

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LEXINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 YOUNG DRIVE</b> <b>LEXINGTON, NC 27292</b>
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D 000	Initial Comments  The Adult Care Licensure Section and the Davidson County Department of Social Services conducted a follow-up survey on August 12-14, 2025.	D 000		
D 125	<p>10A NCAC 13F .0403(a) Qualifications Of Medication Staff</p> <p>10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 6 sampled medication aides (MA) (Staff E) had a Clinical Skills Competency Validation Checklist prior to administering medications.</p> <p>The findings are:</p> <p>Review of Staff E's, MA, personnel record revealed: -Staff E was hired as a MA on 11/22/24. -There was documentation Staff E completed the 5-10- 15-hour MA training course on 08/21/24. -Staff E had taken and passed the written MA examination on 11/13/24. -There was no documentation Staff E had a Clinical Skills Competency Validation Checklist</p>	D 125		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 125	<p>Continued From page 1 completed.</p> <p>Review of 2 resident's July 2025 electronic medication administration record (eMAR) revealed there was documentation Staff E administered medications 7 days from 07/01/25 to 07/31//25.</p> <p>Review of 2 resident's August 2025 eMAR revealed Staff E administered medications on 6 days from 08/01/25 to 08/12/25.</p> <p>Interview with a corporate Nurse Coordinator on 08/14/25 at 11:55am revealed: -She completed Clinical Skills Competency Validation Checklist for staff before the MA began administering medications. -In November 2024, the facility's Health and Wellness Director (HWD) assumed the task of completing Clinical Skills Competency Validation Checklist for some MAs. -The HWD in November 2024 was no longer employed by the facility. -There was no documentation Staff E completed a Clinical Skills Competency Validation Checklist available for review.</p> <p>Interview with the current HWD on 08/14/25 at 12:15pm revealed: -She was not the HWD in November 2024. -She had filed documents from the former HWD and there was no Clinical Skills Competency Validation Checklist for Staff E available for review.</p> <p>Interview with the Business Office Manager (BOM) on 08/14/25 at 12:45pm revealed: -She kept with the training requirements and documents for new hires in her office. -The HWD or the corporate Nurse Coordinator</p>	D 125		

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D 125	<p>Continued From page 2</p> <p>were responsible for ensuring MA staff qualifications, including Clinical Skills Competency Validation Checklist, were completed and documentation provided for her to file in personnel records.</p> <p>-There was no Clinical Skills Competency Validation Checklist for Staff E available for review.</p> <p>Interview with the Executive Director on 08/14/25 at 12:30pm revealed:</p> <p>-All MAs were required to have the documentation for completion of the Clinical Skills Competency Validation Checklist prior to administering medications.</p> <p>-The HWD or corporate Nurse Coordinator were responsible for verifying MA staff qualification or completing necessary training.</p> <p>-The BOM kept personnel records in her office.</p> <p>-There had been a turn-over of HWD staff and staff must have been overlooked Staff E's documentation for completing Medication Clinical Skills Competency Validation Checklist before she administered medications.</p> <p>Telephone interview with Staff E on 08/14/25 at 1:30pm revealed she did not recall if the HWD had completed a Clinical Skills Competency Validation Checklist before she administered medications.</p>	D 125		
D 375	<p>10A NCAC 13F .1005 (a) Self-Administration Of Medications</p> <p>10A NCAC 13F .1005 Self -Administration Of Medications</p> <p>(a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following</p>	D 375		

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D 375	<p>Continued From page 3</p> <p>requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 5 sampled residents (#5) had physician's order to self-administer medications observed in a resident's room.</p> <p>The findings are:</p> <p>Review of the facility's Medication Administration policy revealed: -Self-administering of medications required a physician's order. -A self-administration assessment was required to be completed by facility staff. -Families were not allowed to bring medications to the resident directly but must deliver to medications to a Medication Aide (MA) or the Health and Wellness Director (HWD).</p> <p>Observations of the room where Resident #5 resided on 8/12/25 at approximately 9:50am and on 08/13/25 at 4:30pm revealed: -There was one tube of hemorrhoid cream, one container of vapor rub decongestant, one tube of joint pain cream, one bottle of anti-itch lotion, two bottles of eye drops and two bottles of antacids on the resident's nightstand.</p>	D 375		

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D 375	<p>Continued From page 4</p> <p>-The containers had no pharmacy label for instructions for use or self-administration.</p> <p>Review of Resident #5's current FL2 dated 07/08/25 revealed:</p> <p>-Diagnoses included unspecified dementia, insomnia, anxiety disorder, seasonal allergies, age-related cognitive decline, visual hallucinations, wheezing, atrial flutter, hypertension, osteoarthritis, major depressive disorder, lymphedema, chronic kidney disease, type 2 diabetes, gastro-esophageal reflux disease.</p> <p>-There was no order for hemorrhoid cream, vapor rub decongestant, joint pain cream, anti-itch lotion or antacids.</p> <p>-There was an order for Systane 0.6% 1 drop both eyes as needed (PRN) every 12 hours for dry eyes.</p> <p>-There was no order for self-administration of any medication.</p> <p>Review of Resident #5's record revealed:</p> <p>-There was no order for hemorrhoid cream, joint pain cream, anti-itch lotion or antacids.</p> <p>-There was a physician's order to discontinue self-administration of hydrocortisone cream, urinary pain relief tablets and vapor rub decongestant on 06/24/25 due to non-use.</p> <p>-There was no assessment for self-administration of medications.</p> <p>Review of Resident #5's June 2025, July 2025, and August 2025 from 08/01/25-08/13/25 electronic medication administration records (eMARs) revealed:</p> <p>-There was no entry for hemorrhoid cream, joint pain cream, anti-itch lotions or antacids.</p> <p>-There was an entry for eye drops 0.6% 1 drop both eyes every 12 hours PRN for dry eyes.</p>	D 375		

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D 375	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-There was an entry for vapor rub decongestant 4.7-1.2-2.6%. Apply to affected area topically as needed for cough/congestion unsupervised self-administration twice daily on the June eMAR and discontinued on 06/24/25.</li> <li>Interview with Resident #5 on 08/13/25 at 4:45pm revealed: <ul style="list-style-type: none"> <li>-Her family member was a nurse and brought medications to her that she thought would help.</li> <li>-She began itching while on vacation with her family, so her daughter purchased the anti-itch lotion.</li> <li>-She denied using the hemorrhoid cream because she did not like how it smelled.</li> <li>-She used joint pain cream on her "cracking" shoulders and knees.</li> <li>-She used the vapor rub decongestant every night by putting it under her nose and on her chest to help her breathe.</li> <li>-She used the antacids when she ate something spicy or greasy.</li> <li>-She denied self-administering the eye drops and reported that her family member delivered them to her instead of to facility staff.</li> </ul> </li> <li>Telephone interview with Resident #5's Primary Care Provider (PCP) on 08/14/25 at 10:50am revealed: <ul style="list-style-type: none"> <li>-She did not write any self-administration orders or discontinue any such orders for the resident.</li> <li>-Resident #5 was not able to self-administer her medications due to cognitive impairment.</li> <li>-Resident #5 should not apply any creams or treatments to any areas of her body that required her to stand because she would likely fall.</li> <li>-Facility staff should remove all medications from Resident #5's room.</li> </ul> </li> <li>Interview with a personal care aide (PCA) on</li> </ul>	D 375		

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D 375	<p>Continued From page 6</p> <p>08/14/25 at 11:48am revealed: -She completed room rounds daily and assisted Resident #5 with showers, made her bed and did her laundry. -She reported never observing medications in Resident #5's room. -She knew residents were not supposed to have medications in their room. -She would let the MA or the HWD know if she found medications at the bedside.</p> <p>Interview with an MA on 08/14/25 at 11:56am revealed: -She observed medications in Resident #5's room frequently. -Resident's family supplied her eye drops, nasal spray and allergy pills and sometimes gave them to the resident instead of to staff despite being instructed multiple times to deliver all meds to facility staff. -Resident #5 had one family member who was a nurse and one who works at a local pharmacy. -She informed either the HWD or Administrator each time she noticed medications in resident's room.</p> <p>Interview with the HWD on 08/14/25 at 12:15pm revealed: -She was not aware that Resident #5 had medications in her room until 08/13/25. -PCAs and MAs were responsible for monitoring resident rooms. -PCAs should notify MAs or HWD when medications were found. -MAs should check resident records for self-administration orders and remove medications from rooms if necessary and notify the responsible party. -HWD or Health and Wellness Coordinator (HWC) completed self-administration</p>	D 375		

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D 375	Continued From page 7 assessments.  Interview with the Administrator on 08/14/25 at 12:28pm revealed: -He was not aware that Resident #5 had medications in her room until 08/13/25. -He expected staff to remove all medications from resident rooms who did not have orders to self-administer and contact their responsible parties. -He expected the HWD to complete self-administration assessments for residents the PCP agreed were able to self-administer medications.	D 375		