STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			HAL034098	B. WING	B. WING		C 02/24/2015	
NAM	E OF PF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•		
SAL	EM TE	ERRACE		SALISBURY R				
PR	4) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
	D 000	Initial Comments		D 000				
		conducted a complair 02/19/15, and 02/23/1 via telephone on 02/2 investigation was initii Department of Social	rtment of Social Services It investigation on 02/16/15, Is with an exit conference It is complaint It is the Forsyth County Services on 02/11/15.					
	D 270	10A NCAC 13F .0901 Supervision	(b) Personal Care and	D 270				
			e supervision of residents in resident's assessed needs,					
		This Rule is not met a						
		facility failed to provid sampled residents (R with the resident's ass symptoms, which resi and subsequent death	and record reviews, the le supervision for 1 of 1 esident #1) in accordance sessed needs and current ulted in the physical assault h of another resident.					
		The findings are:						
		dated 02/03/15 revea -Diagnoses included I recurrent falls. -The resident was not verbally abusive or da	Lewy body dementia and t designated as physically or angerous to self or others.					
		Review of hospital dis	scharge information dated	1				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL034098	B. WING		02	C 2 /24/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	ERRACE		D SALISBURY ROADN SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	02/01/15 revealed: -Lewy body dementia outbursts"Recent physical ass family members prior -Attempted to swing a Nursing Assistant (Cl Review of the facility' revealed Resident #1 at 3:00 pm. Review of facility care and incident reports ron 02/03/15 at 6:30 into another resident' physical altercation or -On 02/04/15 evening "running in the hallwarden on 02/05/15 at 6:30 into a female residen downOn 02/06/15 day shi combative" as he had days"On 02/06/15 at 10:00 swinging at staffOn 02/06/15 at 10:50 personOn 02/06/15 at 11:00 into another male reshim in the left eyeOn 02/07/15 at 6:30 93-year-old female repunched her in the face	a with agitation and "violent ault by resident of three to hospitalization. at the hospital Certified NA). Is New Admission Notice was admitted on 02/03/15 The notes, behavior reports, revealed: pm, Resident #1 wandered is room and an unwitnessed occurred. The shift, Resident #1 was ays" for 30 minutes. The am, Resident #1 wandered the room and pushed her If the Resident #1 was "not as the been the "past couple of the shift, Resident #1 was "not as the past couple of the shift, Resident #1 was "not as the past couple of the shift, Resident #1 was "not as the past couple of the shift, Resident #1 was "not as the past couple of the shift, Resident #1 was "not as the past couple of the shift, Resident #1 was "not as the past couple of the shift, Resident #1 was "not as the past couple of the past cou	D 270			

Division of Health Service Regulation

STATE FORM 6899 6ITF11 If continuation sheet 2 of 33

	of Health Service Regu		1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					С	
		HAL034098	B. WING		02/24/2015	
NAME OF S	DOVIDED OD CURRUIED	OTDEST:	DDDEGG GITV GT	FF 7ID 00DF		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	•		
SALEM TI	ERRACE		D SALISBURY RO			
	WINSTO		N SALEM, NC 27	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMPLETE	
D 270	Continued From page	e 2	D 270			
	Review of documentation from the local hospice facility revealed the female resident expired on 02/09/15 at 7:20 am. Review of facility care notes revealed there was no documentation of increased supervision of Resident #1 in response to aggressive or violent behaviors exhibited toward staff and other residents. Review of flowsheets provided by the facility revealed: -Staff documented Resident #1 was placed on 30-minute checks on 02/05/15 at 3:00 pm which continued through 02/06/15 at 5:30 amStaff documented Resident #1 was checked every 30 minutes from 02/06/15 at 7:00 am through 3:00 pm and again from 11:30 pm through 5:30 am.					
	-The DCC initiated th 02/05/15 before she was because she "just har -Resident #1 was not -Resident #1 was ple and wandering, so sh 30-minute supervisor -She was not aware the done consistently."	dinator (DCC) revealed: e 30-minute checks on went home for the day d a feeling". agitated that day. asant, but moving furniture the decided to implement				
	shift Medication Aide -Resident #1 "got into his first day in the fac	it" with another resident on				

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had bruising.

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	ĒD
		HAL034098	B. WING		02/24/2	2015
		HAL034096			1 02/24/2	2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
041 514 55		2609 OLD	SALISBURY R	OAD		
SALEM TE	ERRACE	WINSTON	I SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE
D 270	Continued From page	e 3	D 270			
	Docidont #1 also had	d a "couple" of episodes of				
	swinging at staff durir					
	admission.	ig that shift on day of				
		ent #1 was adjusting to				
	being in a new place.					
	-There was no increa					
	Resident #1 in respor	•				
	·					
	Interview on 02/23/15 at 6:45 am with a second					
	night shift PCA revealed:					
		r duty on 02/03/15 at 11:00				
		staff reported Resident #1,				
		day, was combative and to				
	"be careful around hir					
		instructed to increase				
	supervision of Reside					
	-Stall were instructed	to "keep an eye on him".				
	Interview on 02/23/15	at 6:27 am with a night shift				
	PCA revealed:	at 0.27 am war a mgm omit				
		uide Resident #1, he would				
	get "kinda violent".	,				
	-The resident balled h	nis fists and tried to swing at				
	the PCA on one occa	sion.				
	-The PCA walked abo	out 10 feet away from the				
	resident when he was	s violent to "let him calm				
	down".					
		e PCA heard a female				
		elp. When he entered her				
		as present and she reported				
	floor.	pushed her down to the				
		cted to "keep a close eye" on				
		nim out of other residents'				
		outinely did that for all				
	residents anyway.	samely and that for an				
	-The PCA stated he t	hought he signed a				
		n list that was implemented				

prevent wandering.

so staff would watch Resident #1 closer to

STATE FORM 6899 6ITF11 If continuation sheet 4 of 33

DIVISION (of Health Service Regu	liation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL034098	B. WING		1	24/2015
		HAE034098			02/2	4/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TI	ERRACE	WINSTON	I SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	<u> </u>	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 270	Continued From page	e 4	D 270			
2 0	Continued From page	, T				
	Interview on 02/23/15					
		al Care Aide (PCA) revealed:				
		it 10:00 pm, she attempted				
	to give incontinent ca	re to Resident #1 when he				
	_	bbed her arms and would not			I	
	let go of her.				I	
		er go, she "panicked and left			I	
		lent began chasing her.			I	
		harging" after all visible staff			I	
	and swinging at them				ļ	
		the resident appeared calm,				
	so she approached h	im and motioned with her				
	hand for him to follow	her so she could continue			I	
	his incontinent care.				I	
	-The resident appeare	ed calm and was talking with			I	
		mily and previous career.			I	
		resident if he needed a hug			I	
	_	wrist and bit her on the arm			I	
	at the elbow, breaking	g the skin and bruising her			I	
	arm.				I	
	-The incident was wit	nessed by the MA on duty.			ļ	
					ļ	
	Telephone interview of	on 02/24/15 at 8:30 am with			ļ	
	a second evening shi	ift MA revealed:			I	
		duty the evening of 02/06/15.			ļ	
		Resident #1 was swinging at			ļ	
		The resident approached her				
	like he was going to p	ounch her, but she backed			I	
	away. The resident k	cept going toward her and			I	
	began chasing her an	nd the other staff.			I	
	-The MA "started runr	ning away looking for			I	
	somewhere safe to go	o".				
	-Resident #1 calmed	down after about 11:00 pm				
	"like turning off a light	t switch".				
	-While the MA was pr	reparing to take out the trash				
	and laundry, she hea	ird another staff person				
	yelling, "Come back!	He's swinging on (named				
	resident)!"					
		he unit and was informed				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
74101 12744	or connection	ISENTI IOMITEIN NOMBER.	A. BUILDING: _		0011111	_1
			D. WING		C	
		HAL034098	B. WING		02/2	4/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
CALEMI	EDDACE	2609 OLD	SALISBURY R	OAD		
SALEWI II	SALEM TERRACE WINSTO			7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 5	D 270			
D 270	Resident #1 had hit a -The MA reported the shift for follow up and more agitated, he nee evaluated"Resident #1 was not supervision "as far as -The MA did not imple of Resident #1 in resp Interview on 02/23/15 shift Supervisor revea -She was the Supervi 02/06/15She worked on the a facility but was respon throughout the facility -When she reported the evening shift staff rep #1 had become aggre chasing them down the -The Supervisor witne staff, "running full force on 02/06/15 but did n -The evening shift staff "been like that since a member and had just in the faceThe Supervisor aske had been done about was told a behavior re -The resident was no supervision as far as -As a Supervisor, she by the previous shift i increased supervisors	inother resident in the eye. incident to the oncoming I told them "if he gets any eds to be sent out to be I on any increased Is (she) knew". I ement increased supervision conse to the events. I at 8:03 am with the night aled: I isor on duty the night of I issisted living side of the I insible for supervisory duties I isor owork that night, the I isor to work that night, the I isor to do the that Resident I isor to work that night, the I isor to do the material of the provious shift what I is Resident #1 behavior and I is the previous shift what I is Resident #1's behavior and I is the previous shift what I is Resident #1's behavior and I is the previous shift what I is Resident #1's behavior and I is the previous shift what I is Resident #1's behavior and I is the previous shift what I is Resident #1's behavior and I is the previous shift what I is Resident #1's behavior and I is the previous shift what I is the previous shift	D 270			
		not implement any increased ent #1 in response to his				

Division of Health Service Regulation

violent behavior toward staff and residents on the

STATE FORM 6899 6ITF11 If continuation sheet 6 of 33

Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING		С	
		HAL034098	B. WING		02/24/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDER OIL OUT TELER					
SALEM TE	RRACE		SALISBURY R			
	WINSTO		I SALEM, NC 2	7127		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5	5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
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				52.16.2.16.1		
D 270	Continued From page	e 6	D 270			
	. •					
	evening and night of (
	-The resident calmed	down around 11:30 pm or				
	11:45 pm and the sup	ervisor "kept watch" on him				
	to look for any return	of his previous behaviors.				
	-On the morning of 02	2/07/15, a PCA went to the				
	assisted living side of	the facility and reported to				
	the Supervisor that Re	esident #1 had punched a				
	female resident in her	face and slapped her with				
	a belt across her legs					
	-When the Supervisor went to the SCU to see					
	what happened, she observed Resident #1					
		in the hallway, so she went				
		iving side of the facility to				
		e Director (RCD) to see				
	what to do.	5 Billedie: (116B) to 666				
		nstructed to send both				
	residents to the hospi					
		d 911 and requested two				
	ambulances and law					
	ambulances and law	emorcement.				
	Interview on 02/23/15	at 9:40 am with a night shift				
	PCA revealed:	at 3.40 am with a might simt				
		g to work on the night of				
		a staff member screaming				
		stan member screaming				
	for help.	as trying to get Resident #1				
		, , ,				
		esident's room and reported				
	Resident #1 had just I					
	-Resident #1 was alre					
		ecause he had pushed				
		n to the floor the previous				
	day.					
	-Resident #1 was on	30-minute checks				
	throughout the night.					
		and got out of bed around				
		ng of 02/07/15 and was				
		tated, banging on doors and				
	marching like in the a	rmy up and down the halls,				
	stomping".					

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						_
		1141 00 4000	B. WING			
		HAL034098	B: Willo		02/2	24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TE	RRACE	WINSTON	SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
D 270	Continued From page	e 7	D 270			
	While Decident #1 w	as banging on the doors				
	and marching through					
		aff were busy getting people				
	up and dressed for th	, , , ,				
		ged from a resident's room,				
	she observed Reside	•				
		neelchair by her sweater,				
		hed her in the face with his				
	fist.	ned her in the lade with the				
		was crying and saying,				
	"Stop, please, stop".	mae orymig ama oaymig,				
		eaming, "I need help! Put				
		er!" Resident #1 had a				
		d and hit the female resident				
		e PCA was running toward				
	the residents.	3				
	-When the PCA reach	ned the residents, Resident				
	#1 shoved the female	resident into the PCA and				
	took her wheelchair a	and left with it.				
	-The PCA asked a co	worker to retrieve the				
	resident's wheelchair	, take the resident to her				
	room, and notify the s	supervisor of the incident.				
	-The PCA then began	n to gather the other				
	residents and put the	m into the TV room for				
	safety because Resid	lent #1 was still very agitated				
	and hitting on doors v	vith his hands and with his				
	belt.					
		Resident #1 enter another				
		and she followed. She				
		1 had taken the leg off the				
		and was standing over the				
		elchair leg raised, about to				
		h the wheelchair leg while				
	the resident lay in bed					
		e wheelchair leg from				
		back and "moved back fast				
	into the hallway".					
	-Resident #1 snatche	d the covers from off the				

resident and left the resident's room.

-Resident #1 continued to wander up and down

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DIVISION	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			P WING		С	
		HAL034098	B. WING		02/24/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	TO VIDER OR OUT LIER					
SALEM TE	SALEM TERRACE 2609 OLD					
	WINSTON		SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE	
				DEI IOIEIVOT)		
D 270	Continued From page	e 8	D 270			
	the halls for about 30	minutes beating on doors				
		ying to get other residents to				
	•	ying to get other residents to				
	safety.	and out of his value and was				
		ne out of his room and was				
		e PCA that Resident #1				
	entered his room and took his clothes while he					
	was trying to get dressed.					
	-The PCA did not try to engage Resident #1, but					
	was trying to remove other residents from the					
	area.					
		one was really staying with				
	him; I was trying to ge	et the other residents to				
	safety". The PCA sta	ited she thought if she got				
	the other residents of	f the hall and quiet, Resident				
	#1 would calm down.					
	-Ambulances arrived	around 7:15 am and				
	transported both resid	dents to the hospital for				
	evaluation.					
	Interviews with 10 SC	CU staff members revealed:				
		ers were aware of Resident				
		tive, aggressive, and/or				
		rd others prior to the incident				
	of 02/07/15.	ra others prior to the incluent				
		rs interviewed had witnessed				
	to the incident of 02/0	gressive and/or violent prior				
		rs interviewed were not				
		tion of increased supervision				
	of Resident #1.					
		at 2:23 pm with the DCC				
	revealed:					
	•	rounds every two hours for				
	all residents.					
		lent #1 was not increased on				
	the day of admission	(02/03/15) after the				
	altercation with anoth	er male resident because				
	the other resident init	iated the altercation when				

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Resident #1 wandered into his room.

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Division of	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-		_ ا	
			D. MINIO		С	
		HAL034098	B. WING		02/2	24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TO WILL OF TH	NOVIDER OR COLL FIER					
SALEM TE	ERRACE		SALISBURY R			
		WINSTON	SALEM, NC 2	7127		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	DAIL
			+	,		
D 270	Continued From page	e 9	D 270			
	Supervision of Pesid	lent #1 was not increased on				
		shed the female resident to				
	•					
		incident was not witnessed				
		whether or not the female				
	resident identified the	•				
) minute checks on the				
	-	pecause she "had a feeling".				
		supervision of Resident #1				
	•	mbative behavior toward				
		0:00 pm, the biting of a staff				
		, or the physical assault of				
		t at 11:00 pm because she				
	_	unaware of the incidents.				
	-The Medication Aide					
	supervisor on duty co	ould have increased the				
	frequency of supervis	sory checks of Resident #1,				
	assigned staff to prov	ride 1:1 supervision of the				
	resident, or called he	r or other management for				
	instructions.					
	Review of Emergency	y Department (ED) notes				
		Il for the female resident				
	who was assaulted re					
	-She was evaluated of	on 02/07/15 at 8:26 am.				
		a superficial abrasion to the				
	•	ninimal bleeding and bilateral				
	jaw fractures.	g and anatoral				
	•	to a hospice facility on				
	02/07/15.	to a mospiloo rasiiity on				
	02/01/10.					
	Review of hospice CI	inical Notes revealed:				
	•	mitted on 02/07/15 at 2:50				
	pm following an assa					
		able to get aggressive				
	treatment due to her					
		ed to complain of "severe				
	T	g and deformity on the chin,				
	jaw, and neck areas.	stored Dilevelid Manufacture				
		stered Dilaudid, Morphine,				
	Ativan in response to	multiple complaints of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION (X3) DATE COMPI			
						С	
		HAL034098	B. WING		02/2	4/2015	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
SALEM TERRACE			SALISBURY RO				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 270	Continued From page	e 10	D 270				
	severe pain. (Dilaudid and morphine are narcotic pain relievers; Ativan is used to treat anxiety.) -The resident subsequently expired on 02/09/15 at 7:20 am. Interview on 02/19/15 at 12:15 pm with a hospice nurse revealed: -Hospice services were initiated on 07/15/14 for failure to thriveAt the time of initiation of hospice services, the resident was very thin, frail, and consistently short of breath with an admission weight of 74; however, the resident showed significant improvement and was no longer "end of life" at the time of the incident on 02/07/15. Interview on 02/23/15 at 6:45 am with a PCA revealed prior to the incident of 02/07/15, the female resident was able to walk short distances, converse with staff, dress herself with minimal assistance, feed herself, propel herself in her wheelchair throughout the hallways, toilet herself, and shower herself with supervision only.						
	of Protection as follow -All residents would be determine the appropal required to maintain to other residents.	e assessed immediately to riate level of supervision heir safety and the safety of					
	CORRECTION DATE VIOLATION SHALL N 2015.	FOR THE TYPE A1 IOT EXCEED MARCH 26,					
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273				

Division of Health Service Regulation

STATE FORM 6899 6ITF11 If continuation sheet 11 of 33

DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
			B. WING		C	
		HAL034098	B. WING		02/2	4/2015
NAME OF D	ROVIDER OR SUPPLIER	STDEET AD	DRESS, CITY, STA	TE ZID CODE		
NAIVIE OF F	ROVIDER OR SUFFLIER					
SALEM TI	FRRACE	2609 OLD	SALISBURY R	OAD		
O/ (LLIII 11		WINSTON	SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 273	Continued From page	. 11	D 273			
D 213	Continued From page	: 11	5273			
	10A NCAC 13F .0902	2 Health Care				
		assure referral and follow-up				
	• •	nd acute health care needs				
	of residents.	id acute fleatiff care fleeds				
	or residents.					
	This Rule is not met	as evidenced by:				
	TYPE A1 VIOLATION	1				
	Based on record revie	ews and interviews, the				
		the physician and refer to				
	mental health service					
		1) with violent behavior				
		cal assault and subsequent				
	death of another resid	dent.				
	The findings are:					
	Review of Resident #	1's hospital-generated FL-2				
	dated 02/03/15 revea					
	-Diagnoses included	Lewy body dementia and				
	recurrent falls.					
	-The resident was not	t designated as physically or				
		angerous to self or others.				
		J. 202 12 22 3. 33				
	Review of hospital dis	scharge information dated				
	02/01/15 revealed:	sonarge information dated				
		with agitation and "violent				
		with agitation and "violent				
	outbursts".					
		ault by resident of three				
	family members prior					
		at hospital Certified Nursing				
	Assistant (CNA).					
	Review of the facility's	s New Admission Notice				
	_	was admitted on 02/03/15				
	at 3:00 pm.					
	at 0.00 pm.					
	Dovious of facility core	notos hohavior raparta				
		e notes, behavior reports,				
	and incident reports r	evealed:				

Division of Health Service Regulation

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Division of	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034098 B. WING			C 02/24/2015
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	E, ZIP CODE	1
SALEM TERRACE		SALISBURY RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 273	into another resident's physical altercation of On 02/04/15 evening "running in the hallward on 02/05/15 at 6:30 into a female resident down. On 02/06/15 day shift combative" as he had days". On 02/06/15 evening running in the hallway. On 02/06/15 at 10:00 swinging at staff. On 02/06/15 at 10:50 person. On 02/06/15 at 11:00 into another male reshim in the left eye. On 02/07/15 at 6:30 93-year-old female repunched her in the fallegs with a belt. Both to the hospital. Review of documental facility revealed the feo 02/09/15 at 7:20 am. Review of facility care no documentation the Resident #1's aggress exhibited toward staff.	pm, Resident #1 wandered s room and an unwitnessed ccurred. g shift, Resident #1 was ays" for 30 minutes. am, Resident #1 wandered t's room and pushed her ft, Resident #1 was "not as a been the "past couple of g shift, Resident #1 was ys chasing staff. 0 pm, Resident #1 was 0 pm, Resident #1 bit a staff 0 pm, Resident #1 wandered ident's room and punched am, Resident #1 lifted a sident out of her wheelchair, ce, and hit her across the a residents were discharged ation from the local hospice emale resident expired on enotes revealed there was a physician was notified of sive or violent behaviors and other residents.	D 273		
	-There were no other	incident reports completed			

for Resident #1's behavior.

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Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					l c	
		HAL034098	B. WING		1	4/2015
		TIALUGTUGU			1 02/2	4/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SALEM TE	FRRACE	2609 OLD	SALISBURY R	DAD		
OALLINITE	INVAOL	WINSTON	I SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORT OR I	SCIDENTIFTING INFORMATION)	TAG	DEFICIENCY)	NATE	<i>D</i> /(12
D 273	Continued From page	e 13	D 273			
	Telephone interviews	on 02/19/15 at 2:15 pm and				
		e from the physician's office				
	revealed:	p,				
	-Resident #1 was not	their resident.				
	-The physician's office	e did not have an active or				
	inactive file on Reside	ent #1.				
	-Resident #1's name	was unfamiliar.				
		the physician's office were				
		oriate resident's name and				
		e any record of having seen				
	Resident #1 at any tir					
		k to clarify that the facility				
	sent an intake packet					
		et was incomplete; it did not				
		rance card or Medication				
	Administration Record	e contacted the facility on				
		nd 02/09/15 to request the				
	required information i					
	•	services, but the information				
	was never sent to the					
	-When the office cont					
		old the resident was no				
	longer at the facility.					
	Interview on 02/19/15	at 2:23 pm with the				
		linator (DCC) revealed:				
		s going to be Resident #1's				
		new admissions see him.				
		er (NP) routinely visited the				
	facility on Wednesday					
		icility on 02/03/15 and				
		see Resident #1 because the				
	• •	f had not yet entered the				
		into the computer system				
	for him to receive ser	VICES.	1			

-If a resident was in need of medical intervention before a physician was established, the resident should be sent to the local hospital Emergency

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Division c	<u>of Health Service Regu</u>	ılation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			_			
			B. WING		C	
		HAL034098	B. WING		02/24/2015	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
			D SALISBURY RO			
SALEM TE	ERRACE					
		WINSTO	N SALEM, NC 27	7127		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
IAG		200.122	IAG	DEFICIENCY)		
			+			
D 273	Continued From page	e 14	D 273			
	D (ED)					
	Room (ER).					
	-The DCC stated, "My	-				
		episodes be sent out (to				
	ER)".					
	-The staff on duty dur	-				
	aggressive behavior a	and violent outbursts should				
ļ	have utilized the serv	rices of the ER or crisis				
	center if initial interve	entions to calm the resident				
	were ineffective.					
	-Even if attempts to c	calm the resident were				
		duty should have notified				
		the physician to inform them				
		ve the doctor a chance to				
	write orders or chang					
		pectation that staff notify her				
	-	rring during their shift, but				
		of any of the incidents which				
	occurred on 02/06/15	•				
		ne had been notified of the				
		rred on the evening of				
		have instructed staff to send				
	Resident #1 out to the	e ER for evaluation.				
		5 at 3:45 pm with an evening				
	shift Medication Aide					
	-When an incident oc					
		MA on duty to complete the				
		to the physician's office, and				
	notify the DCC.					
	-She was working on	02/03/15 when the				
	unwitnessed altercation	on occurred between				
	Resident #1 and anot	ther male resident.				
	-The MA stated the pl	hysician was notified of the				
	incident because she	faxed the incident report to				
	his office.	·				
	Interview on 02/23/15	5 at 11:09 am with an				
		al Care Aide (PCA) revealed:				
ļ	i evening sinit i ersone	il Cale Alue (I CA) levealeu.				

-At about 10:00 pm, she attempted to give incontinent care to Resident #1 when he "got

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
			D MANAGO		C	
		HAL034098	B. WING		02/24/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
IVAIVIL OI II	TO VIDER OR OUT FEET		, ,	,		
SALEM TE	ERRACE		SALISBURY R			
		WINSTO	N SALEM, NC 2	7127		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /	
PREFIX	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
TAG	REGULATORT OR I	130 IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	WAIL SALE	
			+	·		
D 273	Continued From page	e 15	D 273			
		her arms and would not let				
	go of her.					
		er go, she "panicked and left				
		ent began chasing her.				
		narging" after all visible staff				
	and swinging at them	1.				
	-After a few minutes,	the resident appeared calm,				
	so she approached hi	im and motioned with her				
	hand for him to follow	her so she could continue				
	his incontinent care.					
	-The resident appear	ed calm and was talking with				
		mily and previous career.				
		resident if he needed a hug				
		vrist and bit her on the arm				
		g the skin and bruising her				
	arm.	g 1110 01111 0110 0101011.g				
	-	nessed by the MA on duty.				
	- The mordent was	1165500 by the Wirton daty.				
	Telephone interview of	on 02/24/15 at 8:30 am with				
	a second evening shi	ft MA revealed:				
	_	duty the evening of 02/06/15.				
		Resident #1 was swinging at				
		The resident approached her				
		ounch her, but she backed				
		kept going toward her and				
	began chasing her ar					
	-The MA "started runr					
	somewhere safe to go					
		down after about 11:00 pm				
	"like turning off a light					
		reparing to take out the trash				
		rd another staff person				
	•	•				
	resident)!"	He's swinging on (named				
	,	he unit and was informed				
		another resident in the eye.				
		e incident to the oncoming				
		I told them "if he gets any				
	Silition follow up and	told them if he gets any	'			

evaluated".

more agitated, he needs to be sent out to be

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DIVISION	<u>of Health Service Regu</u>	lation			
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		C
		HAL034098	B. WING		02/24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		2609 OI	D SALISBURY R	OAD	
SALEM TE	RRACE		N SALEM, NC 2		
	OUR MAN EN COT				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(-)
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	
				DEFICIENCY)	
D 070	0 " 15	10	D 070		
D 273	Continued From page	2 16	D 273		
	-The MA did not fill ou	ıt an incident report or			
		r send the resident out for			
		ne incident occurred at the			
	beginning of the onco				
		sed to notify the DCC at the			
		y incidents occurring during			
	the shift.	ly molderne ecourting during			
		exted the DCC because it			
		t" for her and she preferred			
		the DCC about Resident			
		ng on staff, hitting of the			
	other resident, and ch				
		he DCC for instructions or to			
	ensure the text messa				
		ve a call back from the			
	DCC.	ve a can back from the			
		any other member of			
	management.	diff office member of			
	management.				
	Interview on 02/19/15	at 2:23 pm with the DCC			
	revealed:	at 2.20 pm war are 200			
		a text message on the night			
		her phone was not working			
	properly.	ner priene was net wenting			
		vice was restored, there			
		from the MA regarding the			
	incidents of 02/06/15.				
		d been sent while her phone			
		would have been received			
	when her service was				
	Interview on 02/23/15	at 8:03 am with a night shift			
	Supervisor revealed:				
		sor on duty the night of			
	02/06/15 through the				
	•	her shift at around 10:45			
		sident #1 being aggressive			
		them down the hallway			

running "full-force" behind them.

-The evening shift MA instructed the staff to stop

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DIVISION	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING		С	
		HAL034098	B. WING		02/24/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDER OR OUT FEET					
SALEM TE	RRACE		SALISBURY R			
		WINSTON	SALEM, NC 2	7127		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		E
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	IATE DATE	
				52.18.2.16.1		
D 273	Continued From page	e 17	D 273			
	. •					
	running from the resid					
	-The evening shift MA	· ·				
	Resident #1 had "bee	en like that since 10:00 pm".				
	-The MA asked what	had been done about the				
	resident's behavior ar	nd the evening shift MA told				
	her she started a beh	avior report.				
	-The evening shift MA	A also reported Resident #1				
	had "just" hit another	male resident in the face.				
	-The Supervisor comp	oleted an incident report for				
		hit by Resident #1 and				
		an, but did not complete an				
	incident report for Res					
	physician about him.					
		5 pm, Resident #1 had				
		and the supervisor "kept				
	watch" on him to look					
	previous behaviors.	Tor any return or ms				
	•	2/07/15, a PCA came to the				
		the facility and reported to				
		esident #1 had punched a				
		face and slapped her with				
	a belt across her legs					
		r went to the SCU about				
		happened, she observed				
		calmly alone in the hallway,				
		he assisted living side of the				
	•	ident Care Director (RCD) to				
	see what to do.					
		instructed to send both				
	residents to the hospi					
	-The Supervisor state	d she should have sent				
	Resident #1 out for ev	valuation earlier in the shift.				
	Interview on 02/23/15	at 9:40 am with a night shift				
	PCA revealed:					
	-Shortly after reporting	g to work on the night of				
		a staff member screaming				
	for help.	•				
	•	as trying to get Resident #1				
		esident's room and reported				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL034098	B. WING		C 02/24/2015		
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STA				
SALEM TERRACE		SALISBURY ROSALEM, NC 2				
PREFIX (EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
6:00 am on the morning "highly angry and agital marching like in the art stomping". -While Resident #1 was and marching through independently, the state up and dressed for the -When the PCA emergishe observed Resider resident out of her whole her up and punch fist. -The female resident we "Stop, please, stop". -The PCA started screether down! He's hit her folded belt in his hand across the thigh as the the residents. -When the PCA reach #1 shoved the female took her wheelchair are -The PCA asked a coversident's wheelchair, room, and notify the second and hitting on doors we belt. -The PCA observed Resident #1 resident's wheelchair are sident's wheelchair are observed Resident #1 resident's wheelchair are sident's wheelchair are observed Resident #1 resident's wheelchair are observed Resident #1 resident's wheelchair are sident's wheelchair are observed Resident #1 resident's wheelchair are observed R	nit the other resident. and got out of bed around ng of 02/07/15 and was ated, banging on doors and rmy up and down the halls, as banging on the doors out the hallways off were busy getting people to day. ged from a resident's room, nt #1 "yank" a female teelchair by her sweater, ned her in the face with his was crying and saying, teaming, "I need help! Put r!" Resident #1 had a and hit the female resident the PCA was running toward teed the residents, Resident resident into the PCA and and left with it. worker to retrieve the take the resident to her upervisor of the incident. to gather the other	D 273				

Division of Health Service Regulation

the resident lay in bed.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING	B. WING		; 4/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	OAD	1 0212	4/2013
		WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 19	D 273			
	into the hallway". -Resident #1 snatcher resident and left the resident #1 continue the halls for about 30 while the PCA was try safety. -Another resident can upset, reporting to the entered his room and was trying to get drestend to the PCA did not try that was trying to remove area. -The PCA stated, "Nothim; I was trying to get safety". The PCA stated other residents off the would calm down. -Ambulances arrived transported both residents off the would calm down. -Ambulances arrived transported both reside evaluation. Review of Emergency call logs revealed the ambulances and the polyoty15. Review of Emergency from the local hospital who was assaulted reshe was evaluated of the resident of the polyoty15.	d the covers from off the esident's room. ed to wander up and down minutes beating on doors ving to get other residents to the out of his room and was e PCA that Resident #1 took his clothes while he esed. to engage Resident #1, but other residents from the est the other residents to the one was really staying with est the other residents to the day and quiet, Resident #1 around 7:15 am and dents to the hospital for y Medical Services (EMS) facility called for two police at 7:11 am on				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		· · · · · · · · · · · · · · · · · · ·		C	
		HAL034098	B. WING		02/24/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SALEM TE	ERRACE		SALISBURY RO		
			I SALEM, NC 27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	e 20	D 273		
	Review of hospice CI -The resident was ad pm following an assa -The resident was un- treatment due to her a -The resident continu pain" and had bruisin jaw, and neck areasNursing staff adminis Ativan in response to severe pain. (Dilaudi pain relievers; Ativan	inical Notes revealed: mitted on 02/07/15 at 2:50 ult. able to get aggressive			
	Interview on 02/19/15 at 12:15 pm with a hospice nurse revealed: -Hospice services were initiated on 07/15/14 for failure to thriveAt the time of initiation of hospice services, the resident was very thin, frail, and consistently short of breath with an admission weight of 74; however, the resident showed significant improvement and was no longer "end of life" at the time of the incident on 02/07/15.				
	revealed prior to the ifemale resident was a converse with staff, dassistance, feed hers wheelchair throughou and shower herself worder of Protection as followed. All supervisors and rinserviced prior to the regarding proper products of the supervisors and rinserviced prior to the regarding proper products.	_ ninistrator submitted a Plan			

Division of Health Service Regulation

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Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034098	B. WING		C 02/24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
SALEM T	ERRACE		D SALISBURY R N SALEM, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 273	Continued From page	21	D 273		
	instructionsThe Director of Nursi residents receive app up going forward. CORRECTION DATE VIOLATION SHALL N 2015.	OT EXCEED MARCH 26,			
D 338	all residents guarante	Resident Rights hall assure that the rights of ed under G.S. 131D-21, nts' Rights, are maintained	D 338		
	facility failed to ensure neglect related to failu protection for resident the Special Care Unit outbursts who had ph	and record reviews, the e residents were free of ure to provide safety and the by admitting a resident to with a history of violent ysical altercations with injury to residents and the			

Review of Resident #1's hospital-generated FL-2

-The resident was not designated as physically or verbally abusive or dangerous to self or others.

-Diagnoses included Lewy body dementia and

dated 02/03/15 revealed:

recurrent falls.

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DIVISION	of Health Service Regu	lation			
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		HAL034098	B. WING		02/24/2015
		TIAL SOTUSO			02/24/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SALEM TE	EDDACE	2609 OLD	SALISBURY R	OAD	
SALEWI II	ERRAGE	WINSTON	SALEM, NC 2	7127	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE
				52.10.2.10.7	
D 338	Continued From page	e 22	D 338		
	Dovious of boonital dia	scharge information dated			
	02/01/15 revealed:	scriarge information dated			
		with agitation and "violent			
	outbursts".	with agitation and violent			
		ault by resident of three			
	family members prior	•			
		at the hospital Certified			
	Nursing Assistant (CN	•			
	J 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	,			
	Interview on 02/16/15	at 11:30 am with the			
	Director of Nursing (D	OON) revealed:			
	-It was her responsibi	lity to assess potential			
	residents to determine	e whether or not the resident			
	would be appropriate	for admission, but it was the			
	Administrator's decisi	on whether or not to accept			
	the resident for admis	ssion.			
		's recommendations for			
		ved and sometimes they			
	were not.				
		ent #1's hospital FL-2 and			
		which included information			
		behavior and violence			
	toward family membe				
		nail to the Administrator			
		ald meet the resident's health and concerns regarding the			
	resident's diagnosis a	9 9			
	violence.	and toridorioy toward			
		did not feel the resident			
		mitted to the facility and			
		veyed that information			
	clearly.	•			
	-The DON did not cor	nplete a documented			
		ng because she did not			
	think the facility was o	going to accept the resident			
	for admission based of				
	resident's information	and recommendation			

Division of Health Service Regulation

-On 02/03/15, the day of admission, the DON was informed by the Administrator that the resident

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		A. BUILDING: _					
	HAI 034098 B. WING		C				
		HAL034098	B. WING	· · · · · · · · · · · · · · · · · · ·	02/2	4/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SALEM TE	FRRACE	2609 OLD 9	SALISBURY R	OAD			
		WINSTON	SALEM, NC 2	7127			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 338	Continued From page	23	D 338				
	verbally expressed he facility's ability to mar behaviors. -The Administrator to happened, they could to the family. Interview on 02/19/15 Dementia Care Coord-It was the DON and to determine the approto the SCU. -The DCC saw an emadmission indicating was not to accept the because of his diagnoaggressive behavior a-On 02/03/15, while of	Id the DON if anything Id discharge the resident back If at 2:23 pm with the Idinator (DCC) revealed: Administrator's responsibility ropriateness of admissions Inail prior to the resident's the DON's recommendation It resident into the facility posis and prior history of					
	Administrator reveale -The Director of Nurs for completing preadr residents to the Spec -The DON reviewed F information and verba admission, though sh regarding his diagnos aggressive behaviorThe Administrator sta DON was sent after th been made; however DON's recommendati resident but that she resident's behaviors.	ing (DON) was responsible mission screening for all new ial Care Unit (SCU). Resident #1's hospital ally approved him for le had some concerns					

Division of Health Service Regulation

knowledge, she thought the DON was willing to

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Division of Health Service Regulation						
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		
			B. WING		С	
		HAL034098	B. WING		02/24/20	15
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			SALISBURY R			
SALEM TERRACE		N SALEM, NC 2				
			N SALEIVI, NC 2	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) OMPLETE
11121111		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		·		DEFICIENCY)		
D 338	Continued From page	24	D 338			
	"try him" (admit the re	esidnet) and she would not				
	override the DON's re					
	overnee the Berre re	oommendations.				
	Review of the facility's	s New Admission Notice				
		was admitted on 02/03/15				
	at 3:00 pm.	was admitted on 02/03/13				
	at 3.00 pm.					
	Peview of facility care	e notes, behavior reports,				
	and incident reports revealed: On 02/03/15 at 6:30 pm. Posident #1 wandered					
	-On 02/03/15 at 6:30 pm, Resident #1 wandered into another resident's room and an unwitnessed					
	physical altercation of					
		shift, Resident #1 was				
	"running in the hallwa					
		am, Resident #1 wandered				
		t's room and pushed her				
	down.	6 D - 1 L L // A L L				
		ft, Resident #1 was "not as				
		I been the "past couple of				
	days".	1:6 5 :1 1//4				
		shift, Resident #1 was				
	running in the hallway					
		pm, Resident #1 was				
	swinging at staff.	D 11 1 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		pm, Resident #1 bit a staff				
	person.	D : 1 1 1 1 1 1 1				
) pm, Resident #1 wandered				
		ident's room and punched				
	him in the left eye.	5				
		am, Resident #1 lifted a				
		sident out of her wheelchair,				
		ce, and hit her across the				
		residents were discharged				
	to the hospital.					
		ation from the local hospice				
		male resident expired on				
	02/09/15 at 7:20 am.					

Interview on 02/19/15 at 3:45 pm with an evening

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
		HAL034098	B. WING		02/2	24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CALEMIT	EDDACE	2609 OLE	SALISBURY RO	OAD		
SALEM TE	ERRACE	WINSTON	SALEM, NC 27	7127		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	25	D 338			
	shift Medication Aide -Resident #1 "got into resident on his first da 02/03/15Both residents were had bruisingResident #1 also had swinging at staff durin admission. Interview on 02/23/15 night shift Personal C -When she arrived for pm, the second shift s admitted earlier that of "be careful around hir Interview on 02/23/15 PCA revealed: -When staff tried to gu get "kinda violent".	(MA) revealed: o it" with another male ay in the facility, on hitting each other and both d a "couple" of episodes of ag that shift on day of at 6:45 am with a second are Aide (PCA) revealed: of duty on 02/03/15 at 11:00 staff reported Resident #1, day, was combative and to m". at 6:27 am with a night shift uide Resident #1, he would				
	the PCA on one occasion. The PCA walked aboresident when he was down"On one occasion, the resident calling for he room, Resident #1 was	nis fists and tried to swing at sion. Out 10 feet away from the sivolent to "let him calm e PCA heard a female Ip. When he entered her as present and she reported pushed her down to the				
	Interview on 02/23/15 evening shift Persona -On 02/06/15 at about	at 11:09 am with an Il Care Aide (PCA) revealed: t 10:00 pm, she attempted re to Resident #1 when he				

let go of her.

"got violent" and grabbed her arms and would not

-When he finally let her go, she "panicked and left rapidly" and the resident began chasing her.

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Division of Health Service Regulation							
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
					С		
		HAL034098	B. WING		02/24/2015		
					1 02/2 // 2010		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
SALEM TE	ERRACE		SALISBURY R				
		WINSTON	SALEM, NC 2	7127			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF			
iAG		,	170	DEFICIENCY)			
D 000			D 000				
D 338	Continued From page	26	D 338				
	-The resident was "ch	arging" after all visible staff					
	and swinging at them						
		the resident appeared calm,					
		m and motioned with her					
		her so she could continue					
	his incontinent care.						
		ed calm and was talking with					
		nily and previous career. resident if he needed a hug					
		rist and bit her on the arm					
	•	the skin and bruising her					
	arm.	g the ottin and braiding her					
		nessed by the MA on duty.					
		on 02/24/15 at 8:30 am with					
	a second evening shi						
		duty the evening of 02/06/15.					
	•	Resident #1 was swinging at					
	_	The resident approached her					
		ounch her, but she backed ept going toward her and					
	began chasing her an						
	-The MA "started runr						
	somewhere safe to go						
		down after about 11:00 pm					
	"like turning off a light	switch".					
	-While the MA was pr	eparing to take out the trash					
		rd another staff person					
	yelling, "Come back! resident)!"	He's swinging on (named					
		ne unit and was informed					
	Resident #1 had hit a	nother resident in the eye.					
		at 8:03 am with the night					
	shift Supervisor revea						
	-She was the Supervi	sor on duty the night of					

-She worked on the assisted living side of the facility but was responsible for supervisory duties throughout the facility.

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Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING		C	
		HAL034098	<i>B.</i> Wilto		02/24/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		2609 OL	D SALISBURY R	OAD		
SALEM T	ERRACE	WINSTO	N SALEM, NC 2	7127		
0/10/15	STIMMADY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N OVE	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(/	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	
				DEFICIENCY)		
D 338	Continued From page	27	D 338			
D 330	Continued From page	5 21	5 330			
	-When she reported t	o work that night, the				
	evening shift staff rep	orted to her that Resident				
	#1 had become aggre	essive toward staff and was				
	chasing them down th	ne hallways.				
	-The Supervisor witne	essed Resident #1 chasing				
	staff, "running full force	ce" behind them at 10:45 pm				
	on 02/06/15.					
	-The evening shift sta	aff reported Resident #1 had				
	"been like that since '	10:00 pm" and he bit a staff				
	member and had just	punched another resident				
	in the face.					
	-The resident calmed	down around 11:30 pm or				
	11:45 pm and the Sup	pervisor "kept watch" on him				
	to look for any return	of his previous behaviors.				
	-On the morning of 02	2/07/15, a PCA went to the				
	assisted living side of	f the facility and reported to				
	the Supervisor that R	esident #1 had punched a				
	female resident in her	r face and slapped her with				
	a belt across her legs	S.				
	-Both residents were	sent to the hospital for				
	evaluation.					
	Interview on 02/23/15	at 9:40 am with a night shift				
	PCA revealed:					
		g to work on the night of				
		a staff member screaming				
	for help.					
		as trying to get Resident #1				
		esident's room and reported				
	Resident #1 had just					
		o and got out of bed around				
		ing of 02/07/15 and was				
		tated, banging on doors and				
	_	rmy up and down the halls,				
	stomping".					
		nging on the doors and				
	marching throughout					
	-When the PCA emer	ged from a resident's room,				

she observed Resident #1 "yank" a female resident out of her wheelchair by her sweater,

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Division o	of Health Service Regu	lation			FURIVI APPROVED
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034098	B. WING		C 02/24/2015
NAME OF D			DDRESS, CITY, STA	ATE ZIR CODE	1 0======
NAIVIE OF P					
SALEM TE	RRACE) SALISBURY R N SALEM, NC 2		
(X4) ID	(4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 338	Continued From page	≥ 28	D 338		
	held her up and punctist.	hed her in the face with his			
	-The female resident "Stop, please, stop".	was crying and saying,			
		eaming, "I need help! Put			
		er!" Resident #1 had a			
		d and hit the female resident ne PCA was running toward			
	the residents.	er on was running toward			
		ned the residents, Resident			
		e resident into the PCA and			
	took her wheelchair a				
	-The PCA asked a co				
		, take the resident to her supervisor of the incident.			
	-The PCA then began				
		m into the TV room for			
	-	dent #1 was still very agitated			
	and hitting on doors we belt.	with his hands and with his			
		Resident #1 enter another			
		and she followed. She			
		1 had taken the leg off the			
		and was standing over the elchair leg raised, about to			
		th the wheelchair leg while			
	the resident lay in bed				
	_	e wheelchair leg from			
		back and "moved back fast			
	into the hallway".				
	-Resident #1 snatche resident and left the re	ed the covers from off the			
		esident's room. ed to wander up and down			
		minutes beating on doors			
		ying to get other residents to			
	safety.				
	-Another resident can	ne out of his room and was			

upset, reporting to the PCA that Resident #1 entered his room and took his clothes while he

was trying to get dressed.

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
, ,		(X2) MULTIPLE CONSTRUCTION			
				COMPLETED	
				С	
	HAL034098	B. WING		02/24/2015	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	TE ZIR CODE		
NAIVIE OF FROVIDER OR SUFFLIER			•		
SALEM TERRACE		SALISBURY RO SALEM, NC 27			
		ID ID			
PREFIX (EACH DEFICIENCY M	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 338 Continued From page 2	29	D 338			
was trying to remove off area. -The PCA stated, "No or him; I was trying to get the safety". The PCA stated the other residents off the state of the other resident of the state of the other state of the oth	one was really staying with the other residents to ad she thought if she got he hall and quiet, Resident round 7:15 am and ints to the hospital for Department (ED) notes for the female resident ealed: 02/07/15 at 8:26 am. superficial abrasion to the imal bleeding and bilateral to a hospice facility on ical Notes revealed: itted on 02/07/15 at 2:50 t. ble to get aggressive ie. If to complain of "severe and deformity on the chin, ered Dilaudid, Morphine, buttiple complaints of and morphine are narcotic				
at 7:20 am.	ently expired on 02/09/15				

-Hospice services were initiated on 07/15/14 for

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					c	
		HAL034098	B. WING		02/24	/2015
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SALEM TE	:RRACE	2609 OLD	SALISBURY R	OAD		
WINSTON		SALEM, NC 2	7127			
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 30	D 338			
	failure to thrive. -At the time of initiation resident was very thir of breath with an adminowever, the resident improvement and was the time of the incider. Interview on 02/23/15 revealed prior to the infemale resident was a converse with staff, downwards with assistance, feed hers wheelchair throughout and shower herself who in the infemale residents involved discharged. -All residents who see the screened prior to readmission is approprious approprious discharged to determine placement. -Administrator will ensistened in the interview of	on of hospice services, the n, frail, and consistently short hission weight of 74; the showed significant is no longer "end of life" at not on 02/07/15. The at 6:45 am with a PCA incident of 02/07/15, the able to walk short distances, ress herself with minimal lelf, propel herself in her at the hallways, toilet herself, with supervision only. The incident have been less placement in the SCU will making a bed offer to ensure ate. It is at 6:45 am with a PCA incident of 02/07/15, the able to walk short distances, ress herself with minimal lelf, propel herself in her in the hallways, toilet herself, with supervision only. The incident have been less placement in the SCU will making a bed offer to ensure ate. It is a considered to ensure ate. It is an accordance of the sculpture of the preadmission some difference of the sculpture of the sculpture.				
D914	G.S. 131D-21(4) Dec	laration of Residents' Rights	D914			
	Every resident shall h	ration of Residents' Rights nave the following rights: al and physical abuse,				

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PRINTED: 03/15/2015 FORM APPROVED

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
		HAL034098			C 02/24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•
SALEM TERRACE		SALISBURY R SALEM, NC 2			
			1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D914	Continued From page	31	D914		
	neglect, and exploitat	ion.			
	facility failed to ensur- neglect related to the protection for residenthe Special Care Unit outbursts, failure to pr failure to notify a physical health services for a raggressive behaviors. The findings are: A. Based on interview facility failed to ensure neglect related to failure protection for residenthe Special Care Unit outbursts who had phr residents resulting in	and record reviews, the eresidents were free of failure to provide safety and ts by admitting a resident to with a history of violent rovide supervision, and sician or obtain mental resident with violent and ws and record reviews, the eresidents were free of the provide safety and ts by admitting a resident to with a history of violent sysical altercations with injury to residents and the . [Refer to Tag 338, 10A]			
	B. Based on interviews and record reviews, the facility failed to provide supervision of 1 of 1 sampled residents (Resident #1) in accordance with the resident's assessed needs and current symptoms, which resulted in the physical assault and subsequent death of another resident. [Refer to Tag 270, 10A NCAC 13F .0901(b) (Type A1 Violation).]				
	facility failed to notify mental health service residents (Resident # resulting in the physic	reviews and interviews, the the physician and refer to s for 1 of 1 sampled 1) with violent behavior cal assault and subsequent dent. [Refer to Tag 273, 10A			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С
		HAL034098	B. WING		02/24/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SALEM TE	ERRACE		SALISBURY R		
			SALEM, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D914	Continued From page	32	D914		
	NCAC 13F .0902(b) (Type A1 Violation).]			

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