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-The housekeeper looked down at the door knob Wat all plastic BottleSare		the chemical closet ar	nd the door did not latch.		will check weekly to	ensuc
(MOV) OF TICON CARDINATION		-The housekeeper loo	ked down at the door knob			
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If continuation sheet 1 of 35

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED HAL034084 B. WNG 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section and the Forsyth County Department of Social Services *addendum conducted an Annual Survey on August 10, 2016 Per telephone Conversation on to August 12, 2016. D 056 10A NCAC 13F .0305(f)(4) Physical Environment D 056 10A NCAC 13F .0305 Physical Environment 9/30/16 at 255 pm (f) The requirements for storage rooms and closets are: with the administrator (4) Housekeeping storage requirements are: In-Charge, the Correction date for all citations is September 1, 2016. (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to assure storage areas which contained cleaning agents, bleaches and other substances which may be hazardous if ingested, inhaled, or handled were locked and not accessible to residents. The findings are: Observation on 08/10/16 at 4:29 pm revealed: A housekeeper exiting a closet which stored chemicals and had a sign on the door labeled "Employees Only." -The housekeeper attempted to close the door to the chemical closet and the door did not latch. -The housekeeper looked down at the door knob Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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REPZ11

TITLE

Division of Health Service Regulation

STATE FORM

_	Division (of Health Service Regu	<u>la</u> tion			FOR	MAPPROVED
	STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE :	
			HAL034084	B. WING		ORV	12/2016
	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, 5	IATE ZIP CODE	, VVI	TALL SECTION
				VSING DRIVE	INIC, ZIF CODE		
	FORSYTH	VILLAGE		N SALEM, NC	27105		
	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
	PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	BE	(X5) COMPLETE DATE
	D 056	asimilasa i totti page	o 1 all without closing the door.	D 056	THE Chemical that	771-	Aug 10,2016
		-Seven residents were	within view of the chemical	1	place inside. Apminis	the tem	
	₅₉ .	storage closet	o within the or the chemical	ŀ	PIACE MSIDE: Apinin	A.	
			ed on a shelving unit on the	İ	In charge (AIC) HAO	u.	
	,	right side of the close	t, which was in view of the		IMPEDING ON AND IDIZO!	6	
		open door.	19		with all Managers ir	}] :
		-Chemicals and clean	ing agents stored in the	.	every Denorment to	s Let	1
		closet included:	container of mariatic acid (A	1	every Department to them know of the	-	
		highly corrosive stron	ig mineral acid with many	is .	Then chaust ite	. ^ ~	1
		industrial uses) with n	o lid and brown and yellow		Importance of mak	iriq.	
		stained/streaks on 3/4	of the sides of the bottle.		Sure that the Chem	ical	
		-Two full quart-size sp	ray bottles of mildew		Opor is closed and !	acked	
		destroyer with bleach.	•		at all times and	(et	
		-Two unmarked 32 ou	nce spray bottles with a		them know that the	ore is	
	ı	Clear liquid (one was	1/2 full and one was 3/4 full)		Them know The Line	alam	
	ji i	pavers.	tte finish sealer for clay	S. S.	a new Key That is	بر الداري <u>ات</u>	1
		-One full gallon of hea	ary duty floor stripper		on the mediation	ATDE	
	İ	concentrate with no lice	1.		Key RING	1	
	İ	-One unlabeled quart	bottle 1/3 full with clear		leed letters		
		liquid and no lid.	22			30	
		floor polish with no lid.					
		3/4 full.	and multi-surface cleaner				
	1	 On container of blead One quart spray bottl water" 1/3 full. 	h (121 ounces). e marked "bleach and				
	l.	-Bedbug and flea killer	(spray)		Ŧ		
		<u>_</u>	CELESTY.				ļ
		Observation on 08/10/	16 at 4:34 pm revealed	1			
	3	someone reached into	the closet, locked the			j	ŀ
		door, closed the door,	and turned the light off with	1			ļ
	ì	the surveyor in the clo	set.	1			
		Interview on 08/10/16	at 4:45 with the				1
		housekeeper revealed	i overall and the man				ł
		-There were two chem	cal storage closers				
		 One closet contained 	cleaning supplies that he				
ivi	sion of Heal	th Service Regulation	and anti-		<u> </u>		

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If continuation sheet 2 of 35

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: ___ COMPLETED HAL034084 B. WING_ 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 056 Continued From page 2 D 056 used daily. -The door had a lock, but the lock was broken. -"People (staff) can jiggle it open." -Third shift needed to use cleaning supplies and did not have a key to the chemical closet. -He reported the problem with the door being able to be opened to the Administrator-in-Charge. -He could not recall when he reported it to the Administrator-In-Charge. -The Administrator-In-Charge told him to leave the door unlocked at night so the night shift staff could get to the cleaning supplies. -He was unaware of any residents having obtained chemicals or cleaning supplies from the closet. Observation on 08/10/16 at 5:30 pm revealed: -The Administrator-In-Charge tried to open the locked chemical closet by rapidly moving the doorknob, without success. -The Administrator hit the door with her hip and the door came open easily. Interview with the Administrator-In-Charge on 08/10/16 at 5:32 pm revealed: -She was unaware the locked door to the chemical closet could be opened without using a key. -She had instructed staff to keep the doors to the chemical storage closets locked. Observation on 08/11/16 at 6:30 am revealed the door to the chemical closet was closed and locked. Interview on 08/11/16 at 6:38 am with a Personal Care Aide (PCA) revealed: -She routinely worked the night shift. -Staff "usually" had a key for the closet where the chemicals were stored. Division of Health Service Regulation

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If continuation sheet 3 of 36

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER; (X3) DATE SURVEY A. BUILDING: COMPLETED HAL034084 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 056 Continued From page 3 D 056 -The key was on the Medication Aide's (MA's) key -No residents had ever gotten into the chemicals or the chemical closet. Interview on 08/11/16 at 6:49 am with a Medication Aide (MA) revealed: -She routinely worked the night shift. -The door to the closet where the chemicals were stored was supposed to be locked at all times. -She had never known the door to be unlocked. -She had a key to the closet door. -She routinely checked all doors every night to ensure all outside doors and all storage doors were locked. -No residents had ever gotten into the chemicals or into the chemical closet. Interview on 08/10/16 at 5:25 pm with the Administrator-In-Charge revealed: -The facility's policy was for chemicals to be locked when not in use. -The facility bought some cleaning chemicals in large containers. -The housekeeping staff would transfer the chemicals into plastic bottles for use. -The plastic bottles were to be labeled with the name of the product or chemical at the time the chemical was transferred to the plastic bottle. -The door to both chemical closets were to be locked at all times. -She was not aware of any instances the chemical storage closet had been opened without a key. -Third shift MAs had a key to both chemical closets which was kept on the medication cart, -The acid in the unlocked closet was left by a previous maintenance employee. She did not know the acid was in the housekeeping closet. Division of Health Service Regulation

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	CONSTRUCTION		E SURVEY PLETED
	<u> </u>	HAL034084	B. WING			-
AME OF P	ROVIDER OR SUPPLIER	PT C C			08	/12/2016
			ADDRESS, CITY, STATE	E, ZIP CODE		
ORSYTH	VILLAGE		NSING DRIVE	E.		
(X4) ID	SHAMADV	STATEMENT OF DEFICIENCIES	N SALEM, NC 271	05		
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				DEFICIENCY)	PROPRIATE	DAT
D 056	Continued From page	ge 4	D 056			+
ı	"She did not know ti	here were chemical	2 556			ľ
	containers being sto	red with a tid				1
ĺ	-She was unawarn	of any instances when the				ļ
ŀ	closet had been for	ced open by residents or staff.				
	-"With our resident	population, this door needs to				
(1	be locked."	operation, this door needs to				
	-The Maintenance C	Director and the housekeeper				70.
:0	maintained the cher	nical storage closets.	1			
	-She had not checke	ad the chemical closet since				
	the previous Mainter	nance Director was no longer	1 1			
	emproyed.	9E-20	1			
	-She would immedia	itely have the Maintenance				}
	Director to replace th	ne door lock on the chemical				
	closet	6				
- 1	Review of the facility	do Chaminat of an				1
	(undated) revealed:	's Chemical Storage Policy				
	-The numouse was to	ensure the safety of				1
l.	residents by ensuring	g they were not able to				ł
	access any dangero	us products				
	-Potentially dangerou	is products would be		9		ļ
	inaccessible and kep	t under lock and key at all				ł
	umės.					
1	-All chemicals, first a	id supplies, and cleaning	· I			
1 3	agents are stored in :	their original labeled				
	containers.					
į i	-All chemicals, first a	id supplies and cleaning	1			
	ayents are stored in containers.	their original labeled	1			
[]	oundinois,		1			i
	A Plan of Protection	was provided by the facility				
	dated 08/10/16;			*		
		chemical closet doors.	1			
1	Provide keys to all 3	shifts Medication Aides				
] -	·Labe) all spray bottle	S.				
-	Remove all chemical	s with no lids on them				
1 -	Check Housekeeping	i Closet daily: Maintenance				
j v	will check it throughou	It the day.				
-	Any unlocked doors t	to chemical closets will be				
1.7	eported to the Admin	1./Thus	1 1			

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If continuation sheet 5 of 35

STATEMEN	of Health Service Rep TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		
AND PLAN	OP CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE ! COMPL	
		HAL834084	E. WING		00%	12/2016
HAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, S	TATE 2IP CODE		272010
ORSYTH	VILLAGE		NSING DRIVE			
			N SALEM, NC	27105		
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	-The Administrator-I with all staff about k times.	n-Charge will have a meeting seping doors locked at all				
	CORRECTION DAT VIOLATION SHALL 28, 2016.	E FOR THE TYPE.B NOT EXCEED SEPTEMBER		,		
D 113	10A NGAC 13F .031	1(d) Other Requirements	D 113	THE Administrator	ΛE	Aug 11,204
1	10A NCAC 13F .031	1 Other Requirements		charge (AIC) cor		J ,
ŀ	(d) The hot water sy	stem shall be of such size to				
	provide an adequate	supply of hot water to the		Plumber en Aug 11	12016 10	
	closets and sail utility	laundry, housekeeping y room. The hot water		ceme out to scruic	P Lne	
ļ	temperature at all fix	fures used by residents shall	İ	Hot water heater		
	be maintained at a m	ninimum of 100 decrees F		Control of the control	; upon	
	(38 degrees C) and a F (46.7 degrees C).	shall not exceed 116 degrees This rule applies to new and		Service the plustated! that the	unber hot	
	existing facilities.			Water heater needs	to Be	
				Replaced." THE 10	wherst	
	This Rule is not met	as evidenced by:		the community m	ade	
	reviews, the facility fo	ns, interviews, and record ailed to ensure hot water	22.6	arrangement and	ltana	
	temperatures at sink	fixtures in 14 mome		new Hot water hea	Low	
	occupied by resident	s on C half were maintained	}			
	between 100 and 116	degrees Fahrenheit		In stall en Rug 30		
	The findings are:	•		on Augil, 2016 the lit the pilot After a half the water on	- plumber	
- [1	Review of the facility	census revealed:		a MIC Yes	TIP WI 197 IQ	
	There were 42 reside	ents currently residing in the		To wit the Water on	CHAV	
1	aciity.			Temp was at 1121	Jegrees	
	Hali C.	idents, 14 residents lived on		fahrenheit.		
(Observations of hot w	ater temperatures on Hall C				

Division of Health Service Regulation STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL034084 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE **FORSYTH VILLAGE** WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D'1131 Continued From page 6 D 113 at various times on 08/10/16 and 08/11/18 revealed: -On 08/10/16 at 10:15 am, hot water temperature in the bathroom sink for room 37 was 72 degrees Fahrenheit On 08/10/16 at 10:20 am, hot water temperature in the bathroom sink for room 29 was 72 degrees Fahrenheit. -On 08/10/16 at 10:29 am, hot water temperature in the bathroom sink for room 38 was 72 degrees Fahrenheit. -On 08/11/16 at 6:59 am, hot water temperature in the bathroom sink for room 30 was 72 degrees Fahrenheit -On 08/11/16 at 7:05 am, hot water temperature in the bathroom sink for room 33 was 72 degrees Fahrenheit. Interviews at various times on 08/10/16, 08/11/16, and 08/12/16 with seven residents who lived on Hall C revealed: -There had been no hot water on Hall C for a period of time which varied by report from one week to two months. -The residents had private bathrooms and private showers, but the water was cold in their rooms. They had to go up the hall to a shower room on another hall to take their showers. -One resident stated she sometimes went somewhere else within the building to shower, but sometimes she "just washed up and prayed for the hot water to be fixed". -One resident stated she had her own shower, but went to the shower room because she "don't like to wash in cold water". -One resident stated she used the shower room on the other hall "every once in a while" but usually just used the shower in her room anyway. "It's cold, but it feels good. I don't mind." -One resident stated the water used to be hot but Division of Health Service Regulation

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If continuation sheet 7 of 35

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Division	of Health Service Regi	llation		· ·	FO	RM APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE O	CONSTRUCTION		
MID I CAN	OF CONNECTION	IDENTIFICATION NUMBER:			(XS) DATE SURVEY COMPLETED	
į			_			
		HAL034084.	B. WING_			
NAMEOF	PROVIDER OR SUPPLIER				08	/12/2016
TO STILL OF T	MONDER ON SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
FORSYTH	I VILLAGE	5100 LA	NSING DRIVE			
			N SALEM, NC 271	05		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	OI	PROVIDER'S PLAN OF CO	ORRECTION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTIO	NSHOURDAE	(X5) COMPLETE
			TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
D 113	Continued From page	7				
	100 100		D 113			
	since it has been cold	f, he takes showers in the				
	shower room on anot	her hall and stated he did				
,	not mind.			v.		
:	-Une resident stated	he took a sponge bath every				
	day pecause the water	er was too cold to shower		8		1
	the other bell be	use the shower room on	1 1			.]
	are ofter usit because	there was no privacy.		81		
	Confidential interview	salible of a feet an account				1
	revealed:	with a stair member				
	i Bandhanamanan	not water on Hall C for a				İ
	"couple of months",	or water on right C for a				
		tially stated the reason for				ţ
	the hot water issue wa	as unknown, then stated the	1			
	reason was because	he gas bill was not paid.				
88	-The rest of the building	ng had hot water because it				
	was on a separate ga	s line than Hall C.				
1	-All staff were aware of	of the problem with the				
	water, but the staff me	mber had not heard about				
	any plans to fix the ho	t water.				
	-Residents complaine	d "all the time" about not	1 1			
1	having hot water.					
Ī	Interview on 08/11/16	of C-45				
	Medication Aide (MA)	reversed:				
ĺ	-When she assisted re	sidents with showers, she				
	usually gave the show	ers in the shower room on				
	the other hall because	it was higger				
-	-She had not heard ar	V complaints from	I			
	residents or staff about	It water being cold				
į	-She knew "they" were	working on the hot water.	1			
	-She did not know who	Was working on the hot	1			
ļ	water because she ca	me to work at 11:00 pm.				1
ł						
	Interview on 08/11/16	at 11:18 am with the		25		
	Administrator-In-Charg	ge (AIC) revealed:		8		
	-one was not aware th	ere was no hot water on				
	Hall C until yesterday,	08/10/16.				
	-She called the gas co	mpany on 08/10/16 to				
	th Service Regulation	ire the pilot light was not	1			

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REPZ11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETEN HAL034084 B. WING 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 0(5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 113 Continued From page 8 D 113 out. The pilot was not out and they said the hot water tank "might need to be serviced". -On 08/10/16, the hot water temperature setting was adjusted up to see if the water was getting hot. -She was calling today to get the hot water heater serviced. -The Maintenance Director was supposed to check hot water temperatures every day and report to the AIC any temperatures that were outside the range of 100 to 116 degrees Fahrenheit -The Maintenance Director had not reported any hot water temperatures outside the range. -Yesterday, 08/10/18, the Maintenance Director told the AIC he had been trying to turn up the temperature setting for the hot water to get it within range. Interview on 08/11/16 at 11:56 am with the Maintenance Director revealed: -He checked hot water temperatures "as often as I can", which was "probably twice a week" on each of the three halls. -He noticed the water was cold on Hall C about four days ago. -He thought hot water temperatures had to be between 90 and 115 degrees Fahrenhelt. -He contacted a plumber today to come fix the issue on Hall C. Review of the facility water temperature log revealed: -in August (no date) 2016, hot water temperatures for Hall C were 133 degrees Fahrenhelt in rooms 19 and 21, 100 degrees Fahrenheit in room 23, 116 degrees Fahrenheit in room 24, 68 degrees Fahrenheit in rooms 25 and 26, and 70 degrees Fahrenheit in room 27. -in July (no date) 2016, hot water temperatures Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING **4804E0JAH** 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 113 Continued From page 9 D 113 for Hall C ranged from 101 to 121 degrees Fahrenheit In June (no date) 2016, hot water temperatures for Hall C ranged from 108 to 114 degrees Fahrenheit Interview on 08/12/16 at 9:19 am with the AIC revealed: -The facility hot water was heated by two separate gas lines. -She contacted the gas company on 08/10/16 to check on the lower line, which serviced Hall C. -The gas company worker said the hot water tank needed service. -The AIC called a plumber yesterday, 08/11/16. who came and re-lit the pilot light. -The plumber said the hot water heater needed to be replaced, but the whole problem with the hot water at this time was the pilot light was out. -All the hot water temperatures on Hall C were now in compliance. Telephone interview on 08/12/16 at 8:37 am with a representative from the facility's gas company revealed: -The facility had two separate gas lines and accounts that serviced the facility. -No more information could be provided. Observations at various times on 08/12/16 of hot water temperatures throughout Hall C revealed hot water temperatures ranged from 112 to 114 degrees Fahrenheit. THE Meny of the pay will be posted Daily for Breakfast, lunch, and Dinner outside of the D 299 10A NCAC 13F .0904(d)(3)(A) Nutrition And Food D 299 Aug 11, 20% Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: Kitchen to ensure that Division of Health Service Regulation

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Division of Health Service Regulation

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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 HAL034084 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 299 Continued From page 10 D 299 Augilizal6 All 12esiDents one aware (3) Daily menus for regular diets shall include the of with they are HAVING; following: All cooks will give (A) Homogenized whole milk, low fat milk, skim mill to the CNA'S; milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. all cuas will pour milk Reconstituted dry milk or diluted evaporated milk into a 8-durce glass for may be used in cooking only and not for drinking purposes due to risk of bacterial contamination each resident that during mixing and the lower nutritional value of comes into the dining the product if too much water is used. froom, Administrator In This Rule is not met as evidenced by: Based on observations and interviews, the facility Charge will continue to failed to serve eight ounces of pasteurized milk at Monitor all meals to least twice a day to residents of the facility. ensure that all Residents The findings are: are getting there milk twice a DAY Review of the weekly menu spreadsheet revealed: -Two percent milk was to be served at breakfast and dinner on 08/10/16 and 08/11/16. -Milk was not listed to be served at lunch on 06/10/16 and 08/11/16. Observation of the lunch meal served on 08/10/16 from 12:50 pm to 1:10 pm revealed: -Thirty-seven residents were being served in the dining room. -Beverages had already been placed at each table setting. -Beverages served included water and pink lemonade. -No residents were offered or served milk at lunch. Observation of the kitchen area on 08/10/16 at 10:25 am revealed 2 full gallons of whole milk and 1.5 gallons of 2% milk stored in the refrigerator. Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL034084 B. WING 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE **FORSYTH VILLAGE** WINSTON SALEM, NC 27105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 299 Continued From page 11 D 299 Review of the posted dinner menu for 08/10/16 -A handwritten list posted on the refrigerator that listed hot dogs, pork and beans, and peaches. -No beverages were listed. -The weekly menu spreadsheet was not posted in the kitchen. Observation of the dinner meal served on 08/10/16 from 5:35 pm to 8:05 pm revealed: -Thirty-five residents were being served in the dining room. -Beverages had already been placed at each table setting. -Beverages included water and pink lemonade. -Residents' plates were being served by dietary staff and Personal Care Aides (PCA). -No residents were offered or served milk at dinner. -There was no milk on the serving table where the beverages were prepared by the PCAs. Interview with a resident on 08/10/16 at 11;15 am -There was no milk or juice served to residents to drink at meals. -Residents were only served water with every meal. -The resident would like to have milk with meals. interview with a second resident on 08/12/16 at 9:00 am revealed: -Milk was served each morning with cereal. -"You have to ask for milk if you want it." Interview with a third resident on 08/12/16 at 9:40 am revealed: -Milk was served each morning with cereal. -He did not drink mllk, but "people have to ask for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY	
	2	<u> </u>	A, BUILDING:		COM	PLETED	
	···	HAL034084	B. WING		os	1/12/2016	
AME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE,	, ZIP CODE		1202010	
DRSYTH	VILLAGE	5100 LA	NSING DRIVE				
			N SALEM, NC 2710	05			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID OIL	PRÓVIDER'S PLAN O	F CORRECTION	rve.	
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			TAG	CROSS-REFERENCED TO DEFICIEN		DAT	
D 299	Continued From page	a 12	D 299				
	milk if they want it."						
1	mak i bioy want it						
i	Interview on 08/12/16	3 at 11:04 with a PCA				8	
	revealed:						
ŀ	-The PCAs were resp	consible for preparing and					
	serving beverages to residents during meals.]				
	The kitchen staff placed the milk containers in a					İ	
ļ	rarge stainless steel to	oowl with ice to keep milk					
	500	d at the serving station and					
	residents could reque	et milk					
	-She served breakfas	it and lunch when she	1				
	worked first shift.						
	-Residents were serv	ed milk with their cereal		e.			
	each morning.						
	-Residents could requ	lest milk if they wanted it.			8		
	-Residents were serv	ed juice, water, and milk (if		70			
	they wanted it at lunc	h).					
	-one did not know wr -The facility had milk	at was served at dinner, available and had not run					
	out of milk when she	was serving residents.					
	Interview with a cook	on 08/12/16 at 9:05 am					
- 1	revealed:					1	
	-He had only been wo 08/08/16.	orking at the facility since					
		by the Dietary Manager.	1	W			
	 The Dietary Manager 	r wrote down and posted					
1	what food was to be p	prepared for daily meals.					
	-Beverages were sen	red in the dining room by the					
	PCAs.	.					
	-MilK was available to by the PCAs.	be served to the residents					
	5. 8						
	Interview with the Adn	ninistrator-in-Charge on					
	08/10/16 at 6:10 pm n	evealed:					
	-She was aware milk day to residents.	was to be served twice a				1	
		y milk was not served at				1	
	dinner on 08/10/16.	1 may was not served at		55			

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Division	of Health Service Regu	ulation		ė.	FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TID	LE CONSTRUCTION		
AND PLAN	OF CORRECTION .	IDENTIFICATION NUMBER:	A. BUILDING		(XS) DATE S COMPLI	
		.HAL034084	B. WING		0074	D10040
NAME OF F	ROVIDER OR SUPPLIER	97beer	ADDRESS, CITY, 8	TARE TIP AREA	I VOI'I	2/2016
				IATE, ZIP GODE		
FURSYTI	H VILLAGE		NSING DRIVE DN SALEM, NC	27105		
(XA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID			
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D 299	Continued From page	a 13	D 299			
	The Dietary Manage purchasing milk. The facility's policy w twice a day to resider	as for milk to be served				
D 310	10A NCAC 13F .0904 Service	(e)(4) Nutrition and Food	D 310	THERE Are Theopeuts Menus place behind	-c_	SepH,ZOI6
	(e) Therapeutic Diets (4) All therapeutic die supplements and thic	Nutrition and Food Service in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.		Menus for the COOK prepare for THE There pents Dicts, A there are therapeut	dso	
	reviews, the facility fail diet menu to ensure mordered by the resider sampled residents (Reincluding double portionsweets.	s, interviews, and record led to utilize a therapeutic neals were served as nt's physician for 2 of 3	,-	Menus spredsheets signed By a Dietity from Preformance of Scruice on Scpt. In Coold will Scruice A prepare their med By THE Therapeutic	2016	
	-There were no posted kitchen area for staff g -There were no therap by kitchen staff for me therapeutic dietsThere was a therapeutigned by a dietician, I	eutic menus being utilized al preparation for utic menu spreadsheet, ocated beneath the daily		Diet menu. Appninist In charge then amee with AU cooles to educate them on to to read the Therapeu menu guidelines. THE	trater eting tra tra tra	
	office. A. Review of Resident	ok in the Dietary Manager's #8's current FL-2 dated		COOKS Are curare every Resident in The	of HE	
vision of Hea	ith Service Regulation			Community of their	<u> </u>	

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Division	of Health Service Regi	lation				MAPPROVED
STATEMEN	T OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE	SURVEY
		HAL034084	B. WING		nov	10/05 4 5
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE 283 CODE	1 089	12/2016
FORSYTH	I VILLAGE	5106 LA	INSING DRIVE ON SALEM, NO			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		- 10	
PREFIX TAG	LEACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	Y II P De	(X5) COMPLETE DATE
D 310	Continued From page	14	D 310	Diet ORDERS. THE	٤_	Septh 2016
	diabetes mellitus, hypand schizophrenia. An order for a No Codiet. An order to weigh Renotify the physician formore. Review of Resident ## A physician's order directive meal three times a dareneal three times a dareneal indication being revealed: Review of Resident ## Review of Resident ## Review of Resident ## revealed: On 05/04/16, weight very pounds. On 05/11/16, weight very pounds. On 05/18/16, weight very pounds.	ated 04/19/16 for NCS diet. eted 07/14/16 that e double portions of each y for weight loss." ay dated 05/19/16 with g "weight loss". y active cardiopulmonary I's May 2016 MAR was documented at 145.8 was documented as 147.4 was documented as 150.4		Apministratory Charge Hove edu all cooks of Hour Nead adict or the MAILE sure All Re That recieve Down Portrons will rece Double portron o Their First plate Howe enough Food Second	eated s to sidents sider	zepru conz
	pounds,	vas documented as 152.4				
	Review of Resident #8 flow sheet" revealed, o documented as 147.6	's "Vital sign and welght n 05/06/16, welght was bounds.				ŀ
-	Review of Resident #8' revealed: On 06/01/16, weight w bounds.	s June 2016 MAR as documented as 154.0				
		as documented as 153.6	<u> </u>			

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: COMPLETED HAL034084 B. WING, 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) Complete PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 310 Continued From page 15 D 310 pounds. -On 06/15/16, weight was documented as 155.4 -On 06/22/16, weight was documented as 158.6 pounds. -On 06/29/16, weight was documented as 160.4 pounds. Review of Resident #8's "VItal sign and weight flow sheet" revealed, on 06/07/16, weight was documented as 145.4 pounds. Review of Resident #8's July 2016 MAR revealed: -On 07/06/16, weight was documented as 162.4 pounds. -On 07/13/16, weight was documented as 166.8 pounds. -On 07/20/16, weight was documented as 167.8 -On 07/27/16, weight was documented as 166.8 pounds. Review of Resident #8's "Vital sign and weight flow sheet" revealed: -On 07/05/16, weight was documented as 146.8 pounds. -On 07/29/16, weight was documented as 147 pounds. Review of Resident #8's August 2018 MAR revealed, on 08/03/16, weight was documented as 167.4 pounds. Observation of weight obtained on 08/11/16 revealed Resident #8 weighed 141.8 pounds, Observation of the breakfast meal served to Resident #8 on 08/11/16 from 7:45 am to 8:15 am

-Resident #8 was served 1 piece of buttered Division of Health Service Regulation

revealed:

Divisio	n of Health Service Reg	fulation				RM APPROVED
STATEM	INT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C			
WATE LAND	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(XS) DAT	E SURVEY
		İ	AL POILDING.		COA	MPLETED
		HAL034084	B. WING			
1144 FF 44	and the same of th	1242.054004			1 0	8/12/2016
I WAME O	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FORSY	TH VILLAGE		NSING DRIVE			
		WINSTO	N SALEM, NC 271	05		
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10000000	2006	(CIA)	TAG	CHOSS-REFERENCED TO THE APPI	ROPRIATE	DATE
D 31	Continued From the		-	DEFICIENCY)		
24,	Tomanaga From pag		D 310		_	
	white toast, dried oat	cereal (8 ounces) with 2%	1			
	milk, scrambled eggs	(6 ounces), and water (8				
	ounces).					
	-Resident #8's servin	g sizes for the food were the				
	same as other reside	ints being served.	1			
	cereal and more water	ed an additional bowl of				
			1	5		i i
	water to him, but told	r provided the cereal and him "You know you have to	* n ,]		31	
	wait until everyone or	omes in for breakfast before				
	we give seconds so e	VEIVORE can eat "				
	-Resident #8 was pro	Vided a second bowl of oat				
	Cereal and a second	glass of water.				1
	-Resident #8 ate all o	f the meal. Including the				
	second bowl of pat of	ereal and the second glass				
	of water.		1			1
	reference for eaching	eutic menu posted for staff				1
181	reference for serving	sizes or alternates for incentrated Sweets diet.				† I
	TOSIGETIES DIT A NO CO	riceritated Sweets diet.	1			
	Observation of the jun	nch meal served to Resident	1			1 1
	#8 on 08/11/16 from 1	2:40 pm to 1:10 pm	1			1
	revealed:					
	-Resident #8 was sen	/ed 1/2 piece of buttered				
	garlic bread, 1 pear wi	ith cottage cheese, 6				
	ounces of green bean	s, and 6 ounces of baked	1			- J
	spaghetti with mozzar	ella Cheese.	1			
	Same as the serving of	ved to Resident #8 were the izes of the other residents.				1
	-Resident #8 immedia	tely requested a peanut	1			
	butter and jelly sandwi	ich "because I don't eat		×		
	spaghetti".					
	-Upon prompting from	the Dietary Manager, he				
	are an or the green bet	ans and the pear.				
	-He was provided with	2 peanut butter and jelly	}			
İ	sanowiches and ate bo	oth of them.	1			
	Guidence for annual	therapeutic menu for staff				1
	guidance for serving si residents on a No Con-	zes or alternates for				
		centrated Sweets diet				}
ision of Hes	Ith Service Regulation					
	, , , , , (), , , (), ()			· · · · · · · · · · · · · · · · · · ·		1

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL034084 B. WING 08/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FORSYTH VILLAGE 5100 LANSING DRIVE WINSTON SALEM, NC 27105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) GOMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 310 Continued From page 17 D 310 Interview on 08/11/16 at 8:15 am with Resident #8 revealed: -He asked for seconds every day because he was still hungry. -"I ask for them everyday. I usually get them, but it depends on the size of the crowd," Interview with a cook on 08/11/16 at 12:53 pm revealed: -Resident #8 was served 2 peanut butter and jelly sandwiches made with 100% whole wheat bread. -He used regular grape jelly on the sandwich because "we are out of sugar free jelly". -The Dietary Manager told him today that he would get sugar free jelly when he went to the store. Interview with a second cook on 08/12/16 at 9:05 am revealed: -A regular size portion for meats was 3 ounces and a regular size portion for vegetables was 4 OUNCES. -He was aware Resident #8 was to receive double portions at each meal. -He only doubled the amount of the vegetables "because a lot of these people like vegetables." -He only doubled meat portions if the resident asked for another serving of meat. Interview with a Personal Care Aide (PCA) on 08/12/16 at 11:08 am revealed: -The dietary staff was responsible for plating food for residents. -The PCAs notified kitchen staff if a resident requested additional food. -She was not sure if Resident #8 received double portions. -The kitchen staff "makes sure all residents are fed before they give seconds to residents." -Resident #8 did réquest seconds at times.

ND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED	
		HAL034084	B. WING			00/48/95	
AME OF PI	ROVIDER OR SUPPLIER	STREET	uddress, city, state	ZIP CODE		/12/2016	
ORSYTH	VILLAGE		NSING DRIVE	LICE CODE			
			N SALEM, NC 271	na			
(XA) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES					
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLET DATE	
D 310	Continued From pag	e 18	D 310			-	
	Interview with the Di	etary Manager on 08/11/16 at					
	-He was aware Resid	dent #8 had a physician's					
	order to be served do	Duble portions	[]				
	-He and the staff had	not utilized a therapeutic					
	or set spreaders the do	letermine the Initial portion				1	
1	He was told to give	ubled portion size would be, seconds once all of the					
	residents were fed if	there was food remaining.					
1	(RCC) on 08/11/16 at	sident Care Coordinator : 10:10 am revealed:					
- 1	-She was aware Resi	dent #8 had an order to					
	receive double portion	ns.]	
į į	ne physician wrote	the order because Resident	1				
	more picky" about w	ressed and he had become					
١.	When there was a ni	nysician's order for double					
l i	portions, the food was	s to be served in one serving				1	
	nstead of waiting to a	ee if they ask for seconds.	1			1	
-	She would discuss th	e need to provide the	1				
0	louble portion serving	s with the Dietary Manager.					
F	Refer to Interview with orn,	a cook on 08/10/16 at 4:15					
F	Refer to interview with it 12:53 pm.	a second cook on 08/11/16	l l				
6	Refer to interview with 8/11/16 at 8:30 am.	the Dietary Manager on					
F	lefer to interview with	the			İ		
Α	dministrator-in-Charg	ge on 08/11/16 at 8:45 am.					
U	4/18/16 revealed:	t#6's current FL-2 dated					
-[in	Diagnoses included e	nd-stage renal disease, etes mellitus, pancreatitis,					

DIVISION	of Health Service Reg		12000		FO	ED: 08/30/2016 RM APPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A BUILDING:			SURVEY PLETED
		HAL034084	B, WING		90.00 (2.00)	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	- With a new	08	/12/2016
FORSYTI	YVILLAGE		NSING DRIVE	E, ZIM CUDE		
			N SALEM, NG 271	05		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICE NOWS				
PREFIX	REGOLATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF 0 (EACH GORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IS APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	s 19	D 310		···	
-	and anemia.					
	-A physician's order for	or a No Concentrated				
	Sweets/No Added Sa	It diet_				}
	-No order for double p	portions for Resident #6.				
	Obconsting of the his	- 4 1				
	Resident #8 on 09/44	eakfast meal served to				
	revealed:	/16 from 7:45 am to 8:15 am				
	-Resident #6 was sen	ved 1 piece of buttered				1
Í	white toast, dried cere	al (8 outices) with 2% mile				
ŀ	scrambled eggs (6 ou	nces), coffee, apple juice (8	1 1			1
1	ounces), and water (6	Ounces).				
	-Resident # 6 ate 100	% of the meal.				
}	Observation of the line	ch meal served to Resident				
	#6 on 08/11/16 from 1	2:40 om to 4:40 pm				
	revealed:	2.40 pm to 1.10 pm				
	-Resident #6 was serv	od 1/2 piece of buttered				
	ganic bread, 1 pear wi	th cottage chase R	1 }			
	ounces of green beans	6, and 6 ounces of haked	* [
1	39UÇ 0 ,	sauce instead of tornato				
	-Resident #6 requested serving of 6 ounces of	d, and received, a second				
	-Resident #8 ate 2 sen	vings of baked spaghetti, 1				
1 ;	and 1/2 slices of butter	ed garlic bread, no green				I
	beans, and no pears.	Swine Brood, ND Groot			Į	
1	Interview with Resident	t#6 on 08/12/16 at 9:40				
	am revealed:]
-	He had been on dialys	sis for 4 years.	1 i			į
-	His physician changed	his insulin dosege on				ļ
Ę	18/11/16 because "the	[blood sugars] have been	1		81	ł
9	joing crazy - sometime cometimes they are do	s they are up and				1
	The facility did not also	WIL."	1			1
[]	"I keep sweets in my h	him anything with sugar. ag in case my blood sugar				
b	ottoms out at dialysis."	ay in case my blood sugar			Í	1
-	He drank coffee, iemor	nade (unsweetenad) and				Ī
l u	or cuocolate every mo:	ming.	1 1		1	i
on of Health	Service Regulation		L			

Division	of Health Service Regu	lation			FOF	MAPPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) AN II TIGUE (CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:				SURVEY
		1	A. BUILDING;		COM	PLETED
		HAL034084	B 10/m10			
		TAL034084	B. WING		08	/12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATI	E, ZIP CODE		
FORSYT	VILLAGE		NSING DRIVE			
		WINSTO	N SALEM, NC 271	105		
(X4) ID PREFIX	SUMMARY ST.	ATEMENT OF DEPRESENCIES	(D)	PROVIDER'S PLAN OF CORRE	- TOTAL	
TAG REGULATORY		Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO	OUTOBE	(XS) COMPLETE
	Section and results. See appropri		TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE
D 310	Continued From page	20		Des talences		
	- A		D 310			
	-"I am on double porti	ons. You have to ask for				
	double portions if you	want them."	1			
	-when dietary served	the meals, he saw what				
	mey had and would a wanted.	sk for double of what he				
		Posts whet I amile				
	Orders salad tomato	now what I can't eat - leafy es, orange juice, potatoes,				
	and potato chips.	ca, drange funde, porertoes,				
		r-free waters and cookies	1			
	for snacks.	The main and occurs				
			1 1			1 1
	Interview with the Diet	tary Manager on 08/10/16 at				
	8:35 am revealed:			10		1
	 Resident #6 was on the were diabetic. 	he list of residents who				į I
	-Resident #6 was not					
i	-The facility did not off	on a renal diet.		2		
	-Resident #6 received	double protein and could	1 1			
	not have tomatoes, to	mato sauce, leafy				
ł	vegetables, and orang	e juice.				1
	-The cook prepared a	bagged lunch for Resident				
	#6 on the days he atte	nded dialysis.				!
	-Resident #6 was prov	ided for lunch today a	1 1			
1	fruit cup.	d cheese sandwich, and a		800		
		ook a "soda" with him to				1 1
į	dialysis.	ON D COUR WAS SIMILED	1			
						}
ŀ	Interview with a Medica	ation Aide (MA) on 08/11/16				
	at 10:05 arn revealed:					
	-Resident#6 was on a diet.	No Concentrated Sweets	ļ.,			
		nome to a desired the second				ļ.
	she encouraged block	compliant with his diet and be compliant with his diet.] [
	-Resident #6 had finge	retick blood euross				į l
1	checked four times dal	iv.		81		[
	-Resident #6 would go	to the store and buy food	1			
	that was not on his die	L				
•	3033-0				8	
Marian advi	Interview on 08/11/16 a	at with Resident #6's Nurse				

REPZ11

AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY
				CON	reien	
		HAL034084	B. WING		3/12/2016	
IAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
ORSYTH	VILLAGE		NSING DRIVE			
(V4) ID	CI III II I I I I		N SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORF (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE AIDEFICIENCY)		SHOULD BE	(Xs) COMPLE DATE	
D 310	Continued From pa	ige 21	D 310			
	Practitioner reveals	ed:				
		sident #6 was not on an				
	ordered renal diet.					
	-The facility dld not	offer a renal diet.				
ļ	-The NP was monit	oring Resident #6's renal				
	status with routine I	abs "Potassium levels and				
	Other levels" to mak	ce sure he was not going into				
	kidney failure.	A	2			
r	related to his diabet	on-compliant with his diet les and renal failure.				
	Refer to interview w pm.	rith a cook on 08/10/16 at 4:15				
1	Refer to interview w at 12:53 pm.	ith a second cook on 08/11/16				
	Refer to interview w 08/11/16 at 8:30 am	Ith the Dietary Manager on t.		d		22
	Refer to interview w	th the				
	Administrator-in-Ch	arge on 08/11/16 at 8:45 am.				
	Interview with a coo	k on 08/10/16 at 4:15 pm				
Ī	7/11/16.	the facility as a cook since			is .	
	-He received training	g from the Dietary Manager				
	about portion sizes t	to serve.				1
ļ	vegetables."	e of meat and 3 ounces for		•		
	-He did not have a n	nenu to reference for portion				
	sizes to be served for	or therapeutic diets.				
	- i disik die Dielary i -He had no concord	Manager is working on this."				
	cook and there wee	s with having enough food to enough food to give seconds				
	if a resident asked to	enough lood is give seconds or if				
		esidents who were diabetics				
	posted in the Dietary	Manager's office.				1
1 -	The Dietary Manage	er posted a menu on the				

taran sessional

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE C	ONSTRUCTION		
		IDENTIFICATION NUMBER;			(X3) DATE SURVEY COMPLETED	
		HAL034084	B. WING			
AME OF P	ROVIDER OR SUPPLIER				0	B/12/2016
			doress, City, State	E, ZIP CODE		300
ORSYTH	VILLAGE		NSING DRIVE			
(X4) (D	SUMMARY	TATEMENT OF DEFICIENCIES	N SALEM, NC 271			
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY COLO	ID PREFIX	PROVIDER'S PLAN OF CORE	RECTION	(X8)
IAG	REGULATORY	LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	HOULD BE	COMPL
				DEFICIENCY)	· NOT REALE	LANI
D 310	Continued From pag	ge 22	D 310		-	-
	refrigerator listing wi	hat was to be served for each				
	meal, but it did not h	lave portion sizes or what was				8
į	to be served for spe	cial diate				
ł	-The posted menu d	id not have what was to be				
	served for residents	who were on a therapeutic				
İ	diet.	more and a metapagac				
į	-He had not received	any complaints from	}			}
	residents regarding t	the food served	1			
1		STATE OF THE PROPERTY OF THE P				1
12:53 pm revealed	Interview with a seco	ond cook on 08/11/16 at				
	12:53 pm revealed:					
1	-He had only been w	orking at the facility as a		5		ĺ
	cook since 08/08/16.		1 }			
Į.	08/11/16,	flic bread for lunch on				
ľ	residents with a NCS	of the garlic bread, including diet order.			¥	
	-He had not used a ti	nerapeutic diet spreadsheet	1	8 H		
	tor meal preparations	since working as a cook at		·		
	the facility.			×:		1
	Interview with the Die	etary Manager on 08/11/16 at				
1.8	o:30 am revealed:					1
-	He was hired in July	2016 as the Dietary	1			
4 1	Manager.	ş.				1
	Administration provide	led him daily menus,		•_		
1 1	prepared by a dieticia	Π, When he was himd				
	menue Menue	nly received the daily				
	Menus. He was unawam	#I DOMAKA A	1			
	heraneutic menu	til 08/10/16, there was a				
,	special diets inche spri	eadsheet for preparation of	1			
r	notebook kept at his o	peneath the daily menu in a				
-	He and the cooks has	d not been utilizing the	!			}
t	herapeutic manu serv	a not been utilizing the each since he was	1			•
6	employed by the facili	tv	l †			
-	The daily menu did n	ot have portion sizes for				
م ا	uidance of kitchen st	aff.				
]	We basically serve e	everyone the same thing,				
	xcept we do not give	· ····································	. 1			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: COMPLETED HAL034084 B. WING 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FORSYTH VILLAGE 5100 LANSING DRIVE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 310 Continued From page 23 D 310 sugar in them and we substitute or cut back on how much we give starches." Interview with the Administrator-In-Charge on 08/11/16 at 8:45 am revealed: -She had provided the therapeutic diet spread sheet to the Dietary Manager when he was hired. -She was not aware the Dietary Manager and kitchen staff were not using the therapeutic diet spread sheet for guidance for meal preparation. D 317 10A NCAC 13F .0905 (d) Activities Program D 317 Septh 2016 Activity Director will ensure that there are 10A NCAC 13F .0905 Activities Program 14 Hours of activities pen (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that Week Including include activities that promote socialization, physical interaction, group accomplishment, Activities that promote creative expression, increased knowledge and So cialization, physical learning of new skills. Homes that care exclusively for residents with HIV disease are Interaction, Group exempt from this requirement as long as the accomplishment, creative facility can demonstrate planning for each resident's involvement in a variety of activities. expression, Increased Examples of group activities are group singing, dancing, games, exercise classes, seasonal Knowledges and Learning parties, discussion groups, drama, resident of new skills; Activity council meetings, book reviews, music appreciation, review of current events and Director will take the spelling bees. small calendar and get This Rule is not met as evidenced by: Based on observations and Interviews, the facility it Blown up monthly failed to ensure a minimum of 14 hours of to ensure All Residents planned group activities were provided each week, that promoted socialization, physical CAN SEC And Read iti interaction, group accomplishment, creative AIC will monitor THE Division of Health Service Regulation

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: __ COMPLETED HAL034084 B. WING 08/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (D PROVIDER'S PLAN OF CORRECTION PREFIX (X6) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 317 Continued From page 24 Activity calendar to ensure That there D 317 Sept/2011 expression, increased knowledge and learning of new skills for the census of 48 residents currently AKER 15 14 Hours of living in the facility, creative activities The findings are: weekly Review of the August 2016 Activity Calendar revealed: -The week of August 1, 2016 through August 6, 2016 listed 12.5 hours of activities. -The week of August 7, 2016 through August 13, 2016 listed 15.5 hours of activities. -The week of August 14, 2016 through August 20, 2016 listed 15 hours of activities. -The week of August 21, 2016 through August 27, 2016 listed 15.5 hours of activities. -The week of August 28, 2016 through August 31, 2016 listed 8.5 hours of activities. Review of the August 2016 Activity Calendar for the week of 8/7/2016 through 8/13/2016 revealed: 08/07/16 -10:00 am to 10:30 am Snack-N-Chat -9:00 am to 12:00 pm Church Service 08/08/16 -9:00 am to 9:30 am One on One -10:00 am to 10:30 am Snack-N-Chat -1:00 pm to 2:00 pm Arts and Crafts 08/09/16 -9:00 am to 10:00 am Manicures -10:00 am to 10:30 am Snack-N-Chat -1:00 pm to 2:00 pm Quteide Activities 08/10/16 -9:00 am to 10:00 am Pay Out -12:30 pm to 1:30 pm Cheeseburger Wednesday with Ice Cream -1:00 pm to 2:00 pm Play Dough 08/11/16 -10:00 am to 10:30 am Snack-N-Chat Division of Health Service Regulation

STATEMEN	of Health Service Reg			1975	FO	RM APPROVED
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY APLETED
		HAL034084	B. WING			A samunia a
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE			8/12/2016
FORSYTL	! VILLAGE		NSING DRIVE	E, ZIP CODE		
1000111	TVILLAGE		onsing drive On Salem, NC 271	105		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DESIGNATION	ID.	PROVIDER'S PLAN OF CO	SDECTION	
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
D 317	pag		D 317			
	-11:00 am to 12:00 p	m Resident Cholce				
	-1:00 pm to 2:00 pm	RCM				
8	-3:00 pm to 3:30 pm 08/12/16	Badminton				
	-10:00 am to 10:30 a	m Snack-N-Chat				
	-11:00 am to 12:00 p	m Manicures				
	-1:30 pm to 2:30 pm	Shopping				
	08/13/16					6
- 1	-10:00 am to 10:30 a	m Snack-N-Chat		20		
	-11:00 am to 11:30 ar	m Residents Choice				
ľ	Observation on 8/10/	16 at 8:45 am revealed an				
	activity calendar with	words that were too small to				
	read.	The state of the s				
	Observation on 8/10/	16 at 9:30 am revealed the		75		
	residents were in line Activity.	to receive their pay as an				
	Observation on 8/10/	16 at 12:50 pm revealed the				
	residents were served as an activity.	d cheese burgers and fries				
i	Observation on 8/11/1	16 at 10:15 am revealed		р		
	there were snacks, bu	it no chatting or				
	conversation among r facilitator.	esidents or a group			٨	
	Confidential interviews	s with 5 residents revealed				
11	the following commen	ts or concerns:				1
f.	-"Someone stole the E	Singo Board."				
ļ -	"We have no outings "Everyone is bored."	to the Park or Ball park."				ŀ
1-	"I have been at the fa	cility for a year and there]	135 245		
	are no outings except	trips to the doctor's office "		e		}
-	"We get the opportuni	ity to paint about once a	*			
1.5	week and the ladies go	et their nails done."	1			
] -	"We have no activities	3. ^W] - [
1-	"We do not have man	y activities."				[
	yve are bored and it s	should be something that	1			

Division of Health Service Regulation

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STATE FORM

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REPZ11

If continuation sheet 26 of 35

17:00 0T07:07:07

Division	of Health Service Reg	ulation			FORM APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(XS) DATE SURVEY
			~ GOILDING: _		COMPLETED
		HAL034084	B. WING		
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E 70 000	08/12/2016
FORSYTI	H VILLAGE		NSING DRIVE	E, XIP CODE	
		WINSTO	X SALEM, NG 27	105	
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DESIGNATIONS	(D		
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFEX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DE AND
D 317	Continued From page	e 26	D 317		
	we can do besides si everyday."	ay at the facility all day			
10	3:30 pm revealed:	ivities Director on 8/10/16 at			
	-She made the activit	ies calendar, however, it			
	(AIC) before it was po	Administrator-In-Charge			
	-"Residents Choice"	vas "anything the Resident	1	2	
	wants to do."	rea snything the Resident	1		
	-Residents participate	ed in Snack-N-Chat by			94.
	discussing the news.	weather, or current events			
	with each other during	j snack time.			
	Interview with the AIC revealed:	on 8/11/16 at 2:30 pm			
1		r was responsible for the			
*	activity calendar with	ibe AIC's annoval			
ļ	-"Snack-N-Chat" mea	nt the residents discussed			
	current events "one or	one."			
	-"Residents Choice" n	neant the residents got the			
	opportunity to choose Residents Council me	a special meal at the		9	
	-The residents were g	eung, Van a data a month la			
	advance to go out on	an outing. They were			
3	asked to save their mo	oney in order to pay for their			
	activities, but only one	of the residents saved ble	1		
	money, so the outing v	vas cancelled and some	1		
	residents claimed that	if they had to pay for it they			1
	did not want to go.				
D 338	10A NCAC 13F .0909	Resident Rights	D 338	9+1,2014 THE	Sept. 2011
	10A NCAC 13F .0909	Resident Rights		on has the the	profitted?
14	An adult care home sha	6 833ure that the rights of	1	ommunity Have a on tract with exformance Food Serv	*
Į e	ali residents guarantee	d under G.S. 1317⊾21	1 18	on mac + with	
l T	Deciaration of Residen	ts' Rights, are maintained	P	ertormance Food Serv	rcc
ة ا	and may be exercised	without hindrance.	1 1	12 Rep. Comes In ev	cry
			1 17	HE Rep. Comes In ev hursday to go By TH nemus to onder Food	ا سع
ision of Healti	h Sarvice Regulation			TENUS TO ORDER FORM	ו עדני

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STATE FORM

REPZ11

If continuation sheet 27 of \$5

Divie	ion of Health Service Re	gulation			FOR	RM APPROVED
STATE	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
	····	HAL034084	B. WING		ńs	3/12/201 8
NAME	OF PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, S	TATE, ZIP CODE	1 00	122010
	EYTH VILLAGE	5100 LA	NSING DRIVE IN SALEM, NC		**	
(X4) PREI	IX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR	ii n oc	(X5) COMPLETE DATE
D :	response to his or he requests for second. The findings are: Observation of the form of the findings are: Observation of the form of the perishable food and non-perishable food regular menu. Observation of the bill revealed residents with 2% milk, scramb ounces), and water (it —Some residents went requested. Observation of the bill revealed: A resident requested: A resident requested: The Dietary Manage have to wait until everyone who wanted everyone who wanted. The resident who recond receive them. There were 7 dozen the kitchen. Interview with a reside revealed: He had requested ad on 08/11/18.	t as evidenced by: ons and interviews, the facility idents with a reasonable er requests regarding servings of food. Dod supply on 08/10/16 at ere was a three-day supply of a five-day supply of in the facility based on the reakfast meal served to 1/16 from 7:45 am to 8:45 am ere served 1 slice of dried oat cereal (8 ounces) eled eggs (6 ounces), juice (6 6 ounces). e served coffee, if eakfast meal on 08/11/16 at ladditional eggs. r told the resident he would	D 338	THE COMMUNITY WE THE FOOD TRUCK In every Friday THE COOKS WILL GO THE Therapeutic A Mena to Serve th Residents Daily	comes comes oref	SCOH, ZOIC
sion of H	leafth Service Regulation	,				Į.

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STATE FORM

REPZ11

If continuetion sheet 28 of 36

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (ONSTRUCTION	FORM APPROV		
		IDENTIFICATION NUMBER:	A. BUILDING;		(X3) DATE COMP		
		HAL034084	8. WING				
AME OF F	PROVIDER OR SUPPLIER				08/	12/2016	
		STREET	ODRESS, CITY, STATE	, ZIP CODE		ii i	
OKSYTH	1 VILLAGE		NSING DRIVE				
(X4) ID	SUMMARY	TATEMENT OF DEPLOYENCES	N SALEM, NC 271				
PREFIX TAG	(EACH DEFICIENT	CYMUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (SACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRI DEFICIENCY)	S P OF	(XS) COMPLET CATE	
D 338	Continued From pag	je 28	D 338				
i	eggs because the di	etary staff "did not have	1				
ļ	enough" each to ser	ve him a second portion.	1				
İ	-He usually received	second portions when he]				
	requested them. hut	sometimes he did not					
	because "they don't	have enough" food prepared				(25)	
for second portions.		vilougit idod prepared			,		
1	-He had not had any	recent weight loss.	1				
	revealed;	8 at 8:15 am with a resident					
		do ouene la	1		j		
-He asked for seconds even was still hungry.		is every day because he	* 1				
		select Community of the					
	-"I ask for them everyday. I usually get them, but it depends on the size of the crowd."				İ		
	·· dahaura au me Sisi	e of the crowd."	ļ				
	Interview with a resid	ent on 08/10/16 at 9:00 am					
		of fords			1		
	were only given water	gh food to eat and residents					
	-There was no male	r to drink,					
1	-There was no milk or						
	Interviews with nine n 8/10/16 revealed:	esidents at various times on					
	The food truck stopp	ed delivering food to the	[
	actiny about 2 months	8 ago, and ever since then	J k				
[]	urere was not enough	food served to the	1				
1	residents.					11	
	The facility had "cut b	eck" on food since "they			}		
1	stopped the truck from	1 comino"	81				
-	There's not enough to	eat. The residents "do not					
	jet to eat like we used	to since they stonged the					
1	OUG LUCK Z MORTHS a	go."			1		
	cometimes the reside	ants got enough to eat and			1		
1 5	cometimes they did no	ot get enough.					
. []	"They don't give enough	igh food".			I ŝ		
٦	The meals were "just	too small portions".					
	The staff did not offer esidents.	second helpings to		10			
	Polinge but were "	enough food for second					
- 1	elpings, but usually no Service Regulation	OT.	1		1		

STATE FORM

REPZ11

If continuation sheet 29 of 35

AND PLACE	of Health Service Rec	(X1) PROVIDER/SUPPLIER/CLIA			, 0	RM APPRO
MAN LIN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(V2) DAME	
			A BUILDING:		(X3) DATE SURVEY COMPLETED	
		1		-]"	· CETE
		HAL034084	B. WING			
NAME OF !	PROVIDER OR SUPPLIER				08	/12/2016
		STREET	WORESS, CITY, STATE	E, ZIP CODE		
-OKS ()	VILLAGE		NSING DRIVE		22	
(X4) ID	SI BALLADA CO	WINSTO	N SALEM, NC 271	105		
PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUSY BE PRECEDED BY FULL	iĐ l	PROVIDENCE TO A		
TAG	G REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO	M OHOUR OF DE	(X5)
		of the first of th	TAG	ANDOOMELEKENCED TO THE	APPROPRIATE	COMPLET
D 338	Continued From pag	- 20	╾╂╾╾╾╌┼╴	DEFICIENCY)		Lance
			D 338			 -
ļ	-Snacks were served	in the morning, afternoon,				1
	arta everillia.]			
	-Four residents state	d they got enough to eat.	1			
ļ						
	Confidential interview	With a staff member				
1	is ABSTRO					
	 The facility did not pa 	ay their bills, so various]			
ļ	SELVICAS USO DESU GIS	haunitrood				
ľ	-The food delivery true	CK discontinued compa	ļ			
	DEMONSTRUCTURE OF USER L	10t been noid "courbon				}
	mices heodie 35/ (UV/	hitting hallows them?				63.
l l	- mere was currently	Dod in the facility has a	1			
1	ALC LICCIDI HISDECIOL D	ad list come co the souls	1 1			
(F	ment ont and bondut t	ood while the inspector was		·		
	present.	1 * * * * * * * * * * * * * * * * * * *				
	nterview with the Diet	ary Manager on 08/11/16 at		8		
1 '	5'00 gill (4/89)80;					
	He could not provide	extra eggs to the resident				
7.	THE THE PROPERTY OF THE PROPERTY OF	Dreakfast this morning				
1 5	varause some reside	hts det un lote and I head -				
1.3	WALCH BOND BOLLINGUE	1 "				ti
_	Another resident came	e in after the first resident]		*	
1.0	adnaziad siddiliousi ei	dor.		£	f	
-	ii iid nad given the fire	t resident the additional	1		1	60
i s	erviriy or eggs, "I wou	ld not have had any for	1		}	
(1)	ASMOUTZ USILL®!".					
	He and the staff had n	or utilized a diet	j f			
	erved during meals to	ne the portion sizes to be				
ر ا	de was told to alue	residents.	[1	
re	He was told to give see	conds once all of the				
-1	his was how he was	ore was food remaining.			1	
Se	econds.	old to handle requests for				
	le did grocery shoppir	of for the family				
-7	he facility previously	ned food delivered by a			Í	
fa	od company but adm	inistration cancelled the			15	
se	rvice several months	mior cancelled the	**			
	Commenting	MIO.			27	
ln:	erview with a cook on	08/10/16 at 4:15 nm	•			
	Service Regulation	IN O ULT. 10 DIT	16		1	

REPZ11

If continuation sheet 30 of 35

PRINTED: 08/30/2016

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	URVEY
			Y TOST DING:		COMPL	ETED
		HALD34084	B. WING			
NAME OF	PRÓVIDER OR SUPPLIER	STREET	ADDOCED OT A		08/1	2/2016
FORSYT	H VILLAGE	5406 LA	Address, City. Str NSING DRIVE	ATE, ZIP CODE		
		WINSTO	N SALEM, NC 2	7105		
(X4) IO PREFIX	SUMMARY:	STATEMENT OF DECIDIONAL	ID ID			
TAG	THE SOUND RY O	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	Old man	(X5) COMPLI DATE
D 338	Continued From page	ge 30	D 338			<u>. </u>
	revealed:		0 000			
¥	-The Dietary Manag	er purchased food for the				
	-He had no concern	s with food supply	ls			
	-There was enough seconds.	food to give residents				
		d complete s			1	
j	about not receiving	d complaints from residents				
	- I ne cook provided t	the snacks that were served	1			
	mude miles & day.			*		
Ì	-Examples of snacks	included cookies, crackers,			1	
	fig newtons, vanilla b	pars.				
D 358	10A NCAC 13F .100	4(a) Medication	D 358		1	
1	Administration			THE IN HOUSE NU	rse f	lus 15,20
-	10A NCAC 13E 100	4 Medication Administration	1 1	THE In House Nu Retrain All Medica	tion	
[(a) An adult care hor	ne shall assure that the	1	wine ma flows to	₹	
1	high suggestion and admi	nistration of medications		eye Drops and or a order "stating Meals". For now o Residents THAT H	Reading	
	Negatifical and LOU-	Diescription and treatments		- LARGE "Status	IT WITH	
1	ny areni ene ni accoldi	ance with	1	a order stating	nau	
	(1) Orders by a licens	ed prescribing practitioner]],	meals. For nows	71 1411	
	(2) rules in this Section	in the resident's record; and on and the facility's policies	1	Resipents THAT IT	400-	
1	and procedures.	an dire tile facility's policies	· /	"WITH MEALS" WILL	eat	
	This Rula is not		-	THEN TAKE HACIF.		
	This Rule is not met a Based on observation	as evidenced by: 6, interviews, and record] '	Medications As Fo	Mound	
1.1	AMENO' THE ISCUITA ISI	led to ensure modiostis	1 1	medicon ions is	0-0	
1.1	Lenveia, Andbille ev	6 drops Vingmov Ava da1		THE RCC AND THE	REC	
20	acte dottillilipristico 32	Ordered by a linewand	n	ssistant will me	niter	
1 1	" 45 Criving practitione	f for 1 of 2 moldania	(,	Il medication Air	es to	
,	resident #0) Observe	d during a medication pass.	1	issure they are F	1110.005	
1	he findings are:			insure largage mo	, install	
A	. Review of Residen	t #6's current FL-2 dated				
0	TO THE HOLD THE THE COLUMN TO THE PROPERTY OF					
1 1	Diagnosee included -	nd-stage renal disease and			1	

REPZ11

If continuation about 31 of 35

AND PI AM	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(XX) MULTIPLE CONSTRUCTION					
······································	OF COUNTERING	IDENTIFICATION NUMBER:	(XZ) MULTIPLE (CONSTRUCTION	(XXI) Deri	ESURVEY		
			A. BUILDING:		COM	FLETED		
		HAL034084	B WINA					
VAME OF P	ROVIDER OR SUPPLIER		B. WING 08/12/2016					
		STREET	ADDRESS, CITY, STATE	, ZIP CODE		W12/2/010		
~K311}	VILLAGE	5100 LA	NSING DRIVE					
(X4) ID	SUMMARYS	TATEMENT OF DEPICIENCIES	N SALEM, NC 271	05				
PREFIX	I I I I I I I I I I I I I I I I I I I	Y M IST OF DOCASE	ID	PROVIDER'S PLAN OF CORP	ECTION			
1210	NEGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	UND CORRECTIVE ADDICATE	10014	(X5) COMPLE		
D 350	D //			CROSS-REFERENCED TO THE APPENCY)	PROPRIATE	DATE		
D 358	Continued From pag	e 31	D 358			1		
	glaucoma.	~	2 300					
1	-A physician's order f	for Renvela 800 mg, three		÷				
1	MAIGIS (2400 IIIG I IN)	En times deilerwith		a.		ł		
1	CLACHIACISI NILIOS MILLI	Machine from the discussion						
}	CRAMMA HACT SUD IS	USEd to holo operant				1		
1	ALLOS HURSE SUC CSIGN	im levels in people with						
-	kidney disease.)	,	1			1		
1	Daviou - f.u -					1		
	Review of the August	2016 Medication				t		
	Administration Record	(MAR) revealed the						
	morning dose of Renvision	Vela 2400 mg was						
) ;	instructions to adminis	stration at 7:00 am dally with						
			1					
1	Observation on 08/11/	16 of the 8:00 am	1		9			
1	nedication dass revea	aled:	[
-	Staff A, Medication Al.	de (MAVernosis]			
1 1	A phared the uesideut.	S Morning medications	1					
, , ,	ANDROING ARREST KERVE	2 800 mo tablata						
	Staff A administered to	ne resident's oral			į,			
a	nedications at 7:39 and idministration immedia	and documented]			
	Staff A did not adminis	itely thereafter. Iter the medication with	1					
fo	ood.	we medication with	į		}			
_								
l c	bservation of the mor	ning breakfast meal			1			
1 0	al AUGA DIL NOV. 11/19 Nev	Asien Decident Wr.		-				
1 30	TISEDIEGIO DI DON DEL	eal at 7:48 am and began	}		ļ			
5	ating at 7:49 am.	3						
ln	terview on 08/11/18 =	t 10:46 am with Staff A						
Į , o	vealed.							
-V	Vhen a medication was	S Ordered to he			1			
1 440	ministered with meals	Sho mullingh, and I						
1	ALL MILELL (7116 LESICOLL	t) was entering the dining			İ			
,	THE SUIT OF THE PARTY.		1	M				
-9	ne thought as long as	the resident ate right						
2017	er taking the medicati	ons, it was okay.	ſ		*			
1	erview on 08/11/16 at	4						
f Health S	ervice Regulation	10:58 am with the			1			
ORM								

If continuation sheet 32 of 35

חר זכנ חחשו

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COCTTOROCC דאו דהו בחד הדחד וחחי דו

AND PLAN	NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Taxii —		. 01	RM APPRO
	O COMMECTION	IDENTIFICATION NUMBER:	(XX) WULTIPLE	CONSTRUCTION	Over the same	
		1	A BUILDING:	97. 10	(X3) DATE	SURVEY
					I. COM	나도 ()(1)
-		HAL034084	B. WING		1	
NAME OF P	PROVIDER OR SUPPLIER				OR.	/12/2016
		STREET	DDRESS, CITY, STATE	, ZIP CODE		-E-E-1-10
COKSKI	H VILLAGE	5100 LA	NSING DRIVE			
(X4) ID		WINSTO	N SALEM, NG 271	05		
PREFIX	SUMMARY ST					
TAG		Y MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION	
	1	WITTING INFORMATION)	TAG	WOULD CONNECTIVE ACTION	Pek dama sa ana ana ana	COMPLET
D 358	0			CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
□ 356	Continued From page	32	Dogo			
			D 358		50 00 10	
	-She oroulded all too	inator (RCC) revealed:				
i	CALL IN CONTROL AN ILANA	ling for MAA				1
1	Anthorizinia (OL OAGUS)	Out of the Man	1 1			
	TI WAS HOLOXDECTATION	n that madient				
	A GOLUMINISTEL GO MI	a mad he distant the day of				
1	THE THE PERSON NAMED IN COLUMN 1	DI MOI O BOW LEL		2		
1	ACION MINING THE THEORY	ications, then finish his	1			
1	meal afterwards.			v.		
	CO CO				į	
	Interview on 08/11/16 :	at 8:19 am with Resident				
	WO LEACUICH UB GIMANA	8" took his massins	1		}	
	medications prior to the	s breakfast meal				
T			1		1	
Į l	B. Review of Resident	#6's record revealed.	1 1		500	
j -	Thursday solder da	fart 08/00/4¢ Fou A4]			
1	TO WIND UIDD IN THE IAM	All de de la la la la la la la la la la la la la]			
,	ALCHO DIE 0200 10 011816	the ave and tract and :	.,			
10.00	THE STREET OF THE STREET STREET, STREE	E OT this area 1		w		
-	'A Physician's order dat	ed 08/02/18 for \ c-	1			
-	A SOLD IN COURSE OF THE TOP IS	TEVE four times doile.	1		1	
1	TINGHING AN ANTIDION	Clied to treat are	1			
ir	nfections.)	a naco in trast eke				
-/	A physican's order date	ad Damous s.				
	reamsolone 1%, and d	mn - 14 1 1 1 1 1 1 1 1 1				
ti	mes dally. (Prednisolo	no in me left eye three	=			
u	sed to treat inflammatic	on in the arrivosteroid	3.			
[]		יייייע (ne eye.)			1	
0	bservation on 00/44/44		1		1	
m	bservation on 08/11/16 edication pass reveale	or the 8:00 am			1	
-5	Staff A Madination And	G:				
20	Staff A, Medication Aide	(MA)/Supervisor,				
th	a left eve with	ent eye preparations into	1		- 1	
	A JAM OLO BRIGISHI MAHINE	In the mass.		e e	1	
	iorda Actividiti i ilitalios	77 0340 1000 100 100 100 100 100 100 100 100				
100000	THE PARTY OF THE P	19907 A minute - L	1			
1	ALCIN CAC HIGHICHICHINIS	TO Page the Rem	ſ		}	
1116	Anneanon Row Delba Ma	RShed out by the area.				İ
	THE REST OF THE PARTY OF THE PARTY.	DP aheadaad)	1		1	
	will A administered one	Gron of Alexander and	ļ		ł	
71 4 64	O DIG ICIL OVE I MINIMA	204 10 **** I	İ			
		e one drop into the	1		1	ł
# Health &	ervice Regulation	- vp mo uic	I		7	

REPZ11

If continuation sheet 33 of 85

MID)	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		RMAPP
		ANTION MONREY:	A. BUILDING:		(X3) DATE	SURVEY
		HAL034084			COM	PLETED
NAME	OF PROVIDER OR SUPPLIER	174,7094	B. WING		1	
		STREET	ADDRESS, CITY, STAT	E, ZIP CODE	1 08	/12/2016
- Org	SYTH VILLAGE	5100 LA	INSING DRIVE			
(264)		WINSTO	N SALEM, NC 27	105		
PREF		W MINET OF DEFICIENCIES	10			
1742	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF GO (EACH CORRECTIVE ACTION OROSS PECETALISTS		(Xc
η.			TAG	THE PARTY PURENCED TO 1918	APPROPRIATE	COMP
D 3	Continued From pag	e 33	D 358	DEFICIENCY)		
	same eye.		D 358			
	-Staff A administered	one drop of Vigamox into				ĺ
		2071 46 AAAAA 4.	1			
	macrostrad Wit Oldilla	a line the same				
	Two is a documented a	administration of the three				
	eye medications.	was agon of the rutes				ĺ
			1 1		ļ	İ
	Interview on 08/11/16	at 10:46 am with Staff A	1	t.		
	i erouicu.					
	-Different eye medicat	ions should be	1.			
	administred 3-5 minn	the annu	1		ľ	
	-She did not wait 3-5 m	ninutes this morning			1	
	wade uie lesinant u	Policy Times and I also	1		ĺ	
	medications with his	Iminister the resident's eye	i l		1	
	medications with his or breakfast, but usually g				†	
	resident finished break	lave them after the] [
	-She administered the	also deans this				
	A STATE OF THE STA	PSI ROBBILLE L	1			
	A WOULDER	SDA OII the mould are	1			i.
	medications administer	ed.			(
	Inta-V	1				
	Interview on 08/11/16 at #6 revealed:	8:19 am with Resident	ľ		8	
	the breakfast meal.	oming medications before				
i	-His eve drops were add	Mindahan at 41.1			1	
	THE TOTAL PROPERTY OF THE PROP	3 Miniminos hobers	J			
j	different eye medications	s. between the	ľ			
9		· ·	ľ		1	
D912	G.S. 131D-21(2) Declara	tion of Residente' Diaban				
			D912		1	
1	G.S. 131D-21 Declaration	n of Residents' Rights	J		1	
		the fellers a				
			İ			
	THE ATRICOUNTY OF SHEET	Addish as a second		ī		
- 0	relevant federal and state regulations.	laws and rules and	# 1			
	· • yandobilis.	1	1		į ·	
£ 14. W	h Service Regulation		1		1	

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if continuation sheet 34 of 35

Division STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			m U	RM APPRO
	SOLUTION SOLV	IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		
		1	A. BUILDIN	G:	(X3) DAT	E SURVEY
	5 3		8		COM	PLETED
NAME OF	The state of the s	HAL034084	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	SUBSECTION OF THE PROPERTY OF				0/4 n
FORSYTH	C	STREET,	address, city.	STATE, ZIP CODE		3/12/2016
	TILLAGE	5100 <u>L</u> A	NSING DRIVE			
(X4) ID	SIMMATA	— Wildero	N SALEM, NC	27105		
PREFIX	(EACH DEFICIEN	MOVA MINER OF DEPROVENCIES				
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECT	ION	
 +			TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		COMPLE
D912	Continued From pag	7.0		DEFICIENCY)	PRIATE	DATE
	and Liver bal	ya 34	D912			
				Maintenane Departm	Pu L	Sept 1, 20
			1	will monitor Any sto area that stroup to	ve -	The last
1_	n		1	ares that elle	٠٠,٢ ح	
	This Rule is not met	as evidenced by	1	ין פון פתו ביוויו	ه ر -	1
1 -	WILESTON OF NOTES	DC inter-		locked to ensure to	10	ł
				Safety of the Reside	ents	la la la la la la la la la la la la la l
ń	sceived care and se	rvices which were adequate,	1	1		1
a	ppropriete, and in o	ompliance with relevant]
0.00	AL MIND STORE HOW	S BOO MILAA I	1		3	i
re	elated to safe storag	e of chemicals.	1			8
. 1		603409675773	1			
] 11	ne findings are:					
D.	acod me		}	25	į	
Fal	led to anti-	and interview, the facility	<u>†</u> 1		ļ	
			[-	
Tark	vering agents, blead	ches and other substances	1		1	
					-	
			1			
,	"Maring" (Welde ly La	TOORR TOLLING	1			
.03	105(f)(4) (Type B Vio	plation).]	Ì		ſ	
			I		4	
			1			
		1				
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