

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/13/2026
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and a follow-up survey from 08/11/26 through 08/13/26.	D 000		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record	D 280		

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

TITLE

(X6) DATE

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D 280	Continued From page 1 reviews the facility failed to ensure quarterly Licensed Health Professional Support (LHPS) evaluations were completed quarterly for 3 of 5 sampled residents (#1, #3, #5) with LHPS tasks. The findings are: 1. Review of Resident #1's FL2 dated 03/17/26 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD) stage III, asthma, and Parkinson's disease. -She was semi-ambulatory and used a walker and wheelchair. -She was admitted to the facility on 03/19/26. Review of Resident #1's initial licensed health professional support (LHPS) evaluation dated 04/19/26 revealed: -She required physical, occupational and speech therapies. -She required protective sleeves for her upper extremities and thrombo-embolic deterrent (TED) stockings for her lower extremities. -She utilized oxygen and inhaled medications by machine. -She received subcutaneous injections monthly. Review of Resident #1's record revealed there was not a more recent LHPS evaluation available for review after 04/19/26. Review of Resident #1's signed physician orders dated 06/02/26 revealed: -An order for compression stockings apply in morning and remove at night daily. -An order for Geri-sleeves to bilateral upper extremities daily. -An order for oxygen 2 liters as needed (PRN) to	D 280		

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D 280	Continued From page 2 keep saturations above 90%. -An order for ipratropium-albuterol solution 0.5-2.5-3mg/ml inhale 3ml every 6 hours PRN. -An order for mepolizumab subcutaneous solution 100mg/ml inject 1ml subcutaneous every 28 days. Interview with a medication aide (MA) on 08/13/26 at 2:27pm revealed: -She was not aware of LHPS evaluations and had nothing to do with the completion of the assessments. -She was not aware of Resident #1 requiring assistance with compression stockings, oxygen, injections, protective sleeves or nebulizer medications. Interview with the Resident Care Coordinator (RCC) on 08/13/26 at 2:40pm revealed: -She was aware of Resident #1 requiring assistance with compression stockings, oxygen, injections, protective sleeves and nebulizer medications. -Due dates for the LHPS evaluations were scheduled in Resident #1's electronic health record. Telephone interview with a registered nurse (RN) on 08/13/26 at 3:34pm revealed: -She was not aware that Resident #1's quarterly LHPS evaluation was due to be completed in July 2026. -She was aware of Resident #1 requiring assistance with compression stockings, oxygen, injections, protective sleeves and nebulizer medications. Interview with the Administrator on 08/13/26 at 2:55pm revealed she was not aware that Resident #1's quarterly LHPS evaluation had not	D 280		

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D 280	Continued From page 3 been completed. Refer to the interview with the Resident Care Coordinator (RCC) on 08/13/26 at 2:41pm. Refer to the telephone interview with a registered nurse (RN) on 08/13/26 at 3:33pm. Refer to the interview with the Administrator on 08/13/26 at 2:56pm. 2. Review of Resident #3's FL2 dated 12/29/25 revealed: -Diagnoses included Parkinson's disease, type II diabetes, major depression and hypertension. -She was admitted to the facility on 10/21/24. Review of Resident #3's licensed health professional support (LHPS) evaluation dated 02/12/26 revealed she had LHPS tasks of oxygen administration and monitoring and inhaled medications by machine. Review of Resident #3's record revealed a second LHPS evaluation that was not dated with an additional task of medication administration through injection. Review of Resident #3's signed physician orders dated 06/01/26 revealed: -An order for oxygen 2 liters as needed (PRN). -An order for albuterol sulfate 0.083% inhale 3ml every 6 hours PRN. -An order for tirzepatide injection 2.5mg inject 0.5ml every Wednesday. Interview with a medication aide (MA) on 08/13/26 at 2:27pm revealed: -She administered Resident #3's injections every Wednesday and assisted her with application of	D 280		

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D 280	Continued From page 4 her oxygen, use of her inhalers and administered her nebulizer treatments. -She was not aware of LHPS evaluations and had nothing to do with the completion of the assessments. Interview with the Resident Care Coordinator (RCC) on 08/13/26 at 2:40pm revealed: -She was aware of Resident #3 requiring assistance with injections, oxygen and nebulizer medications. -Due dates for the LHPS evaluations were scheduled in Resident #3's electronic health record. Telephone interview with a registered nurse (RN) on 08/13/26 at 3:34pm revealed: -She completed an LHPS evaluation for Resident #3 on 07/09/26 due to the facility hiring a new HWD. -Her computer had a technical issue and saved the LHPS evaluation for Resident #3 but did not save the date. -She was unaware that Resident #3 had an LHPS evaluation due for the second quarter of 2026 and relied on facility staff to notify her when LHPS evaluations were due. -She was aware of Resident #3 requiring assistance with oxygen, injections and nebulizer medications. Interview with the Administrator on 08/13/26 at 2:55pm revealed she was not aware that Resident #3's quarterly LHPS evaluation had not been completed. Refer to the interview with the Resident Care Coordinator (RCC) on 08/13/26 at 2:41pm. Refer to the telephone interview with a registered	D 280		

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D 280	Continued From page 5 nurse (RN) on 08/13/26 at 3:33pm. Refer to the interview with the Administrator on 08/13/26 at 2:56pm. 3. Review of Resident #5's current FL2 dated 01/28/26 revealed: -Diagnoses included type 2 diabetes and hyperkalemia. -There was an order for insulin aspart with sliding scale based on finger stick blood sugar (FSBS) two times daily. Review of Resident #5's LHPS evaluation dated 02/12/26 revealed there were listed LHPS tasks of medication administration through injections, prescribed physical therapy and ambulation using assistive devices that required physical assistance. Review of Resident #5's record revealed: -There was an undated LHPS evaluation available for review with an LHPS task of medication administration through injections. -There was not a dated LHPS evaluation available for review after 02/12/26. Observation during the morning medication pass on 08/12/26 at 9:15am revealed: -A medication aide (MA) checked Resident #5's FSBS. -A MA administered insulin to Resident #5 via subcutaneous injection. Interview with Resident #5 on 08/13/26 at 1:43pm revealed staff checked his FSBS. Interview with a MA on 08/13/26 at 2:30pm revealed she checked Resident #5's FSBS and administered insulin to Resident #5.	D 280			

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D 280	Continued From page 6 Telephone interview with a registered nurse (RN) 08/13/26 at 3:32pm revealed she did not know Resident #5 had an LHPS task of collecting and testing of FSBS to include the task on Resident #5's LHPS evaluation. Interview with the Administrator on 08/13/26 at 3:11pm revealed: -She did not know Resident #5 did not have an LHPS evaluation completed quarterly after 02/12/26. -She did not know an LHPS task of collecting and testing of FSBS was not included on Resident #5's LHPS evaluation dated 02/12/26. Refer to the interview with the Resident Care Coordinator (RCC) on 08/13/26 at 2:41pm. Refer to the telephone interview with a registered nurse (RN) on 08/13/26 at 3:33pm. Refer to the interview with the Administrator on 08/13/26 at 2:56pm. Interview with the Resident Care Coordinator (RCC) on 08/13/26 at 2:41pm revealed: -A registered nurse (RN) or the Health and Wellness Director (HWD) were responsible for completing residents' LHPS evaluations. -Corporate nurses had been filling in to complete LHPS evaluations because the facility did not have an HWD until May 2026. Telephone interview with a registered nurse (RN) on 08/13/26 at 3:33pm revealed: -She completed LHPS evaluations for facility residents in early July 2026. -She expected facility staff to notify her when residents' quarterly LHPS evaluations were due	D 280		

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D 280	Continued From page 7 or when a resident developed a need for a new task. Interview with the Administrator on 08/13/26 at 2:56pm revealed: -It was the responsibility of the facility HWD to complete LHPS evaluations. -She was aware that LHPS evaluations were to be completed quarterly. -A RN had been visiting the facility weekly to complete residents' LHPS evaluations. -The HWD had a tracker system to identify when LHPS evaluations were due. -The RCC was contacting corporate nurses regarding LHPS evaluations that were due. -She expected residents' LHPS evaluations to be completed upon admission, quarterly and when changes in tasks occurred.	D 280			
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all food items stored and prepared by the facility were served under	D 283			

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D 283	Continued From page 8 sanitary conditions related to food and food containers that were not properly labeled and failed to ensure residents' ice supply was protected from contamination as related to an uncovered ice scoop. The findings are: Initial observation of the facility's kitchen on 08/11/26 at 11:20am revealed: -The kitchen contained one large ice machine that supplied the entire facility. -The scoop for the ice machine was in an uncovered wire rack mounted on the wall of the refrigerator beside the ice machine. -The wall where the ice scoop holder was mounted was visibly dirty. Observation of the facility's refrigerator on 08/11/26 at 11:22am revealed: -There was an open bag of raw chicken on the bottom shelf that was not labeled or dated. -There was an open carton of potato salad that was not dated. -There was an open package of lunch meat in clear plastic that was not labeled or dated. Observation of the facility's freezer on 08/11/26 at 11:24am revealed: -There was an open bag of meat fillets not labeled or dated. -There was an open bag of chicken fillets not labeled or dated. -There was an open bag of chicken pieces not labeled or dated. Second observation of the facility's kitchen on 08/12/26 at 3:18pm revealed the ice scoop for the ice machine was in an uncovered wire rack mounted on the wall of the refrigerator beside the	D 283		

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D 283	Continued From page 9 ice machine. Second observation of the facility's refrigerator on 08/12/26 at 3:20pm revealed: -There was an open bag of chopped celery not labeled or dated. -There was an uncovered bowl of blueberries not labeled or dated. -There was an open package of lunch meat in clear plastic that was not labeled or dated. -There was a stack of sliced cheese on a plate covered in plastic wrap that was not labeled or dated. -There were opened bottles of barbeque sauce and salsa that were not dated. Interview with a cook on 08/13/26 at 11:15am revealed: -He was unaware of opened, unlabeled food items in the refrigerator and freezer. -He was aware that labeling was necessary to ensure food items had not expired. -Every dietary staff member was responsible for dating opened food items. -He was made aware that the ice scoop should be covered on 08/13/26. -The ice scoop was cleaned nightly by running it through the dish machine. Interview with the Dietary Supervisor on 08/13/26 at 11:14am revealed: -He was not aware of opened, undated items in the refrigerator and freezer. -He was aware that every opened food item must be dated. -He was aware that labeling food items was necessary to indicate their disposal dates. -He was not aware that the ice scoop should be covered. -Clinical staff within the facility used the ice	D 283		

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D 283	Continued From page 10 machine and scoop. -The ice scoop was run through the dish machine one daily. Interview with the Dietary Manager on 08/13/26 at 10:57am revealed: -He was not aware of opened, unlabeled items in the refrigerator and freezer. -The dietary employee who opened the food item was responsible for dating the item and then sealing its container. -He was aware that dating food products let staff know when the product expired. -He expected all opened food products to be labeled and dated. -He was aware the ice scoop needed to be in a holder but was not aware it needed to be covered. -Three dietary staff used the ice scoop daily and clinical staff used different ice scoops that were kept on shelves with dishes. -He expected dietary staff to keep the ice scoop covered in a new holder at all times when not in use. Interview with the Administrator on 08/13/26 at 3:07pm revealed: -She was not aware of opened, unlabeled food items in the refrigerator and freezer. -All dietary staff should label and date opened food items. -She expected all food items to be labeled and dated as soon as they were opened. -She was not aware the ice scoop needed to be covered but was aware of infection control precautions. -She expected the ice scoop to be covered in a new holder at all times when not in use.	D 283		