

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 to 17, 2025.	D 000		
D 253	10A NCAC 13F .0801 (a) (b) Resident Assessment 10A NCAC 13F .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information; (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications; (5) the resident's ability to perform activities of	D 253		

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: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 253	<p>Continued From page 1</p> <p>daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;</p> <p>(6) mental health history;</p> <p>(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;</p> <p>(8) mood and behaviors;</p> <p>(9) nutritional status, including specialized diet or dietary needs;</p> <p>(10) skin integrity;</p> <p>(11) memory, orientation and cognition;</p> <p>(12) vision and hearing;</p> <p>(13) speech and communication;</p> <p>(14) assistive devices needed; and</p> <p>(15) a list of and contact information for health care providers or services used by the resident.</p> <p>The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicare/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents</p>	D 253		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 253	<p>Continued From page 2</p> <p>(#3) had an assessment completed within 30 days of admission.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 06/09/25 revealed: -Diagnoses included mild cognitive impairment, atherosclerotic heart disease, osteoporosis, and hypertension. -Her level of care was documented as assisted living facility.</p> <p>Review of Resident #3's Resident Register revealed she was admitted to the facility on 06/09/25.</p> <p>Review of Resident #3's records revealed there was no care plan available for review.</p> <p>Interview with a personal care aide (PCA) on 09/17/25 at 11:30am revealed: -When she started working at the facility, she trained with another PCA who helped her learn what she had to do for the residents. -There was a book at the nurses' station that had each resident's information as to what they needed done to care for them. -The information included things like if they needed help with dressing or going to the bathroom. -Also, if they liked to sleep in the morning and not be woken up for breakfast, that would be listed as well. -Resident #3 was "pretty independent", she would let staff know if she needed help with anything.</p> <p>Interview with the Resident Care Coordinator (RCC) on 09/17/25 at 1:30pm revealed: -She was learning the role and the responsibilities</p>	D 253		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 253	<p>Continued From page 3</p> <p>with assistance from the corporate Clinical Specialist and the District Nurse.</p> <ul style="list-style-type: none"> -Her main duties as the RCC revolved around the residents and the care staff. -It was the HWD's responsibility to ensure all residents in the facility had care plans updated annually and when significant changes occurred, basically all the paperwork regarding the residents. -The previous Health and Wellness Director (HWD) left about 2 weeks ago. -She was not sure how the HWD kept track of the residents' needs when it came to their paperwork. -The nurse who would come to do the Licensed Health Professional Service (LHPS) retired and was no longer there to help with the care plans either. <p>Interview with the Executive Director on 09/17/25 at 1:45pm revealed:</p> <ul style="list-style-type: none"> -The HWD was responsible for completing resident care plans. -Care plans should be completed upon admission, annually, and if there was a change in level of care. -Resident #3 should have had an assessment and care plan completed upon admission or at least within 30 days of her admission. -He was not here when Resident #3 was admitted but it was his responsibility to follow up and ensure resident care plans were completed. <p>Interview with the Clinical Director of Operations on 09/17/25 at 1:45pm revealed Resident #3's assessment and care plan should have been completed by the HWD within 30 days of Resident #3's admission.</p> <ul style="list-style-type: none"> -The ED was new to his role and was responsible for oversight on the facility staff to ensure the care plans were completed in the required time 	D 253		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 253	Continued From page 4 frames for all residents. -The HWD had kept a spreadsheet of when all residents were due for their care plan to be updated. -He was working with the facility staff along with the ED to audit all of the residents' health care records and updating all needed documents.	D 253		
D 263	10A NCAC 13F .0802 (f) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#2) had a care plan revised as needed based on the results of a significant change in her care. The findings are: Review of Resident #2's current FL-2 dated 02/05/25 revealed: -Diagnoses included dementia, Parkinson's disease, rhabdomyolysis, and auditory hallucinations. -She was non-ambulatory with no assistive device. -She was intermittently disoriented. -Her level of care was Special Care Unit (SCU).	D 263		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 263	<p>Continued From page 5</p> <p>Review of Resident #2's Resident Register revealed an admission date of 11/25/23.</p> <p>Review of the SCU disclosure form revealed Resident #2 was admitted to the SCU on 11/25/23.</p> <p>Review of Resident #2's Care Plan dated 02/05/24 revealed: -She was sometimes disoriented. -She was semi-ambulatory with assistive device with staff or wheelchair and needed supervision. -She required limited assistance with bathing, dressing, grooming/personal hygiene, toileting, transferring, and was independent with eating. -There was no description of supervision needed or frequency. -The Care Plan was signed by Resident #2's primary care physician (PCP).</p> <p>Review of Resident #2's medical record revealed: -There was a document titled Assisted Living Open Area Flow Sheet that was dated 09/10/25. -The date the open area had first been identified was documented as 03/14/25 with the observation date for this document was 09/10/25. -There was documentation that Resident #2 had a Stage IV pressure wound that measured 2cm in length, 1 cm in width, 1 cm in depth, with tunneling 3.5 cm at the 12 o'clock position with undermining 2-2.5 cm from the 4-10 o'clock position. -There was documentation of small serosanguineous (bloody) tan-brown drainage without odor noted. -There was documentation that the surrounding tissue was blanchable (meaning there was blood flow going to that area) and was without pain. -The wound bed was documented to be 80% clean/pink and 20% tan/yellow.</p>	D 263		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 263	<p>Continued From page 6</p> <p>-The treatment for the pressure ulcer had been completed and signed by the hospice Registered Nurse (RN).</p> <p>Review of Resident #2's Licensed Health Professional Service (LHPS) dated 03/31/25 revealed Resident #2 started receiving hospice care who provided dressing changes to the wound.</p> <p>Observation of Resident #2 on 09/16/25 at 8:30am revealed: -She was seated at the dining room table in a high back wheelchair feeding herself breakfast. -When she finished eating her breakfast, she was taken to her room by a staff member.</p> <p>Second observation of Resident #2 on 09/17/25 at 9:00am revealed: -She was seated at the dining room table in a high back wheelchair after eating her breakfast. -The medication aide (MA) took her back to her room to receive her medications. -The MA had to assist her with her medication cup and her water. -Resident #2 had tremors of her hands and was unable to place the medications into her mouth without assistance.</p> <p>Interview with a personal care aide (PCA) on 09/17/25 at 11:30am revealed: -When she started working at the facility, she trained with another PCA who helped her learn what she had to do for the residents. -There was a book at the nurses' stations that had each resident's information as to what they needed done to care for them. -The information included things like if they needed help with dressing or going to the bathroom.</p>	D 263		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 263	<p>Continued From page 7</p> <p>-Also, if they liked to sleep in the morning and not be woken up for breakfast, that would be listed as well.</p> <p>Interview with the medication aide (MA) on 09/17/25 at 9:00am revealed:</p> <ul style="list-style-type: none"> -Resident #2 has Parkinson's which caused her tremors and made it difficult to get the medications out of the cup and into her mouth. -She had a hard time holding her head back as well due to Parkinson's. -The MAs would have to assist Resident #2 to ensure the medications were placed into her mouth in order to swallow them. -Resident #2 had a pressure wound to her left hip that has been there (not sure without looking in her record). -Home health/hospice took care of the wound. <p>Interview with the Resident Care Coordinator (RCC) on 09/17/25 at 1:30pm revealed:</p> <ul style="list-style-type: none"> -She was previously a medication aide (MA), until about 1 ½ weeks ago when she was promoted to RCC. -She was learning the role and the responsibilities with assistance from the corporate Clinical Specialist and the District Nurse. -Her main duties revolved around the residents and the care staff. -It was the HWD's responsibility to ensure all residents in the facility had care plans updated annually and when significant changes occurred, basically all the paperwork regarding the residents. -The previous Health and Wellness Director (HWD) left about 2 weeks ago. -She was not sure how the HWD kept track of the residents' needs when it came to their paperwork. -The nurse who would come to do the Licensed Health Professional Service (LHPS) retired and 	D 263		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374
--	---

(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 263	<p>Continued From page 8</p> <p>was no longer there to help with the care plans either.</p> <p>Interview with the Executive Director on 09/17/25 at 1:45pm revealed: -The HWD was responsible for completing resident care plans. -Care plans should be completed upon admission, annually, and if there was a change in level of care. -He was not here when Resident #2 was admitted or when the significant change of the pressure wound began, but it was his responsibility to follow up and ensure resident care plans were completed.</p> <p>Interview with the Clinical Director of Operations on 09/17/25 at 1:45pm revealed: -The ED was new to his role and was responsible for oversight of the facility staff to ensure the care plans were completed in the required time frames for all residents. -The HWD had kept a spreadsheet of when all residents were due for their care plan to be updated. -He was working with the facility staff along with the ED to audit all of the residents' health care records and updating all needed documents.</p>	D 263		