

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 September 16, 2025 through September 18, 2025.	D 000		
D 283	<p>10A NCAC 13F .0904(a)(2) Nutrition and Food Service</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure all food items stored by the facility were protected from contamination related to unlabeled, undated, expired food and inappropriate storage of raw meat.</p> <p>The findings are:</p>	D 283		

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: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 283	<p>Continued From page 1</p> <p>Review of the facility's license revealed: -The facility was licensed effective 01/01/25 for a capacity of 76 residents. -The facility was licensed for 54 residents on the Assisted Living (AL) unit and 22 on the Special Care Unit (SCU). -The expiration date on the facility's license was 12/31/25.</p> <p>Review of the Environmental Health Inspection dated 06/23/25 revealed: -The kitchen sanitation score was 98.5. -There were a total of 2 demerits deducted for food storage with the proper date and contamination prevention during food storage and display.</p> <p>Observation of the kitchen pantry on 09/16/25 at 9:00am revealed: -There was a pantry that had four shelves along three walls. -The first shelf at the bottom of the four shelves had a 25 ounce plastic tub with approximately 19 pretzel rods, there was black permanent marker writing that the tub belonged to the Special Care Unit (SCU) with a date of 02/04/24 written on the lid. -The second shelf from the bottom shelf had one 20 ounce pancake and baking mix box that was opened and not dated or secured. -There was one 2 pound bag of self-rising flour that was opened with the top rolled down, the flour was not secured and was not dated. -There were two 15 ounce cans of baby corn that had a best before date of 02/15/25. -There were three 14 ounce cans of bean sprouts with a best by date of 06/11/25. -There was a pint container with a manufacturer label of fresh chicken livers, that contained approximately 10 dried red chile peppers, with no</p>	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 283	<p>Continued From page 2</p> <p>documentation on the container of what it contained and when the peppers were placed in the plastic container.</p> <ul style="list-style-type: none"> -There was a 14.5 ounce opened box of cupcake mix with a date that the product was better if used by 10/31/17. -There was a 18.9 ounce opened box of brownie pumpkin mix with black discoloration and grease at the bottom of the box and the sides of the box appeared to have grease stains, there was no date that could be identified. -There was one 24 ounce bag of large marshmallows that were opened and were not properly secured or dated. -There was a large cardboard box that contained a 5 pound box of yellow cake mix that was opened, not properly sealed or dated. -The box also contained a 12 ounce bag of chocolate chips that were opened and not properly sealed or dated. -There was a 2 pound bag of powered sugar that was opened with a date of 08/11/25 written on the plastic bag with black permanent marker, the bag of powered sugar was not sealed. -There was a 24 ounce bag of instant vanilla pudding and pie filling mix that was not properly sealed or dated. -There was a 6 pound box of rainbow sprinkles with a best before date of 09/03/22 that was unsealed, there was a handwritten date of 02/12/22 written in black permanent marker on the back of the box of sprinkles. -The third shelf from the bottom had a 3.5 ounce opened box of ice cream cones, there were 5 cones in the plastic bag that were not sealed or dated. -There was a gray rolling cart that had two shelves in the pantry. -There was a large bag of pretzels on the top of the rolling cart sitting on top of a microfiber cloth 	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 283	<p>Continued From page 3</p> <p>with the top of the bag taped over with a piece of clear tape.</p> <p>Observation of the kitchen walk-in refrigerator on 09/16/25 at 9:30am revealed:</p> <ul style="list-style-type: none"> -There were three shelves along the walls of the refrigerator and one rolling cart that had six shelves. -There was a large box labeled beef on the floor of the refrigerator. -The second shelf had 2 aluminum pie plates covered with plastic wrap that contained several slices of bacon with no date written on the product. -There was one aluminum pie plate that was covered with plastic wrap and contained several slices of bacon with a date 09/10/25 and 09/15/25. -There were 2 aluminum pie plates covered with plastic wrap that contained several small link sausages with no date written on the product. -There was one aluminum pie plate that was covered with plastic wrap and contained several link sausages with the dates of 09/12/25 and 09/18/25. -There was one plastic wrapper for a loaf of bread that had three slices of bread in the plastic wrapper but was not sealed or dated. -There was a rolling cart that had several slots for large aluminum trays. -There was raw corned beef in a gray tote bin on the rolling cart shelf above an aluminum shelf that had 5 cooked sweet potatoes in an aluminum storage container with aluminum foil covering the sweet potatoes. <p>Interview with a cook on 09/16/25 at 9:35am revealed:</p> <ul style="list-style-type: none"> -She did not realize that there were items in the kitchen pantry that were not secured properly, 	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 283	<p>Continued From page 4</p> <p>were not dated, and had expired.</p> <ul style="list-style-type: none"> -The kitchen staff had been busy, and they just got behind with keeping up with storing items properly and discarding items that had expired. -The raw corned beef in the refrigerator on the rolling cart was seasoned by the dietary manager (DM). -Even though there was plastic wrap over the raw corned beef, it should have been stored at the bottom of a kitchen shelf away from foods it could contaminate. -The box of beef on the floor in the refrigerator contained several tubes of ground beef and should not have been stored on the floor. -She should have rearranged the items in the refrigerator to ensure that the beef was able to be stored on a bottom shelf to avoid contamination. -She knew she was supposed to secure any items in the pantry that were opened and secure them, label the secured bag or container they were placed in and write the date the item was opened but staff had been busy. <p>Interview with the DM on 09/17/25 at 3:40pm revealed:</p> <ul style="list-style-type: none"> -It was her mistake that the raw corned beef was stored over cooked sweet potatoes. -She should have stored the raw corned beef at the bottom of a refrigerator shelf away from any foods that could cause cross contamination and avoid food poisoning. -The case of ground beef should not have been stored on the floor in the refrigerator; staff should have taken the time to make room for the case of ground beef. -Staff knew to place any food items that were not completely used in a secure bag or container, label it with what the food item was and the date the item was placed in storage. -Staff had gotten busy and had neglected to keep 	D 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 283	Continued From page 5 up with labeling items correctly that had been opened. -Dietary staff usually cleaned the kitchen and storage areas once a day. Interview with the Executive Director (ED) on 09/16/25 at 3:45pm revealed: -Dietary staff were expected to properly secure and label any items that were opened and had left overs, they were expected to also label with the date of when the product was first opened. -Dietary staff should have discarded any foods that had expired. -Dietary staff should not have stored raw corned beef over cooked sweet potatoes, they were supposed to store raw meats correctly to prevent the risk of cross contamination.	D 283		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications according to provider orders for 1 of 5 sampled residents (#2) including a medication used to treat high blood pressure and coronary artery disease.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 358	<p>Continued From page 6</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 03/10/25 revealed diagnoses included Parkinson's disease with deep brain stimulator, hypertension, and coronary artery disease.</p> <p>Review of signed physician orders for Resident #2 dated 08/05/25 revealed there was an order for Toprol XL extended release 24 hour 25mg, give one tablet once a day, hold if heart rate is less than 60 (Toprol is a medication used to treat high blood pressure).</p> <p>Review of the facilities contracted pharmacist medication regimen review dated 08/04/25 revealed: -Resident #2 was ordered Toprol and to hold Toprol if the resident's heart rate was below 60. -Per the medication administration record (MAR) there was documentation that Toprol was administered when Toprol should have been held because the resident's heart rate was below 60. -The contracted pharmacist recommended staff to review MARs, counsel staff, and notify the provider of the errors.</p> <p>Review of Resident #2's August 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Toprol XL extended release 24 hour 25mg, give one tablet once a day, hold if heart rate is less than 60. -Toprol XL 25mg was documented as administered on 08/12/25 at 8:00am, when the resident's heart rate was 51. -Toprol XL 25mg was documented as administered on 08/13/25 at 8:00am, when the resident's heart rate was 51. -There were 2 times Toprol was administered</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/18/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909		
(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 358	<p>Continued From page 7</p> <p>when the resident's heart rate was less than 60.</p> <p>Review of Resident #2's September 2025 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Toprol XL extended release 24 hour 25mg, give one tablet once a day, hold if heart rate is less than 60. -Toprol XL 25mg was documented as administered on 09/02/25 at 8:00am, when the resident's heart rate was 58. -Toprol XL 25mg was documented as administered on 09/05/25 at 8:00am, when the resident's heart rate was 51. -Toprol XL 25mg was documented as administered on 09/10/25 at 8:00am, when the resident's heart rate was 53. -Toprol XL 25mg was documented as administered on 09/12/25 at 8:00am, when the resident's heart rate was 55. -There were 4 times Toprol was administered when the resident's heart rate was less than 60. <p>Interview with a medication aide (MA) on 09/17/25 at 1:00pm revealed:</p> <ul style="list-style-type: none"> -MAs were supposed to hold Resident #2's Toprol when his heart rate was less than 60 because they were supposed to follow physician orders. -She did not know why she documented that she administered Toprol when Resident #2's heart rate was less than 60. -She must have made a mistake and initialed that she administered the Toprol when she should have coded the medication as not administered due to parameters on the eMAR. <p>Interview with a MA on 09/18/25 at 2:47pm revealed:</p> <ul style="list-style-type: none"> -The MAs had been trained by the Health and Wellness Director (HWD) to pay attention to parameters that were listed on bubble cards of 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
---	--

(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 358	<p>Continued From page 8</p> <p>medications and the eMAR.</p> <p>-There were extra stickers on the bubble cards of medication to serve as a reminder to the MAs that a medication had parameters.</p> <p>-There were also asterisks on the eMAR when a medication was to be administered and there were parameters.</p> <p>Interview with the Health and Wellness Coordinator (HWC) on 09/18/25 at 8:43am revealed:</p> <p>-She had placed asterisks on the eMAR to help draw attention to the fact that a medication had parameters.</p> <p>-She had placed resident's names on a bulletin board that had parameters as a visual reminder to the MAs.</p> <p>-She and the HWD had placed stickers on the bubble cards of medications that had parameters to help the MAs recognize they had to follow parameters with the medication.</p> <p>-When the MAs administered Resident #2's Toprol when his heart rate was less than 60, they placed the resident at risk of becoming hypotensive (hypotensive means a low blood pressure), or syncope which could cause fainting.</p> <p>-MAs should have followed the parameters as ordered by the resident's primary care physician (PCP).</p> <p>Interview with the HWD on 09/18/25 at 9:56am revealed:</p> <p>-She had conducted training several times in the past three months for MAs to follow parameters as ordered by the resident's PCP.</p> <p>-She had placed asterisks on the eMAR when a resident had parameters with a medication and placed extra stickers on medication bubble cards to serve as a reminder to the MAs to monitor a resident's parameters as ordered by the</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/18/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909		
(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 358	<p>Continued From page 9</p> <p>resident's PCP before administering medication. -She printed a list of resident's heart rates that had a parameter to hold a medication if their heart rate was less than 60. -She had not caught any mistakes that the MAs had made from the printed list of heart rates. -She provided education to the MAs after she reviewed the report from the facilities contracted pharmacist review in early August 2025.</p> <p>Telephone interview with Resident #2's PCP on 09/18/25 at 9:13am revealed: -MAs should follow his orders and hold Resident #2's Toprol when his heart rate was less than 60. -To his knowledge, Resident #2 had not experienced any complications from his Toprol being administered when his heart rate was less than 60. -If the Toprol was administered when the resident's heart rate was less than 40, he had more concerns about the resident becoming hypotensive and dizzy.</p> <p>Interview with the Executive Director (ED) on 09/18/25 at 10:30am revealed: -MAs needed to follow PCP orders. -MAs were expected to follow PCP orders with parameters and document accordingly. -She was aware that the HWD completed training with MAs on the importance of holding medication when a resident had a heart rate below the PCP parameters. -The MAs should not have made the mistake of administering Resident #2's Toprol when the resident's heart rate was less than 60.</p>	D 358		