

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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  The Adult Care Licensure Section conducted an annual and follow-up survey on August 26-27, 2015.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings  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;  This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure walls and floors were clean and in good repair in 15 Resident bedrooms (Rooms #11, #14, #16, #18, #25, #31, #34, #35, #36, #37, #38, #40, #41, #47, #49A.).  The findings are:  Observation of resident room #31 on 8/26/15 at 9:10am revealed: -There were 3 carpet stains dark gray in color, ranging in size from 6 to 26 inches.  Observation of resident room #34 on 8/26/15 at 9:15am revealed: -There were 4 carpet stains dark gray in color, ranging in size from 4 inches to 12 inches.  Observation of resident room #35B on 8/26/15 at 9:25am revealed: -There were 6 carpet stains dark gray in color, ranging in size from 3 to 5 inches.	D 074		
	Observation of resident room #36B on 8/26/15 at			

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:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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 074	<p>Continued From page 1</p> <p>9:35am revealed: -There were 2 carpet stains dark brownish in color, ranging in size from 12 to 36 inches.</p> <p>Observation of resident room #37A on 8/26/15 at 9:45am revealed: -There were numerous carpet stains gray in color, ranging in size from 12 to 24 inches in size.</p> <p>Observation of resident room #38B on 8/26/15 at 9:55am revealed: -There was a stain, grayish brown in color, approximately 30 inches in size, and 4 small stains ranging from 4 to 6 inches.</p> <p>Observation of resident room #40 on 8/26/15 at 10:05am revealed: -There was one continuous stain, ranging in color from gray to black, covering the entire floor.</p> <p>Observation of resident room #41 on 8/26/15 at 10:15am revealed: -There were multiple gray stains on the carpet ranging in size from 6 to 12 inches.</p> <p>Observation of resident room #47 on 8/26/15 at 10:20am revealed: -There were 3 carpet stains, grayish in color, ranging in size from 6 to 12 inches.</p> <p>Observation of resident room #49A on 8/26/15 at 10:30am revealed: -There were multiple gray and black carpet stains ranging in size from 6 to 24 inches.</p> <p>Confidential interviews with 11 residents revealed: -There needs to be more housekeepers. -"The floors get vacuumed once a week, maybe." -"The floor in my room has been stained since I have been here."</p>	D 074			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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 074	Continued From page 2 - "They need more housekeeping here in the building." - "I have spilled drinks on my floor and cleaned it up." - "I don't feel like the floors are dirty, just stained." - They have noticed the [Maintenance Man name] cleaning the floors. - There is a company that comes in once a month to clean the floors. - Resident stated the floor in their room had been dirty since they had moved in. - Resident stated they had spilled drinks on the floor and had told the staff, but the floors had not been cleaned. - Resident stated the floor had been cleaned by the Maintenance Man, but the stains did not come clean. - Resident stated they had spilled a food tray and the staff tried to wipe it up. Observation of resident room #14 on 8/26/15 at 10:07am revealed: - There was a 2ft. long by 1ft. wide area of peeling paint on the wall located under the wall mirror. - The entrance door to the resident's bathroom had black scuff marks 2ft. high on the door from what appeared to be from wheelchair damage. - On the right door frame leading into the resident's bathroom at the bottom there was a 2ft. high area of scratched off paint which appeared to be from wheelchair damage.  Observation of resident room #11 on 8/26/15 at 10:12am revealed: - There was a 12 in. circular gray stain on the carpet in front of the resident's refrigerator. - There five small gray stains on the carpet outside the resident's bathroom.	D 074		
	Observation of resident room #16 on 8/26/15 at 10:32am revealed:			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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	Continued From page 3  -A 2ft. wide by 2 1/2 ft. long gray stain on the carpet at the entrance to the resident's bathroom.  Observation of resident room #18 on 8/26/15 at 10:38am revealed: -There were 13 small 1in. circular gray stains on the carpet leading from the hallway into the resident's room. -There were 9 gray stains of various sizes on the carpet in front of the resident's mini-refrigerator. -There was a 2ft by 3ft. area of gray stain on the carpet in front of the resident's chair.  Observation of resident room #25 on 8/26/15 at 10:51am revealed: -There was a 3ft. long by 2ft. wide area of carpet with gray stain in the entrance to the resident's bathroom.  Confidential interviews with eleven residents on 8/26/15 during the initial tour revealed none of the residents had complaints about the environment in the facility or in their rooms.  Confidential interview with four Personal Care Aides revealed: -"Some of the residents have complained about their carpet being dirty." -"Residents do spill food and drink on the floors." -"There are some residents who are incontinent and have had accidents on the carpet." -"We do clean the spill up when we know about it, or let the housekeeper know." -"Lots of the rooms need new carpet." -"[Maintenance Man name] sometimes will clean the carpets."  Interview with the Maintenance Man on 8/27/15 at 8:50am revealed: -He "sometimes" does carpet cleaning.	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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 4</p> <ul style="list-style-type: none"> <li>-The facility "contracted" an outside carpet cleaning service "when we have 4 or 5 rooms that need to be cleaned."</li> <li>-The dining room and main hallway carpet had been cleaned by the contractor "2 weeks ago."</li> <li>-Some of the resident rooms "get dirty quickly."</li> <li>-"Some rooms won't come clean."</li> <li>-Resident room #15 needs the carpet replaced.</li> <li>-Resident room #33 had to be cleaned "at least every 2 weeks."</li> <li>-He was mainly dedicated to this facility, but had been pulled to work in other facilities when needed.</li> <li>-He had cleaned the rooms of the Residents who had asked him to clean their floors.</li> <li>-When the residents spill things on their floors they don't let him know so he can clean them while they are still wet.</li> </ul> <p>Interview with the Administrator on 8/27/15 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-He had been at the facility for about two weeks.</li> <li>-The corporate office was going to be replacing the carpet in the rooms that were stained.</li> <li>-He was working on getting more housekeeping staff.</li> </ul> <p>Interview with the Housekeeper on 8/26/15 at 11:45am revealed:</p> <ul style="list-style-type: none"> <li>-She was the only Housekeeper in the building.</li> <li>-She worked Monday through Thursday.</li> <li>-Some other housekeepers from another corporate facility came and cleaned on Fridays.</li> <li>-The carpets in the rooms are dirty because the residents spill drinks on them.</li> <li>-She had told the previous administration about the carpet stains in some resident rooms.</li> </ul>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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 139	Continued From page 5	D 139		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications  10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;  This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 1 of 5 sampled staff (Staff #A) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40.  The findings are:  Review of the employee record for Staff A revealed: -Staff A was hired on 6/9/04 as a Personal Care Aide. -There was no documentation of a criminal background check being completed.  Interview on 8/27/15 at 2:20pm with the Business Office Manager revealed: -She was responsible for criminal background checks on new staff. -She was not working at the facility when Staff A was hired. -She was going to contact the corporate office to see if the background check was there. -She did not know why the criminal background check was not on file.	D 139		
D 189	10A NCAC 13F .0604 (e)(2)(A-E) Personal Care And Other Staffing  10A NCAC 13F .0604 Personal Care And Other Staffing	D 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD</b> <b>GASTONIA, NC 28054</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 189	Continued From page 6  (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply. (2) The following describes the nature of the aide's duties, including allowances and limitations: (A) The job responsibility of the aide is to provide the direct personal assistance and supervision needed by the residents. (B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty. (C) If the home employs more than the minimum number of aides required, any additional hours of aide duty above the required hours of direct service between 7 a.m. and 9 p.m. may involve the performance of housekeeping tasks. (D) An aide may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder the aide's care of residents or immediate response to resident calls, do not disrupt the residents' normal lifestyles and sleeping patterns, and do not take the aide out of view of where the residents are. The aide shall be prepared to care for the residents since that remains his primary duty. (E) Aides shall not be assigned food service duties; however, providing assistance to individual residents who need help with eating and carrying plates, trays or beverages to residents is an appropriate aide duty.	D 189			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD</b> <b>GASTONIA, NC 28054</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 189	Continued From page 7	D 189		
	<p>This Rule is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to assure there were staff available to perform laundry, housekeeping, and kitchen duties in addition to the staff on duty to attend to the residents personal care needs.</p> <p>The findings are:</p> <p>Review of the resident census provided by the facility on 8/26/15 revealed 61 residents.</p> <p>Confidential interviews with 6 staff revealed:</p> <ul style="list-style-type: none"> <li>-Their duties included setting up the dining room for meals, pouring the beverages for the residents, busing the tables after the residents ate, wiping down the tables, cleaning the floors, emptying trash in resident rooms, tidying up the residents rooms, cleaning the bathrooms if needed, making beds, washing clothes.</li> <li>-They spend 2 to 3 hours per day doing dining room duties, house keeping, and laundry.</li> <li>-Sometimes the residents have to wait for their call bells to be answered because they are in the middle of other duties.</li> <li>-They generally can get a call bell answered in 10 to 15 minutes.</li> <li>-The housekeeper cleans the rooms one day a week.</li> <li>-They do feel like there is a potential for residents to have to wait when they are off the hall doing other duties.</li> <li>-The longest wait time for a resident to have to wait to be assisted was 10 minutes.</li> <li>-Routine housekeeping tasks that were expected</li> </ul>			



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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 189	<p>Continued From page 8</p> <p>of PCAs were bed making, emptying trash, cleaning the resident's individual bathroom "if it's not clean," and organizing residents' closets.</p> <p>- "After we serve breakfast, we have to clean the dining room" which included wiping down the tables and chairs, sweeping the carpet, wiping the counters off, taking out the old food in the refrigerator and throwing it away."</p> <p>- The PCAs were also responsible for the same dining room cleanup duties after the lunch meal.</p> <p>- Out of an 8 hour day the PCA performed 2 to 3 hours doing housekeeping and dining room duties.</p> <p>- "We do daily tidies." [Picking up the room if needed, getting trash off the floor, emptying the trash, vacuuming the residents room].</p> <p>- Tasks included picking up paper off the floor of the resident's room, getting up food out of the residents floor's and out of the hallways, changing soiled beds, and cleaning up spills.</p> <p>- The facility had one housekeeper which worked Monday through Thursday 8am to 4pm.</p> <p>- "We did have a weekend housekeeper, but I don't think she's here anymore."</p> <p>- The PCAs or Medication Aides were expected to help with "daily tidies" in the resident rooms.</p> <p>- No family member had ever complained about concerns with environmental issues.</p> <p>Confidential interviews with 9 residents revealed:</p> <p>- They did not have to wait too long if they use the call bell.</p> <p>- Sometimes their rooms are dirty and need cleaning.</p> <p>- "The facility needs additional staff".</p> <p>- They feel like they are taken good care of by the staff at the facility.</p> <p>- They don't have to use call bell much.</p>	D 189		
	Confidential interviews with 3 family members			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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 189	Continued From page 9  revealed: -They have to clean the residents rooms and make the beds. -They do not feel like there are enough staff for the number of residents.  -They are concerned that when the staff are in the dining room no one is watching the hall. -They have been in the facility when all the staff are in the dining room and no one on the hallway. -They have not addressed this issue with the new Administrator.  Review of the Personal Care Aide job description provided by the facility revealed: -"Serves meals to residents in dining room or apartments. May assist in preparing meals following preplanned menus..." -"Maintains a clean, safe, and orderly environment for the residents. Performs general housekeeping; following cleaning schedules for resident laundry, bedrooms, dining area, living space, bathrooms, kitchen, etc."	D 189			
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision  10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observation, interview, and record review, the facility failed to assure 1 of 5 sampled	D 270			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD</b> <b>GASTONIA, NC 28054</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 270	Continued From page 10  residents (Resident #5) was adequately supervised in accordance with the resident's assessed needs.  The findings are:  Review of Resident #5's current FL2 dated 6/11/15 revealed: -Diagnoses included: acute cerebral vascular accident (CVA), generalized weakness, difficulty walking, and hypertension. -Constantly disoriented. -Ambulatory -Hard of hearing  Review of Resident #5's record revealed the resident was admitted to the facility on 6/12/15.  Review of Resident #5's psychiatry consultation report dated 6/2/15 included in the hospital discharge summary dated 6/3/15 revealed: -A cognitive assessment was administered to the resident and the resident scored 6 out of 30 possible points. (A normal score is greater than or equal to 26 points) -The resident "wasn't oriented to person and place." -"At this time, the [resident] lacks capacity for medical decision making..."  Review of a primary care provider's (PCP) order for Resident #5 dated 6/22/15 revealed: -"[Resident #5's name] has a primary diagnosis of dementia with early onset Alzheimers. It is my professional opinion that due to his diagnosis, [Resident #5's name] is not capable to make his own medical decisions, or to handle his personal finances."	D 270			
	Review of a PCP order for Resident #5 dated				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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 270	Continued From page 11  7/8/15 revealed "add diagnosis of Dementia to chart."  Review of a physician order sheet for Resident #5 dated 7/17/15 revealed: - "Resident was observed by staff member crossing highway returning to community from post office. Staff made sure resident returned to facility safely, notifying management. [Resident] has been placed on 1 hour checks throughout the weekend." - The PCP wrote "noted" on 7/20/15 as acknowledgement of having received the fax notification.  Review of Resident #5's Care Plan dated 7/21/15 revealed: - Resident attempted to exit building without needed supervision. - Resident was oriented to person, place, and time. - Resident had difficulty communicating needs and preferences (verbally or non-verbally). - Resident documented as requiring no assistance with ambulation. - Resident documented as requiring staff supervision for transfers.  Review of Resident #5's Licensed Health Professional Support initial evaluation dated 7/23/15 revealed: - The resident was independent with transfers and ambulation without a device. - The resident had been receiving physical therapy for balance and gait training which was discontinued on 7/23/15.  Review of a physician's order sheet for Resident #5 dated 7/28/15 at 4:00pm revealed: - "Resident left the facility (walked away). Stated	D 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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 270	Continued From page 12  he was going to post office to get mail. Please advise. Thank you!" -The PCP signed the notification on 7/29/15 as acknowledgment of having received the fax communication.  Review of a second physician's order sheet for Resident #5 dated 7/28/15 revealed: -"[Resident] left property and went to post office alone." -"[Wander management system] placement x 30 days." -"Check placement every shift." -"Check function once weekly."  Review of a shift report for Resident #5 dated 8/17/15 revealed the [wander management system] was documented removed on day shift.  Observation outside the facility on 8/26/15 at 8:45am revealed: -There were two busy four lane highways 75 ft. away on either side of the facility. -The facility was located where the two busy highways intersected.  Interview with Resident #5 on 8/27/15 at 11:10am revealed: -He walked outside the facility regularly as an activity. -"I walked outside this morning with another resident." -He walked around the facility on the sidewalks. -He did not take walks everyday. -"I did walk over to the mail distribution place and I got caught and they claim I can't do that." -"I don't think that's no more than walking around here."	D 270		
	- "I went straight and only had one little road to go across."			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE NEW HOPE**

**1680 SOUTH NEW HOPE ROAD  
GASTONIA, NC 28054**

(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 270	<p>Continued From page 13</p> <p>- "For while, they put a bracelet on me that would set off an alarm when I left the building."</p> <p>- "Made me feel like a criminal."</p> <p>- When asked if he was still wearing the bracelet he said the bracelet had "been off [wander management system] for 2 weeks now."</p> <p>- "The stroke didn't hurt me physically and I can tell. I'm just as stout in my hands that I ever was."</p> <p>Confidential interviews with five staff on 8/26/15 and 8/27/15 revealed:</p> <p>- Resident #5 had wandered away from the facility twice recently and went to the post office about "2 weeks ago."</p> <p>- Resident #5 had a [wander management system] that could be used "if needed."</p> <p>- "Thought his mail was still going there."</p> <p>- On the first occurrence the facility staff hadn't realized the resident was gone until a staff member who was leaving work saw him crossing the street coming back to the facility.</p> <p>- The second occurrence, facility staff were in a meeting and a resident reported they had seen Resident #5 leaving and staff had "to go get him."</p> <p>- Resident #5 "Pretty much is oriented, just got the mind set [the post office] has his mail."</p> <p>- Resident #5 "isn't wearing the [wander maintenance system] now."</p> <p>- The resident goes out to walk regularly without staff supervision, but "Other residents usually walk with him."</p> <p>- Resident #5 lets staff know when he's going outside to walk with other residents.</p> <p>- Resident #5 was on routine checks every 2 hours just like all other residents.</p> <p>Interview with the Resident Care Coordinator (RCC) on 8/27/15 at 11:45am revealed:</p> <p>- Resident #5's [wander management system] was removed "last Tuesday or Wednesday."</p>	D 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD</b> <b>GASTONIA, NC 28054</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 270	Continued From page 14  -She assessed him for his care plan and "he could answer questions but was slow to respond." -Staff checked on him "a little more frequently" but there was "no set timeframe" for checks. -The Health and Wellness Director decided to remove the [wander management system] "because he was not exit seeking." -The front door of the facility was the only door equipped with a [wander management system] censor since it was the only door which remained unlocked during the day to early evening hours. -The other facility doors were time release locks which would let you out within 15 seconds and an alarm would sound when the doors opened and staff had to check and reset door alarm.  Interview with the Health and Wellness Director on 8/27/15 at 12:10pm revealed: -Resident #5 had told her he needed to go to the post office to get his address changed so he could receive mail at the facility. -She did not put a [wander management system] on him after the first occurrence because she had talked to him and thought he understood that he could not walk over there by himself. -After the second occurrence, she put a [wander management system] on him and "he came to my office daily asking for it to be removed." -"I cut [wander management system device] off him on Monday, August 17th." -"He knows he can sit on the porch, but can't leave the property." -"Our driver takes him to the post office on Mondays and Fridays now if he needs to go." -"A lot of our gentlemen walk [around outside the facility] and he felt like a leper when he had to be let out." -"We always get a 30 day order for [the wander management system] because if we can't control the exit seeking behavior we can't keep him	D 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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 270	Continued From page 15  here." -"He hasn't attempted to leave anymore." -"He's just really happy to have that thing off."  Interview with Resident #5's family member on 8/27/15 at 2:00pm revealed: -She had no concerns about the resident's care. -She was notified by the facility both times when the resident had been caught going to the post office. -"They have a [wander management system] on him now." -The [wander management system] was placed after the second occurrence of him leaving without telling anyone. -"My sister talked to him. It won't happen anymore." -When asked if she felt he might wander off when he went out on walks outside the facility she stated "Its possible. I don't know, but I don't want him to feel like a criminal. Otherwise we will have to place him somewhere else. Maybe less favorable than he has now." -"Maybe he realizes now. We just have to wait it out and see what he's gonna do."  Interview with the Resident who routinely walked with Resident #5 outside the facility revealed: -The Resident frequently walked with Resident #5 after breakfast and after lunch. -Resident #5 was "steady" and had no problems walking. -Resident #5 had told the resident about the "post office incident" and "said he wouldn't go again." -The Resident did not think staff needed to supervise Resident #5 when he was outside walking. -Resident #5's "mind and speech were getting better and better." -They only walked on the sidewalks around the	D 270			



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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 270	Continued From page 16 facility.  A plan of protection was provided by the facility on 8/27/15 and included: -[A wander management system] has been placed back on the resident. -[The wander management system] will be checked every shift for placement and weekly for function. -Will facilitate an appointment with the resident's physician for psychiatric assessment for reevaluation. -If resident wishes to go outside resident will be escorted and supervised while outside by available staff or management. -Review residents with wandering/exit seeking behaviors bi-weekly at collaborative care review meeting. -Collaborate with physician and family should the need arise for memory care. -If exit seeking will utilize [the wander management system] until memory care placement is found.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 11, 2015.	D 270			
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	D912			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE NEW HOPE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054</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
D912	Continued From page 17  This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents receive care and services which are adequate, appropriate, and in compliance with federal and state laws and rules and regulations related to personal care and supervision.  The findings are:  Based on observation, interview, and record review, the facility failed to assure 1 of 5 sampled residents (Resident #5) was adequately supervised in accordance with the resident's assessed needs. [Refer to Tag 270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type B Violation)].	D912		