

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>08/12/2021</b>
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>		
(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	
F 000	INITIAL COMMENTS  A unannounced complaint investigation survey was conducted 8/10/21 through 8/12/21. One of the 1 complaint allegation was not substantiated. Event ID#DY9711.	F 000			
F 678 SS=D	<p>Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)</p> <p>§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure facility staff maintained current Cardio-Pulmonary Resuscitation (CPR) certification for 1 of 13 nurses reviewed for CPR certification (Nurse #1).</p> <p>Findings included:  Review of the CPR policy dated 2/15/10 read in part that nurses shall be CPR certified.  Record review of CPR certification for nursing staff revealed Nurse #1 did not have current CPR certification.  An interview on 8/10/21 at 11:29 AM with Nurse #1 revealed she did not have a current CPR certification and did not remember when her CPR certification had expired.  An interview on 8/12/21 at 12:11 PM with the Director of Nursing (DON) revealed she expected</p>	F 678	<ul style="list-style-type: none"> <li>•On 08/10/2021, Administrator initiated an audit to be conducted by Director of Nursing/Designee of all licensed personnel files to ensure all CPR certifications were up to date. Any licensed personnel found not in compliance were removed from the schedule until CPR certification can be obtained.</li> <li>•On 08/11/2021, Administrator conducted an in-service to Director of Nursing on facility expectation to maintain all licensed personnel CPR certifications and to ensure an active copy is on file.</li> <li>•On 08/11/2021, Director of Nursing educated the Licensed personnel found to have an expired CPR certification to include Disciplinary action for policy violation.</li> </ul>	8/19/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/19/2021

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 678	Continued From page 1 all facility nurses to maintain their CPR certification and she did not know why Nurse #1 had not maintained her certification.  An interview on 8/12/21 at 12:21 PM with the Administrator revealed she expected the facility nurses to maintain a current CPR certification and she expected the DON to ensure this was done.	F 678	<ul style="list-style-type: none"> <li>•On 08/11/2021, Licensed personnel found to be out of compliance obtained the CPR certification.</li> <li>•On 08/12/2021, Administrator and Director of Nursing reviewed and revised, if applicable facility policy "Cardiopulmonary Resuscitation".</li> <li>•On 08/17/2021, Administrator initiated an in-service for all licensed staff to be conducted by Director of Nursing/Designee on facility policy "Cardiopulmonary Resuscitation" specific to the facility's requirement to attain and maintain current CPR certification throughout employment. Any licensed personnel not in-serviced by 08/17/2021 will be prior to next scheduled shift.</li> <li>•For continued monitoring, random selection of 25% of licensed personnel CPR certification will be audited to ensure all certifications are active. Audit to continue weekly times 4 weeks to total 100% then monthly thereafter.</li> <li>•All newly employed licensed staff will be required to provide active CPR certification during the orientation process and will be educated on facility policy "Cardiopulmonary Resuscitation" specific to the facility's requirement to attain and maintain current CPR certification throughout employment.</li> <li>•Results of audit and education will be presented at the next scheduled Quality Assurance Committee meeting for review</li> </ul>		

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

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F 678	Continued From page 2	F 678	and again at the following quarterly Quality Assurance Committee meeting with determination at that time for continued need for monitoring.		