The room was occupied by one resident. -Along the baseboard to the left of the air conditioning wall unit there was a 7 inch x 1.5 inch area of dark gray and black circular spots having a velvet appearance with filament extensions along the edges, which appeared to be mold.</p> <p>Observation of resident room #49 on 9/22/15 at 8:15 am revealed: -The room was occupied by one resident. -Along the baseboard to the left of the air conditioning wall unit there was a 23 inch area of brown water damage with sporadic gray and black spots with a velvety appearance, which</p>	D 074		

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: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 074	<p>Continued From page 1</p> <p>appeared to be mold.</p> <p>Observation of resident room #47 on 9/22/15 at 8:17 am revealed: -The room was occupied by two residents. -Along the baseboard to the left of the air conditioning wall unit extending under one of the beds, there was a 21 inch x 2 inch area of gray and dark black spots with a brown outline consistent with the growth of the gray and black spotting, which appeared to be mold.</p> <p>Observation of resident room #27 on 9/22/15 at 8:36 am revealed: -The room was occupied by one resident. -Along the vinyl floor to the right of the air conditioning wall unit there was a 17 inch long area of sporadic black spots with a 2 inch area cluster of dark black growth having a velvety surface, which appeared to be mold.</p> <p>Interview with a resident's Responsible Party on 9/21/16 at 1:26 pm revealed: -The family member's room had a thick black layer of mold on the baseboard to the left of the air conditioner. -She had reported this to several staff members and to either the maintance employee or the housekeeper but could not remember which she had reported to. -She did report to the Adminsitrator and it was never addressed. -This was one of the reasons she was moving the family member out of the facility.</p> <p>Interview with the housekeeper on 9/22/16 at 11:15 a revealed: -He was not asked to clean baseboards. -He would report drainage or any noted growth to the maintenance personal.</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 074	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He had not noted any growth to be present in the resident rooms along the baseboard or floor around the under the air conditioner units. <p>Interview with the maintenance employee on 9/22/16 at 11:20 am revealed:</p> <ul style="list-style-type: none"> -He cleaned the air conditioning wall units' filters every other month and there were some units that required cleaning more often. -He had noted some water damage on the pressed cardboard baseboards as they would easily suck up moisture from carpet cleaning or other sources. -Housekeeping would clean any growth noted or he would if he observed it. -No one had reported any blackened growth, which appeared to be mold, on the floor or baseboards. -The outside water from the sprinkler system having been tripped the week before could have penetrated the interior wall of room 47. <p>Interview with the Administrator on 9/22/16 at 12:07 pm revealed:</p> <ul style="list-style-type: none"> -No one had ever reported any blackened growth along the baseboards. -She had never had any resident complaints related to water damage or blackened areas of growth. -The only time she had ever hear about mold growth was in room 52 when that resident's Responsible Party gave their 14 day notice. -The maintenance employee was responsible for identifying any mold or mildew growth. -Housekeeping staff were responsible for cleaning the base boards and floors. -All staff was responsible for reporting any mold or mildew growth. 	D 074		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 310 D 310	<p>Continued From page 3</p> <p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure therapeutic diets (regular pureed) were served as ordered by the physician for 1 of 2 sampled residents (Resident #1) in the Special Care Unit (SCU).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 06/10/16 revealed: -Diagnoses included dementia and Parkinson's Disease. -An order for a regular diet.</p> <p>Review of Resident #1's record revealed: -A physician's order dated 06/23/16 for a mechanical soft diet. -A physician's order dated 07/29/16 for a pureed diet.</p> <p>Review of a Resident Diet List dated September 2016 revealed Resident #1 was to be served a pureed diet.</p> <p>Review of a list of residents with swallowing difficulties provided on 09/21/16 revealed Resident #1 was on the list.</p>	D 310 D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 310	<p>Continued From page 4</p> <p>Review of the laminated diet card sent with the meal from dietary revealed Resident #1 was on a pureed diet.</p> <p>Review of the therapeutic diet spreadsheet for pureed for the 09/21/16 lunch meal revealed Resident #1 was to receive 1 cup of pureed chilled salad, 8 ounces of pureed barbeque chicken served with 2 ounces of barbecue sauce or other gravy pureed, 1/2 cup of pureed brown rice pilaf with herbs, 1/2 cup pureed yellow squash, 1 pureed dinner roll, and 5 ounces of pureed pumpkin pie.</p> <p>Observation of the lunch meal on 09/21/16 from 12:00 pm to 1:00 pm revealed:</p> <ul style="list-style-type: none"> -Resident #1's meal was in the SCU's dining room in an enclosed food cart. -Resident #1's meal was already plated, with the exception of the dessert. -Resident #1 was served, by a Nurse Aide (NA) 1 cup of pureed chilled salad and he ate 100% with assistance. -Resident #1 was then served, by a NA, a plate containing 8 ounces of pureed barbeque chicken, 1/2 cup of pureed brown rice pilaf, 1/2 cup pureed yellow squash, 1 pureed dinner roll, 8 ounces of water, and 8 ounces of tea. -Resident #1 ate, with assistance from a NA, 3/4 of the rice pilaf, all of the barbeque chicken, and 1/2 of the pureed squash. -Resident #1 was then served, by a NA, a whole slice of pumpkin pie that had not been pureed. -Resident #1 was fed the pie by the NA. -Resident #1 ate all of the pumpkin pie filling, the bottom crust, and 1/2 of the outer crust. -Resident #1 had no difficulties with swallowing and no coughing during the meal. -There were no pureed pumpkin pie servings observed to be available. 	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 310	<p>Continued From page 5</p> <p>Observation on 09/21/16 at 12:30 pm revealed: -A NA asked the Resident Care Coordinator (RCC) for the SCU what to serve another resident (who was also ordered a pureed diet) because they only had pumpkin pie slices. -The RCC instructed her to serve the resident either apple sauce or pudding because "we can't serve her that."</p> <p>Interview with a NA on 09/21/16 at 12:38 pm revealed: -Dietary staff prepared the plates for residents, including therapeutic diets. -The dietary staff placed the plate for each resident over a laminated diet card so the NA would know what diet was being served to the resident.</p> <p>Interview with the RCC for the SCU on 09/22/16 at 10:05 am revealed: -She was aware Resident #1 was on a pureed diet. -Dietary provided diet cards for each resident that was sent with each meal. -She thought the pumpkin pie filling was probably similar to pureed consistency, but the crust of the pie would not be. -She did not know why they did not receive the pureed pumpkin pie from dietary, because "they usually send the pureed desserts." -Staff should have called dietary to let them know they needed pureed desserts or staff could have given him pudding or apple sauce.</p> <p>Interview with a first shift cook on 09/22/16 at 1:45 pm revealed: -The first shift cook prepared pureed desserts for the SCU on 09/21/16. -"We have two people on pureed diets" in the</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 310	<p>Continued From page 6</p> <p>SCU.</p> <p>-When the second shift cook comes in at 11:00, she was to plate the food for the SCU, including the pureed desserts, place them in the food cart to be delivered to the SCU.</p> <p>-"We always send 18 regular desserts and 2 pureed desserts."</p> <p>Interview with the Dietary Manager on 09/21/16 at 5:30 pm revealed:</p> <p>-Dietary staff were responsible for preparing and plating food for the residents on the SCU, including therapeutic diets.</p> <p>-Dietary staff provided a laminated diet card for each resident that was placed under each resident's plate so the SCU staff would know which resident was to receive the plate.</p> <p>A second interview with the Dietary Manager on 09/22/16 at 1:40 pm revealed:</p> <p>-The cooks were responsible for preparing the pureed desserts and placing them in the food carts to be delivered to the SCU.</p> <p>-He knew Resident #1 was to be served a pureed diet, including desserts.</p> <p>-When the second shift cook came in at 11:00 am, her first task was to fill the food cart, including the pureed plates and pureed desserts.</p> <p>-He thought the pureed pumpkin pie had been send to the SCU on 09/21/16 for lunch.</p> <p>Interview with the Administrator on 09/22/16 at 1:50 pm revealed:</p> <p>-She had been the Administrator for 2 months and was still learning her role.</p> <p>-Dietary should have a list of residents who were on special diets.</p> <p>-She was not familiar with the facility's process for serving meals to residents in the SCU.</p> <p>-Dietary staff prepared the special diets and</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE CONCORD PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027
--	---

(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 310	Continued From page 7 delivered the food to the SCU. -The NAs were responsible for serving residents in the SCU. -She did not know how the SCU staff knew what diets residents were on or how they knew which plates to serve each resident.	D 310		