

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2025
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NAME OF PROVIDER OR SUPPLIER BROOKDALE UNION	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 UNION ROAD GASTONIA, NC 28054
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D 000	Initial Comments The Adult Care Licensure Section and the Gaston Department of Social Services conducted an annual survey from February 12, 2025 through February 13, 2025.	D 000		
D 113	<p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 4 of 4 water fixtures in resident bathrooms that were accessible for resident use.</p> <p>The findings are:</p> <p>Interview with the resident residing in room 37 on 02/12/25 at 9:30am revealed: -The water in her bathroom got too hot. -She would adjust the water to a comfortable temperature before entering the shower and also if the water became too hot while she was in the shower.</p> <p>Observation of water temperatures on 02/12/25 at</p>	D 113		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 113	<p>Continued From page 1</p> <p>9:39am revealed a water temperature of 120°F the bathroom of room 37.</p> <p>Interview with the Administrator on 02/12/25 at 9:45am revealed: -The Administrator did not know the bathroom sink in room 37 had an elevated hot water temperature of 120°F. -The Administrator was going to notify the Maintenance Director.</p> <p>Observation of water temperatures on 02/12/25 at 10:05am revealed a water temperature of 120°F in the bathroom sink of room 39.</p> <p>Observation of water temperatures on 02/12/25 at 11:30am revealed a water temperature of 121°F in the bathroom sink of room 41.</p> <p>Observation of water temperatures on 02/12/25 at 2:56pm revealed a water temperature of 121°F in the bathroom sink of room 31.</p> <p>Interview with a personal care aide (PCA) on 02/13/25 at 10:50am revealed: -She had not had anyone complain of the water being too hot. -She had not noticed the water being too hot or when she assisted residents with their showers. -She would adjust it to a comfortable temperature before the resident would enter the shower and then adjust more to the resident's preference if needed.</p> <p>Second observation of water temperatures on 02/13/25 at 9:36am revealed: -The bathroom sink in room 31 had a hot water temperature of 111°F. -The bathroom sink in room 37 had a hot water temperature of 111°F.</p>	D 113		

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D 113	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The bathroom sink in room 39 had a hot water temperature of 110°F. <p>Interview with the Maintenance Director on 02/13/2025 at 12:20pm revealed:</p> <ul style="list-style-type: none"> -He became aware of elevated hot water temperatures at the end of December 2024 after a scald valve engaged by shutting off the water to a resident's shower, due to a water temperature above 116°F. -The scald valves were to automatically shut the water off when the water reached 116°F, but not all the showers had this function. -The highest temperature he recorded at that time was 120°F in a resident bathroom for the faucet and the shower. -The plumbing contractor completed an inspection of the facility's mixing valves on 01/06/25 and recommended replacement of the valves. -The mixing valves were checked twice a year. -He sent the 01/06/25 plumbing contractor estimate to his company's corporate management who did not approve until 02/13/25. -He told the facility staff to check water temperatures prior to giving any resident showers. -Not all staff had thermometers to check hot water temperatures. -The chart to record the temperatures was in the medication room. -He notified the staff of this process at staff meetings and individually. -He routinely checked water temperatures weekly and documented the temperatures. -He did not need to make any water temperature adjustments prior to December 2024. <p>Review of the facility's water temperature logbook from 11/02/24 through 02/08/25 revealed:</p>	D 113		

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D 113	<p>Continued From page 3</p> <p>-There was no documentation of a hot water temperature over 114.8°F.</p> <p>-The Maintenance Director did not document an elevated water temperature of 116°F or greater after the scald valve engaged in a resident room.</p> <p>Interview with the Administrator on 02/13/25 at 12:55pm revealed:</p> <p>-She was notified of elevated water temperatures when she returned from leave in January.</p> <p>-She was not aware that the water temperatures had reached 120° F until 02/12/25.</p> <p>-If she had known about the elevated temperatures in January, she also would have notified the company's asset management department.</p> <p>-She made sure the staff had access to thermometers.</p> <p>-She expected the Maintenance Director to check water temperatures weekly.</p> <p>-She expected the Maintenance Director to notify her and the asset management department if the temperatures were outside of the expected range of 100° F to 116° F.</p>	D 113		
D 263	<p>10A NCAC 13F .0802 (e) Resident Care Plan</p> <p>10A NCAC 13F .0802 Resident Care Plan</p> <p>(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:</p> <p>(1) the resident is under the physician's care; and</p> <p>(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the</p>	D 263		

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D 263	<p>Continued From page 4</p> <p>care plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 2 of 5 sampled residents had a care plan that was signed by the Primary Care Provider (PCP) within 15 days of the residents being assessed (#3 and #4).</p> <p>The findings are:</p> <p>1. Review of Resident #3's current FL2 dated 02/01/25 revealed diagnoses included chronic obstructive pulmonary disease, chronic respiratory failure and hyperlipidemia.</p> <p>Review of Resident #3's resident register revealed an admission date of 05/05/16.</p> <p>Review of Resident #3's care plan dated 09/24/24 revealed: -Resident #3 required supervision with bathing. -The PCP signed Resident #3's care plan on 12/11/24.</p> <p>Refer to the interview with the facility's Nurse Manager on 02/13/25 at 12:01am.</p> <p>Refer to the interview with the Administrator on 02/13/25 at 12:40pm.</p> <p>2. Review of Resident #4's current FL2 dated 12/10/24 revealed diagnoses included unspecified pain, essential hypertension (high blood pressure), chronic kidney disease stage 3 and dementia.</p> <p>Review of Resident #4's resident register revealed an admission date of 01/13/22.</p>	D 263		

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D 263	<p>Continued From page 5</p> <p>Review of Resident #4's care plan dated 01/11/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 was independent with care and ambulation. -Resident #4's care plan dated 01/18/25 was not signed by the Primary Care Provider (PCP). <p>Refer to the interview with the facility's Nurse Manager on 02/13/25 at 12:01pm.</p> <p>Refer to the interview with the Administrator on 02/13/25 at 12:40pm.</p> <p>Interview with the facility's Nurse Manager on 02/13/25 at 12:01pm revealed:</p> <ul style="list-style-type: none"> -The Registered Nurse and/or Health and Wellness Director (HWD) were responsible for completing resident care plans. -The HWD left the position in December 2024 and the facility's Nurse Manager was responsible for completing resident care plans. -Resident care plans were to be completed annually and signed by the Primary Care Provider (PCP) within 15 days of the residents being assessed. <p>Interview with the Administrator on 02/13/25 at 12:40pm revealed:</p> <ul style="list-style-type: none"> -Resident care plans are to be completed annually. -The facility's Nurse or HWD were responsible for completing resident care plans. -The Resident Care Coordinator (RCC) was responsible for placing resident care plans in the PCP's facility mailbox for signature and responsible for placing completed resident care plans in the resident's record. -The PCP was expected to sign the care plan 	D 263		

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D 263	Continued From page 6 within 15 days. -The facility had a clinical tracker to follow the "path" when a resident's care plan was due and completed. -The HWD and/or the Registered Nurse were responsible for following the tracker to ensure resident care plans were completed.	D 263		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all foods items stored by the facility were protected from contamination related to foods not labeled, not dated, and improperly stored in the refrigerator. The findings are: Review of the facility's environmental inspection report dated 07/16/24 revealed there was	D 282		

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D 282	<p>Continued From page 7</p> <p>documentation three demerits were issued that included equipment food-contact surfaces, in-use utensils, between-use storage, and single-service articles to prevent contamination.</p> <p>Observation of the facility's kitchen on 02/12/25 at 9:40am revealed:</p> <ul style="list-style-type: none"> -There were two packages of sliced deli meat that were not labeled and not dated in the refrigerator. -There were ten to twelve slices of cheese wrapped in individual plastic that were not labeled and not dated stored in the refrigerator. -There was a package of parmesan cheese that was not labeled and not dated in the refrigerator. -There was a sealed package of raw chicken defrosting at the bottom of the refrigerator that was not labeled and not dated. -The kitchen floor was sticky, had debris build-up throughout the kitchen and was not clean near the oven, refrigerator and near the steam table. -There was dried food and debris on the floor under the storage shelves used to store non-perishable foods. -The wall area on the wall above the three-compartment sink displayed multiple areas of black spots. -The wall area under the three-compartment sink was damaged with peeling paint, dents/ holes in the wall with brown discolored spots. -The wall under the hand sink displayed peeling paint and water damage. <p>Observation of the facility's kitchen on 02/13/25 at 9:28am revealed:</p> <ul style="list-style-type: none"> -The wall area on the wall above the three-compartment sink displayed multiple areas of black spots. -The wall area under the three-compartment sink was damaged with peeling paint, dents/ holes in the wall with brown discolored spots. 	D 282		

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D 282	<p>Continued From page 8</p> <p>-The wall under the hand sink displayed peeling paint and water damage.</p> <p>Interview with the Dietary Manager (DM) on 02/13/25 at 9:28am revealed:</p> <p>-She was ultimately responsible for assuring the kitchen staff labeled and dated food that was opened and stored in the refrigerator.</p> <p>-She has reported the environmental needs of the kitchen to the Administrator and Corporate Office.</p> <p>-She expected the kitchen to be clean and food items stored appropriately to avoid contamination.</p> <p>Interview with the Maintenance Director on 02/13/25 at 12:10pm revealed:</p> <p>-He was aware of the wall damage in the kitchen and was unable to repair the walls due to being on light duty.</p> <p>-He normally repaired small repair jobs and received maintenance assistance from anothe facility's maintenance director when he was not available or able to perform repairs.</p> <p>-The wall covering above the three-compartment sink needed to be replaced to completely remove the multiple dark spots.</p> <p>-He reported the environmental needs of the kitchen to the facility's Corporate Office in the past.</p> <p>-He expected the kitchen to be in good repair without environmental issues and to be repaired in a timely manner.</p> <p>Interview with the Administrator on 02/13/25 at 12:37pm revealed:</p> <p>-The Maintenace Director was on light duty and received back-up assistance from another facility when he was unavailable or unable to perform repair tasks.</p> <p>-She did not know there were environmental issues in the kitchen and she expected stored</p>	D 282		

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D 282	Continued From page 9 foods to be labeled and dated.	D 282		