

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345394</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/25/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOK STONE LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8990 HIGHWAY 17 SOUTH</b> <b>POLLOCKSVILLE, NC 28573</b>
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(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) COMPLETION DATE
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F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>	F 580		4/9/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  04/09/2021
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based of staff and family interviews and record review the facility failed to notify the resident's responsible party (RP) regarding a new treatment order for 1 of 3 residents reviewed for notification (Resident #1). Findings include: Resident #1 was admitted on 10/31/19 and was discharged on 11/17/20. Her diagnoses included Chronic Congestive Heart Failure, Weakness, Chronic Pain and Anemia. Resident #1's quarterly Minimum Data Set dated 8/27/20 revealed she had moderate cognitive impairment and needed limited assistance for bed mobility and extensive assistance with toilet use. Transfers did not occur. She was frequently incontinent of urine and occasionally inconvenient of bowel. She had no pressure ulcers/injury but was at risk for pressure ulcer/injury. Review of the medical record revealed a wound note dated 9/28/20 for Resident #1. It stated Resident #1 had 2 small areas of excoriation on the sacrum and the area was cleaned and treated with a skin protectant cream per physician orders. The note stated the RP was made aware. A physician order dated 10/19/20 stated to clean excoriated area to sacrum with soap and water, pat dry and apply a bacterial translucent dressing</p>	F 580	<ul style="list-style-type: none"> <li>•On 04/01/2021, Administrator reviewed and revised if applicable facility policy on "Change in a resident's condition or status".</li> <li>•On 04/01/2021, Administrator initiated an in-service to be conducted by Director of Nursing for facility treatment nurse on facility policy "Change in a resident's condition or status" to include notifying the resident's responsible party regarding a new treatment order.</li> <li>•On 04/01/2021, Administrator initiated a chart audit on all in-house residents to be conducted by Director of Nursing/Designee on all facility treatment orders within the last 30 days to ensure the responsible party has been notified of any change in a treatment order. Any responsible party found to not be notified of a new treatment order will be prior to the end of shift. Audit to be completed by 04/09/2021.</li> <li>•On 04/07/2021, Administrator initiated an in-service to be conducted by Director of</li> </ul>		

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F 580	Continued From page 2 every 5 days and as needed if dislodged or soiled for excoriation. Record review revealed no documentation Resident #1's RP was notified of the new treatment order written on 10/19/20. On 3/24/20 at 2:35 PM an interview was conducted with Resident #1's RP. She stated she was not notified regarding new orders for treatment to Resident #1's wounds. An interview was conducted with the Wound Care Nurse on 3/23/21 at 11:50 AM and stated she started as Wound Care Nurse in October 2020 and was trained to call the resident's RPs with new treatment orders. The Wound Care Nurse recalled she spoke with the family regarding Resident #1's wounds on 09/28/20 but doesn't remember calling them for the new wound care orders written on 10/19/20. The Director of Nursing was interviewed on 3/23/21 at 1:00 PM and she stated she trained the Wound Care Nurse to call the family with updates on wounds and new treatment orders. She stated orders were received by the physician for Resident #1 and the family was not notified. An interview with the Administrator on 3/25/21 at 9:30 AM was conducted and she stated staff should call the resident's RP with changes and new orders placed for the residents.	F 580	Nursing/Designee for all licensed staff on facility policy "Change in a resident's condition or status" to include notifying the resident's responsible party regarding a new treatment order. Any licensed staff not in-serviced on 04/07/2021 will be prior to next scheduled shift.  •For continued monitoring, random selection of 25% of in-house resident treatment orders will be audited to ensure documentation of responsible party notification. Audit to continue weekly times 4 weeks to total 100% and monthly thereafter.  •All newly employed licensed staff will be educated during the orientation process on facility policy "Change in a resident's condition or status" to include notification of resident's responsible party regarding a new treatment order.  •Results of audit and education will be presented at next scheduled Quality Assurance Committee meeting for review and again at the following quarterly Quality Assurance Committee meeting with determination at that time for continued need for monitoring.		