

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2022
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CHARLESTON GARDENS (ALR/ALZ	STREET ADDRESS, CITY, STATE, ZIP CODE 800 ASSOCIATION DRIVE Charleston, WV 25311
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E 398	<p>Accident, Illness, and Major Incident Procedu</p> <p>Staff shall monitor and document the resident's condition at least once every eight hours for a period of 24 hours following the accident or the onset of the illness, more frequently if specified by the licensed health care professional, or at least every four hours if the resident suffers from Alzheimer's disease or a related dementia and cannot communicate his or her condition or needs. (Class II)</p> <p>Based on documentation review and interview the licensee, administrator, and registered nurse failed to document a resident's condition at least once every eight (8) hours for a period of twenty-four (24) hours following the accident or the onset of the illness, more frequently if specified by the licensed health care professional, or at least every four (4) hours if the resident suffers from Alzheimer's disease or a related dementia and cannot communicate his or her condition or needs. This affected two (2) applicable residents. Resident identifier: #21, and C1. Facility census: 59. Findings included:</p> <p>a) Resident #21</p> <p>Documentation review of Resident #21's medical record revealed the following information:</p> <p>Resident sustained a fall on 06/03/22.</p> <p>A review of nursing note dated 06/03/22 at 8:37 a.m. by Licensed Practical Nurse (LPN) #25, revealed: "Resident found beside chair she states she had fallen down, nobody witness, no injury noted, got her up and gave her a shower and took to breakfast."</p>	E 398	<p>Date of Survey: 07/12/22</p> <p>Plan of Correction:</p> <p>E 398</p> <p>The community will monitor and document a resident's condition at least once every 8 hours for a period of 24 hours following an accident the onset of an illness, or at least every 4 hours if the resident suffers from Alzheimer's disease or related dementia and cannot communicate their needs.</p> <p>Resident #21 will be monitored documented on every 8 hours after an accident or onset of illness for at least every 24 hours.</p> <p>Resident #C1 no longer resides community.</p> <p>This will be addressed by more frequent documentation of a resident's condition after an incident or illness of the nurse caring for the resident to meet the documentation of every eight (8) hours for a period of twenty-four (24) hours following the accident or the onset of the illness more frequently if the specified the licensed health care professional, or at least every four(4) hours resident suffers from Alzheimer's disease or related dementia and cannot communicate his or her condition or needs criteria outlined in tag E 398 64-14-6.5.3.</p>	08/31/22

Office of Health Facility Licensure and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE

08/12/2022

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	<p>A review of nursing note dated 06/03/22 at 11:38 a.m. by LPN #25, revealed: "Resident states her left ankle hurts. Notified (Name of nurse practitioner) office and notified son. No redness or swelling or bruising noted."</p> <p>A review of nursing note dated 06/03/22 at 22:09 p.m. by LPN #33, revealed: "Resident resting in chair when nurse arrived in room. Resident voices complaints minor foot pain, stating she "sprained her ankle" today. Medications administered per orders, one at a time. Resident is much more alert today than yesterday, but still lethargic. Resident asked to be transferred to bed. Nurse and aide transferred resident, per her request. Resident's ankle elevated and ice pack applied for twenty (20) minutes. Resident voices relief and satisfaction. Will continue to monitor."</p> <p>A review of nursing note dated 06/04/22 at 10:10 a.m. by LPN #36, an LPN, revealed: "Resident alert sitting in wheelchair watching television in room. Resident complained of medication not going down - noted with difficulty swallowing. Spit cranberry capsule out, not able to swallow. Resident on antibiotic for urinary tract infection. No adverse reactions noted. Fluids encouraged. Request sent to (name of family nurse practitioner) for order to crush medications. Will continue to monitor."</p> <p>A nursing note for 06/03/22 at 19:38 p.m. was unavailable for surveyor review.</p> <p>A nursing note for 06/04/22 at 06:09 a.m. was unavailable for surveyor review.</p> <p>b) C1</p>		<p>An in-service was put on the computerized system on 7/12/2022 that addressed this practice as evidenced by printout of information on page 2 of Point Click Care homepage (https://brk.pointclickcare.com/home.isp).</p> <p>This training was instituted on 07/12/22 and monitoring began at the end of the training period on 07/30/22. This is to be completed by all nursing staff caring for residents, and monitored by DON/ADON or designee.</p> <p>In order to prevent this re-occurring other residents will also be randomly monitored to ensure other residents are also getting proper documentation of monitoring.</p> <p>This will be done by reviewing all incident reports and the DON/ADON or designee randomly checking the charting of at a minimum at least 25% (one of every 4) of all residents that occur in the facility to ensure it meets the standards defined by tag E 398 64-14-6.5.3.</p> <p>This documentation audit will be kept on facility shared drive and reviewed at the monthly collaborative care process until 100% compliance has been reached for 3 months in a row.</p> <p>Should an audit show a nurses documentation practice outside of desired documentation as defined by tag E 398 64-14-6.5.3 a re-education will be provided to nurse involved and 100% of all post incident illness documentation</p>	

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E 001	<p>Documentation review of C1's medical record revealed the following information:</p> <p>Resident sustained a fall on 06/12/22.</p> <p>A review of nursing note dated 06/13/22 at 00:56 a.m. by LPN #8, revealed: "Resident found ling in floor at 9:00 p.m. at foot of his bed, positioned on his left side, no injuries noted, denies any pain or discomfort, power of attorney, and family nurse practitioner notified."</p> <p>A review of nursing note dated 06/13/22 at 08:30 a.m. by LPN #19, an LPN revealed: "Resident in dining room for breakfast. No complaints voiced. No signs/symptoms of pain or distress related to fall."</p> <p>A review of nursing note dated 06/13/22 at 19:10 p.m. by Registered Nurse (RN) #50, revealed: "Resident alert with confusion, resident had a fall earlier today, resident has no apparent injuries from fall. Resident in no pain or acute distress. will continue to monitor."</p> <p>A nursing note for 06/13/22 at 16:30 p.m. was unavailable for surveyor review.</p> <p>During interview, on 07/12/22 at approximately 2:00 p.m., RN #7, a registered nurse and the Health and Wellness Director stated the nurses were now working twelve (12) hour shifts and felt that was why documentation was not being completed every eight (8) hours. They were documenting once each shift.</p> <p>Initial Comments</p>	E 001	<p>done by nurse will be monitored and reviewed.</p> <p>Completion date: 08/31/22</p> <p>Date of Survey: 07/12/22</p>	08/31/22

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	<p>Complaint Survey Complaint ID: 26999 Facility Name: Brookdale Charleston Gardens Start/End Date: 07/11/22 11:45 a.m. - 07/12/22 2:15 p.m. Census: 59 substantiated complaint</p>		<p>Plan of Correction:</p> <p>E 398</p> <p>The community will monitor and document a resident's condition at least once every 8 hours for a period of 24 hours following an accident the onset of an illness, or at least every 4 hours if the resident suffers from Alzheimer's disease or related dementia and cannot communicate their needs.</p> <p>Resident #21 will be monitored documented on every 8 hours after an accident or onset of illness for at least every 24 hours.</p> <p>Resident #C1 no longer resides community.</p> <p>This will be addressed by more frequent documentation of a resident's condition after an incident or illness of the nurse caring for the resident to meet the documentation of every eight (8) hours for a period of twenty-four (24) hours following the accident or the onset of the illness more frequently if the specified the licensed health care professional, or at least every four(4) hours resident suffers from Alzheimer's disease or related dementia and cannot communicate his or her condition or needs criteria outlined in tag E 398 64-14-6.5.3.</p> <p>An in-service was put on the computerized system on 7/12/2022 that</p>	

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