PRINTED: 02/24/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFIGIENCIES IXII PROVIDER SUPPLIERICLIA (XZ) MULTIPLE CONSTRUCTON AND FLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER. HORSE SECTION A. BUILDING: COMPLETED HAL034084 B. WING 02/03/2017 NAME OF PROVIDER OF SUPPLIER STREET SOURGES, CITY STATE, EM GROS 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 BUNNARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL (31, IF) PROVIDER'S PLAN OF CORRECTION PREFA PREFIX EACH COARECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION, TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DESIGNENCY D 500 Initial Comments 0.000 The Adult Care Licensure Section conducted a survey on February 1, 2017 and February 2, 2017 with an exit conference via telephone on February 3, 2017. D 050 10A NCAC 13F .0305(e) Physical Environment 0.05010A NGAC 13F .0305 Physical Environment (a) The requirements for bathhooms and toilet rooms are: (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof: (2) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom: (3) Toilets and baths for staff and visitors shall be in accordance with the North Carolina State Building Code, Plumbing Code; (4) Bathrooms and toilets accessible to the physically handicapped shall be provided as required by Volume I-C, North Carolina State Building Code, Accessibility Code; (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets / (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet: Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

STATE FORM

feviewed and decepted for 3/24/17

Division of Health Service Regu	Jation			FORW APPROVED
STATEMENT OF DEFICIENCIES	(X1; PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	É CÓNSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	DENTIFICATION NUMBER.	A. BUILDING:		COMPLETED
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	HAL034084	B. WING		02/03/2017
	A Section to the company of the comp			02(03)2011
MAME OF RECURSER OR SUPPLIER		RSSS CITY ST	ALE NA CODE	
FORSYTH VILLAGE		ING DRIVE		
	WINSTON	SALEM, NC 2	27105	
	PATSMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORRECTION	
	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(RACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPE	
		;	DEFICIENCY)	
D 050 . Continued From pag	es 4	D 050		The state of the s
:		D 0.35		
	sible on at least two sides;			
(D) a lavatory; and				`
(E) a toilet,		i		
(8) If the lub and sho	ower are in separate rooms,			
	e a lavatory and a toilet;			
	ollet rooms shall be located ossible to the residents'			
bedreoms:	assume to the residents			
,	rooms and bathrooms shall		1	
	rage or purposes other than			
those indicated in Ite	m (4) of this Rule:			
	s shall be well lighted and		1	
	led at two cubic feet per			
	rical ventilation requirement		Í Ş	
	ilities licensed before April 1,			:
1984, with natural ve	•			!
(12) Non-skid surfac		1		
installed in showers a				
	e bathrooms and toilet rooms			
shall have water-resi	stant covering.			
This Rule is not met	as avidenced b			
	ns and interviews, the facility			
	the 7 common resident			03/02/17
	used by the 55 residents of		THE Regional Mainfenance	-
	ared bathrooms in resident		Department HAS Replace	_
	35), provided privacy as		Department the REP.	
evidenced by the loc			THE LOCKS ON THE COM	mon
	athrooms did not shut		Bathroom Doors; place I	00 K
	gns indicating the bathroom		MATHOOM COOKS I F	
	not have curtains that		Knob en missing Door	1
provided privacy for t	the multi-stall bathrooms.		HAVE FIXED HARDWARE!	
The findings are:				_
The findings are:			Maintenance Department	
Ohsenvaitons during	the facility tour on 2/01/17		Will CHECK common Bathr	wow :
	0 am and 2/02/17 from 9:00			
am to 3:45 pm reveal			Door Daily to make sur	e
	on bathrooms for resident		All common Bathroom is	
use.			A COMMAN DAMAN 13	

Division of Health Service Regu	lation			TOKIM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	1 '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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				02/03/2017
FORSYTH VILLAGE	S100 LAN WINSTON	DPESS OF Y, 5' SING DRIVE SALEM, NO		
PPERIX (RACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION;	iD FREFIX TAG	PROVIDER'S PLAN OF CORRECTION IEACH COPRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY:	BE COUFLETE
D 050   Continued From pag		D 650	working in a operating	3/02/17
One tock was not in a door had a missing of a reside or shared bathrooms. The common bathro A hall had a broken of pushed all the way in the dommon bathro hall was missing the hardware, including the an approximately 2 a door knob should have door from shutting common bathroom showering, bathing, of curtains to provide providing privacy for showering, bathing, of curtains to provide provide privacy when pulled was no sign on the doccupied.  Room 19 on B hall dilatched or locked for showering.  Room 35 on C hall his provide privacy, and be latched or locked.  Observation on 2/01 common bathroom no revealed a paper tow in the door to provide no handle and could privacy.  Observation on 2/02/	om across from room 10 on foor lock with the lock button in The door would not lock. Om next to room 24 on Coentire door knob and he striker plate. There was not 1/2 inch hole where the we been. This prevented the impletely, being locked, and the multi stalled area for or toileting. There were 4 rivacy around the toilet, the the dressing stall, but they 12 inches from the floor and he to provide complete close around the stall. There was loor knob could not be privacy when toileting or had no shower curtain to the bathroom door could not for privacy.  17 at 4:00 pm of the ext to room 24 on C hall led was pushed into the hole privacy. The door still had not be latched or locked for		Condition; Administrators IN CHARGE WILL CHECK Behavior The Maintenan Department to ensure T All THE commun Bathroom are operating and is mee The Rules LOA NCAC 13 Physical environment  All clintain To provide privacy will be ordene AND Place by 3127-117	ce nat ns ting f.03050
revealed:	ext to room 24 on C hall			

Division of Health Service Regulation

Division of Health Service Regu	lation			FORM APPROVED
STATEMENT OF CERTICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUI//BER.	1 '	LE CONSTRUCTION	(X3) DATE SURVEY CONFLETED
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NAME OF SECONDER OR SUPERIES	STREET AT	DOMESS CITY S	14TE ZIP CODE	
		ISING DRIVE	1000000	
FORSYTH VILLAGE		SALEM, NC	27105	
X1,⊙ SUNMARY ST.	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	
PREFIX . (EACH DEFIGIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	PRÉFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEPICIPINGY)	BE COMPLETE
The paper towel was the door.  There was no sign the occupied.  There was no answer bathroom door.  A resident was sitting pulled the provided of the door could not be prevacy.  Review of the facility's Health inspection include handwashing, and ba "facilities clean and referenced a "stained C shower room". Broth hardware or locks, do shower curtains were linterviews with multip revealed:  One resident was aw bathroom door that dil about any of the other.	and the bathroom was are to a knock on the gon the toilet and had not urtain around the toilet area. The latched or looked for a current Environmental ort dated 1/25/17 revealed and demerits related to toilet, thing facilities and cited in good repair and and torn curtain in the hall ten or missing door ors not latching and missing not mentioned in the report.	D 050	THE Regional Maintenance Department the Replace The locks on the common Bathroom Doors; place Department the Sing Doors there fixed theromore; Maintenance Department Will effect common bathroom Door Daily to Malte sure All common boothroom is working in Operating condition; Administrator In charace Will cheek behind	3/02/17 on oor
lock was not working.			THE Waintenance Depart	1
October 2016, and co	oor knob was broken since uld not be latched. "I'm not		to ensure that All T	THE
sure who was aware			common Bathrooms ar	e
Interview on 2/01/17 a		Ė	Operation and in us.	alve
- construction Contract	or revealed: : to be repaired after a		inhadind and is mis	cting:
	ort. "We are going down that		Operating and is me The Rules 10A NCAC	13 F'
list and repairing or re	placing items".			
-He had started repair	s on the A hall common		· 6305(e) physical envi	"UNDIT

bathroom next to room 15.

Division	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C((A IDENTIFICATION NUMBER.		LE CONSTRUCTION	(X3) DATE SI GOMPLE	
		HAL034084	9. WIN 3	e'en la seconda	02/0	3/2017
state de s	PROVIDER OF BUPPUEP	STREETAD	DRESS CITA A	AE ZZ CCE		
FORSYT	H VILLAGE		SING DRIVE SALEM, NO	27105		
XALID PREFIX TAG	(EACH DEFICIENC)	ATEMBAT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIPYING INFORMATION:	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DERICHNOY.	86	(75, COMPLETE DATE
0.050	Continued From page	4	D 050	THE ASSESSMENT OF THE PARTY OF		3/02/17
D 656	-He had started repair bathroom next to room door knob hardware whad been ordered to haware of "manageme arrived". He had not know the current door lockable.  Confidential interview revealed: -"The upkeap of the bimaintained." -"The cwner should nifer the repairmen are fireport that was compliant that was complianted was "not awallock did not work, but residents did not always were brokenThe C half bathroom They were told a door residents used another "There was a door known the facility had one reconstruction was start to notify of repair need interview on 2/01/17 at Maintenance Director	rs on the C hall common in 24. He was aware the was missing, but a new door be installed. He was not not's plans until the new door been asked to make the seen asked to make the seed in January."  It is tarted in December 2016, re who pays".  It is the A hall bathroom door they "were not surprised", ways tell them when things was "being worked on."  In had been ordered. Most er bathroom or shower, ob before the bathroom was "not sure how long there ob", maintenance man until the ted, now there were several dis.	D 060	The Regional Maintena Department has Replace locks on the common Boots; place Department Door; Place Department Door; Pred Hardware; Maintena Department will check Common Bothroom Door Daily to make sure a common Bothroom is Working in a operating Condition; Administrative Charge will check Better Warnenance Depart to ensure that All to common Bothroom are operating and is meeting	nce The The The The The The The The The Th	3/02/17
	room 10 on A half had would fix it. -The contractors and repairs from the Sanit	e bathroom across from i a broken door lock, but "myself" were fixing the ation report citations. any other door locks that		The lules 104 NCAC 13. 0305(e). Physical en	ßF :	TO THE PARTY OF TH

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NOWBER A. BUILDING: COMPLETED B. WING HAL034084 02/03/2017 NAME OF CACHDER OF SUPPLIES STREET ADDRESS OFTA STATE, DRIGODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NO 27105 SUBMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL EREFIX PRSEX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LEG IDENTIFYING (NEORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE RESIDIENCY D 950 Continued From page 5 The Regional Maintenance D 050 3102/17 Department has Replace the would not latch or lock, but would look at them. locics on the common Bathrium Interviews on 2/01/17 at 4:15 pm and 2/02/17 at Doors; Have fixed Haroware; 11:00 am with the Administrator revealed: Maintenance Department will -"They were replacing the bathroom door (outside their common bathroom Doop room 24 on C hall) after it had been brought to her attention on a previous survey. She was not Daily to make sure all commun aware when it was expected to be installed. She Bathrooms is working in a was aware the current door could not be taiched Operating condition, Abministrator -The facility was being remodeled currently. In charge will check Behind the -She was not aware there were showers, toilet or Maintendace Department to bathtub areas that did not have privacy curtains ensure that All the common or had too small a size curtain to provide privacy. Muthrooms are operating amp is She was not aware of any other door locks that meeting the Rules 100 NCAC 13F. would not latch or lock. -She was not aware the bathroom across from .0305(e) physical enivenment, room 10 on A hall had a broken door lock, but would have maintenance fix it. 3 3 17 D 072 10A NCAC 13F .0305(m) Physical Environment The Maintenance D 072 Department will monitor 10A NCAC 13F .0305 Physical Environment the grounds daily to (m) The requirements for outside premises are: ensure that the The outside grounds of new and existing facilities shall be maintained in a clean and safe outside grounds 13 condition; Maintain AND CLEAN (2) If the home has a fence around the premises, AND safe condition and the fence shall not prevent residents from exiting or entering freely or be hazardous; and make sure that any (3) Outdoor walkways and drives shall be Construction trash is illuminated by no less than five foot-candles of light at ground level. being done in the facility they will provide This Rule is not met as evidenced by: Based on observation and interviews, the facility their own dumps the force failed to assure the outside grounds of the facility and building were maintained in a clean and safe trash pick-4p1 condition related to facility and construction trash Maintenance department

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	T OF DEFICIENCIES OF CORRECTION	DO:) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034084	B. WING		02/03/2017
vente de a	a0.4965.04.305555a	STPER1 40	JORÉSS CITY S	1478 OF CODE	
FORSYTA	! VILLAGE		VSING DRIVE N SALEM, NC	27105	
(X4; IO PREFIX YAG	(SACH DERIGIENC	ATEMENT OF DEFIDIENCIES Y NUST BE PRECEDED BY FULL LBC IDENTIFYING (NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION FEACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	AB COMPLETE
0.072	Continued From page	9 6	D 072	will notify administ	vater 3/3/17
	next to the dumpster overflowing onto the	in the back of the facility and sidewalk.		if dumpster is ove	dule
	The findings are:			pick ups so the	
	9:10 am revealed: -A closed dumpster in sidewalk with 4 whee and niiscellaneous or dumpster and overfloThe sidewalk was ac-ammediately to the lefacility and approximate dumpster were a was hose.  Interview on 2/01/17 subcontractor revealeThe dumpster was full-the dumpster were emptified.	eft of the exit door of the ately 20 feet from the wher and dryer and the dryer at 9:10 am with a ed:  uill.  irs and washer/dryer by the ed from the laundry room		flowing within sch pick ups so the administrator will contact the owne get a second pick If need to Bej Schedule pick-u for trash is on Tuespays	L-LIP
	and remodeled, "We yesterday, They are t	g that were being repaired carried those things out o be picked up today." lle residents on 2/01/17			
	-The dumpster overflo every Tuesday or Thu -The wheelchairs, 8 la miscellaneous constru- been there for a coup	arge trash bags, and uction trash outside has alle of days. If were remodeling and that often the dumpster is	The same are a state of the same state of the sa		
	Interviews with 5 staff 2/02/17 revealed:	members on 2/01/17 and			

PRINTED: 02/24/2017 FORM APPROVED Division of Health Service Regulation (X1) PRÓVIDER/SUPPLJER/CLJA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION VDENTIFICATION NUMBER. COMPLETED A. BURLOING: \_ B. WING HAL034084 02/03/2017 NUMBER OF PROMOTES OF SUPPLIES STREET ADDRESS CITY STATE MA CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES X4YID PROYADER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE FREEDS PREFIX REGULATORY OR USC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE TAG 3/3/17 D 072 Continued From page 7 D 072 The Maintenance Department will monitor -The dumpster was emptied every Tuesday, but that "is not good enough because we have more the grounds daily to : than the normal amount of trash now" due to the construction trash. ensure that the -The dumpster was emptied when the bills were outside grounds is paid and had been picked up recently. They thought the Administrator was responsible mainthin and clean for paying the bills. and safe condition and Interview on 2/02/17 at 11:00 am with the make sure that any Administrator revealed: -The dumpster was full now, so extra trash was construction trash is next to the dumpsion. -"Construction had emptied a shed, and also had being dene in the remodeling trash, so there was extra stuff now." facility they will The current dumpster needed to be replaced per the Health Inspector's findings. It has been Provide their own ordered and should be swapped any day now. The trash company was waiting for funds to be dumpster for trash received from the Administrator before they would pick-up; Maintenance The dumpster trash was picked up every Department Will Tuesday. notify administrator Interview on 2/02/17 at 12:50 pm with 2 residents if dumpster is over -"The dumpster is overflowed right now with no flowing within schodule place to put the trash, and there is metal in that trash.\* pick-ups so the -"It's too messy out here". administrator wil Observation of the outside grounds on 2/02/17 at 3:10 pm revealed: contact the owner to -Two residents were outside bagging the trash that was overflowing from the dumpster. get a second pick-lip if need to be; schedule The trash pile had not been picked up yesterday.

(Wednesday 2/01/17 as stated by the

back wall of the facility.

subcontractor) and was almost doubled in size.

-There were 7 wheelchairs lined up against the

pick-ups for Trash is on

Tuesdaws

Division of Health Ser	rvice Regula	tion			FORMAPPRO	VED
STATEMENT OF DEFICIENC AND PLAN OF CORRECTION		X1) PRÖVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETES	
		HAL034084	8. WHG		02/03/2017	
DEPENDENCES OF SU FORSYTH VILLAGE	_PP(:24		DOPESS CITY S' NSING ORIVE	TATE, ZIP CODE	The second secon	
		WINSTO	IN SALEM, NC	27105		
PREFIX (EAC)	H DEFICIENCY	EXENT OF DEFICIENCIES WIST BE PRECEDED BY FULL DIDENT/FYING SVFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE DOMPLE DATE DATE	E E
5 072 Continued	From page	3	D 072	The maintenance	3/3/1	17
against the the bags ne There wer metal litts on both sid dumpster.  Tataphana facility's co representar Their com the facility. Tuesday. There was the facility l of the dum bottom of ti happen tod There was	back wall of ext to the dure several bris among the second the side of the side of the side of the second tracted tractive revealed and empties documental had called opster because day.	construction trash in piles lewalk next to the  202:17 at 3:40 with the sh collection company d: ed trash pick up service to d the dumpster every  attorn in their records that in 1/26/17 for an exchange se there was a hole in the retaining that their records that in their records that		Department will me the grounds daily ensure that the Dutsipe grounds is maintain and sate condition and sate condition that is being during the facility they will provide their own dumpster for trust pick-up; Maintenant pepartment will not	to in it	
up and arra -The last pi -There was missed piol look farther had been r  D 074 10A NCAC Furnishing: 10A NCAC Furnishing: (a) Adult o (1) have w	anged paymick up of trais no docume k-ups for the reack than no missed policy 13F .0306 (score homes are homes are sold).	sh had been on 1/31/17. Intation in their files of Itast 6 weeks (he did not 6 weeks), and stated there syments for 6 weeks.  a)(1) Housekeeping And  Housekeeping And	D 074	administrators if Du is over flowing wi schedule pick-ups s the owners (ADM) u contact the owner to a second pick-up if nea Be	MIN	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CCIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING HAL034684 02/03/2017 PART OF PROCESS OF SUPPLIES STREET ADDRESS ONY, SYAME ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NO 27105 SUMMARY STATEMENT OF DEFICIENCIES :3(4. iD PROVIDER'S PLAN OF CORRECTION EACH DEPICIENCY MUST BE PRECEDED BY FULL PRESIG (EACH CORRECTIVE ACTION) SHOULD BE PREFX COMPLETE REGULATORY OR USO IDENTIFYING INFORMATION. TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY, D 074 Continued From page 9 D 074 ADMINISTRATOR IN Charge is training This Rule is not met as evidenced by: Based on observations and interviews, the facility all Housekeepers on failed to assure the walls and floors in 7 residents' now to clean AND rooms and bathrooms (rooms 9, 15, 17, 18, 25, 27, 35) and the common bathrooms (A hall, B hall detail Resident and C hall) and all hallways were kept clean and Rooms, Common in good repair, Exithroom, Mallways The findings are floors around the edges and corners, Observations during the facility tour on 2/01/17. and 2/02/17 revealed: WIDING dOWN WALLS, -The facility was divided into 3 hallways; The A Purniture AND Baseboards hall contained rooms 1-13, the B hall contained rooms 14-22, and the C hall contained rooms (Apm) will be himng 22-38. housekeepers with experiences The facility was an older building, and was There will be two housekeepers currently being remodeled in several areas including the laundry room. on first shift with supervision of the Maryknance Department -There was grey dust/dirt build up around the edges and comers of the hallways with an increase in the corner edges of doorways, common rooms, and all the common bathrooms and (ADM) daily in A, B and C hall. Monday-Friday to approve The baseboard paint throughout the facility in the the rooms and common common areas, all hallways, resident rooms, and the staff areas was chipped and missing paint Bathrooms throughout the and/or caulk. There was new baseboard recently Buildana to ensure all installed in the residents' dining room, but it had Rooms are being cleaned not been painted or stained. -There were yellow or brown stained, cracked, or duily; there will be one missing caulk behind and around the toilets, sinks Housekeeper on second and floor found in most bathrooms, including Shiff part-Time There - 3/20117 Will be one Housekeeper rooms 9 (yellow-brown stains around the toilet). 15 (gaps between wall boards in the shower),17 (caulk cracked from tub to wall), and 18 (yellow-brown stained, old caulk around the every other weckens toilet), and the common bathrooms on A hall (baseboard damaged). -The common, multi-stalled bathroom/tub/shower

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND SLAN OF CORRECTION. DENTIFICATION NUMBER COMPLETED A. BUILD(NG) a. Wing MAL034084 02/03/2017 NAME OF PROMOTE OR SUPPLIER S7H58 LAGDRESS, CITY, STATE, (IP 000E 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES 331.00 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (RACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAQ: REGULATORY OR USO IDENTIFYING INFORMATION, TAG GROSS-REFERENCED TO THE APPROPRIATE D 074. Continued From page 10. D 074 Kegional Maintenance 3/17/17 Department has fixed AND room next to room 24 on C hall had brown stained floor grouting, with missing paulking taking care of hiseboard around the toilet edges. The door was missing a doorknob and hardware. that were chipped and -The common bathroom next to room 15 had dirty 3/18/17 Missing pain the new caulking stained brown around the base of the hosebould that was installed The baseboard was missing behind the tollet in the front lobby women's beforeon in the Resident's dining -There were 2 missing floor tiles at the front exit Room will be painting on door near the beauty shop. -There were water stains and damage to the floor March 17, 2017 in room 25 near the bathroom. There was mild floor buckling near to the baseboards. 3/11/17 Regional Maintenance Room 35 had leaking pipes connecting the sink Department have replaced to the wall. There was moisture and water stains on the wall, but the floor was dry. new could around the -There was a gap at the lower half of the back toilet ANDSINK; 3116117 exit door near room 30 on C hall that prevented the door from closing tightly to the outside. The Room 15: gaps Between gap was approximately 1/4 inch below the door knob, and 1/2 inch at the bottom of the door. The wall boards in the shower door appeared to still be lockable. has been taken care of Observations on 2/01/17 during the initial facility tour from 9:00 am to 11:00 am revealed: 3/14/17 One housekeeper was observed in the facility. 3/16/17 Room 17: Caulk Cracked -He was seen at the common bathrooms and going into and out of residents' rooms on A and B from the TUB ANDWall hallways with toilet paper, paper towels and his the S BEEN taking care of mop. He had trash in bags when he exited the rooms. He was not observed on C hallway during 3116117 Room 18: THE OID COUIL this time period. around the torld was Review of the local Environmental Health Removed two placed with inspection report dated 1/25/17 revealed: -The sanitation score was 75.5. New Caulk 3/16/17 -"The floors need additional cleaning throughout the facility in all areas including detailed areas next to walls in storage rooms, mop room,

Division of Health Service Regu	lation			FORW	AFFROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1: PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1	LE CONSTAUCTION	OX3) DATE SI COMPLE	
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D 074 Continued From page laundry, closets, arou		D 074	Abministrator In CHARG		311117
baseboards, etc. Floo	ors shall be maintained	1	Housekeepers on now to	0	
floors, walls and ceiling	were taken off regarding nos.		Clean And detail		
-Baseboard and floor	damage was mentioned in	į	Resident Rooms, comm	No	
the A hall bath, the from bathroom, the medical	-	1	bothram, thulways flo	oons	
	room, room 25 near the	:	around the edges An	10.	
	hs diring ream the suit even . *Floors shall be easily		corner 5 wiping down wa	4151	
cleanable."	ŕ		funitive AND BASED	curdS	
	were described above of the facility tour on 2/01/17		(40m) will be hiring		
and 2/02/17.		j	Housekeepers with		
Interviews from multi-	ole residents during the		experience; There will	l i	
facility tour on 2/01/1	7 revealed:		Be two housekeepers		
	f) should come every day." ust mopped the floor of the		on first shift with		
room and bathroom,	and cleaned the toilet."		supervision of the	•	
-"The baseboards we build-up."	re rarely cleaned and had a		Maintenance Departmen	rt	
-"They recently lost s	ome housekeeping staff."	E L	AWD (ADM) DAILY		
	ekeepers; the others quit." usually cleaned my room		Monday-FRIDAY to Appr	ove	
every other day, but t	hey are supposed to clean it		the Rooms AND comm	win	
every day. Sometime if it was done the day	s I tell them to skip my room		BAthroum throughout the	ا ر	
	annot keep up with the	<u>.</u>	Buildana to ensure A	tl l	
cleaning."	clean the entire building."		Rooms are being cleared	i l	
- One person carrior	olean the entire policing.	ŀ	daily; There will be one	,	
Interview on 2/01/17 construction Contract			Houseleeper on second		
-He worked for the fa			Shift part-Time There	,	3/20/17
	s to be repaired after a		Will be one Husekeepel	<b>-</b>	1,100
recent inspection rep list and repairing or re	ort. "We are going down that eplacing items".		externa the contraction		
	and wall plates had been		everyother weekenso		

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. BWILDING: COMPLETED B. WING. HAL034884 02/03/2017 NAME OF PROJUCEP OF SUPPLIER STREET ADDRESS OUTVISTABLE ZIP CODE 5100 LANSING DRIVE **FORSYTH VILLAGE** WINSTON SALEM, NC 27105 SUNUFARY STATEMENT OF DEDICHENORS 34. (D PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FIGL FRENZ (EACH CORRECTIVE ACTION EMOBILO BE 2006/01/075 REGULATORY OR USO (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG CATE Regional Maintenance Department has fixed and D 974 Continued From page 12 D 974 3117/17 He had started repairs on the A hail common. tuicing care of the mesencard bathroom next to room 15. He cleaned and re-grouted the floor, re-caulked the baseboards that were chipped and missing and painted the walls. -He had started repairs on the C hall common paint: The new basehourd bathroom next to room 24, that was installed in the He had re-caulked baseboards and painted walls in saveral rooms. Residents diving room will be New basehoards were installed in the dining. painting on March 17,2017 -Caulk had been removed around several toilets Regional Maintenance in preparation of repairs. Department HAVE replaced -He had worked on the laundry room for 3 days, and had fixed the crack in the floor, dry-walled new callix around the toilet and painted. The room was ready for the furniture to be moved back in. and Sink 3/14/17 Interviews on 2/01/17 at 12:40 pm and 2/02/17 at ADM) Will be hivin q Housekeiper 8:40 am with the Housekeeper revealed: He had worked at the facility for 1 year. with experiences; There -"There is more to be done than I can do in one WILL be two House Keepen day, it's a big job." -"I cleaned one of the A hall bathroom floors on on first shift with the my knees since the grout was dirty." "I plan to do Supervision of the this to the others when I can," Maintenence Department Contractors were here for repairs and remodeling. The laundry room was just finished. AND CADMINITI CHECK -He "arrived at 8:00 am and checked the Behind Housekeepers AND bathrooms and common bathrooms first to supply toilet paper and paper towels, and to collect trash. Maintenance Deputment I go back later to clean the rooms." daily Monday. Friday to The facility had a maintenance man who was responsible for the repairs that needed to be approve the room mup Common Buthroom throughout THE BUINTING to custure all Confidential Interviews with 4 staff members revealed: Rooms are being cleaned daily -"The upkeep and cleanliness of the building." There will be one House Received should be maintained." -"The owner should not have to come in and pay

Division of Health Service Regulation STATEMENT OF DEFICIENCIES 901, PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XG) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. Willia HAL034084 02/03/2017 NAME OF PROXIDER OR SUFFLIER SPREET ADORESS CITY, STATE IZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NO 27105 SUMMARY STATEMENT OF DEFICIENCIES PROYADER'S PLAN OF CORRECTION PRESO (EACH DEFICIENCY MUST BE PRECEDED BY FULL (SACH CORRECTIVE ACTION SHOULD BE EREEX COMPLETE REGULATORY OR USCIDENTIFYING INFORMATION: 78 G OATE 140 CROSS-REFERENCED TO THE APPROPRIATE CERCENCY D 674 Continued From page 13 D 074 for the repairs." -The C hall bathroom was "being worked on." -They were not aware if anyone routinely made rounds to check for things needing repairs. Interview on 2/01/17 at 4:15 pm with the Regional Maintenance Director (RMD) revealed: -They were fixing the repairs from the Sanitation report citations dated 1/25/17 -He was discovering the facility needed numerous repairs, but it was an old building. -The C hall bathroom was next to be remodeled and repaired and needed a new door so a handle. and lock could be installed. He was not aware when the door would be available. 3102117 Interviews on 2/01/17 at 4:15 pm and 2/02/17 at Regional maintenance 11:00 am with the Administrator revealed: Department fixed THE The facility was being remodeled currently. They were fixing the repairs from the Sanitation leak IN Bathroom 25 report citations. SHARED WITH 27; -They had one housekeeper who was responsible Maintenance Department will for cleaning the facility. . She was not aware of the toilet leak in the Check Residents Buthrooms Paily to ensure There isnting Laks and report any to The Regional Main tename Department bathroom of room 25. -The facility had a maintenance staff who was responsible for the repairs that needed to be done, but the RMD was now in charge to see things were repaired. Observation on 2/02/17 at 10:20 am of room 25 revealed: -The bathroom was shared with room 27. -There was a puddle of water from the bathroom and extending approximately 3 feet into room 25 at the doorway, and getting larger. There were no audible sounds of running water. -There were wet sheets next to the wall nearest the bathroom, behind the door to the room. -When the bathroom door was opened, there was

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE A. BUKLDING:	CONSTRUCTION	(X3) DATE SURVĘY COMPLETED
		HAL034064	B. WING		02/03/2017
::::::::::::::::::::::::::::::::::::::	ROLAGER OF SUPPLIER	STREETLADS	HSSS CITY ST	TE Z:F CODE	
FORSYTH	VILLAGE		ING DRIVE SALEM, NC 2	7105	
(X4HD PREFIX TAG	(EACK DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIOPS CETICIENCY.	BE COMPLETE
	revealed there was no bathroom extending in Interview on 2/02/17 residing in more 25 pro-The toilet had leaked or the staff "put a tow to stop the water from room".  -He had told someonionce, but no one had -He had never fallen.  Interview on 2/02/17 revealed he had foun causing the water projust fixed it. He was not to was reported to him. A second interview or resident residing in ronoticing" water in the "it was leaking from the reported it to anyone.  Observation on 2/02/shared bathroom reveno leak was visible at Attempted interview of the staff of the resident resident reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the reveno leak was visible at the staff of the revenor leak was visible at the staff of the revenor leak was visible at the staff of the revenor leak was visible at the staff of the revenor leak was visible at the staff of the revenor leak was visible at the revenor leak was visible at the staff of the revenor leak was visible at the revenor leak	water on the floor  17 at 10:20 am of room 27 of leak from the shared into room 27.  18 t 10:20 am with the resident evealed:  18 for about 1 month, and he ell or sheet against the wall a coming all the way into my a about the leak more than tried to repair it.  19 at 10:35 am with the RMD do a leaking toilet valve obtem in room 25, and had not aware of the problem until a this morning.  19 2/02/17 at 3:10 pm with the som 25 revealed he was "still bathroom after the repairs, he toilet bowl", and had not yet.  19 at 3:36 pm of room 25's ealed the floor was dry, and the toilet.  20 2/02/17 with the resident who shared the bathroom		Regional Maintenance Department fixed THE Walk Jn Bathroom 25 SITATED With 29; Maintenance pepartment Will Chick Residents Roll Daily to ensure these Isn't any waks; and rep any to THE Mainten Maintenance Departmen	nt
₽ 077	10A NCAC 13F .0306 Furnishings	(a)(4) Housekeeping And	D 077		

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING: HAL034084 B. WING 02/03/2017 NAME OF PAGY DERIOR SUPPLIER STREET ADDRESS ON V. STATE IZ PIODES 5100 LANSING DRIVE FORSYYH VILLAGE WINSTON SALEM, NO. 27105 SUMMARY STATEMENT OF DEFICIENCIES 24.10 PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL egapo. PREFIX 1940H CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE JATE DEFICIENCY D 077 Consinued From page 15 D 977 administrator Incharge will be contacting the 3/27/17 10A NCAC 13F .0306 Housekeeping And Ikalth Inspector to do a Furnishings (a) Adult care homes shall: follow-up inspection when all items fire fix and (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds. cleaned By the Hawkapers or less and North Carofina Division of And, Maintenance Department Environmental Health seritation scores of \$5 or above at all times in facilities with 13 beds or and Regional Mainknance Repartment on the 3/27/17 This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Tropection Based on observations, interviews and record reviews, the facility failed to maintain a sanitation. score of 85 or above at all times. The findings are: Observation on 2/01/17 at 8:45 am upon entrance to the facility revealed the sanitation score was 75.5 based on a local Environmental Health inspection completed on 1/25/17. Review of the facility's current Environmental Health inspection report dated 1/25/17 revealed: The inspection included demerits related to floors, walls, and ceilings (4 demerits), lighting (1 demerit), toilet, handwashing, laundry and bathing facilities (8.5 demerits), water temperatures (2 demerits), water fountains (1 demerit), solid waste storage (2 demerits), storage of items (1 demerit), and furniture and resident contact items (5 demerits). The rooms specified in the report were 4, 10, 15. 17, 19, 30, 38, front lobby men's and women's

Division of Health Service Regulation

bathrooms, A hall bathroom, A hall tub room, C

hall bathroom, and beauty shop.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER. COMPLETED A. BUILDING: B. WING HAL034084 02/03/2017 NAME OF PROMOTE OR SUPPLIER BIRRET ADDRESS CITY, STATE ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES KU, KS PROVIDER'S PLANCE CORRECTION (EACH DEFICIENCY MUSIF BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR USCIDENTIFYING INFORMATION. TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG THE STATE OF STREET C 077 Continued From page 21 D 077 Abministrator In charge WIII Be contacting the the range of 100 to 116. Review of the water temperature log on 2/01/17 Health Inspector todo a at 1:00 pm with the Maintenance staff revealed the log sheet was dated 1/09/17 did not reveal follow-up inspection when any results posted. Interview on 2/01/17 at 4:15 pm with the Regional Maintanance Director (RMD) revisated claimed By the Housekeyers. -They were fixing the repairs from the list of Sanitation report citations, -Marnknance Department -Sinks had been ordered and were being replaced as the room was remodeled. AND Regional Maintenance Department on the 3/27/17 The laundry room was completed today. -He was not aware when the water fountain would be repaired or replaced. -The outdoor storage building was emptied of Will contented Health facility items. It was locked by the owner. Inspector Interviews on 2/01/17 at 4:15 pm and 2/02/17 at 11:00 am with the Administrator revealed: -She was aware the Sanitation score was 75.5 and should be greater than 85 at all times. The facility was being remodeled currently. -They were fixing the repairs from the Sanitation report citations. -Many of the findings had been corrected and/or. were under repair, They were to contact Environmental Health for a re-inspection. D 079 10A NCAC 13F .0306(a)(5) Housekeeping and D 079 Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING: 8. WING HAL034084 02/03/2017 NOTE OF FED OBER OF SUPPLIER STREET ADORESS, ONY, STATE ZIP COGE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEPICIENCIES PROVIDER'S PLAN OF CORRECTION OUTD BACH DEFICIENCY MUST BE PRECEDED BY FULL PAREIN (EACH CORRECTIVE ACTION SHOULD BE COMPLETE ZREEKA TAIG REGULATORY OR USC (DENT) FYING INFORMATION: TAG CROSS-REFERENCED TO THE APPROPRIATE CERTICIENCY: D 977 Continued From page 20 O 077 Maintenance Department 2/3/17 -The C hall bathroom was "being worked on." Will monitor water -"The soap and paper products came on the food truck now, so we do not have as many issues temperature, 109 with running out." available Darry and -The housekeeper restocked the soap and paper document Reading CADM) towels in all the bathrooms and sinks of the facility, but were not sure if it was done more than was monitor The Pog daily once a day. Alainne complained that water was too hat or too. cold. interview on 2/01/17 at 12:40 pm with the Housekeeper revealed: -He had worked at the facility for 1 year. -"There is more to be done than I can do in one 31117 ADMINISTRATOR IN Charge 15 day, it's a big job." -"I cleaned one of the A hall bathroom floors on Training all Housekeeper my knees since the grout was dirty. I plan to do this to the others when I can." -Contractors were here for repairs and defail Resident vooms, remodeling. The laundry room was just finished. -Paper products were on the delivery truck that came weekly. common bothroom. -He was responsible for restocking soap and Hallway floors around paper products, removing trash, and cleaning the facility. He started at 8:00 am with restocking the edges and corners residents' bathrooms and common bathrooms with paper products and removed trash. He did Wiping down wall S. this again before he left for the day. He cleaned the rooms, common areas and hallways and furniture AND BASE boards whatever else was required. He did not keep a cleaning schedule. Interview on 2/01/17 at 1:00 pm with the Maintenance staff revealed: -He was not aware of any water temperature issues. -He checked the water temperatures monthly and performed random checks throughout the facility. -His last monthly check was 1/09/17 and were in

Division of Health Service Regulation

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATÉ SURVEY AND PLAN OF CORRECTION. DENT/FIGATION NUMBER: COMPLETED A. BUJLDING: \_ E. WANG HAL034084 02/03/2017 NAME OF FROMDER OR SUPPLIER STREET ADDRESS, GITH STATE IZPICODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROY/DER'S PLAY OF CORRECTION. PREEK/ EVCH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DOMESTE. REGULATORY OR USCIDENTIFYING INFORMATION: TAG TAG CACSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY, © 877 Continued From page 19 D 077 -New baseboards were installed in the dining -Caulk had been removed around several toilets in preparation of repairs. -He had worked on the laundry room for 3 days. and had fixed the crack in the floor, dry-walled and painted. The room was ready for the furniture administrator in charge is to be moved back in, training all Hausekeepers on how to clean and detail interviews from numerous residents during the initial facility tour on 2/01/17 revealed: -"Housekeeping should come every day." Resident rooms, common -"The housekeeper dust mopped the floor of the room and bathroom, and cleaned the toilet." Buthroum, HA I WWW Floors -"The baseboards were rarely cleaned and had a around the edges and Corners, wiping down walls furniture ship BaseBoards. build-up." -"They recently lost some housekeeping staff." -"We have new housekeepers; the others quit." -\*The housekeepers usually cleaned my room every other day, but they are supposed to clean it every day. Sometimes I tell them to skip my room if it was done the day before." -"The housekeepers cannot keep up with the cleaning." -"One person cannot clean the entire building." -They have been remodeling and repairing some things. Confidential interviews with 4 staff members -"The upkeep and cleanliness of the building should be maintained by the administration. They should make sure it is being completed by the appropriate staff, whether housekeeping or maintenance departments." -"The repairmen are following an Inspection report that was completed in January." The remodeling was started in December 2016. Residents did not always tell them when things were broken.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING: B. WING HAL034084 02/03/2017 NAME OF PROMOTE OF SUPPLIER STREET ADURESS, CITY, STATE, DRICTOR 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES .00.75 PROVIDER'S PLAN OF CORRECTION EACH DEFIGIENCY MUST BE RRECEDED BY FULL PPERM FACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR USC IDENTIFYING INFORMATION). TAG 7.4G CROSS-REFERENCED TO THE APPROPRIATE SERIOLENCY, D 077 Continued From page 18 O 077 7/3/17 Maintenance Department housekeeper at 3:55 pm. will monitor water Observations on 2/01/17 and 2/02/17 from 9:00 temperature and have am to 11:00 am of the water temperatures in the facility noted on the Environmental Health a temperature log available Daily and document Inspection report dated 1/25/17 revealed: -The rooms cited were 4, 15, 19, 30, 38, women's front lobby bathroom, half A tub, staff bathroom, Prendictal Mount with mancher abover room hell B, soiled utility hand sink beauty shop, and laundry and water temperatures. The log Book daily ranged from 88 to 122. -The findings had been corrected and/or were undar repair. -On 2/01/17 from 9:00 am to 11:00 am the water temperatures ranged from 90 to 120 during the initial tour of the facility. On 2/01/17 in the afternoon, the water 3/27/17 temperature rechecks ranged from 108 to 116. Regional Maintenance Department will fix. The Observation on 2/02/17 of the facility water fountain revealed the broken front push button Cracked MUD missing pieces an the Water fountain was cracked and missing pieces on the right half of the button and had not been repaired. Interview on 2/01/17 at 8:50 am with a construction Contractor revealed: He worked for the facility owner. He had a list of items to be repaired after a recent inspection report. "We are going down that list and repairing or replacing items". -New sinks, faucets, and wall plates had been ordered for bathroom repairs. He had started repairs on the A hall common. bathroom next to room 15. He deaned and re-grouted the floor, re-caulked the baseboards and painted the walls. -He had started repairs on the C hall common bathroom next to room 24. He had re-caulked baseboards and painted walls in several rooms.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PRÓV:DER/SUPPLIER/CLIA DOLMULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL034684 B. WING 02/03/2017 NAME OF PROMOSE OF SUPPLIES STREET ADDRESS ONLY STATE ZIR CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUNIMARY STATEMENT OF DERICIENCIES 034:10 PROVIDER'S PLAN OF CORRECTION EACH DEPICIENCY MUST SE PRECEDED BY FULL RESERV SHEEK (EACH CORRECTIVE ACTION SHOWLD BE COMPLETE REGULATORY OF LEG IDENTIFYING INFORMATION: TAG TAG CROSS-REFERENCED TO THE APPROPRIATE CERCIENCY D 877 Continued From page 17 D 077 Regional Maintonane 3/15/17 · were covered with cloth slip covers. The cover of one sofa had shifted off the arm and exposed Department for The Mrssing cracking leather on the right sofa arm. -The lobby desk was still missing the top right top right drawer -The sitting area in the lobby had new looking chairs, and were not stained. 1/26/17 The beauty shop chair base was rusty and damaged Regional Maintenance -The lampshade in room 38 had been repaired or. Replaced lampshade in form replaced. -The furniture in the residents' rooms were not missing drawer pulls, so had been replaced. Several soiled or broken wooden chairs were outside next to the dumpster for disposal. Observations on 2/02/17 from 9:00 am to 11:00 am of the sinks having soap, hand towel or hand drying device in the facility noted on the Environmental Health Inspection report dated 3/1/17 1/25/17 revealed: all Housekeeper Will -"All handsinks in all areas shall be supplied with Chuck all common foothrom soap and paper towels or other approved hand drying devices." daily to ensure there are -The report cited no paper towels in the A hall shower room, A half bathroom, beauty shop, Handsoap; paper towel, and laundry, C hall shower room, men's front lobby tissue; ADM Will monitor bathroom, and wet paper towels in room 15. Many of the findings had been corrected. Douly to make sure all items are placed in -The front lobby men's bathroom had no paper towels on 12/02/17 at 3:45 pm, but was supplied by the housekeeper at 3:55 pm. and/or were under repair. buthrooms. -The report cited no scap in the A hall bathroom. beauty shop, laundry, room 38, women's front lobby bathroom. -The A half bathroom next to room 7 had no soap on 2/01/17 or 2/02/17. -The front lobby women's bathroom had no soap on 12/02/17 at 1:00 pm, but was supplied by the

The front lobby furniture "has 2 damaged/solled sofas", "and tables were chipsed", chairs were solled", and "the desk was missing a drawer", and "furniture in most resident rooms were missing drawer pulls and knobs."  There was a "broken lampshade in room 38".  "Lighting is low" in the front women and men's restroom, the snack room, room 4, 10, 15, 17, 38.  A hall barb v2, mon 10 lican abovers and the showers of rooms 19 and 30.  "Lighting fixtures were damaged in room 19, hall 8 bath, and the fixture outside of the med room.  "The facility's only water fountain has front push button cracked and broken on one half."  Observations on 2/02/17 from 9:00 am to 3:45 pm of the rooms noted on the Environmental Health Inspection report dated 1/25/17 revealed:  The laundry room was renovated and the findings had been corrected.  The front lobby men's and women's bathrooms findings had been corrected and/or were under repair.  Observations on 2/02/17 from 9:00 am to 11:00 am of the low lighting issues noted on the Environmental Health Inspection report dated 1/25/17 revealed:  The snack room had 2 of 5 ceiling lights burned out when the lights were turned on. There were 5 light fixtures in the room.  The ceiling light fixture in room 10 held 2 light butbs. One of 2 light fixtures were and sharpor the	Division of Health Service Regu	lation			FORW APPROVED
STREET NOMES OF BOUNDERS RUNG TO DEPOSITION STREET NOMES OF THE SERVICE STORE AND STREET NOMES OF THE SERVICE SERVIC				'	
### STOR LANSING DRIVE WINDSTON SALERIA NO 27105  #### WINDSTON SALERIA NO 27105  #### WINDSTON SALERIA NO 27105  ###################################		HAL034084	E. WASNG		62/03/2017
## PROPERTY VILLAGE  WINSTON SALEM, NC 27105  ## PROVIDER'S PLANCY STATEMENT OF DEPRETATION.  ## PROVIDER'S PLANCY CORRECTION.  ## PROVIDER'S CORNECTION.  ## PROVIDER'S CORPORATION.	NAME OF FROMOTE DRISUPPLIER	STREET AD	38538 1477 872	TE ZP COCE	Personal de la companya del companya del companya de la companya d
DOT Continued From page 16  -The front lobby furniture "has 2 damaged/soiled sofias", "end tables were chipped". 'chairs were soiled", and "the desk was missing a drawer pulls and knobs."  -There was a "broken lampshade in room 38""Lighting fixtures in most 10 may attarged and the showers of rooms 19 and 30"Lighting fixtures were damaged in room 19, hall 8 bath, and the fixture outside of the med room"The facility's only water fountain has front push button cracked and broken on one half."  Observations on 2/02/17 from 9:00 am to 3:45 pm of the rooms noted on the Environmental Health Inspection report dated 1/25/17 revealed: -The front lobby men's and women's bathrooms findings had been corrected and/or were under repair.  Observations on 2/02/17 from 9:00 am to 11:00 am of the low lighting lights burned out when the lights were turned on. There were 5 light fixtures in the roomThe snack room had 2 of 5 ceiling lights burned out when the lights were turned on. There were 5 light fixtures in the roomThe ceiling light fixture in room 10 held 2 light buils. One of 2 light buils was burned outThe front lobby men's bathroom had new light fixtures replaced 2/02/17.  Observations on 2/02/17 at 3:45 pm of the	FORSYTH VILLAGE			7106	
The front lobby furniture "nas 2 damaged/soiled sofas", "and tables were chipped." chairs were soiled, and "the desk was missing a drawer, and "furniture in most resident rooms were missing drawer pulls and knobs."  There was a "broken lampshade in room 38".  "Ughting is low" in the front women and men's restroom, the snack room, room 4, 10, 15, 17, 38, 4 had bach v2 mmn 10 lison storage and the showers of rooms 19 and 30.  "Ughting fixtures were damaged in room 19, hall B bath, and the fixture outside of the med room.  The facility's only water fountain has front push button cracked and broken on one half."  Observations on 2/02/17 from 9:00 am to 3:45 pm of the rooms noted on the Environmental Health inspection report dated 1/25/17 revealed:  The laundry room was renovated and the findings had been corrected.  The front lobby men's and women's bathrooms findings had been corrected out when the lights were turned on. There were 5 light fixtures in the room.  The ceiling light fixture in room 10 held 2 light butbs. One of 2 light butbs was burned out.  The front lobby men's bathroom had new light fixtures replaced 2/02/17.  Observations on 2/02/17 at 3:45 pm of the	PREFIX (5405) DEFICIÊNC	Y MUST BE PRECEDED BY FULL	PREFIX	<ul> <li>(EACH CORRECTIVE ACTION 5-KOULD CHOSS-REFERENCED TO THE APPROPR</li> </ul>	BE COVPLETE
furniture in the facility noted on the Environmental Health Inspection report dated 1/25/17 revealed:	-The front lobby furnit sofas", "end tables we soited", and "the desk "furniture in most residrawer pulls and knot -There was a "broken - "Lighting is low" in the restroom, the snack of A hall bark v2 more showers of rooms 19 - "Lighting fixtures were a bath, and the fixture - "The facility's only we button cracked and b.  Observations on 2/02 pm of the rooms note Health Inspection rep -The laundry room we findings had been controlled to the low lighting Environmental Health 1/25/17 revealed: -The snack room had out when the lights we light fixtures in the root -The ceiling light fixture bulbs. One of 2 light in -The front lobby men' fixtures replaced 2/02 furniture in the facility.	are "has 2 damaged/soiled ere chipped"." chairs were a was missing a drawer", and dent rooms were missing ps."  I tampshade in room 38".  I tampshade in room 38".  I tampshade in room 38".  I tampshade in room 19, hall end 30.  I tampshade in room 19, hall end and 30.  I tampshade in room 19, hall end and 30.  I tampshade in room 19, hall end tailed of the med room.  I tampshade in room 19, hall end tailed of the med room.  I tampshade in room 19, hall end tailed of the med room.  I tampshade in room 19, hall end tailed on the Environmental ort dated 1/25/17 revealed:  I tampshade in room 19, hall end tailed on the Environmental ort dated 1/25/17 revealed:  I tampshade in room 38".  I tampshade in room 19, hall end talled on the Environmental ort dated 1/25/17 revealed:  I tampshade in room 100 am to 3:45 and on the Environmental ort dated 1/25/17 revealed:  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated  I tampshade in room 11:00 issues noted on the inspection report dated	D 977	Ochwinistrator In Chara Will be contacting the Health Inspector to d Follow—up thespection of all items are fix and Cleaned By The House Maintenance Department and Regional Maintings Department on the 3 Will contacted Health Inspector	e o a when regers t

Division of He	alth Service Regu	lation			FORM APPROVED
STATEMENT OF DI AND PLAIT OF COR	EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034084	B. WING	. V	02/03/2017
NAME OF PROVIDE		5100 LA	4DDRESS. CITY &		The rest of the second
(241.10 PREPIX TAG	(RACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL (30 IDENTIFYING INFORMATION)	ON SALEM, NO ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION SACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE DOMPLETTE
haz This faci  This Bas revia of and The Obs 11:0 revi -Ro by t on t spri blac wid floo and Inte HouHe had -He -tes was disc -He spri	s Rule is not met sed on observation ews the facility fa san and orderly in I hazards in regard findings are: servation on 2/01/20 am during the itealed: som 5 had 2 beds the door had a matop of a box springing nearest to the ck spots in a patole. Two large, filled or of the room. Rest belongings were enview on 2/01/17 usekeeper reveale had worked at the was not aware of was told the reside saw evidence of entire bed notify toldent would be most aware of taken care of. The carded.	as evidenced by: 15. interviews, and record fied to maintain the facility in Manner free of obseructions dis to bed bugs (room 5).  17 between 8:45 am and nitial tour of the facility stripped of sheets. The bed fitness standing on its side g. The top corner of the box comer of the room had n approximately 3 inches it trash bags were on the sidents' personal care items on the dressers in the room.  at 10:45 am with the de: ne facility for 1 year, but he of facility in over 1 week, bed bugs in the facility. Jents were moving out. If bed bugs he was to spray the Supervisor and the lived to another room until it the mattress would be that type spray he used to and was unable to produce	0 079	THE policy when BER is found staff is to notify ADM; All Cloth items to be BAG up a with linens for wasia local laundremat is remove Resident from your contacted The exterminator to do a for the exterminator to do a formation them the per heat room or room when 24 hours Resident all items clothes etc. Before enter the Builton's Clothes etc. Before enter the Builton's Clothes etc. Before do be check of heated do to Both Bue	orwa

Division of Health Service Regulation STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION 003) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING HAL034084 02/03/2017 NAME OF PROMOTE OF SUPPLIER STREET ADDRESS OFF, SYAME ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEPICIENCIES 17.30 87. PROVIDER 3 PLAN OF CORRECTION (75) CCS/PLETE /EACH DEFICIENCY MUST BE PRECEDED BY FULL PRESIX EACH CORRECTIVE ACTION SHOULD BE PREFOX REGULATORY OR USC IDENTIFYING INFORMATION, TA.G GROSS-REFERENCED TO THE APPROPRIATE DATE TAG D 079 : Continued From page 23 0.079 2/02/17 The policy when BED BUGS is found Interview on 2/01/17 at 11:05 with the Staffis to notify(ADM); Administrator revealed: all staff is to BAG -The facility had been treated for bad bugs in the up all clothes etc. along past year. -No live bed bugs had been seen in room 5, but with linens for wash the residents were moved to 2 different rooms yesterday (1/31/17), at a local laundrement Residue of blood drops were noted on the mattress by the door of room 6. AND remove Resident We bagged the residents' clothes and linens. from room contacted the and sprayed the room with chemicals. The Administrator did not specify what type spray. local exterminator treloa was used to spray the bed bugs, and was unable to produce the can of chemical used. full Inspection then A local pest control exterminator was to come "when funds were available". She planned to treat per heat room or contact them today. Rooms when 24 hours -If the exterminator found live bed bugs, a heat treatment would be scheduled. Resident can returned Confidential interview with a staff member Back to rooms All The facility had not had bed bugs recently. 3/1/17 Stuff will Check -One of the residents was out of the facility, "and allitems clothesetz. told someone (that he was bit by bed bugs), and they told me". Before enter the -Live bedbugs were found in the bed by the door of room 5 on 1/31/17, so the residents were Burning HAVE to Be immediately moved to 2 separate rooms; one Check or heated do to resident still has to share a room. Their clothing was bagged in one trash bag, and their linens in Bed Buas another. The Administrator was "Informed by me I saw. live bedbugs in room 5". "I took her and another staff and showed them." The Administrator said she was going to call the pest control company to come for an inspection. -"The exterminator comes to the facility, but I'm not sure how often."

Division of Health Service Regu	lation			FORM AF	PPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURV	
	HAL034084	8. Y/H4G	77	02/03/2	2017
NAME OF PROVIDER OR SUPPLIER		DORESS, CITY, ST	TATE, ZIP CODE	02/03/2	2017
FORSYTH VILLAGE		V BALEM, NO	27405		
PREFIX FACH DEFIGIENC	ATEMENT OF DERIGIENCIES Y ANIST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	70 PREMX TAG	PROVIDER'S PLAN OF CORRECTION (E4CH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE (	:XS, COMPLETE DATE
D 978 Continued From page	ance or Housekeeping	D 079	The policy when BED BI		102/17
sprayed for pests, but kill bed bugs.  Confidential interview revealed: -The facility had bed it treated without any management ones (bed bugs), a bit Administrator came in ones on 1/31/17. We by the door of room 5 on the mattress now." -"We bagged the resident of the Administrator was control company.  Interview on 2/01/17 and Administrator revealed company was contact going to "squeeze us when the exterminato.  Observation of room the pest control externed by the door and the pest cont	with a staff member  bugs last year which were fore until yesterday, me to look with her after a school by Walsaw De g one and a baby. The hand wa showed her the live saw them on the mattress . You can see the residue dents' belongings and linen to bags in the room." lents to other rooms." as to call the local pest  at 12:30 pm with the d the local pest control ted on 2/01/17. They were in, so they did not know" r would arrive.		is found staff is to n (40m) all blothes ctc. With linens for wash a local laundrement A remove Resident from contacted the local exterminator to do a Inspection then treat roomer rooms within towns Resident can returned Back to roo all staff will check all ikms Clothes et before enter the Building Have to Bc Check or heated do Bed Buss	otiful along at who room full t 24 ms	1117

Division of Health Service Regulation

Division of Health Service Rec	ulation		FORW APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PRÓVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. SUILDING:	(X3) DATE SURVEY COMPLETED
	HAL034064	B. WING	02/03/2017
NAME OF PROMOTR OR SUPPLIER	51%EET 20	DRESS OFF STATE ZP COOR	200 C C C C C C C C C C C C C C C C C C
FORSYTH VILLAGE		SING DRIVE I SALEM, NC 27105	
PREFIX (SACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LBC IDENTIFYING INFORMATION;	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO	LD BE CAUPLETE
control exterminator -His work order was bed bugs and give it rooms were request would be to inspect five hed bugs were conducted that laste scope of infestation -He was not aware "The facility had a c company, but then it not come unless cal issues were related -Bed bug residue ar found on the mattre room 5A bed bug skin was -One live bed bug w the box spring, and full. He's probably a small"One live larger bed size of salt were fou frame at the lower e from the wallNo bed bugs were windowHe updated the Adi a heat treatment be possible with the Co	ash light.  (at 4:20 pm with the pest revealed: to inspect only room 5 for his recommendation. No other ed. "Our recommendation adjacent rooms also, and if bund, a heat treatment to be ad 2-5 hours depending on the	The policy when Bep B 15 Count staff is to up all clothes etc. al with linens for was at a local laundrona AND Vemore Resident from room contacted local exterminator a full Inspection treat (heat) toom or within 24 Hours Resi can returned back to all staff will check all item clothes etc. before enter the Bo on staff there to check o do to BED BUGS	the to do then rooms
the Administrator re-	at 4:35 pm and 4:50 pm with		: : : : : : : : : : : : : : : : : : : :

Division of Health Service Regulation STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPL/ER/CLIA (K2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETES B. WING HAL034084 02/03/2017 NAME OF FROMORS OR SUPPLIES STPRETADORESS CITY, STATE ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUPMARY STATEMENT OF DEFICIENCIES 34.7D PROVIDER'S PLAN OF CORRECTION (EACH DESIGNENCY MUST BE PRECEDED BY FULL PREFIX (EACH DORRSOTIVE ACTION SHOULD BE PREHIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE IAG TAG CATE D 079 Continued From page 26 D 079 2/02/17 The policy when BED. bag the resident's clothes and linens for washing Bucis is found staff at a local laundromat for the hotter washer/dryers. is to notify (Apm), all and remove the residents from the room. -She needed to get an estimate for an inspection staff is to BAG up all of the entire facility before it could be scheduled, clothes etc. along with lines -If live bugs were seen, then a heat treatment was ordered. The residents can return in 24 hours, but we wait until after the follow-up. tur wash at a lauf exterminator inspection. laundromat mun remove "Our housekeeper does a thorough cleaning." "The mattresses are discarded." RESIDENT From Youm -The Administrator inspects the cleaning before anyone is allowed to return to the room. contacked the tacks -The facility did not have a service contract with the pest control company, but called them when exterminator to do a necessary. full Inspector then treat -The last date of a bed bug inspection only was heat room or rooms within No staff or residents had reported bed bugs or 24 hours Resident Can bites in any other room. If we see bugs including roaches or ants, our returned Buck to rooms maintenance or housekeepers use chemicals to treat them. 31117 all staff will check -She was not aware of the dead roach in the all Items Clothes etc. activity room, or the complaint of past reaches in room 30. Before enter the Buroful Interview on 2/01/17 at 4:50 pm with the Regional HAVE HOBE CHECK OR Maintenance Director stated: neut do to BEDBUES He was aware room 5 was suspected of bed bugs, and stated the policy of the facility was the same as stated above by the Administrator. -He was able to spray chemical treatment for ants, flies and roaches, and would start a monthly treatment. He would document it in a new log Interview on 2/01/17 at 5:15 pm with the exterminator revealed: A heat treatment had been scheduled with his

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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	
	HAL034084	8. WWG		02/03/2017	
ANUS OF PROVISER OF SUPPLIER		RESS CITY STA	ISE, ZIP COCE	02700/2017	
FORSYTH VILLAGE	5100 LANS	ING DRIVE			
	***************************************	SALEM, NC 2	7185		
ORESIN (SACH DESIGNANC	DATEMENT OF DEFICIENCIES DY ANST BE PRECEDED BY FULL ( LSC (DEN'REYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COPRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY;	ea complete	
D 079 Continued From pag	e 27	D 079		al. i.m	
company for room 5 only order on his work The heat treatment There was no order follow-up inspection Interview on 2/01/17 from room 5 revealed the had lived at the heat hitten by had by January 1/28/17. The said he had severankles, and his abdomented the bites to the woke one morning before he saw a live the itching to anyoned Saturday morning his pants and told the done on Saturday", The left the facility on and when he returned 31, 2016, his clothes had moved him to an and when he returned the was concerned to belongings or clother observation on 2/01 skin who resided in red spots on both wire abdomen near his not observed, but the resided in red spots on both wire abdomen near his not observed, but the resided in the resided in the resided in the spots on both wire abdomen near his not observed, but the residual interview revealed: She did not recall at bed bug bites over the spots on the spots of the spots on the spots of the spots on t	for 2/02/17 am. It was the rick order, would take several hours, for a facility inspection or yet.  at 5:45 pm with the resident dispection for 5 years, and had high in 2012 and Saturday and bites on both arms and imen now, but had not staff, and with itching a few days bed bug, but did not report be elifound a live bed bug on a Supervisor, but nothing was January 1/28/16. In Monday, January 30, 2016, and Tuesday evening, January were bagged up and they nother room, that he had no access to his second 5 revealed numerous ists and a few on his evel. His ankles were not sident confirmed they were		Phe policy when BED Bugs is found Staff is to notify (Apm) all staff is to BAG up all clother etc. along with 1900 for 1000 h at a local launavimur from room contacted local exterminator to a full Insperior then went rooms or room took 24 hours Resident to metal Back to medical structured Back to metal Back to medical structured Back to metal Back to	the clo treat him	

Division of Health Service Regulation

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER:SUPPLIER:OLIA IDENT:FICATION NUMBER:	(X2) MULTIPLE A. 88(LD(NG)	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	HAL034084	B. WiNG		02/03/2017			
(VANE OF PROVIDER OF SUPPLIER	STREET AD	PRESS. OFFIA. STU	76 ZIP 0008				
FORSYTH VILLAGE		SING DRIVE SALEM, NC 27	7105				
PREFIX (EACH DAFIGR	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION :EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY	BE OWNELETS			
and dress in a hose any clean clothes. black bags and the and dryers. We not Administrator. The treat for bed bugsMaintenance sprainterview on 2:02/Administrator reverse to verify a check would arrive this a Review of the pess 2/02/17 revealed to treated from 11:39 chemicals for live.  Telephone interviet the local pest confired each confired each confirmation. The office records 3/14/16 that a regione room only was completed on 3/18 was treated. "We no bed bug activity. Their office record facility on 2/01/17.	I get the resident to shower pltal gown if they don't have 'We put all the clothes in by are treated in hot washer tify the Supervisor or pest control company has to by some rooms for bugs.  If at 15:00 am with the aled the pest company wanted as here before they came, but flemoon.  I control invoice receipt dated to room was specified, but was am to 2:29 pm with 3 and bug activity.  I won 2/02/17 at 3:25 pm with rol company representative .  It maintain a service plan for a with their company. I had documentation on the step the step that the service of	D 079	The policy when bed Buchs is found staff to notify (Apm) all staff to notify (Apm) all staff to notify (Apm) all staff is to Baga up all clothes etc. along with I mais for which at a law down the hours form room within 24 hours festore that room or room within 24 hours festore can returned back to room all staff will effect as them clothes etc. Before enter the Buron flust the Buron have to be checket on hunt do to Both Bucks	ocal  suked  d to  s not  nor  31.11.7			
0 089 10A NCAC 13F .0 Furnishings	306(a)(6) Housekeeping And 306 Housekeeping And	D 080					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION JDENTIFICATION NUMBER. COMBLETED. A. BUILOING: HAL034064 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE ZIP CODE 5100 LANSING DRIVE SORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEPICIONCIES 284.10 PROVIDER'S PLAN OF CORRECTION egeets. EACH DEFIGIENCY MUST BE PRECEDED BY FULL (BACH CORRECTIVE ACTION SHOULD SE PREFIX COMPLETE REGULATORY OR LSQ (DENTIFYING INFORMATION). T.- 15 GROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY: D 080 Continued From page 29 0.080 ADMI ORDER paper towel, tissing 2/2/17 Furnishings (a) Adult care homes shall and handsoap weekly (6) have a supply of bath spap, clean towels. on the food truck jan washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on items is place in the hand at all times; house keeping room with This Rule shall apply to new and existing facilities. lack and by: bombinave This Rule is not met as evidenced by: place a key on the Based on observations and interviews, the facility Med. Teh laychin if any one need items after hours failed to assure the residents had an adequate supply of soap, toilet paper, paper towels, towels and wash cloths for personal care for the 55 House Keepers will check residents. Residents Bathroom daily The findings are: to ensure they have both room items before and Interviews with numerous residents on 2/01/17 from 9:00 am to 11:00 am during the initial facility after they leave. tour revealed: Several residents provided their own linens and Maintenace Department Will monitor Buth rooms One resident said he "did not need a towel as he showered at his [family member's] house". -"Linens were ok." -"Most linens were clean and did not have holes." -The housekeeper supplied the soap, toilet paper clarly and paper towels, and often ran out of soap. -The wall mounted soap dispensers broke in some areas or were messy, so we have small soap dispensers. "If we ran out of toilet paper, we asked others for it or took it out of the common bathrooms if necessary.\* -"We run out of toilet paper a lot" in the common bathrooms. -Two residents stated they did not run out of toilet paper and only used the bathroom in their room. -"There was only one housekeeper working (in

Division of Health Service Regulation						
STATEMENT OF DERICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY			
	TOUTH TONING IN THE STATE OF TH	A. BUILDING:	OCMPLETED			
	HAL034084	8. WING	02/03/2017			
MANUS OF PROVIDER OP SUPPLY	STREET:	DORESS CITY STATE ZIP CODE				
FORSYTH VILLAGE	5100 LA	ISING DRIVE				
	Winsic	SALEM, NC 27105				
PRISHIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY WIRT BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION;	: ID PEOVIDER'S PLAN OF CORP PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE COMPLETE			
D 080 Continued From	1 page 30	D 080	2/2/17			
Observations of pm and 2/02/17 sinks having so hand drying devarred of the bathroom wall mounted so contained soap -Room 23 was a washcloths and -Rooms 29 and -On 2/01/17 at 3 in the bathroom -The front lobby on 12/02/17 at 3 at 3:55 pm.  -The front lobby towels on 12/02 re-stocked at 3:  Observations or tour from 9:00 a -One housekeep bathrooms and rooms on A and paper towels an when he exited on C hallway du Observation on housekeeper was and common and rooms on A and paper was and common and rooms on A and paper towels and when he exited on C hallway du	at is not enough. They recently had pult."  1. 2/01/17 from 9:00 am to 12:00 from 9:45 am to 4:00 pm of the ap, toilet paper, hand towel or rice in the facility revealed: room next to room 7 had no soap 102/17. No observations were residents using this bathroom. On B hall next to room 17 had a pap dispenser without a lid, but a private bathroom, and had 2 1 towel, but no paper towels.  1. 33 had no paper towels or towels.  1. 555 am there was no toilet paper of room 24.  1. 1 women's bathroom had no soap 1:00 pm, but was found re-stocked 1. 1 men's bathroom had no paper 1/17 at 3:45 pm, but was found	Apm) or ner paper of tissue, hand soap Neekly on the fruck jall items in the houseker rack after or need after bathroom daily chark resident bathrooms items and after thousekers and after thousekers in maintenance nepartment will but h rooms daily	is place pand ley; and ley; alkey keychin idems nous  urll be Barbarb			

Division of Health Service Regulation						
STATEMENT OF D AND PLAN GE CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034984	E. WING		02/03/2017	
NAME OF PROVI	CER Ou andurite		DDRESS, CITY 5T	4TE, Z'P (0,00F	3	
FORSYTH VIL	LAGE		N SALEM, NO	27105	Villey	
:N4:ID PREFIX ING	GRACH DERIC:ENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION,	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (BÁCH CORRECTIVE ACTION SHOULD CROSS-REFERÊNCED TO THE APPROPR DEFICIENCY!	BR SOMPLETE	
Comes -Tit ava tog -Tit nor -Tit iins -Ni tov dis -Tit sup -"T Th hoi -"S the -"T pa so out -"V kitt hoo for -If the pur	ambers revealed: the laundry room we allable for 3 days, gether today, so late worst of the tow we until more could there were no issue ans. The worst of the tow we until more could there were no issue ans. The soap was hard to come washcloths were poly. There were not end the washcloths were not end to the washcloths were poly. There were not end the end to come we have an ites." The soap was hard to come to the soap and paper towels) came to we do not have as t." The keep some soan chen storage room usekeeping storage the day." The soap was needed to room, we got it for the it in a cup for use the soap supply was locked by a key of the Administration on 2/01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	as remodeled so was not a was being put back andry would get washed, els were left in the closet be washed, as or concerns with the centity purchased and the remade into washoloths or one kept locked with keys then Aide's key ring, and, weak, and in limited augh towels and washoloths, as stained, frayed and have stained, frayed and have ome by, and was stocked by a products (toilet paper and on the food supply truck now, a many issues with running and paper products in the a since we don't have the e closet key after they leave and there was none was in om another bathroom and a closet revealed; by that only the housekeeper was the closet revealed; by that only the housekeeper	D 089	(ADM) ORDER paper to tissue, hand scap Weekly on the food Truck; all items is pi in the houselivering room with love an Ney, (ADM) HAVE P akey on the med keychin I f any or nud items after how to ensure they it but housekepers will chec lesident bathroom to ensure they it but houseke unve Mantenance Depar will montor bath roo Drily	ace 10 19ace Techne 1cs 1cs daily 1pre efore epers thrent	

				FORM APPROVED	
Division of Health Service Regu					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _	-van-	BOWNER (ED)	
	HAL034084	B. Willia		02/03/2017	
MARIE OF PAGNICES OF SUPPLIER			The state of the s	200000000000000000000000000000000000000	
14.15.16.64.24.024.034.024603E		DORFSS CITY STAT	a. Zan Sulbe		
FORSYTH VILLAGE		ISING DRIVE N SALEM, NC 27	104		
2:11/2   C:11/2   C OT		A SALCHE NO EL			
PREFIX . (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY AULL	ID PREFIX	PROVIDÉR'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		
TAG REGULATORY OR I	LSC (DENTIFYING INFORMATION)	FAG	GRÓSS-REPERENCEO TO THE APPROP DEFICIENCY/		
D 986 Continued From page	32	0.080	(ADM) ORDER Paper	Souple 2/3/17	
and 7 bottles of a see	nted disinfectant.		CHON HORIZE Paper	lowery .	
			tissue, HAND soap	:	
Interview on 2/01/17		i :			
	d a weekly delivery truck		weeklyen the for		
	day with paper products.	j	Truck, autems	15	
	/17 at 5:35 pm of the 2 linen		place in the 1600	~kacava	
closets revealed:	d ababasa thankaran labatad		•	. /	
	I shelves that were labeled ould be stored on that shelf.		ROOM WITH lock	anup '	
	blankets, flat sheets, fitted	1			
	cloths, and pillow cases.		Key; (Ann) Have	:	
-Closet #1 contained 10 blankets, 2 fitted sheets,			place alley on	the	
2 sets of sheets inside pillow cases, and 1			To la king de	. C. 4	
stained flat pillowCloset #2 contained 16 flat sheets, 4 gowns, 3			med Tech Luych	rian	
green towels (all were	green towels (all were thin, one had bleach spots,		I fany one ne	ed	
	and one had frayed edges), 7 white towels (4 had frayed edges, all were grayish white and thin), 10		of a Alasa Hora	rs	
pillow cases, 9 fitted sheets, and 4 wash cloths			items after Hou	, ~	
(all were grayish white had a weak spot that	e stained and thin, and one was not a hole yet).		House Keepers Will		
			check Resident		
Further interviews on 2/01/17 and 2/02/17 with residents revealed:			Checro harroan	h	
-The towels were stained and ripped in spots.			bathroom daily	10	
	ve a washcloth, you make		in lawy	<i>c</i>	
	do with whatever you can, even cut up a towel if		ensure they hav		
necessary.			Buthroom items 1	Before	
_	-"We were to get towels from staff for a shower."		Man Al Aller Com a b	n oers	
-The towels were old. "The owner came and bought a lot of towels about 4-5 months ago			And after HouseR	eeper	
maybe, but they've di			leave.		
	owels and soap were hard to		Ŧ	t at	
get if the housekeepe	r was not working.	. !	Maintenance Depar	inerit	
	netimes hard to get as only 1		Will monitor Bath 1	Callina	
	o the supply closet). The		MILL MONTHOU DUTHI	OUN)	
	xtra rolls in the bathroom. eeded in the middle of the		DAILY		

inight, staff could not get it for us."

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETES A. BUILDING: B. WING HAL034084 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, AP CODE \$100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 0.44.15 (NE) COMPLETE HACH DEFIGIENCY MUST BE PRECEDED BY FULL FREEDX EACH CORRECTIVE ACTION SWOULD BE DESTRIC CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USCIDENTIFYING INFORMATION: DAG TAG CATE DEEKGENCY: 2/3/17 (Apm) ORDER Paper Di080 | Continued From page 33 D 080 towell tissue Honor scap weekly Staff would say they did not have the key to the supply closet if it was after hours. -"If a bathroom was out of tollet paper, I have to go to another one." on the food Trucki Interview on 2/01/17 at 5:50 pm with a 2nd shift all items is place Medication Aide revealed: In the House Keeping The linear closet was sparse right now because. the laundry room was being remodeled. Room, with lock Auf -The "better" towels and sheets were being washed now in the facility's 2 washers and 2 Key; (Apm) HAVE dryers. place a lug on the The linen closet was usually about 1/2 full. -They did not have a key to the housekeeper's MED. Tech Keychain supply closet. -Toilet paper was also "kept" in the kitchen pantry IF any one need so that staff could access it if toilet paper was needed after hours". items after Hours Interview on 2/02/17 at 8:42 am with a first shift Personal Care Aide (PCA) revealed: Housekeepers will check Resident -The linen closet usually was more full of -"I grab towels, etcetera and go with residents to Bathroom dady to the shower rooms because the towels disappear." ensure they have -"The towels are old, frayed and some have Bothroom items bleach spots. We need new wash cloths." -Toilet paper and paper towels were supplied by Before annafter the housekeeper. Housekepurs leave Observation on 2/02/17 at 8:50 am of the linen Mantenance nepartment closets revealed: -Closet #1 was initially locked and the key could will monitor nuthrooms not be found. Maintenance staff was able to unlock it within 10 minutes. The contents of the closet were unchanged from vesterday's party observations. Closet #2 was stocked with more items than vesterday's observations. There were 5 gowns.

OPOLIS

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(XQ) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY CONFLETES		
	HAL034884	B. Wing	02/03/2017		
NAME OF SBORIOSE OF BURELISE	2 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PORESS OFTY STATE ZIF CODE	A COURT OF THE PARTY OF THE PAR		
FORSYTH VILLAGE		using drive N SALEM, NC 27195			
FRESIX (SACH DEFICIENC	MEMBERT OF DEFICIENCIES IN MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	D PROVICER'S PLAN OF ( PRSEIX (SACH CORRECTIVE ACT) TAG CROSS-REPERENCED TO TI OSFICIENC	ÓN SHOULD BE CIXIPLETE HE APPROPRIATE DATE		
had a bleach spot). I pillow cases, 9 towel frayed or stained), ar -A PCA was observe pillow case from the contents were counte  Chservation on 2/02- room revealed all the There were no clean put away in the linen clothes and linens in washed.  Interview on 2/02/17 Administrator reveale -The laundry room w days, "so we are bad -Laundry was being w -All staff pitch in for la -We use better towel closet was the worst -"I need to buy new t -Soap and paper pro housekeeping supply and the Administrato -Toilet paper was als facility for after hour a Aides.  Interview on 2/02/17 Maintenance Directo the staff had no acce housekeeper and Ad but would arrange fo	ress pad, 15 fitted sheets (1 blanket. 5 tablecloths, 8 s (3 of the towels were ad no wash cloths, d taking a sheet set with a room just before the ed,  17 et 9:00 am of the laundry machines were in use. Jinens waiting to be folded or closets. There were dirty baskets waiting to be at 11:00 am with the ed: as out of commission for 3 ked up", washed "now". aundry duties. s first, so what was in the of our supply. owels and washcloths." ducts were in the locked y closet. The housekeeper	Apministrator I contacted the to purchase in Plat sheets, is sheets, is sheets, is sheets, is liminated will monitor to weekly there are a fems available punipurchase washcioth and on 213117  The Resident contained are washed are was resident clother they are was resident clother timely matter to make sure the wasclother or for the start or for the start or for the start are the wasclother or for the start or for the start or for the start are the wasclother or for the start or for the start are the wasclother or for the wasclother or for the start are the wasclother or for t	in charge 3/27/17 ewher hore hitted ets, and s (Apm) closet to ensure enough while al3/17 who towels  real will monitor ensure shing es in a j to ness to eres no		
Division of Wealth Condes Beautylian		Resident rooms 1	In Dellia		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OC3) DATE SURVEY. AND PLAN OF CORRECTION DENTIFICATION NUMBER. COMPLETED A. BUILDING: HAL034084 02/03/2017 HAME OF PROPIOSE OF SUPPLIES STREET ADORSSS CITY STATE OF COCH 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES :240.70 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX (EACH CORRECTIVE ACTION SHOULD BE C08721.37E SQUESTY REGULATORY OR LIST IDENTIFYING INFORMATION) CROSS-REFERENCES TO THE APPROPRIATE CATE 743 TAG DEFICIENCYS D 165 Continued From page 35 D 105 2/2/17 D 105; 10A NCAC 13F .0311(a) Other Requirements D 105 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. Regional Mininkhaue Department fixed This Rule is not met as evidenced by: Based on observations, interviews, and record And taking care of reviews, the facility failed to assure all plumbing equipment at the toilet in the shared bathroom in The Leak In BATHROOM room 25 and at the sink and toilet in room 35 was 25 Sltaneo with room 27 in a safe and operating condition. The findings are: There will be a Observation of the resident room and Maintenance log bathroom 25 on 2/01/17 at 9:56 am during the if Housekeeper see initial facility tour revealed: -There were wet sheets against the wall between any items that need the room and the shared bathroom. -The bathroom was shared by two residents to Be fixed By the residing in rooms 25 and 27. maintenance Department; (MD) is to check log blaity (ADM) will monitor -The floors were dry, and there was no leak visible at this time. Observation on 2/02/17 at 10:20 am of room 25 revealed: -The bathroom was shared with room 27. log daily -There was a puddle of water from the bathroom and extending approximately 3 feet into room 25 at the doorway, and getting larger. -There were no audible sounds of running water. -There were wet sheets next to the wall nearest to the bathroom, behind the door to the room. -When the bathroom door was opened, there was a big puddle of clear water on the floor surrounding the toilet.

_	Division o	f Health Service Regu	lation			FOR	MARPROVED
		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	HNO PLAN (	FCORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						1	
***			HAL034084	B. SVING		02/	03/2017
	NAME OF PR	IOMDER OR SUPPLIER	STRESTA	DRESS, CITY, ST	ATE ZIP GODE		
	Place to Article of		5106 LAN	ISING DRIVE			
	FORSYTH	YHLAGE	WINSTON	SALEM, NO	27105		
	(K4) (Q	SUMMARY SD	AYEMBAT OF DESIGIENCIES	/D	PROVIDER'S PLAN OF CORRECTION	i	(75)
	PREFIX TAG	:EACH DEFICIENC REGULATORY OR L	Y MUST BE PRECEDED BY FULL SCHDENTIFYING INFORMATION;	PREFIX TAG	78ACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		SCMPLETE DUTZ
			,		DEFICIENCY)	ENTE	20112
	D 105	Continued From page	36	D 105			1 1
		trontingod i rom page	. 00	}			2/2/17
		Observation on 2/02/	47 at 40-00 are at a coi 07	Ī			
		revealed there was no	17 at 10:20 am of room 27				-
		shared bathroom exte		İ			,
			3 1110 1001121	İ			
	1		at 10:20 am with the resident	r			
		residing in room 25 re					
			for about 1 month, and he		Regional Mainkingner		
			el or sheet against the wall r coming all the way into my	:	Regional Mainknance Department fixed		
		room".	rosming and a vay latering		Department tricy		:
		-He had told someone	e about the leak more than		Aura - 1/ May course of		
			tried to repair it. He did not		Awn talking thre of		
			en he had reported the leak.		All leatis		
		-He had never fallen.					1
		Interview on 2/02/17 a	at 10:35 am with the		There will be a		
			e Director revealed he had				
	į		valve causing the water		Maintenance tog		
	Ì	problem in room 25, a	and had just fixed it. He was	:	If housekeepers Scc		
	)		lem until it was reported to		and items that need	, h)	
		him this morning by th	ne surveyor,		any items that near be fixed by The		
		Observation on 2/02/1	17 at 10:35 am of room 25	1	be tryed by the		
		revealed:	11 at 10:33 att 01 100m 23		mar Minane Department;		
		-The puddle of water	and the wet sheets against	E	Man August 12 de 12 de 12	A	
		the wall were gone.			Markenence Departments to check log daily Apm will monitor log da	F	
			was ill-fitting, and appeared		a be check los doily		
	i	too large for the tank.			15 10 Clacke leg daily	dia -	
		mop and bucket,	s exiting the room with a		Apm will monitor log au	"Y	
		p and addited			,	,	
		interview on 2/02/17 a					:
			d he had mopped in room				
			wet floor, but thought it				
		was from an overflow reported it to the main					
		rehorree is to are main	nemance statt.				
		Interviews on 2/01/17	at 4:15 pm and 2/02/17 at				
	į	11:00 am with the Adr			!		!

Division (	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	Ÿ.
		HAL034084	6. WSNG		02/03/201	17
NAZYE QE S	SOVER OR SUBPLIES	STREET A	DORESS CITY ST	ATE VIDICAGE	Marie Control of the	
FORSYTA	VILLAGE	5100 LA	VSING DRIVE			
**********			N SALEM, NO			
JAAND FREEK TAG	(EACH OFFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION:	PESSIX TAG	PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BB COA	(AS) MPLSTE DATE
D 105	Continued From page		0 105		2/2	117
		g remodeled currently, and				
		had been purchased.		C		
	report dated 1/25/17	repairs from the Sanitation citations.		! Reginal (MD) TXED	1:	
		of the toilet leak in bathroom		Reginal (MD) fixED AND taking care of	-	
				All waks		
		2/02/17 at 3:10 pm with the		Herr occes	i	
		oom 25 revealed ha was "still bathroom after the repairs.	1			
		he toilet bowl", and had not		There will be a		
reported it to anyone yet.				(MD) log if Houseilee	per	
		17 at 3:36 pm of room 25's		See any items th	at.	
		ealed the floor was dry, and		See all the	BY	
	no leak was visible a			nucl to Be fixed		
		at 5:10 with a Care Aide t aware of any toilet or sink		the (up); hud is	70	
	leaks.			check log daily		
		on 2/02/17 with the resident tho shared the bathroom		(from) will monitor	K	
	with room 25 was not			log duily		
	2. Observation of the	bathroom sink in room 35	1	109 000 07		
	on 2/01/17 during the	initial facility tour from 9:00	Į		į	
	am to 11:00 am revea					
		g onto the floor where the				
	pipe entered the wall.  -The connection of the	e toilet to the floor was	ŀ			
	loose.	- toket to the heat was	}			
	-There was no cover	on the toilet tank.				
		during the initial facility tour I am with the resident in			!	
	-The toilet had been I	oose (at the floor) for				
	approximately 6 mon				:	
		the tank to pull the stopper			İ	

DIVISION O	f Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PRÖVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN O	FICÓRRECTIÓN	IDENTIFICATION NUMBER:	A BUILDING		COMPLI	ETED
			1	<del></del>		-
					1	1
		HAL034084	8. W/NG		02/0	3/2017
			der-			
MASSE OF BE	OVOSÁ ÓM SUPPUSA	STREET ADD	RESS, CITY, STA	TE ZIP CODE		1
		5100 LANS	ING DRIVE			
FORSYTH	VILLAGE		SALEM, NC 2	7102		1
			management of the second	1344		
534. ID		ATEMENT OF DEFICIENCIES	· io	PROVIDER'S PLAN OF CORRECTION		(25:
PREFIX		Y MUST SE PRECEDED BY FULL SO IDENTIFYING INFORMATION:	PREFIX	JEACH CORRECTIVE ACTION SHOULD		SOMPLETE CATE
YAG .	RECOUNT ON LONG	SOUDEN IN TING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY:	CATE	
					·	
D 103	Continued From page	- 38	D 105			
	Commodur ram page			Regnal MD FIXED AND FAKING CATE OF		2217
	in order to flush the to	pilat.		Kranal MD TIXEP		9911
	-There had been no c	over on the toilet tank for		The same of		
	monibs.	A TOTAL CONSCIONAL TOTAL		SWYD FARLING CALL OF		
		- the same to see a second				
	-The sink leaked whe			All leaks		
	_	toilet and sink issues but		IFIL COLL		
į	repairs had not been	made. He did not remember				
	when or who he repo	rted the repair needs to.				
	·	,		there will be a		
	Interview on 2/01/17	at 4:15 pm with the Regional		11127		
	Maintenance Director			MAINTENANCE log of Horos	eticke ott	
			1	MINIMUM CO 100) 1 11000	.,,	
		repairs from the Sanitation		See my items that		
	report dated 1/25/17		1	. JCC MY HOMS THE		
	<ul> <li>He was not aware of</li> </ul>	the sink leak or the toilet				
	issues in room 35, bu	t would investigate it and	1	need to Be Axed By	•	
	make the necessary		1	need , so we		
	make are mecessary	· ·	İ	The 16 10); (mo) 15 to		
	I-t			The MININITY		
		at 4:15 pm and 2/02/17 at		de de la Maria	1	
	11:00 am with the Ad			1 March 1000 44119 41011	· I	
	<ul> <li>The facility was bein</li> </ul>	g remodeled currently, and		Check log daily non will monitor log da	u lu	
	new sinks and toilets	had been purchased.		INTIL MOMITOR 109 010		
	-She was not aware of	of the sink leak or the toilet		Will War		
	issues in room 35.					
	100000 111100111 001					
				(		712125-
D 113	10A NCAC 13F .0311	(d) Other Requirements	D 113	(MD) Will Moniton		213/17
	10A NCAC 13F .0311	Other Requirements		water temperature		
		stem shall be of such size to		daily And Keep a		
		supply of hot water to the				
				Water Temperature	2	
		aundry, housekeeping		lua (nom) bull month	244	<b> </b>
		room. The hot water		lug (from) will monit	VIL.	
	temperature at all fixt	ures used by residents shall		1 de la combina		
3	be maintained at a m	inimum of 100 degrees F		water temperance		!
	(38 degrees C) and s	hall not exceed 116 degrees				
		This rule applies to new and		log daily		
	existing facilities.	approve to their unio				!
	eviening tantimas.		[			I
			1			
			}			
			l.			
	This Rule is not met	as evidenced by:				
		- ·	Ž.	ļ		

Division of Health Service Requ	ulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034064	B. Was		02/03/2017
NAME OF PROMOTE OF SUPPLIER	STREETA	DORESS OTY S	TATE ZIP CODE	
		SING DRIVE		
FORSYTH VILLAGE		N SALEM, NC	27105	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	FREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	26 OBSPLETE
interviews, the facility temperatures at sink, residents' rooms (#2' common bath on C in a minimum of 100 de maximum of 116 deg.  The findings are:  Review of the facility 55 residents currently rooms 1-13 on A hall rooms 23-38 on C has Observations in the finding water temperatures in the private bathrood 108 degrees F and the At 9:44 am, the hot of the bathroom for in degrees F, and the sink of the shared bathrood hall was 116 degrees At 10:25 am, the hot of the shared bathrood hall was 118 degrees At 1:15 pm, the hot in the common bath was 100 degrees F, and the common bath was 100 degrees F,	ns, record reviews, and railed to assure hot water, tub and shower fixtures in 1, 25/27, 26/28, #30) and the half were maintained between egrees Fahrenheit (F) to a rees F.  census revealed there were by residing in the facility with a rooms 14-22 on B half, and half.  acility on 2/01/17 of hot revealed: water temperature at the sink born for room 30 on C half was ne shower was 90 degrees F. water temperature at the sink born 21 on B half was 92 hower was 92 degrees F. water temperature at the sink born for rooms 25 and 27 on C is F. It water temperature at the sink born for rooms 25 and 28 is grees F. water temperature at the sink born C half (next to room 24) and the tub was 90 degrees  of hot water temperatures  water temperature at the sink born C half (next to room 24) and the tub was 126 with an C half (next t	113	(MID) WILL Monitor.  Note: temperature a  Water Temperature II  (Apm) Will monitor.  Water Temperature  Jog clarity	213117

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMSER: COMPLETED A. BUILDING: \_ HAL034084 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, Crity, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NO 27105 SUMMARY STATEMENT OF DERORNORS PROVIDER'S PLAN OF CORRECTION. PREFIX: (BACH DEPICIENCY MUST BE PARCEDED BY AUG. (EACH CORRECTIVE ACTION SHOULD BE EBEEG COMPLETE REGULATORY OR USCHDENTIFYING INFORMATIONS OROSS-REFERENCED TO THE APPROPRIATE. TAG DATE DEFICIENCY) D 313 Continued From page 40 212/17 D #13 (MO) WILL MONITOR -At 5:10 pm, the hot water temperature at the water temperature shower for room 30 on C hall was 106 degrees F. after maintenance was observed making repairs. daily AND Keep 4 -At 5:30 pm, the hot water temperature at the sink in the common bath on C hall (next to room 24) water temperature log was 100 degrees F, and the tub was 116 degrees (Apm) will monitor -Water temperatures on 2/01/17 ranges from 90 to 126 degrees F. water temperature Observations in the facility on 2/02/17 of hot water temperatures revealed: log daily -At 8:30 am, the hot water temperature at the sink in the common bath/tub room on C half (next to room 24) was 104 degrees F, and the tub was 110 degrees F. At 8:30 am, the hot water temperature at the sink of the bathroom for room 21 on B hall was 110 degrees F, and the shower was 104 degrees F. -At 9:20 am, the hot water temperature at the sink of the shared bathroom for room 14 on B hall was 120 degrees F. -At 10:25 am, the hot water temperature at the sink of the shared bathroom for rooms 26 and 28 on C hall was 114 degrees F. -Water temperatures on 2/02/17 ranged from 104 to 120 degrees F. Review of the facility's current Environmental Health inspection report dated 1/25/17 revealed the inspection included 1 demerit related to the lavatory and bathing hot water was not between 100 degrees F and 116 degrees F. Observation on 2/01/17 at 10:00 revealed the Regional Maintenance Director (RMD) was adjusting the water temperature setting at the faucet of the shower of room 30. He temperature reading result before the adjustment also was 90 degrees F as obtained by the surveyor.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. DENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ 5. WING. HAL034084 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAFE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMANARY STATEMENT OF DEFICIENCIES 1841 iD PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST 85 PRECEDED BY FULL (FACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OF ESCHDENTIFYING INFORMATION; CROSS-REFERENCED TO THE APPROPRIATE. TAG TAG DEFICIENCY D 113 Continued From page 41. D 113 213117 (MO) Will monitor Water temperature
duily HWD Keep a
Water temperature
10 9 (ADM) WILL MONITOR
Water temperature Observations on 2/01/17 and 2/02/17 of the water temperatures in the facility noted on the Environmental Health Inspection report revealed: -The rooms noted on the report were 4, 15, 19, 30, 38, women's front lobby bathroom, half A tub. shower room half B, , beauty shop, and laundry. -On 2/02/17 the water temperatures for room 4 was 104 degrees F, room 15 was 114 degrees F, room 18's sink and shower were 110 dayreas F. the women's front lobby bathroom was 110 degrees F, and the A hall tub was 114 degrees F. -On 2/01/17 At 5:10 pm, the hot water log duily temperature at the shower for room 30 on C hall was 106 degrees F. On 2/01/17 the water temperatures ranged from 90 to 126 degrees F. On 2/02/17 the water temperatures ranged from 104 to 120 degrees F. Interviews with numerous residents on 2/01/17 and 2/02/17 revealed: -The majority of the 55 residents reported no hot or cold water issues during the initial tour of the -Two reported their shower water was "too cold". One resident reported their shower had "never been warm enough to take a nice shower". -"They had told staff", but no repairs or corrections had been made. -One resident said the water temperatures "varies", and could be hot one day, and cold another. One resident admitted he had not reported his hot water to anyone. -"Water gets cold when they do the wash, it gets really cold." Confidential interviews on 2/01/17 and 2/02/17 with 4 staff members revealed:

Division	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	-
		HAL034664	8. WNG	-1170-ha	02/03/2017	
440E 0F 8	ROVIDER OR SUPPLIER	STREET ADO	RESS CITY, ST	ATE, ZIP COCE	in an annual section of the section	
FORSYTH	- VILLAGE		SING DRIVE SALEIA, NO	27105		
-X4710 PPEFIX TAG	SMEIDIRRD HOAR)	AFEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	iD PREFLX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ae cowel	ETE
D 113	Continued From page	42	D 113		***/ 1	
	-Residents did not alv	ways tell them when things		(MD) WILL MONITOR	2/3/	17
		nad complained that water ld,		water temperature		
	Interview on 2/01/17			daily AND Keep a		
	<ul> <li>Housekeeper (HK) re</li> <li>He had worked at the</li> </ul>	e facility for 1 year,		Two ten temperature		
		he water was too hot or cold If he had, no would have		log (Apm) will mor	ritor_	
	reported it to the Mair			Water temperature	_	
	Interview on 2/01/17 a	at 1:00 pm with the				
	-He was not aware of	eareu: any water temperature	- Control	log daily		
	issuesHe checked the water	er temperatures monthly and	0.00			
		ecks throughout the facility. ck was 1/09/17 and the				
		vere in the required range of				
	-If water temperatures	s were out of range, he				
	temperature later that	eater, and re-checked the t same day.			,	
	Observation with the					
	log sheet dated 1/09/					
	temperatures were do	ocumented.				
	Interview on 2/01/17 a	at 4:15 pm with the RMD				
	-They were fixing the Sanitation report citat	repairs from the list of				
	-He would rather water	er temperatures be too low			:	
	than too hot, and was be 100-116 degrees f	aware temperatures should			:	
	-He had adjusted the	shower temperature setting istered 116 after his repair.	Manual Probability of the Control of			

DIVISION OF	Division of Health Service Regulation						
	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BIJILDING:	ECONSTRUCTION	(X3) DATE S COMPL		
		HAL034084	a, WING	70.4	02/0	3/2017	
N4M6 0F P8	OVIDER OR SUPPLIER	STREET 400	RESS. CITY, ST	ATE ZIP CODE	decement of the second		
FORSYTH	ALL AGE	5100 LANS	ING DRIVE				
	VIII.	KOTEKKY	SALEM, NC 2	7105			
OM NE PREFIX DAG	(EACH DEPICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	ID PREFIX 1AG	PROVIDER'S PLAN OF CORRECTION /EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY;	55	(NE) COMPLETE DATE	
D 113	Continued From page	3 43	D 113	(MD) will munitar		2/3/17	
		at 4:15 pm and 2/02/17 at	ŀ	water temperature		-tritt	
	11:00 am with the Adr	ministrator revealed: g remodeled currently,					
		repairs from the Sanitation	Ì	duily AND Keep a			
	report citations, and n	nany of the findings had	Ĺ	while is true new house			
	been corrected and/o		E L I	Marie Conference	711		
		r temperatures should be and if they were not, the		log (ADM) will hope	,0,0		
	RMD would correct th			Water temperature log CADM) Will moni	g danly	1	
	10A NCAC 13F .0604 Other Staffing	(a-b-c) Personal Care And	D 186	:	-	213/17	
	10A NCAC 13F .0604 Staffing	Personal Care And Other		(Born) Marze out	ngr		
	capacity of the home when a home is staffi daily census log shall current residents by no date of admission and review by the Division county departments of (b) Homes with capacites administrator-in-chargiteet of the home with telecommunication.  (2) When the administrator-in-chargiteet of the home with telecommunication.  (2) When the administrator-in-chargiteet of the home with telecommunication.  (3) When the administrator-in-chargiteet of the home with telecommunication.  (4) When the administrator-in-chargiteet on the shall be a condition on the first and the staff member on the staff member of	city or census of 12 or fewer by with the following.  shall be an administrator or ge in the home or within 500 at means of two-way  strator or ge is not on duty within the at least one staff member discondishifts and at least ceall within the building on		the schedule over two weeks and will monitor the Hours Personal Care Hours And II Managem Have to work they will use a clocum on a physical Schedule	y 1 s; ent		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X31 OATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER. COMPLETED A. BUILDING: B. Wind HAL034084 02/03/2017 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUBMIARY STATEMENT OF DEFICIENCIES 04570 (2) PROVIDER'S PLAN OF CORRECTION. (SACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉSY (EACH CORRECTIVE ACTION SHOULD BE permix COMPLETE REGULATORY OR USG IDENTIFYING INFORMATION; 783 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DESIGNATION D 186 Continued From page 44 D 188 2/3/17 BOM) Make out (3) When the administrator or administrator-in-charge is on duty within the The schedule By home on the first and second shifts and on call every two week's AND Will Monitor the within the home on the third shift, another staff member (i.e., co-administrator, administrator-in-charge or aide) shall be in the Hours for Personal building or within 500 feet of the home with a means of two-way telecommunication at all times. CAVE Hours; And of (4) The administrator shall prepare a pian of operation for the home (each home in a duster) Management have specifying the staff involved, their regularly to wonk they will use a document assigned duties and the amount of time estimated to be spent for each duty. There shall be a current plan of operation on file in the home, available for review by the Division of Facility Services and the county department of social on a physical services (5) At least 12 hours shall be spent daily Schedulproviding for the personal services, health services, drug management, planned activities. and other direct services needed by the residents. These duties are the primary responsibility of the staff member(s) on duty on the first and second shifts; however, other help, such as administrator-in-charge and activities coordinator may be used to assist in providing these services. (6) Between the hours of 9 p.m. and 7 a.m. the staff member on duty and the person on call may perform housekeeping and food service duties as long as a staff member can respond immediately to resident calls or the residents are otherwise supervised. The duties shall not hinder care of residents or immediate response to resident calls, disrupt residents' normal lifestyles and steeping patterns, nor take a staff member out of view of where the residents are. (7) There shall be staff available daily to assure housekeeping and food service.

Division of Health	n Service Regu	lation			, 0111111111111111111111111111111111111
STATEMENT OF DEFIC AND PLAN OF CORRE		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034084	B. WING		02/03/2017
NAME OF PROVIDER	OR SUPPLIER	STREET A	DORESS, CITY ST	AFE. ZIP CODE	
FORSYTH VILLAG	£		NSING DRIVE NISALEM, NO :	27105	
(XAHD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION:	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIORS DEFICIENCY)	SE COMPLETE
(c) A c		s with capacity or census of	D 186	(Bom) make out	2/3/17
following (1) We homes one ad lives we means and with all regularity and (2) In members shifts a call with There bedroot	ng staffing: /hen there is a stocated adjace /ministrator or /ithin 500 feet of stof two-way te ho is directly re fored during an each of the ho er shall be on of and at least on thin the building shall be a call on of the third sh on the third sh	cluster of up to six licensed ently, there shall be at least administrator-in-charge who of each of the homes with a lecommunication at all times asponsible for assuring that a carned out in each home, omes, at least one staff duty on the first and second e staff member shall be on g during the third shift. system connecting the member, who may be nift, with each resident's		The schoolate By every two weeks Hours for Revson Hours; AND Il Many Hove to work they of usa a document of a physical schoola	A CAVE
Based facility Person (MA) of 1/31/1  The fir Intervine veal facility Intervines 19:56 a	on Interviews failed to assur hal Care Aides on 3rd shift was 7 according to hdings are: ew with a MA of ed the census on 2/01/17. ew with the Ad	as evidenced by: and record reviews, the e minimal staffing for (PCA) and Medication Aides s provided from 1/18/17 to census. on 2/01/17 at 9:20 am was 55 residents at the ministrator on 2/02/17 at are were only two discharges			
sheets	for staffing fro	AA staff hours on the time in 1/18/17 to 1/31/17 for of 14 second shifts were			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: ... 5. W913 HAL034084 02/03/2017 NAME OF PROPOSER OR SUPPLIER STRSET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE PORSYTH VILLAGE WINSTON SALEM, NC 27105 (λ÷: ΙΟ BUAMMARY STATEMENT OF DEPOSENCIES PROVIDER'S PLAN OF CORRECTION (SACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 28286 EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LECTBENTIFYING INFORMATION: 705.00 DATE CROSS-REFERENCED TO THE APPRIORITATE TAG DEFICIENCY) D 198 Continued From page 46 D 136 2/3/17 understaffed. (Staffing rules require 16 hours for (BOM) male but the facility's census of 51-60 residents on 3rd shift.) The schedule By every -1/18/17: 15.08 hours for 3rd shift. -1/19/17: 10.97 hours for 3rd shift. two weeks AND Will -1/20/17: 18.10 hours for 3rd shift. -1/21/17: 3,95 hours for 3rd shift. Monitor the Hours for -1/22/17: 14.85 hours for 3rd shift, -1/23/17: 19.14 hours for 3rd shift. Personal Care Hours; -1/24/17 | 15/02 bours for 3rd shift. -1/25/17: 23.19 hours for 3rd shift. and it management -1/26/17: 17.68 hours for 3rd shift. -1/27/17: 15.90 hours for 3rd shift. Will us a adocument on a physial schadule -1/28/17: 14.67 hours for 3rd shift. -1/29/17: 14.75 hours for 3rd shift. -1/30/17: 8.18 hours for 3rd shift. -1/31/17: 23.51 hours for 3rd shift. Review of the staffing schedule from 01/18/17 to 01/31/17 revealed there were only two staff members scheduled to work third shift for 8 of 14 shifts (01/20/17-01/22/17, 01/24/17, 01/26/17, and 01/28/17-01/30/17). Interviews on 02/01/17 and 02/02/17 at various times with 6 care staff (Medication Aides and Personal Care Aides) revealed: There was usually only two staff members scheduled to work third shift, but sometimes there were three scheduled. One regular third shift staff member had been. out on leave since the end of November 2016. Two staff stated when they had worked on third shift, there was usually only two people working. -There was routinely not enough staff for them to have days off. Some staff worked a lot of extra shifts to "piece together" the schedule. -The staffing was "always" short and was "nothing.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: COMPLETED A. BUICDING: \_ B. WHIG. HAL034084 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMBIARY STATEMENT OF DEFICIENCIES (X4)(0 PROVIDER'S PLAN OF CORRECTION. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEK (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC (DENTIFYING INFORMATION, TAG CROSS-REFERENCED TO THE APPROPRIATE 746 0768 DEFICIENCY D 168 Continued From page 47 D 186 2/3/17 Sometimes a staff member stayed over and from hake out the worked four hours on the next shift. -When staffing was short, it was "hard on them schedule By every (care staff)" and residents got less supervisions, it was hard to take breaks, and hard to watch the two weeks brodwill "wanderers". Monitor the Hoursi -There were currently no "wanderers" in the facility. -There was not a supervisor on duty or within 500 MAND IS ACCORDINATE feet on night shift. -Management was aware of the shortage of staff Have to work they and interviewed some prospective employees in November 2016, but most of them never came Will use a document -The Business Office Manager (BOM) and the on a physical schedule Activity Director sometimes worked night shift to fill in when it was short. -Two staff reported the BOM and the Activity Director worked New Years' Eve and "one other night" since 01/01/17. Interview with a staff member on 2/02/17 at 11:23 am revealed: -She did not think they had enough staff. -The staff did all they could to take care of the residents but they needed more staff. Interview with the Business Office Manager on 2/02/17 at 5:40 pm revealed: -There were times management filled in, but there were times staff had to work short because she was the business office manager and worked 40 hours a week in her positions and could not work all the time. -There was "clearly a staffing shortage." Telephone interview on 02/02/17 at 4:17 pm with the Administrator revealed: -When the facility was short on staff, a member of the management team worked in order to fill in

Division of Health Service Regulation					
STATEMENT OF DEFIC AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENT:FLCATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15.5074-404	HAL034084	8. WING		02/03/2017
NAME OF PROVIDER (	OP SUPPLIER	STREET ADO	DRESS CITY ST	ATE, ZIP CODS	
FORSYTH VILLAG			SING DRIVE SALEM, NC 2	27105	
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-The mout we worked -She wont dod physical -The mout we respond -The mout we worked -She at respond -The mout we would be with the worked -Some worked -She did -Staff in during -The staff in weekly	o to meet stafficanagement te re supposed to de sup	ng requirements. am did not punch in and out, o document the hours they al schedule, the management team was rs they worked on the am "typically" worked lays, and Fridays in this as in a sister facility.  If at 5:03 pm with the ager revealed; strator-in-Charge were leting the staff scheduling, were so many days short management team fills in the lable, ust not anyone to fill in", dent on 2/01/17 at 11:18 am e were enough staff, on her in the morning,	D 186	Som) make out the Schidule By every two weeks and wi hundred the Itung- mondal the Itung- mondal the Itung- mondal the Itung- mondal the Itung- mondal the Itung- mondal they will use a document on a physical schedu	· · · · · · · · · · · · · · · · · · ·
D 292 10A NC Service 10A NC (c) Me (3) An	CAC 13F .0904 CAC 13F .0904 Dus In Adult C y substitutions	(c)(3) Nutrition And Food  Nutrition and Food Service	D 292	ADMinistrator In char is Monitor the cooks The cook will utilize the therapeutic	ge =

andra tambén di Pisat salamanta da Maria da di Pisat salaman di Pisat da Maria di Salaman da Pisat da Salaman Maria da di Pisat da Maria da Maria Ripis di Balis pelabatan da di Pisat di Maria di Pisat di Pisat da Maria d

Division of Health Service Requ	lation		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
PPINETER SERVICE AND A SERVICE	HAL034084	6. WING	02/03/2017
KAME OF PROMDER OR SUPPLIER FORSYTH VILLAGE		IDRESS, CITY, STATE, ZIP CODE ISING DRIVE	to employed migration and the employed across provinces and the employed a
PORT OF ANDRONE	Winston	SALEM, NC 27105	
PREFIX /EACH DEFICIENC	ATEMBYOT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL USC (DENT/FYING INFORMATION)	ID PROVIDER'S PLAN OF G PRESIX EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE BE APPROPRIATE DATE
This Rule is not met Based on observation reviews, the facility fa made on the menu w therapeutic diets, and foods actually served The findings are: Review of the facility 55 residents currently Observation of the kit am revealed: -A therapeutic diet list the refrigerator.	documented to indicate the to residents.  as evidenced by:  as, interviews, and record  iled to ensure substitutions  are appropriate for  I documented to indicate the	spreadsheet guide to serve residents with physician-orde merapeutic die Thre (BEC) will revery meal an service when in the facility on outy will month the Beccumental	red ti ronitor nd snack sine is y on AIDE on lor
the lunch meal on 02/ -The lunch meal was chop, navy beans, co pineapple upside dow -The following statem portion of the Week-A meals with coffee/tea  Review of the NCS the the 02/01/17 lunch meals that the name of the NCS that the name of the NCS that the name of the n	to consist of a glazed pork untry trio vegetables, rn cake, and cornbread. ent was across the bottom ut-A-Glance menu: "All and water as allowed", erapeutic spreadsheet for	All meuls will be for 30 Days orandomly th	an o

Division	of Health Service Regu	lation			FOR	M APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP.	SURVEY LÉTEĎ
	Patricia	HAL034084	D. Willia		02/	03/2017
MAME OF P	ROVIDER OR SUPPLIER	STREETA	CORESS, CITY, ST	TATE. ZIP CODE		
FÖRSYTE	H VILLAGE		MSING DRIVE			
			N SALEM, NC			
USAND PREFIX TAG	(EACH DREICHEND)	EYEMENT OF DEFINENCIES  Y MUST BE PRECEDED BY PULK  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULT CROSS-RAFERENCED TO THE APPROP DEFICIENCY)	DEE	1935. 1 COMPLETE CATE
	Observations on 02/0 12:45 pm of the lunch -The cook prepared p broccoliThe cook did not pre stratty tric vegetable -There was no tea pre -The cook prepared a pre-sweetened fruit-fit -The cook opened two for Salad" in "heavy s syrup from the two ca pre-sweetened fruit-fit the punch into serving  Observations at vario 02/01/17 and 02/02/1 documented substitut actually served to res  Interviews on 02/01/1 at 9:47 am with the co -He served "light brea because he forgot to -He did not have the i make the cake"They're going to hav ice cream for dessert, pudding instead of ice cream is frozen solid" -He was trained by the to drain the fruit syrup it taste betterHe thought the fruit p	iet was to receive 1/2 baked of the navy beans.  1/17 from 12:20 pm to meal preparation revealed: ork chops, navy beans, and pare baked sweet potatoes. s. combroad, or cake opered.  large container of avored punch, of 6-lb 12-oz cans of "Fruits yrup", drained the heavy ns into the container of avored punch, and poured pitchers.  us times throughout 7 revealed there was no ion list to indicate foods idents.  7 at 12:25 pm and 02/02/17 pok revealed: d" in place of the combread make the combread. Ingredients available to re fruit punch to drink and 1 might have to give a cream because the ice of previous dietary manager into the fruit punch to make	D 292	Administrator Inch Will Monitors the Cooks; The cook Will Utilize of Therapentic Spreadsheet a Shide to serve Resident with Physician order Therepentic doeti The (RCC) Will Monitor every Meal AND Snack Service when s Is in the freili The medication AIDE on Duty w Monitor when to RCC) is unavaila All meals will be monitored for 30 MUD randomly the	esne sed in the in the pass	

menu, he would "just substitute".

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: HAL034084 02/03/2017 NAME OF PROMOTER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIA COCH 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (SACH CORRECTIVE ACTION SHOULD BE PRESID COUSE FTE REGULATORY OR USC IDENTIFYING INFORMATION; TAS CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY'S 9 292 Continued From page 51 D 292 AIC) WILL Moniton 2/3/17 -He did not document changes to the menu; "No The cooks; The one ever told me I was supposed to". Cooks will utilize Refer to interview on 02/02/17 at 10:53 am with The therapeutic the Administrator-In-Charge. Spreadsheet asa B. Review of the Week-At-A-Glance menu for guide to serve the 02/01/17 supper meal revealed: The supper meal was to consist of cheese pizza, Resident's with tossed salad with dressing, fruited gelaun, and 2% milk. physician-ondered -The following statement was across the bottom Therepentil diets; portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed". The (RCC) will monitor Review of the NCS therapeutic spreadsheet for the 02/01/17 supper meal revealed: every meal AND -Instructions across the bottom portion of the Snuck service when therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar She is in the facility. -Instructions across the bottom portion of the The Med. ATDE on therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a Duty will monitor physician, -Residents on a No Concentrated Sweets (NCS) when the ACC is diet were to receive 1 slice (no specified size) of cheese pizza, 1 cup of "tossed lettuce salad", 1 unavailable. square (no specified size) of reduced-calorie fruited gelatin, 2 tablespoons of salad dressing, All meals will be and 8 ounces of 2% milk. monitored top 30 Observation on 02/01/17 at 5:00 pm of the supper Days AND randomly meal preparation revealed: The cook prepared grilled cheese sandwiches. tossed salad with strips of deli meat, American thereafter. cheese, onion, and ranch dressing, and canned peaches in extra light syrup. The cook did not prepare cheese pizza, fruited

gelatin, or tea.

Division of Health Service Regulation           STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         (X2) MULTIPLE CONSTRUCTION         (X3) DATE SURVEY           A. BUILDING:         A. BUILDING:         COMPLETED           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS. CITY, STATE, ZIP CODE	
U2/03/20*	17
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS YOY BIATE TIP CODE:	
arrest were the control of the set of the control of the set of the set of the control of the set of the control of the set of the set of the control of the set of t	
5100 LANSING DRIVE	
FORSYTH VILLAGE WINSTON SALEM, NC 27105	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO.	(78) MFVETE CATE
	3/17

know what food items to purchase.

Division of Health Service Regulation

Division of Health Service Regulation					FORM APPROVED
	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CIJA IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE BURVEY COMPLETED
		HAL034584	B. WING		02/03/2017
V4ME 06 P	ROVIDER OR SUPPLIER	STREETAC	ORASS, CITY ST	KTE, KIP GODE	AND ASSESSMENT OF THE PARTY OF
FORSYTH	VILLAGE		SING DRIVE SALEM, NO 2	27105	
(X4):10 PREFIX TAG	:EACK DEF:QIFNO	ATSMENT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL LSC IDENTIFYING INFORMATION:	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (5ACH CORRECTIVE ACTION SHOULD) GROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CONFLETE
	Continued From page -The cook had all the	e 53 food items available to have	D 292	The cool will	2/3/17
	served the 02/01/17 without making subst for the supper meal.  -She placed the food so she "missed the p-She had previously it the therapeutic spread food item substitution—She was not aware to food items and not do substitution list.  -She was not aware to not being served as continuously and NCAC 13F .0904 Service  10A NCAC 13F .0904 Service  10A NCAC 13F .0904 (e) Therapeutic Diets (4) All therapeutic dissupplements and thick served as ordered by  This Rule is not met TYPE B VIOLATION  Based on observation reviews, the facility fadiets (No Concentrate meats) as ordered by	order while she was driving, lizza".  Instructed the cook to use disheets and document any is on the substitution list. The cook was substituting ocumenting changes on a che therapeutic diets were ordered by the physician.  If (e)(4) Nutrition and Food  Nutrition and Food Service in Adult Care Homes: ets, including nutritional skened liquids, shall be the resident's physician.	D 310	Thereapentil spreads a guide to service for the resident Chief the Resident Chief the Resident Chief the Resident Chief the Resident Chief the Resident Chief the She is into the she is into the she is into the When the Recitive when the Recitive that will monitor when the Recitive that will monitor the Recitive that was ilable.  All meals will be monitored for 30 the preadomly.  Thereafter	ed s
	A. Review of Reside	nt #4's current FL-2 dated			

Division of Health Service Requ	Jation			TOKIM AFFROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _	7000	E STATE LET SELF
	HAL034084	B. Wing		02/03/2017
MAME OF PROMIDER OR SUPPLIER	STREETAD	DRESS OTV STAT	TE. ZIP CODE	And the second s
FORSYTH VILLAGE	5100 LAN	SING DRIVE		
LOUST LE AICTURE	WINSTON	SALEM, NC 27	7105	
PREFIX SEASH DEFICIENC	FATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX : TAG :	PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROPR DEFICIENCY)	GE COMPLETE
D 310   Continued From page	e 54	D 310		213117
01/09/17 revealed:			The cook will utilize	213117
-Diagnoses included	diabetes.			
-A physician's order f	for a No Concentrated		the therapeutic	
	nd fingerstick blood sugar		spreadsheet as a	
(FSBS) testing every	night		guipe to serve fes	iden b
Review of Resident #	#4's record revealed		gune 10 serve	× 0.0
	ted 09/01/16 and 01/06/17		with physician one	ERP
for a NCS diet with d	hopped meats.		With the	
Review of Resident to	#4's FSBS records for		Therapeutic dietr	
	ugh February 2017 revealed:		a 1 a we marked	7K
-The FSBS was sche	eduled once daily at 8:00 pm.		Inc Ecc) will	, l
	cember 2016 was 204 to		meal prod 5th	act
396.	augru 2047 was 245 to 454		every meal and so Scronce when she	15
	nuary 2017 was 245 to 454. for 02/01/17 at 8:00 pm was		Scronce when she	
276.	or end of the decide part was		in the facility	
			In the lack	(10)
Review of the therape	eutic diet list posted in the ident #4 was on a NCS diet		The med AIDE	/ <b>*</b>
with chopped meats.			Duty will months	,
			purquit	
	ek-At-A-Glance menu for the		when the Ecc)13	
lunch meal on 02/01/			Amary lable:	
chop, navy beans, co	to consist of a glazed pork	į į	unavailable	
	vn cake, and combread.		nii meals will be	
-The following statem	ent was across the bottom		ALL 11000	145
	At-A-Glance menu: "All		Minchared for	/-
meals with coffee/tea	and water as allowed".		All meals will be Minitored for 300a And randomly there	en Ha
Review of the NCS th	nerapeutic spreadsheet for		AN OF THE WORK Y	wir.
the 02/01/17 lunch m				
	he bottom portion of the			
	eet regarding NCS diets			
were "all beverages e free".	except milk should be sugar	-		
	he bottom portion of the			
	eet were to provide coffee or	5		

Division of Health Service Rega	ilation		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAIN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL034084	B. Wing	02/03/2017
NAME OF ABOVIDER OR SCHAUES	STREET AC	DRESS, CITY, STATE, ZIP CODE	and the same of th
FORSYTH VILLAGE		SING DRIVE	
		SALEM, NC 27105	
PREFIX (RACH DEFICIENT	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC (DENTIFYING INFORMATION)	10 PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAS CROSS-REFERENCED TO THE APPRI DEFICIENCY:	AD BE COMPLETE
D 318 Continued From pag	e 55	D 3:0	2/3/17
tea and water unless physicianResident #4 was to 1/2 baked sweet potabeans, 1/2 cup count of reduced-calorie pi (no specified size) of Observations on 02/12:45 pm of the luncThe cook prepared broccoliThe cook did not precountry trio vegetableThe cook prepared pre-sweetened fruit-from the two capre-sweetened fruit-from the two capre-sweetened fruit-from the punch into serving Review of nutritional fruit-flavored punch resugar was the first I was the second lister-Eight ounces of punsugar.  Review of nutritional Salad revealed 1/2 capres of the lunch meal-Resident #4 was self-inch squares, 1 cupleans, 1 slice of white	receive 1 glazed pork chop, ato instead of the navy try trio vegetables, 1 square neapple cake, and 1 square combread.  21/17 from 12:20 pm to meal preparation revealed, pork chops, navy beans, and expare baked sweet potatoes, es, cornbread, or cake, epared.  a large container of lavored punch.  70 6-lb, 12-oz cans of "Fruits syrup", drained the heavy ens into the container of lavored punch, and poured g pitchers.  information for the evealed: isted ingredient and dextrose d ingredient.  ch contained 20 grams of  information for the Fruits for up contained 19 grams of	The cook will  White the  Therepeatre species as a suide to so  Residents with  physician-ordered  The repeatre die  The RCC will me  eveny meal and  shack scruice we  she is in the te  The med AIDE  Dufy will monit  when the RCC is  unavailable.  All meals will be  monitored for 30  and randomly  Thereafter	eachect crue L ts onitor nen facility

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL/ER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN DE CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 9. WING HAL034084 02/03/2017 NAME OF SCOUNSER OR SUPPLIER STREET ADDRESS CITY STATE, ZIP QOOR 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NO 27108 SUMMARY STATEMENT OF DEFICIENCIES : 302 / 871 PROVIDER'S PLAN OF CORRECTION. LIJUA YA DEDORRE BE TRUM YOMENGERO HAYAULU 尼克鲁斯区 PREFIX :EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR USCIDENTIFYING INFORMATION: TAG OROSS-REFERENCED TO THE APPROPRIATE DERICIENCY: 0.319 Continued From page 56 D 310 2/3/17 The cook will punch, and 8 ounces of water. utilize the The resident consumed none of the broccoli. 50% of the bread, and 100% of all other menu. The Therapeutic items and beverages. Spreadsheet As a guide to serve Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed: -He served "light bread" in place of the combread because he forgot to make the combread. Residents with -file served fruit instead of cake because he did not have the ingredients available to make the physician-ordered Therepeutic diets; He was trained by the previous dietary manager. to drain the fruit syrup into the fruit punch to make The kcc) will monite it taste better. He thought the fruit punch was sugar-free. every meal Amp shack -Residents with orders for chopped meats should have their meats "finely chopped", but did not service when she is finely chop Resident #4's pork chop because he was "pushing hard to get everything done". in the facility. Interviews on 02/02/17 at various times with 3 The med AIDE on personal care staff revealed: Duty will monitor when the leccois -Two staff stated the meat was usually served whole and they cut Resident #4's meat for him themselves. One staff person stated when Resident #4's unavailable. meat was cut, it was in 1-inch to 1 and 1/2-inch pieces. All meals will be -One staff person stated she had seen meats chopped up in other facilities, but "thought that's munifored for 30 Days how they did it here". -Resident #4 had not experienced any choking AND randomly episodes or difficulty swallowing the pieces of meat. thereafter Interview on 02/02/17 at 11:15 am with Resident #4 revealed: He was a diabetic. He did not think the facility staff served him the

Division of Health Service Regu	lation		PORMI APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GUA (DENTIFICATION NUMBER)	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATÉ SURVEY COMPLETED
	HAL034084	B. WING	02/03/2017
MANUE OF PROVIDER OR SUPPLIER	STREET AD	DRESS CITY STATE ZIP CODE	And the second s
FORSYTH VILLAGE		SING DRIVE	
		SALEM, NC 27105	
PREFIX FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUS? BE PRECEDED BY FULL SCIGENTIFYING INFORMATION)	ID PROVIDER'S PLANTOF CORRECTION PREFIX SEACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY:	SE COMPLETE
D 3:0 Continued From page	57	D 310	12/3/17
and the beverages well-had not discusse management becaus no hassie. I eat what staff checked his FS ranged from 320 to 3. He was "pretty sure" diet" was part of why because 'at nome, the 150".  His meats at mealting pieces, but not choppe. He had been ordered he had "trouble swall teeth, but he now had way they do it".  He had never choke pieces of meat served Refer to interviews or 02/02/17 at 9:47 am with 3 personal care.  Refer to interview on the Administrator-In-Company of the Weeley milk.  The following statem portion of the Week-Ameals with coffee/teal	e he tried "not to give them they serve".  BS every day and they  Chat not getting the "right his FSBSs were elevated. ey stayed between 120 and  The server always cut into ted. If chopped meats because owing" and used to have no the teeth, so it was okay "the  Charge of the cook.  102/02/17 at 12:25 pm and with the cook.  102/02/17 at various times staff.  102/02/17 at 10:52 am with Charge (AIC).	The cooks will  utilize the  Therapentic  Spreadsheet As  Suide to serve  Residents with  physician -order  Therepeute die  The lece) will  monitor every n  And shale service  When she is in  Phality.  The med. ALDE of  Duty will monitor  when the lece) is  Unavailable.  All meals will be  Monitored for 30 du  And randomly There	a d ts
the 02/01/17 supper	•	Page 1	

Division	of Health Service Regu	lotian			FORM	APPROVED
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		HAL034084	B. WARG		02/03	3/2017
NAME OF 8	90.90E9 08 SUPPLIER	4.79.531 As	ORESS CITY, S	TOTE 7:0 MADE		
FORSYT	Y VILLAGE		ISING DRIVE VSALEM, NO	27105		
034.70 PREFIX TAG	(EACH DEFICIENC	ATERIENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LECTOENT/FYING INFORMATION:	IO PREFXX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIEFICIENCY)	9 <del>86</del> 0	(X6) COMPLETE DATE
D340	therapeutic spreadsh were "all beverages of free", -Instructions across to the the apeutic spreadsh tea and water unless physicianResident #4 was to resize of conce pizza salad", 1 square (no streduced-calorie fruite salad dressing, and 8.  Observation on 02/01 meal preparation reversite cook prepared go tossed salad with stricknesse, onion, and repeaches in extra light of the cook did not pregelatin, or teaThe cook poured the fruit-flavored punch which was left over from the cans into a stream of the cook opened two peaches in extra light from the cans into a stream of the cook opened two peaches in extra light from the cans into a stream of the cans into a stream of the cans into a stream of the cans into a stream of the second listed registrounces of punctures.  Review of the nutrition.	ne bottom portion of the eet regarding NCS diets except milk should be sugar the bottom portion of the eet were to provide coffee or otherwise indicated by a eceive 1 slice (no specified 1 arp of "tressed leftwee specified size) of digelatin, 2 tablespoons of counces of 2% milk.  If at 5:00 pm of the supper ealed: prilled cheese sandwiches, ps of deli meat, American ench dressing, and canned syrup, pare cheese pizza, fruited in the heavy syrup added, om the lunch meal into the syrup and drained the syrup separate container with a lid. Information for the evealed: sted ingredient and dextrose	D 310	The cooks will unflize the Therapeutic Spreader to serie Residents with physician - ordere Therapeutic die The Received Meal and snack serie whe snack serie whe snack serie whe she is in the fucity! The Med on puty will me when the kece) is unavailable All meals will be monthered for 30 de And randomly then	adsheet uc d ets witer 0 4 4 4 10 10 10 10 10 10 10 10 10 10 10 10 10	2/3/17

Division of	Health Service Regu	lation			FORM A	APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SU	ŔVEY
AND PERMIT	FISOPRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLET	TED
		nanoga .				
		HAL034084	B. WING		02/03	/2017
MAME OF DR	DYIDER OR SUPPLIER	STREETAC	DRESS. C414, 81	MTS ZP CODE		
FORSYTH	du ACE	5100 LAN	SING DRIVE			
ronorin	VILLAGE	WINSTON	SALEM, NO	27905		
(34) ID		ATEMEN" OF SEFICIENCIES	(5)	PROVIDER'S PLAN OF CORRECTION		(97)
PREFIX 7AG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		DATE DATE
			:	OFFIC/ENGY)	INIE	20112
D 310	Continued From page	2 50	0.310			- 1- 1
	oonancoo r rom page	-	1	The LOOKS WILL		2/3/17
	Ohean-sin 02/04	(47 Fee ex # 45 1- 0-40		THE COOKS WILL UKlizer the		,
	pm of the supper mea	/17 from 5:15 pm to 6:12		ablizer the		
		ved 1/2 grilled cheese		unicolo		
		cups of tossed salad, 1/2	1	Therapeuti'C		
		in 2 tablespoons of syrup,	1	1.05		
		ored punch, 6 nunces of 2%		spreadsheet as		
	milk, and 8 ounces of		:	quide to serve		
		ned 50% of the water and nu items and beverages.	<i>'</i>	a wat in scio		
:	100 10 01 01 01 01 101 1101	iti iterits and beyerages.	1	Resident with		
!	Interviews on 02/01/1	7 at 12:25 pm and 02/02/17		Mesioner work		
	at 9:47 am with the co			physician-ordered	Í	
	-He served grilled che			thurapeatre diets		
		tere was no pizza available		Therapearie avers		
	to serve to the reside	nts. ted gelatin because he		the (RCC) will mon	cor	
	forgot to prepare it.	ted gelatii i becadse ne		We do	į	
		d to the salad ingredients,		every meal amp		
	but forgot to put them	in the salad.		snack serve whe	n	
		from the peaches and		SNO CIL SCIOLO	wil ital	
		to tomorrow's fruit punch.		3he is in the Pr	MULTA	
		e previous dietary manager o into the fruit punch to make		the med AIPE or	1	
	it taste better.	mo are man punct to make		The Mica has		
	-He thought the fruit p	ounch was sugar-free.		puty will monitor		
				1000 E	5	
		at 11:15 am with Resident		when the [RCC) E		
	#4 revealed: -He was a diabetic.			unavailable		
		acility staff served him the		William I will be		
		there was "too much starch"		all mals will BC		
	and the beverages we	ere "usuafly sweetened".		monitored for 30 Das	4)	
	-He had not discusse		-	INO IN THIEVE TO A LAND	erellen	
		e he tried "not to give them	Ì	LAND YUNGEMIN THE	r Or Heav	
	no hassle. I eat what -Staff checked his ES	tney serve". BS every day and they	İ	In radio		
	ranged from 320 to 38					
		that not getting the "right				
		his FSBSs were elevated,				

Division	of Health Service Requ	lation			FORIN	FACEROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE S COMPLE	_
		HAL034084	8. WING		02/0	2/2047
MAMEDER	PROVIDER OR SUPPLIES	erager an	ORESS, CITY, ST	3.75.7/4.0.00E	1 02/0	3/2017
			SING DRIVE	ATE, SMICGUE		
FORSYT	4 VILLAGE	VYINSTON	SALEM, NC	27105		
XG. ID PREHX • TAG	SACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION LEACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPH DEFICIENCY	BE .	(PG. COMPLETE DATE
D 310	Continued From page	9 60	D 310			nialia
	because "at home, th	ey stayed between 120 and		The cooles will	:	2/3/17
	Refer to interviews or 02/02/17 at 9:47 am v	3 02/02/17 at various times		Therapeutic spread	sheet erve cian-	
	Refer to interview on the Administrator-In-C	02/02/17 at 10:52 am with Charge (AIC).	:	Resident with physic or dered therepeatre of the (RCC) will mon	liets Util	
	O4/18/16 revealed: -Diagnoses included coronary artery disea -A physician's order from Sweets (NCS) dietNo orders for fingers testing.  Review of Resident # physician's orders da for a NCS diet and do Review of the therape kitchen revealed Resimith double portions.  1. Review of the Week I unch meal on 02/01/-The lunch meal was chop, navy beans, copineapple upside dow-The following statem portion of the Week-A	or a No Concentrated tick blood sugar (FSBS)  3's record revealed ted 09/01/16 and 01/06/17 buble portions.  Butlic diet list posted in the ident #3 was on a NCS diet  bik-At-A-Glance menu for the 17 revealed: to consist of a glazed pork		every ment and so serve when she in the facility The med. AIDE on but will monitor when crec) is unavailable all ment will be mo for 35 Days Bud Candomly thereat	is y the nihval	
	Review of the NCS th the 02/01/17 lunch me	erapeutic spreadsheet for eal revealed:	Page and Children			

Division of Health Service Regu	fation			FOR	MAPPROVED
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	HAL034084	B. WING		02/	03/2017
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS CITY ST	A7E ZIP CODE	***************************************	
FORSYTH VILLAGE		SING DRIVE SALEM, NC :	27106		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PRĒFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DBFICIENCY)	BE	(X5) COMPLETE DATE
therapeutic spreadsh were "all beverages e free".  -Instructions across the therapeutic spreadsh tea and water unless physician.  -Resident #3 was to resident #3 was to resident #3 was to resident #3 was to resident potato instead country trio vegetable reduced-calorie pines (no specified size) of Observations on 02/012:45 pm of the lunch of the cook prepared phrocoli.  -The cook did not precountry trio vegetable of the cook prepared appresident precountry trio vegetable of the cook prepared appresident precok opened two for Salad" in "heavy serving from the two capresident precisions and president precisions and president processes.  Review of nutritional in the first his was the second listed of the second listed of the second first punches of punches grant.  Review of nutritional in the second first punches of punches punches of punches grant.	ne bottom portion of the set regarding NCS diets except milk should be sugar ne bottom portion of the set were to provide coffee or otherwise indicated by a seceive (double portions of) ad park chap, 1,2 baked of the navy beans, 1/2 cup is, 1 square of apple cake, and 1 square combread.  1/17 from 12:20 pm to meal preparation revealed: ork chops, navy beans, and pare baked sweet potatoes, is, combread, or cake, epared. large container of avored punch. of 6-lb 12-oz cans of "Fruits yrup", drained the heavy ins into the container of unch, and poured the punch information for the evealed: sted ingredient and dextrose	D 310	The cooks will utilizen the Therapeutic spreads as uide to sent fisident with physical theoreutic oliets the creating the monitor every means shack serve when is in the facility to monitor when the creating is unawaitable all man will be much for 30 pays AND Randomly thereafter	ill AND She The	

Divisio	o of Hoolth Carrier Danie	I-1			FORM APPROVED
STATEM	n of Health Service Requient of Deficiencies n of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		.E CONSTRUCTION	(X3) DATE SURVEY GOMPLETED
-		HAL034084	E. WING		02/03/2017
NAMEO	PROVIDSA OR SUPPLIER	STREETA	DORESS, CITY, 51	TATE ZIP CODE	
ENGRY	TH VILLAGE	5199 LAN	NSING DRIVE	•	
1	111 716 P. O.	WINSTO	N SALEM, NO	27105	
(X4) (S FREA) TAG	OWEIGHT DESIGNATION OF THE PROPERTY OF THE PRO	ATEMENT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL LSC IDENTIFYING INFORMATION,	: ID : PREFIX TAG	PROVIDER'S PLAN OF COPRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DIBE COMPLETE
0.3	pm of the lunch meal -Resident #3 was ser broccoli, 3/4 cup of ra bread, 1/2 cup of fruit 8 ounces of fruit pund -The resident consumend 100% of all other syrup from the fruit be and none of the wate  Interviews on 02/01/1 at 9:47 am with the or -He served "light breat because he forgot to -He served fruit insteant have the ingredie cakeHe was trained by the to drain the fruit syrup it taste better, -He thought the fruit p -He thought he serve portions; "if they're ge someone else, they're Interviews on 02/02/1 staff members reveal -They were not aware physician's order for or -Resident #3 was not any meals.  Interview on 02/02/17 #3 revealed: -He was not aware the therapeutic diet.	/17 from 12:55 pm to 1:30 revealed: ved 1 pork chop, 1 cup of avy beans, 1 slice of white with 1 tablespoon of syrup, th, and 8 ounces of water, ned 90% of the pork chop menu items, drank the owl, 1003, of the fruit punch, r.  7 at 12:25 pm and 02/02/17 ook revealed: ad" in place of the combread make the combread, ad of cake because he did nts available to make the e previous dietary manager of into the fruit punch to make outch was sugar-free, d Resident #3 double otting a bigger plate than a getting a double portion".  7 at various times with 3 ed: a Resident #3 had a	D 310	The cook will utility the therepeutic spreadsheet as a to serve Resident with Physician aid therapeutic diets; The Resident CAR Coordinator (Ra) will Monitor every meal on acle Service who She is in the Pacin The Wed. ALDE on will monitor when that is unavailable all meals will be Monitored for 30 de Alandomly thereafter	quide seted e II AND n lity Outy he u

own request because he "wasn't getting enough".

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: COMPLETED A. BU(LD)MG:\_ B. WING \_ HAL034084 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY ISTATE, ZIP CODE 3100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (SACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR USC (DENT) FYING INFORMATION ( TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 310 D 310 Continued From page 63 113117 The cool will attize -He did not receive double portions at any meals. -He did not know whether or not he had experienced any weight loss because staff "don't the therapeutic weigh me". Spreadsneet As a Interview on 02/02/17 at 11:32 am with the Resident Care Coordinator (RCC) revealed: guide to serve -It was the facility's policy to weigh residents every month and document the results by the 6th Residents with of each month. -Upon request for weights for Resident #3, the Physician - GRPENED RCC stated Resident #3 was in a wheelchair and did not get weighed. therapeutic diets -"If they can't stand, they don't get weighed because there's no wheelchair scale." The (ecc) will monitor Refer to interviews on 02/01/17 at 12:25 pm and every meal and 02/02/17 at 9:47 am with the cook. Snack service when Refer to interviews on 02/02/17 at various times with 3 personal care staff. She is in the facility Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC). THE MED ALDE ON 2. Review of the Week-At-A-Glance menu for the Duty will monitor when 02/01/17 supper meal revealed: The supper meal was to consist of cheese pizza, the (CCC) is unavailable tossed salad with dressing, fruited gelatin, and 2% milk. -The following statement was across the bottom All meats will be portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed". munitimed for 30 rays Review of the NCS therapeutic spreadsheet for AND EARciomiy thereafter the 02/01/17 supper meal revealed: -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets

were "all beverages except milk should be sugar

Division of Health Service Regi	ulation			FORM APPROVED
STATEMENT OF DÉFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034084	B. WING		02/03/2017
NAME OF PROVIDER OR BUPFLIER	STREET A	DRESS, CITY, ST	ATF, ZIF CODE	Andrew Commencer
FORSYTH VILLAGE		(SING DRIVE N SALEM. NO :	27305	
PREFOR . LEACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	: ;O : PREFUX : TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETS
D 310 Continued From pag		D 3f0	-Ti	2/3/17
therapeutic spreadsf tea and water unless physicianResident #3 was to the following: 1 slice cheese pizza, 1 cup square (no specified fruited gelatin, 2 table cheese series and 2%.  Observation on 02/0 meal preparation rev -The cook prepared tossed salad with str cheese, onion, and r peaches in extra ligh -The cook did not pre gelatin, or teaThe cook poured the with the heavy syrup from the lunch meal -The cook opened tw peaches in extra ligh from the cans into a  Review of nutritional punch revealed: -Sugar was the first to was the second liste -Eight ounces of pun sugar.  Review of the nutritional	1/17 at 5:00 pm of the supper realed: grilled cheese sandwiches, ips of deli meat, American anch dressing, and canned at syrup. epare cheese pizza, fruited e pre-sweetened fruit punch added, which was left over into serving pitchers. vo 6-tb 10-oz cans of at syrup and drained the syrup separate container with a lid. Information for the fruit		The cook will while the therapentic spreadsheet as a suide to serve Residents with physician ordered therapentic diet The ECO Will mone eveny meal and brack service whe she is in the fac The med AIDE on Duty will monitor When the ECC) is unavailable the mais will be unitared for 30 a hop randomly then	iter n ility
pm of the supper me	1/17 from 5:15 pm to 6:12 al revealed; rved 1/2 grilled cheese			

Division of Health Service Regu	Jation			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	2	.E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034984	8. 886		02/03/2017
NAME OF PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, ST	TATE AP COSE	
FORSYTH VILLAGE		NSING DRIVE N SALEM, NC	27105	
PREFIX FACH DESIGNENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LIST IDENTIFYING INFORMATION,	IG PREFIX : TAG	PROVIGER'S PLAN OF COPRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIORE DEFICIENCY)	8E COMPLETE
of fruit containing 4 p 1 pineapple chunk, 1 syrup, 8 ounces of fri milk, and 8 ounces or -Resident #3 traded I for his glass of milk, -Resident #3 ate 50% sandwich and 100% beverages and dead fruit.  Interviews on 02/01/at 9:47 am with the cile -He served grilled child sandwich) because to serve to the reside -He did not serve fruit forgot to prepare itHe boiled eggs to act but forgot to put them -He drained the syrup saved it to be added -He was trained by the to drain the fruit syrup it taste betterHe thought the fruit I Interviews on 02/02/15 staff members reveal -They were not aware physician's order for -Resident #3 was not any meals.  Interview on 02/02/17 #3 revealed: -He was not aware the therapeutic diet.	cups of tossed salad, a bowl reach wedges, 1 peach half, cherry, and 1 tablespoon uit punch, 6 ounces of 2% if water. This fruit punch to a tablemate of of the half grilled cheese of all other menu items and the syrup from the bowl of the syrup from the bowl of the syrup from the bowl of the syrup from the bowl of the syrup from the bowl of the syrup from the solution of the salad ingredients, in the salad ingredients, in the salad, or from the peaches and to tomorrow's fruit punch, he previous dietary manager or into the fruit punch to make punch was sugar-free.	310	The coolcwillition the theoretical spreadsheet its a guide to serve Resident (the Coordination every mu know shack serve when she is in the facility The med perse end will monitor will be monitored for 300 pm p randomly thereafter	will end

Division	of Health Service Regu	lation				
	T ÓF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE COMP	
		HAL034084	B, WING		02/	03/2017
NAME OF F	ROVIDER GRISUPPLIER	STREETAS	DRESS, CITY, \$	TATE, ZIP CODE		
FORSYTA	VILLAGE		ISING DRIVE ( SALEM, NC	27105		
,X4) (D RBERK TAG	<ul> <li>IBACH DEFICIENC</li> </ul>	ATEMENT OF DEFICIENCIES  Y MUST SE PRECEDED BY PULL  LSC (DENT/PYING INFORMATION)	IO PREFIX FAG	PROVIDER SPLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CACSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	,24; COMPLETS DATE :
O 310	-He did not receive de  -He did not know whe  experienced any weigh  weigh me".  Interview on 02/02/17  Resident Care Coordit was the facility's prever, month and doo  of each month.  -Upon request for we  RCC stated Resident  did not get weighed.  -"If they can't stand, to  because there's no we  Refer to interviews or  02/02/17 at 9:47 am we  Refer to interviews or  with 3 personal care s	the "wasn't getting enough".  Touble portions at any meals, either or not he had ght loss because staff "don't at 11:32 am with the inator (RCC) revealed: billoy to weigh residents unent the results by the 8th lights for Resident #3, the #3 was in a wheelchair and heelchair scale."  Touble 102/01/17 at 12:25 pm and with the cook.  Touble 202/02/17 at various times staff.	D 31D	The cool will white the therapeutic spread sheet as a go to serve resident u physician-ondered Therapeutic diets the (Cac) will month every mual man sheets will month when she is in the facility med ATDE on out will monton when the rece) is unavalent when the rece) is unavalent meals will be montored for 30 per montored for	wide with	2/3/17
	01/07/16 revealed: -Diagnoses included of -A physician's order for Sweets (NCS) dietNo orders for fingers testing.  Review of Resident #	or a No Concentrated tick blood sugar (FSBS)		Awh randonly there	ifta	
	Review of the therape kitchen revealed Resi	eutic diet list posted in the dent #1 was on a NCS diet.				

Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IGENT:FICATION NUMBER:	(X2) MUETIPL A. BUILDING:	E CONSTRUCTION .	(X3) DATE S GOMPL	
		HAL034084	5. WING		02/0	03/2017
NAME OF F	POVIDER OR SUPPLIER	STREETADO	RESS. CITY, ST	AYE, ZIP CODS		
EORSYTH	I VILLAGE	5100 LANS	ING DRIVE			
		Winston	SALEM, NC :	27105		
(A448) PASETW TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED OF THE	8.5	(75) COMPLETE DATE
73.3	Continued From page  1. Review of the Weelunch meal on 02/01/ -The lunch meal was chop, navy beans, copineapple upside downeals with coffee/teameals with co	ek-At-A-Glance menu for the 17 revealed; to consist of a glazed pork untry trio vegetables, who cake, and combread, ent was across the bottom At-A-Glance menu: "All and water as allowed".  Berapeutic spreadsheat for eal revealed; the bottom portion of the eet regarding NCS diets except milk should be sugar the bottom portion of the eet were to provide coffee or otherwise indicated by a seceive 1 glazed pork chop, to instead of the navy by trio vegetables, 1 square leapple cake, and 1 square combread.  1/17 from 12:20 pm to meal preparation revealed; ork chops, navy beans, and pare baked sweet potatoes, s, combread, or cake, epared.		CROSS-REFERENCED TO THE APPROPR	Tize  wide  with  with  will  c)	43117
	pre-sweetened fruit pr -The cook opened two for Salad" in "heavy s syrup from the two ca	_				

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ANABE CO PROMODER OF SUPPLIER  STREET ADDRESS CITY STATE 2P COCE  \$109 LANSING DRIVE  WITH STON SALERIA, TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF STONE SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CORPOSITION IN CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CONTROL OF SALERIA TIC 27105  PROVIDER SPLAN OF CONTROL OF SALERIA TIC 27105  PROVIDE	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
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POSITIVE PLANES THE PROCESSION OF DEPOCEDIOGS  DATE OF THE PROCESSION OF DEPOCEDIOGS  DEPOCED TO SECULATION OR LIFE CENTER PROCESSION OF PUBL.  REGULATORY OR LIFE CENTER PROCESSION OF PUBL.  REGULATORY OR LIFE CENTER PROCESSION OF PUBL.  REGULATORY OR LIFE CENTER PROCESSION OF PUBL.  REGULATORY OR LIFE CENTER PROCESSION OF PUBL.  REVIEW of nutritional information for the fruit punch revealed:  Sugar was the first listed ingredient and dextrose was the second listed ingredient.  Eight ounces of punch contained 20 grams of sugar.  Review of nutritional information for the Fruits for Salar revealeds. The cup contained 19 grams of sugar.  Chaserwation on 02/01/17 from 12.55 pm to 1:30 pm of the lunch meal revealed:  Resident #1 was served 1 cup of broccoli, 1 cup of navy beans, a chicken bologna sandwich with a 1/2-inch silice of bologna on two full silices of bread with mustard, 1/2 cup of full with 1 tablespoon of syrup, 12 ounces of fruit punch, and 8 ounces of water.  -The resident end to the toblemate to his left.  -Resident #1 then ate a silice of white bread, 1/2 cup of full, drinking 1 tablespoon of syrup from the full bowl, and 100% of the fruit punch and water.  -After consurring his meal, Resident #1 ate 1/2 cup of full, drinking 1 tablespoon of syrup from the bowl, and drank 8 ounces of water, all of which was left by the tablemate to his left.  -Resident #1 then ate a silice of white bread, 1/2 cup of full, drinking 1 tablespoon of syrup from the bowl, and drank 8 ounces of water, all of which was left by the tablemate to his left.  -Resident #1 then ate a silice of white bread, 1/2 cup of full, drinking 1 tablespoon of syrup from the bowl, and drank 8 ounces of water, all of which was left by the tablemate to his left.  -Resident #1 then ate a silice of the combread because he dight out make the combread because he dight out make the combread because he dight out make the combread.	AAME OF PROVIDER OR SUPPLIER			TATE, ZIP CODE		
D 310 Continued From page 68  Review of nutritional information for the fruit punch revealed. Sugar was the first listed ingredient and dextrose was the second listed ingredient and dextrose was the second listed ingredient and extrose was the second listed ingredient. Eight ounces of punch contained 20 grams of sugar.  Review of nutritional information for the Fruits for Schalz revealed. Review of nutritional enformation for the Fruits for Schalz revealeds. The cup Contained 19 grams of sugar.  Observation on 02/01/17 from 12.55 pm to 1:30 pm of the lunch meal revealed. Resident #1 was served 1 out of broccoli, 1 cup of navy beans, a chicken bologna sandwich with a 12-inch site of bologna on two full sites of bread with mustard, 1/2 cup of fruit with 1 tablespoon of syrup, 12 ounces of fruit punch, and 8 ounces of water.  -The resident consumed 60% of the bologna sandwich, 100% of the fruit, drank the syrup from the fruit bowl, and 10% of the fruit punch and waterAfter consuming his meal, Resident #1 ate 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white tread, 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white tread, 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white tread, 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white tread, 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white tread, 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white tread, 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate by the plate of the combread because h	FORSYTH VALAGE			27105		
punch revealed: -Sugar was the first listed ingredient and dextrose was the second listed ingredientEight ounces of punch contained 20 grams of sugar.  Review of nurticonal information for the Fruits for Schold revealed No. out contained 10 grams of sugar.  Observation on 02/01/17 from 12.55 pm to 1:30 pm of the lunch meal revealed: -Resident #1 was served 1 cup of broccoli, 1 cup of navy beans, a chicken bologna sandwich with a 1/2-inch slice of bologna on two full slices of bread with mustard, 1/2 cup of fruit with 1 tablespoon of syrup, 12 cunces of fruit punch, and 8 ounces of waterThe resident consumed 50% of the bologna sandwich, 100% of the fruit punch and waterAfter consuming his meal, Resident #1 ate 1/2 cup of navy beans and 1 cup of broccoli, which was left on the plate of the tablemate to his leftResident #1 then ate a slice of white bread, 1/2 cup of fruit, drinking 1 tablespoon of syrup from the bowl, and drank 8 ounces of water, all of which was left by the tablemate to his right.  Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 em with the cock revealed: -Resident #1 was served a bologna sandwich because he forgot to make the combread because he forgot to make the combread because he forgot to make the combread because he forgot to make the combread.	PREFOR (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETS	
-He served fruit instead of cake because he did have the ingredients available to make the cake.	Review of nutritional punch revealed: -Sugar was the first I was the second liste -Eight ounces of punsugar.  Review of nutritional Salad revealed 1/2 of sugar.  Observation on 02/0 pm of the lunch meaners a chiral resident #1 was seen of navy beans, a chiral 1/2-inch slice of both bread with mustard, tablespoon of syrup, and 8 ounces of wate-The resident consums andwich, 100% of the fruit bowl, and 100% -After consuming his cup of navy beans a was left on the plate -Resident #1 then at cup of fruit, drinking the bowl, and drank which was left by the Interviews on 02/01/ at 9:47 am with the of-Resident #1 was seen because he forgot to the served "light breaders he forgot to the served fruit instead to the served fruit in	information for the fruit isted ingredient and dextrose d ingredient. ch contained 20 grams of  information for the Fruits for up contained 19 grams of  1/17 from 12:55 pm to 1:30 I revealed: rved 1 cup of broccoli, 1 cup cken bologna sandwich with ilogna on two full slices of 1/2 cup of fruit with 1 12 ounces of fruit punch, er, med 50% of the bologna he broccoli, 100% of the fruit, drank the syrup from the of the fruit punch and water. I meal, Resident #1 ate 1/2 and 1 cup of broccoli, which of the tablemate to his left, e a slice of white bread, 1/2 1 tablespoon of syrup from 8 ounces of water, all of e tablemate to his right.  17 at 12:25 pm and 02/02/17 took revealed: rved a bologna sandwich eat pork, ad" in place of the combread make the combread. ead of cake because he did	D 319	THE coole will will of the 4n-crapeutic spreadsheet As a g to serve Residen with physician-ori with physician-ori with physician-ori meal propertie diets (Rec) will months as meal properties is in the med AIDE on but y months when the is unavailable all mals will be med and so w	rery evice facility full ecc	

Division	of Health Service Regu	ulation			. 47	, ALL HOTED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
are the second s		HAL034084	5, WING	-,,-	02/(	3/2017	
NAME OF S	ROYDEA OR SUPPLIER	STREET AL	DORESS, CITY, 81	ATE ZPCODE	TOTAL PROPERTY.		
E075-00	1.1.11.1.4.45.98	5190 LAN	ISING DRIVE				
runalii	YVILLAGE	WINSTO	N SALEM, NC	27105			
, K4) (D PRESIX TAS	OMBIDITADO HOAB);	PTEMENT OF DERCIENCIES BY MUST BE PRECEDED BY FULL LSC FEENDRYING INFORMATION.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	85	(XE) COUPLETE CATE	
D 319	Continued From pag	e 69	0.310	7		212117	
	-He was trained by th	ne previous dietary manager		THE COOLC WILL WH	1128	MOINT	
		p into the fruit punch to make		THE COULDING WIT	116		
	It taste better.			the thenabutic			
	! -He thought the fruit	punch was sugar-free.		Spread sheet- 45 a	SHIPE		
	Based on interviews	with staff and attempted		to serve Resident	Š		
		ent #1, the resident was not		To selve Residevil	who cool		
	interviewable,			with physician of	Kich Ch	I	
	C. C			therepeutic diets.			
	02/02/17 at 9:47 am	n 93/31/47 at 12,25 pholons		4 HEROAGON -			
	020217 3( 3.47 3/11	WART THE COOK.		RCC) will moniter			
		n 02/02/17 at various times		every mual AND Silv Service when She I	ack		
	with 3 personal care	štaíf.		every man She I	r's	i	
	Refer to interview on	02/02/17 at 10:52 am with		Service when she i			
	the Administrator-In-			in the facility			
	2 Review of the We	ek-At-A-Glance menu for the		Med AIDE on Dut	4		
	02/01/17 supper mea			Lill war Fall When		-	
-The supper meal was to consist of cheese pizza,			WILL MOVE OF PUNCATO	Jobia			
		ssing, fruited gelatin, and		the (CC) is linava	riana.		
	2% milk,		T. COMMENT	All meals will be m	oni bred		
		nent was across the bottom		G 200	and the let		
		At-A-Glance menu: "All and water as alfowed".		for 30 Days And ra	MAN		
	Inicals with conecites	and water as anowed.	É	thereafter			
	Review of the NCS th	nerapeutic spreadsheet for	[	1,100			
	the 02/01/17 supper i	meal revealed:					
		he bottom portion of the	-				
		eet regarding NCS diets					
	were "all beverages e   free".	except milk should be sugar					
		he bottom portion of the					
		eet were to provide coffee or					
	tea and water unless	otherwise indicated by a	İ		!		
	physician.						
		aceive 1 slice (no specified					
		, 1 cup of "tossed lettuce					
	salad", 1 square (no s	specified size) of	1		1	1	

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-	(X2) MULTIPLE CONSTRUCTION A. SUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034084	E. WING		02/	03/2017
NAME OF P	ROVICER OR SUPPLIER	STREET AC	DRESS CITY S	TAIRE ZIP CODE		
FORSYTH	VILLAGE		ISING DRIVE V SALEM, NO	27105		
(X4) ID PARFIX TAG	/EACR DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FUU. LSC (DENTIFY HIG INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (BACK CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ĦF	IX5; COMPLETS - CATE
0 310	Continued From page		D 310	to sell the	lee .	2/3/17
	reduced-calorie fruited gelatin, 2 tablespoons of salad dressing, and 8 ounces of 2% milk.  Observation on 02/01/17 at 5:00 pm of the supper meal preparation revealed:  -The cook prepared grilled cheese sandwiches, tossed salad with strips of deli meat, American cheese, onion, and ranch dressing, and canned peaches in extra light syrep.  -The cook not not prepare cheese pizza. Fused gelatin, or tea.  -The cook poured the pre-sweetened fruit punch with the heavy syrup added, which was left over from the lunch meal into serving pitchers.  -The cook opened two 6-lb 10-oz cans of peaches in extra light syrup and drained the syrup from the cans into a separate container with a lid.			The cook will whi the therapeutic	117.6	
			spreadsneet as a guide to serve Residen			
			with physician -ordered theresponded diets (ECC) will monitor every meal awn snack service when sne is in the facility			
	punch revealed: -Sugar was the first li was the second listed -Eight ounces of punc sugar.  Review of the nutritio	information for the fruit sted ingredient and dextrose I ingredient. ch contained 20 grams of nal information for the 2 cup contained 13 grams of		MED. TAIDE ON DU WILL MONITOR When (CC) is unavariable All meals will be Mon. Hered for 30 Da Mon. Hered for 30 Da Mon Randoniy there	the	
	pm of the supper medical pm of the supper medi	ved 1/2 grilled cheese cups of tossed salad, 1/2 in 2 tablespoons of syrup, nch, 6 ounces of 2% milk,		Section and the section of the secti		

Division (	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL/ER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034084	B. WWG		02/03/2017
NAME OF P	ROYDER OR SUPPLIER	STRRETAD	DRESS, CITY, S	TATE. ZIA CODE	
FDRSYT	f VILLAGE	5100 LAN	SING DRIVE SALEM, NC		
:X4HO PREFIX TAG	(EACH DEFICIENC	ERICHSCHAG TO TREMETE LIVE YE GBOZOBE A BETRUW Y ACITAMEDEMI DWYMITHEGIDEL	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DSFICIENCY)	BE COMPLETS
	at 9:47 am with the ca-He served grilled che sandwich) because if to serve to the reside -He did not serve fruit forgot to prepare itHe boiled eggs to adout forgot to put them -He drained the syrup saved it to be added it -He was trained by the to drain the fruit syrup it taste betterHe thought the fruit price with Reside interview with Reside interviewable.  Refer to interviews or 02/02/17 at 9:47 am with 3 personal care services and care services.  Refer to interview on the Administrator-In-Co.  D. Review of Resides 04/07/16 revealed: -Diagnoses included shypertensionA physician's order for diet.	7 at 12:25 pm and 02/02/17 pok revealed: pese sandwiches (1/2 here was no pizza available ints. Ited gelatin because he d to the salad ingredients. In the salad. I from the peaches and to tomorrow's fruit punch, e previous dietary manager i into the fruit punch to make bunch was sugar-free. With staff and attempted int #1, the resident was not a 02/01/17 at 12:25 pm and with the cook. a 02/02/17 at various times staff. 02/02/17 at 10:52 am with Charge (AIC). Int #2's current FL-2 dated seizure disorder and or a No Added Salt (NAS) tick blood sugar (FSBS)		The cook will utilize the therapeatic spread of a suide to see Resident with physician -ordered therapeatic diets (a) will months even mul and small service when she is in the fall months when the fall months when the is not in the fall will be monifor when the fall meal will be monifored thereafter	desheet ve lacility dy u (lac) lable lored
1		1's record revealed led 09/01/16 and 01/06/17			:

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GUA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE : COMP(	
_		HAL034084	8. WING		02/	03/2017
	NAME OF PROVIDER OR SUPPLIER		ODRESS CITY STATE	E. Z-P CODE		
	FORSYTH VILLAGE		ISING DRIVE N SALEM, NC 271	05		
	PRSFIX (SACH DRFIC)	Y STATEMENT OF DÉFICIENCIES ENCY MUST RÉ PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION;	ID PREFIX TAG :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	88	(X6) (XXV/FLETE DATE
	0.319 Continued From p	age 72	D 310	The state of the s	SALANTIN MALANTI	1111-
	diet.  Review of the the kitchen revealed in NAS diet.  1. Review of the lunch meal on 02/1 in he tunch meal on 02/2 in he tunch meal or other in the following star portion of the West meals with coffee.  Review of the NC the 02/01/17 lunch instructions across the rapeutic spread were "all beverage free".  Instructions across the rapeutic spread tea and water unless physician.  Resident #2 was 1/2 baked sweet pheans, 1/2 cup coof reduced-calories (no specified size)  Observations on 0 12:45 pm of the lunch cook prepare broccoli.  The cook did not country trio vegetal in the cook did not country trio vege	Joseph Commission of a giazard pork and country trio vegetables, down cake, and combread. Itement was across the bottom ak-At-A-Glance menu: "All Item and water as allowed".  So therapeutic spreadsheet for meal revealed; as the bottom portion of the disheet regarding NCS diets as except milk should be sugar as the bottom portion of the disheet were to provide coffee or assortherwise indicated by a session of the navy untry trio vegetables, 1 square pineapple cake, and 1 square of cornbread.  12/01/17 from 12:20 pm to make the prepare baked sweet potatoes, and prepare baked sweet potatoes, ables, combread, or cake.		the Look will Utilize therapeutic Spread snee as a guide to Serve Resident's with physicia or clased therapeutic di Roce) will monitore ever much since is in the firm when since is in the firm when the firm when the firm and swill be monitored. At 30 Days Awb rap there of the	m- rets  fulling  fuech  hard	2/3/17

Division of Health Service Regu	alation			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034084	6. ASSE		02/03/2017
NAME OF PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY STA	RTE. ZIP CODE	1 2 2 2 2 2 1 2 1 1
FORSYTH VILLAGE		SING DRIVE SALEM, NC 2	17105	
PREFIX (SACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FUCI. LISC IDENTIFYING INFORMATION;	PREFIK TAG	PROVIDERS PLAN OF CORRECTION FRACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE : COMPLETE
for Salad" in "heavy significant serving pitchers.  Review of nutritional punch revealed: - Gagar was the first is was the second listed - Eight ounces of punsugar.  Review of nutritional Salad revealed 1/2 of sugar.  Observation on 02/0" pm of the lunch meal - Resident #2 was set broccoli, 1 cup of navoread, 1/2 cup of fruit 12 ounces of fruit punsured to syrup from the fruit but Interviews on 02/01/1 at 9:47 am with the control of the served "light bread because he forgot to served fruit insterior have the ingredients and the fruit syrup it taste better.	ounch.  o 6-lb 12-oz cans of "Fruits syrup", drained the heavy ans into the container of bunch, and poured the punch information for the fruit isted ingredient and docross dingredient.  oh contained 20 grams of information for the Fruits for up contained 19 grams of 1/17 from 12:55 pm to 1:30 revealed:  oved 1 pork chop, 1 cup of ry beans, 1 slice of white the with 1 tablespoon of syrup, and 8 ounces of water.  ned 100% of all menu items pt the bread, and drank the owl.  ook revealed:  ook revealed:  ook revealed:  ad" in place of the combread	D 310	The Levil will white therespentic spreadshe as a guide to scree Residents with physicia on pened therespentic de The Each will monitor en What Amin she is in the facility will monitor when the Each will be monitored thereafter	n- liets lity e lity
Interview on 02/02/17	at 10:30 am with Resident			

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Division of	of Health Service Requ	ilation			FURN	WAPPROVED
	FOF DEFICIENCIES OF CORRECTION	(X1) PRÖVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE S	
			A. EURDING	4-7-		As I be so
-		HAL034084	B. WING		02//	33/2017
NAME OF PA	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY ST	TATE ZIP COOF		
THE RES LESS AND A STREET OF			SING DRIVE	The fall or seems		
FORSYTH	VILLAGE		SALEM, NC	27105		
(X4) ID PREFIX TAG	(SACH DEFICIENC)	ATEMENT OF DEPICIENCIES LY MOST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CAOSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	OXF; COMPLETE DATE
D 310	Continued From page	5 7 ±	D 310			
	#2 revealed:			The sale will whole	Lina	2317
		ne physician ordered for him		THE COOK WIll Utilize	THE	
	to be on a therapeutic			Theremake corporashe	op I-	
		s checked; "only diabetics		th-erapeutic spreadshe		
	get fingersticks".			as a quive to serve		
	-"Everybody eats the	same thing",		Residents with physi	ician-	
1	Refer to interviews or	n 02/01/17 at 12:25 pm and		contact the exception	deals.	
	02/02/17 at 9:47 am v			ordered theropeutic		
				The (RCC) will menter		
		n 02/02/17 at various times		INC LECCY WITH MANY SHALL	-	
	with 3 personal care s	staff.		every meal AND share Service when she is		
:	Defer to intension on	02/02/17 at 10:52 am with		service when she is	IN	
	the Administrator-In-C			The theiring		
	Miller (Million Street Mills	marge (Are).		The sandi	14	
	2. Review of the Wee	ek-At-A-Glance menu for the		The MED AIDE ON DO	· 1	
	02/01/17 supper mea			Will monitor when		
į		s to consist of cheese pizza,		WIN WOOM TO LE		
	tossed salad with dre 2% milk.	ssing, fruited gelatin, and		the (cc) is unavailable	e,	
		nent was across the bottom		all meals will be moni	tored	
		At-A-Glance menu: "All		all mans with condet	الله	
ļ		and water as allowed".		for 30 pays purb randeh	niy	
		nerapeutic spreadsheet for		thereather		
	the 02/01/17 supper r			THE COUNTRY		
		he bottom portion of the				
	therapeutic spreadsh	eet regarding NCS diets				
	were "all beverages e	except milk should be sugar				
	free".					
		he bottom portion of the				
		eet were to provide coffee or otherwise indicated by a				٠ .
	physician.	odietwise illustrated by a				
:		receive 1 slice (no specified				
		. 1 cup of "tossed lettuce				
	salad", 1 square (no s					
		d gelatin, 2 tablespoons of				
	salad dressing, and 8	ounces of 2% milk.				

Division of Health Service Regulation				FORM APPROVED	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034084	B. WING		02/03/2017
NAME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, S	TATE. ZIP CODE	Control of the communication o
FORSYTH	VILLAGE		SALEM, NC	27105	
(XI) ID PREFIX TAG	(BACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIORE DEFICIENCY)	BE COMPLETE
	meal preparation rewa-The cook prepared of tossed salad with stricheese, onton, and repeaches in extra light. The cook did not pregelatin, or lea.  The cook did not pregelatin, or lea.  The cook opened the with the heavy syrup from the lunch meal into a second preceded to the cook opened two peaches in extra light from the cans into a second first light from the cans into a second first light ounces of punctures.  Review of the nutritional punch revealed:  Sugar was the first light was the second listed.  Eight ounces of punctures.  Review of the nutrition peaches revealed 1/2 sugar.  Observation on 02/01 pm of the supper meaches revealed 1/2 sugar.  Observation on 02/01 pm of the supper meaches revealed 1/2 sugar.  The resident #2 was set sandwich, 1 and 1/2 ounces of fruit purant 8 ounces of fruit purant 8 ounces of water and beverages.  Resident #2 reached the plate of salad and was left by his tablem.	all 17 at 5:00 pm of the supper seled: grilled cheese sandwiches, ps of deli meat, American anch dressing, and canned a syrup. Expare cheese pizza, fruited Expressive pizza, fruited Expressive pitchers, to 6-16 10-oz cans of a syrup and drained the syrup separate container with a lid. Expare cheese pizza fruit punch added, which was feft over into serving pitchers, to 6-16 10-oz cans of a syrup and drained the syrup separate container with a lid. Expare cheese container with a lid. Expressive production of the fruit steel ingredient and dextrose of ingredient. Expressive production of the 2 cup contained 20 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 2 cup contained 13 grams of the 3 cup contained 13 cup contained 13 cup contained 13 cup contained 13 cup contained 13 cup contained 14 cup contained 14 cup contained 14	D 310	The cook will utilize the therapeutic spreadsheet as a gue to serve residents with physician-ordere therapeutic diets. The (ecc) will maintaine every meal and snac Service when she is the facility. The mud. Afre an Du will manifor when the is unavailable. MI meals will be more for 30 pays awb land there after.	ide d L L L L L L L L L L L L L L L L L L

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. Walking HAL034084 02/03/2017 MAMÉ DE PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (EACH DEFICIENCY MUST BE PRECEDED BY FULL Dately PEECO (EACH CORRECT!/E ACTION BHOULD BE COMPLETE REQUILATORY OR LacidENTIFYING INFORDATION: FAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEPICIENCY) D 310 Continued From page 78 D 310 2/3/17 The coolcivill whize to his left and ate 100% of the tossed salad. the therapeutil Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed: spreadshee't as a quide -He served grilled cheese sandwiches (1/2 to serve residents sandwich) because there was no pizza available to serve to the residents. with physician-ordered He did not serve fruited gelatin because he forgot to prepare it. theropeutic diets -me boiled eggs to add to bits salad ingrecients, The (PCC) will munitor but forgot to put them in the salad. -He drained the syrup from the peaches and every meal ann snack saved it to be added to tomorrow's fruit punch. He was trained by the previous dietary manager Service when she is in to drain the fruit syrup into the fruit punch to make it taste better. the facility -He thought the fruit punch was sugar-free. The med ALDE on Duly Interview on 02/02/17 at 10:30 am with Resident will munitor when the #2 revealed: He was not aware the physician ordered for him RCO IS UNAVOITABLE to be on a therapeutic diet, He did not get FSBSs checked; "only diabetics All meal will be monitored get fingersticks". -"Everybody eats the same thing". for 30 DAYS AND randomly Refer to interviews on 02/01/17 at 12:25 pm and thereafter 02/02/17 at 9:47 am with the cook. Refer to interviews on 02/02/17 at various times with 3 personal care staff. Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC). E. Review of Resident #5's current FL-2 dated 01/09/17 revealed: Diagnoses included diabetes mellitus and hypertension. A physician's order for a No Concentrated

Division of Health Service Regulation

STATE FORM

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Division of Health Service Reg	ulation		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL/ER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. SUILDING:	(X3) DATE SURVEY COMPLETED
	HAL034084	B. WijuG	02/03/2017
NAME OF PROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STATE, ZIP CODE	1 02/03/2011
FORSYTH VILLAGE		ISING DRIVE N SALEM, NC 27105	-
PREFIX (EACH DEFICIENT	FATEMENT OF CERICIENCIES DY MUST BE PRECEDED BY FULL LSC (DENTIFYING (NFORMATION)	ID PROVIDER'S PLANY PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETE  O THE APPROPRIATE CATE
Review of the therap kitchen revealed Res 1. Review of the Welluach meal on 02/01. The funch meal was chop, navy beans, or pineapple upside doto. The following statem portion of the Weekmeals with coffee/lease Review of the NCS to the 02/01/17 lunch maken and water unless free".  Instructions across to the the order of the therapeutic spreads were "all beverages free".  Instructions across to the therapeutic spreads the and water unless physician.  Resident #5 was to 1/2 baked sweet potts beans, 1/2 cup count of reduced-calorie pic (no specified size) of Observations on 02/012:45 pm of the lunch The cook prepared phrocooli.  The cook did not president in the search of the cook did not president in the cook did not pr	eutic diet tist posted in the sident #5 was on a NCS diet.  ek-A-Glance menu for the 17 revealed: To consist of a glazed pork puntry trio vegetables, which was across the bottom At-A-Glance menu: "All and water as allowed".  Interapeutic spreadsheet for leal revealed: The bottom portion of the leet regarding NCS diets except milk should be sugar the bottom portion of the leet were to provide coffee or otherwise indicated by a receive 1 glazed pork chop, ato instead of the navy ry trio vegetables, 1 square leapple cake, and 1 square combread.  Interapeutic spreadsheet for leating to the sugar the bottom portion of the leet were to provide coffee or otherwise indicated by a receive 1 glazed pork chop, ato instead of the navy ry trio vegetables, 1 square leapple cake, and 1 square combread.  Interapeutic spreadsheet for leating the bottom portion of the leet were to provide coffee or otherwise indicated by a receive 1 glazed pork chop, and 1 square leapple cake, and 1 square leapple cake, and 1 square combread.	The cook will the theropeut as a guide to Resident with ordered there The (CC) will in men I AND Shace when she is in The MED. ALDE Will Meals will for 30 DAYS Lindomly the	Utilize  c spreadsneet  scrue  Physician -  pautic Diets  white every  K scruce  the facility  on Duty  men the  able.  Be monitared  AND

 Division of Health Service Regu	lation			FORW	MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
	HAL034084	B. 93%G		02/0	3/2017
PREFIX . /EACH DEFICIENC	5100 LA	DORESS, CMY, ST VSING DRIVE N SALEM, NC ID PREFIX TAG		PI BE	(G) COSPLETE DATE
for Salad" in "heavy's syrup from the two capre-sweetened fruit prints serving pitchers.  Review of nutritional in punch revealed: Sugar was the first inwas the second fisted -Eight ounces of punch sugar.  Review of nutritional in Salad revealed 1/2 cursupar.  Observation on 02/01 pm of the lunch meal -Resident #5 was sen broccoli, 1/2 cup of fruit 12 ounces of fruit 12 ounces of fruit 12 ounces of fruit 12 ounces of fruit 12 ounces of fruit 12 ounces of fruit 12 additional ounces of consumed 100% of the Interviews on 02/01/11 at 9:47 am with the consumed 100% of the Interviews on 02/01/11 at 9:47 am with the consumed fruit instead have the ingredients and the was trained by the served fruit instead have the ingredients and the was trained by the	unch.  o 6-lb 12-oz cans of "Fruits yrup", drained the heavy institute the container of unch, and poured the punch information for the fruit sted ingredient, and daktrose ingredient. In contained 20 grams of information for the Fruits for its contained 19 grams of information for the Fruits for its contained 19 grams of its cont	D 310	THE COOK WILL UNITED THE THE PROPERTY WILL Spreadsheet As a gusto serve Resident with physican-ordered Theoreachic Dicts. The (Ra) will monitare every meal and sing service when she is the facility. The Med. Athe on own will monitor when the list un avail able. All meals will BE M. Both 30 DAYS AND Rai Thereafter.	cicle orth	2/3/17

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 8. 98246 HAL034084 02/03/2017 NAME OF PACKISER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE \$100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES :24, (0) PROVIDER 5 PLAN OF CORRECTION SACH DEFICIENCY MUST BE PRECEDED BY FULL PREEDX (EACH CORRECTIVE ACTION SHOULD BE COVELETS REGULATORY OR USC (CENTIFYING INFORMATION). 73.0 CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICISNOY) D 310 Continued From page 79 D 310 2/3/17 The cook will litilize the therapoutic Based on interviews with staff and attempted interview with Resident #5, the resident was not Spreadsher Asa guide interviewabla. to sende RESIDENTS Refer to interviews on 02/01/17 at 12:25 pm and with physician-ordered 02/02/17 at 9:47 am with the cook. th-crapautic Diets Refer to interviews on 02/02/17 at various times with 3 personal care staff. The (CC) Will monitor every when the (CC) is Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AtC). LHAVAILABLE All MEALS WILL BE 2. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed: MUNITURED FOR 30 DAYS -The supper meal was to consist of cheese pizza, AND RANDOWLY tossed salad with dressing, fruited gelatin, and 2% milk. thereafter -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed". Review of the NCS therapeutic spreadsheet for the 02/01/17 supper meal revealed: -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "atl beverages except milk should be sugar Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a -Resident #5 was to receive 1 slice (no specified size) of cheese pizza, 1 cup of "tossed lettuce salad", 1 square (no specified size) of reduced-calorie fruited gelatin. 2 tablespoons of salad dressing, and 8 ounces of 2% milk. Observation on 02/01/17 at 5:00 pm of the supper

Division of Health Service Regulation STATEMENT OF DESICIENCIES (X1) PROV/DER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: \_\_\_ HAL034084 02/03/2017 NAME OF PROMOSE OR SUPPLIER STREET ADDRESS, City, State, zie oode 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES 2241.150 PROVIDER'S PLAN OF CORRECTION RACH DEPOSENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE FREELY COMPLETE REGULATORY OR USO (DENTIFYING INFORMATION) TAG CROSS-REFERÊNCED TO THE APPROPRIATE TAG OAZE DEFICIENCY): D 319 Continued From page 80 D 310 7/3/17 The coolcwill litilize meal preparation revealed: -The cook prepared grilled cheese sandwiches, the therapeutic tossed salad with strips of deli meat, American spreadsheet as a quide cheese, onion, and ranch dressing, and canned peaches in extra light syrup. to Serve residents with -The cook did not prepare cheese pizza, fruited Physician-orperto gelatin, or tea. -The cook poured the pre-sweetened fruit punch Therapeutic diets with the heavy syrup added, which was left over The (RCL) Will Monitor from the lunch meal into serving pageers. -The cook opened two 6-lb 10-oz cans of every ment and snack peaches in extra light syrup and drained the syrup from the cans into a separate container with a lid. Service when SHE Review of nutritional information for the fruit is in the facility punch revealed: The MED. AFDE ON DWY -Sugar was the first listed ingredient and dextrose was the second listed ingredient. Will Monitor when Eight ounces of punch contained 20 grams of sugar. the (RCC) is an available. All meals will be monitored Review of the nutritional information for the peaches revealed 1/2 cup contained 13 grams of for 30 pays AND randomly sugar. thereafter Observation on 02/01/17 from 5:15 pm to 6:12 pm of the supper meal revealed: -Resident #5 was served 1/2 grilled cheese sandwich, 1 and 1/2 cups of tossed salad, 3/4 cup of peach wedges in 2 tablespoons of syrup. 12 ounces of fruit punch, 8 ounces of 2% milk, and 8 ounces of water. -The resident did not eat any of the salad. -The resident consumed 100% of all other menu items and beverages. Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed: -He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available

Division of	of Health Service Requ	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE ( COMPL	
		HAL034084	3. WAS		02/4	03/2017
AAUS GER	ROVIDER OR SUPPLIER	STREET AD	RESS CITY, S7	ATE 7:P CODE		
			SING DRIVE	ALC EF GOOD		
***************************************	VILLAGE	Winston	SALEM, NO			
1/1/30 PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BB	DOMPLETE DATE
5 310	forgot to prepare it.  -He boiled eggs to ad but forgot to put them -He drained the syrup saved it to be added to -He was trained by the to drain the fruit syrup it taste pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He thought the fruit pener.  -He to interviews on 02/02/17 at 9:47 am with 3 personal care sent and the Administrator-In-Compared the Administrator-In-Compared the same food as the same beveraged the same food as the same beveraged the same food as the same beveraged the same food as the same beveraged the when serving the was not aware the required menu item of NCS diet.  -The therapeutic sprejust for serving sizes.	nts.  In the salad ingredients, in the salad.  In from the peaches and to tomorrow's fruit punch.  In previous dietary manager of into the fruit punch to make ounch was sugar-free.  In the salad ingredients and to tomorrow's fruit punch.  In previous dietary manager of into the fruit punch to make ounch was sugar-free.  In the salad ingredient of into the previous dietary manager of into the fruit punch to make ounch was sugar-free.  In the salad ingredients and into the previous dietary manager of into the fruit punch to make ounch was sugar-free.  In the salad ingredients on a madsheet was "pretty much in the salad.  In the salad ingredients on a madsheet was "pretty much in the "don't usually"	D 310	the cook will utilize the therapeutic Spreadsteet as a go too se reve Resident with physician-onder therapeutic Diets The (ECO will monitor every meal and snack service when she is infaulity The Meh AIDE on Duty will monitor when the ecc) is unavailable All meals will be monitored and may thereafter	whe she	2/3/17
	measure" the serving		Transfer of the second			

STATEMENT OF DEPLOYMENTS  (IX) PROMODERS PLEADED.  (IX) PROMODERS PLEADED.  (IX) PROMODERS PLEADED.  (IX) PROMODERS PLEADED.  (IX) PROMODERS PLANTED CONTROLLED.  (IX) PROMODERS PLANTED.  (IX) PROMODERS PLANTED CONTROLLED.  (IX) PROMODERS PLANTED.	Division o	f Health Service Requi	lation				
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### PURSTON SALEM, NC 27165    PRETIX   SUMMAN SAREMENT OF DEPOCRACE SALEM   PRETIX   PROVIDER'S PLANGE CORRECTION SHOULD BE COMPUTED TO SALEM   PRESIDENCE ACTION SHOULD BE COMPUTED TO SALEM BE COMPUTED TO SALEM BE COMPUTED ACTION SHOULD BE COMPUTED TO SALEM BE COMPUTED TO	NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DRESS CITY.S	TATE, ZIP CODE		20/36011
### 12.00 PERCENCY NO PERCENCY NO PROPERTY AND PERCENCY TO THE PROPERTY TO THE	FORSYTH	VILLAGE			27105		
Interviews on 02/02/17 at 10:53 am with the Administrator-in-Charge (AIC) revealed:  -The previous dietary manager served two same beverages and deserver.  -The previous dietary manager served the same but fif it was not, staff gave packets of sugar to non-diabetic residents were now served the same but fif it was not. Staff revealed its should have changes in the said, "I'm gonna feed these people".  -The full-flavored punch was usually sweetered, but if it was not, staff gave packets of sugar to non-diabetic residents should so weeter to diabetic residents.  -The previous dietary manager served sweet and unsweet tea, but residents were now served the same beverages and desserts.  -There was no list or other guidance to follow to determine dietary restrictions because they were "trained (to serve) that way".  Interview on 02/02/17 at 10:53 am with the Administrator-in-Charge (AIC) revealed:  -The cook was "rin charge" of the kitchen, but the AIC was responsible for oversight.  -The cook was trained by the previous dietary manager.  -She had previously instructed the cook to use the therapeutic spreadsheets as a guide when serving the residents.  -She was not aware the cook was not using the spreadsheets.	FRESK ·	(SACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERSHOED TO THE APPROPS	BE	COMPLETE
-She was not aware the therapeutic diets were	70 340	spreadsheat with him it; "I just serve".  Interviews on 02/02/1 personal care staff re-Part of their daily dut to the residents during. All residents were rofood items, portion size the staff served what one staff member stresidents with therape changes in the menuthe (the cook) cooks". One staff member stresidents staff member stresidents items, but he said, "Ir -The fruit-flavored purbut if it was not, staff non-diabetic residents sweetener to diabetic residents sweetener to diabetic -The previous dietary unsweet tea, but residents sweetener to diabetic same beverages and -There was no list or determine dietary resillation of the cook was trained (to serve) that Interview on 02/02/17 Administrator-In-Chart-The cook was trained manager.  -She had previously in the therapeutic spreadsheets.	7 at various times with 3 vealed: ies was to deliver food trays g meals. utinely served the same res, and beverages. If the book put on the plates ared she was aware reutic diets should have items, but "we serve what ared she had told the cook is should get different menuring gonna feed these people", inch was usually sweetened, gave packets of sugar to is and packs of artificial residents. Imanager served sweet and dents were now served the desserts. Other guidance to follow to trictions because they were it way".  The structed the cook to use disheets as a guide when the cook was not using the	3:0	THE COOK WILL WHILE  The therapeutic  Spreadsheet AS A Q  to Serve Resident  With physiciano-order  therapeytic Diets  THE ECC) Will Mobile  every meal AND SNOW  Service when sto is in  fucility.  THE MED \$100 on our  Monitor whom the CCC)  unavailable.  All MEA Is will be monit  for 30 DAYS AND RA	MIDE FS FRED K N the MINIS	

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FORSYTH VILLAGE 5100 LANS		ING DRIVE				
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	not being served as o	ordered by the physician.				2/3/17
				THE COOLL WILL Util	CZE	
	On 02/02/17, the Adn	ninistrator-In-Charge			•	
	submitted a Plan of P	_		the therapeutic		:
		ely, the cook will utilize the		The therapeuric		
		eet as a guide to serve		3 preadshert AS AS	quibe	
		eet as a guide to serve an-ordered therapeutic		77,-20	J	!
		an-ordered merapeutic	İ	for scrue Residents	5	
	diets.	Constitution (BOO)		with physician-ord	ارتج وي	
		Coordinator (RCC) will	1	WITH Physician-our	61401	
	r	nd snack karvice wherlishe	i	Therapouti CDiets		
	is in the facility.			in crapout Cpiers		
		on duty will monitor when		THE (RCD WILL MORITH	wery	
!	the RCC is unavailab	le .		(HE RCOWIN MOMINE	- 1	
	-All meals will be mor	nitored for 30 days and		Meal AND Snack SE	NULE	1
	randomly thereafter.			Wed Aron shack se	أبامات	
				WHEN SHG IS IN the ful	11179	
	The facility failed to s	erve a NCS diet as ordered		att and an Net	ш!	
i		of 5 sampled residents with		THE MED ATDE ON DU	- y	
		ve chopped meats for 2 of 2		Will monitor wHEU HO	6	
i				Parte Monthals Course in	_	
		th physician orders for	1	(cc) 15 Unavailable	-1 -	
		failed to serve double		TI RE M	ONITHE	'
		t with a physician's order for		All MEALS WILL RE M	ist	
		The failure of the facility to		+ 20 DOUGHOD PA	UDOMA.	
	serve therapeutic die		l	FOR 30 DAYS AND PA	1	
		ental to the health and safety		Tio de action		
	of the residents, resu	lting in increased risk for		Traceatter.		
	poor glycemic control	for diabetics, choking and		679		
	aspiration for residen	ts with swallowing				
	difficulties, and inade	quate nutrition for residents				
-		for double portions and				
	constitutes a Type B					
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	CORRECTION DATE	FOR THE TYPE 9		6 6		
		OT EXCEED FEBRUARY	,	r i		:
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	24, 2017					
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D 438	10A NGAC 13F .1205	5 Health Care Personnel	D 438			
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Division -	of Health Service Regu	lation			TORWALLKOVED
STATEMEN	T OF DEFICIENCIES OF OGRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER;	(X2) MULTIPU A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034084	B, 97/146		02/03/2017
NAME OF F	POVIDER OR SUPPLIER	STREET AD	DRESS CITY ST	ATE, ZIP CODE	A THE RESIDENCE OF THE PARTY OF
FORSYTH	1 VILLAGE		SING DRIVE SALEM, NO 2	27105	
(XALID PREFIX 7AG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION OLUCHE ROTAS PYROBRED HOAS: CROSS-REFERENCED TO THE APPROPE OPPIKIENCY)	BE COMPLETE
D 438	Registry The facility shall compute supporting Rules 10A .0102.  This Rule is not met TYPE B VIOLATION  Based on record revie facility failed to report related to an alleged and a specified staff r (Administrator-in-Cha Personnel Registry (Fixnowledge of the ever complete the 5 day retained to the second staff on 2/01/17 at 5:37 pm - She became aware of abuse on 10/31/16.  The county informed regarding alleged abuse on 10/31/16.  The county informed regarding alleged abuse was named as the the alleged abuse.  The investigation too approximately 10 min member informed her unsubstantiated and the complaint.	of Health Care Personnel of with G.S. 131E-256 and NCAC 130 .0101 and  as evidenced by:  ews and interviews, the suspected resident abuse incident between a resident member rge) to the Health Care HCPR) within 24 hours of nts and for failure to eport to the HCPR.  ministrator-In-Charge (AIC) in revealed: of the allegation of resident ther a complaint was filed use against a resident and e staff member that inflicted inber interviewed about 5 is not aware if the county erviewed staff, it place over a period of utes and the county staff ithat the complaint was the she was closing the  hr/5 day report regarding the	D 438	THE facility Reported the allegation to the HCPR Allstaff will immedially the in-serviced on reporting requirement related to abuse oilegations. An immedial to vestigation will be coming aware of oilegations reported May achsed stuff member will immedial the suspended pendin the outcome of the Talvestigation.	lely se

Division of Health Service Regulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
AND FEAR OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
	August on			
	HAL034084	B. WING		02/03/2017
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	FATE ZIR DODE	Property and the second
		SING DRIVE		
FORSYTH VILLAGE		SALEM, NO	27105	
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D 438 Continued From page	e 85	D 438		
-She did not think she	e had to report to the HCPR		The tacility reported	212/17
	investigation deemed the		The oil as white	
complaint to be unsu	bstantiated.		The allegation to itc	PR .
	er supervisor on 10/31/16,		All Staff will	
	as ongoing and it was not		immediately be in-	Sound
	opened by the county she the allegation to both her		Withtentute of the the	JUNEA
supervisor and the H			on reporting requirem	runt! 1
-She knew the compl	aint was unfounded because		related to course	., .
it directly involved he			TOURS OF CHOUSE	
-Had the complaint in			allegations	:
member she would he	ave arst nouned her CPR, then she would have		Andr	
conducted an in-hous			An immediate in-the	USC .
-An In-house investig	ation would include		investigation will b	(
interviewing the resid			Candrial	
allegation and all of the			conducted upon become	mng
all the staff.	uld then involve interviewing		aware of allegation	, ,
	entified in the complaint		reported	)
would be suspended	from the time the complaint		1 .1	
was submitted until a			My accused staff	,
investigation was clos				,
2016 and January 20	od of time between October 17 that the AIC did not work		Member will Immediate	d4
	scheduled in the building.		De investigation	
Review of HCPR 24 F	nour report dated 2/02/17		1.,	
	and faxed on 2/02/17 to the			
HCPR revealed:				
	esident abuse and neglect			
on 10/26/16.	a lleananable			
i crime."	a "reasonable suspicion of a			
	scription" section, the date			
reported was entered	as 10/26/16 and no time			- London
was entered, and con	tained the statement "The			:
	ocial Services visited the	9		
facility on a complaint		}		
	ge, the complaint alleged	į.		

Division	of Health Service Regu	lation			TORN	IMPEROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	<u>t</u>	E CONSTRUCTION .	(X3) DATE S CCMPU	
		HAL034G84	B. WING		02/0	3/2017
NAME OF P	ROMDER OR SUPPLIER	STREET ADS	RESS CITY, ST	ATE, ZIP CODE	1 00,0	773.0711
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(X4) ID PREFIX TAG	ÇEACH DEFICIENÇ	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	CKE) COMPLETE DATE
	of a resident slapping force to remove the sidoorway."  -The report denoted I notified.  There was no 5 day hof the 10/31/16 allegal Interview with the Result 2/01/17 at 5:24 revealshe was typically provided by the AIC about the alleshe was not present the AIC about the alleshe was not made alleshe was never interview complaint and take the She would interview complaint and take the She would include it residents to identify we events.  -She would report the There was not a perion 2016 and January 20 as she was routinely in the side of the	a cigarette from the mouth her in the face and used ame resident from a law Enforcement was not seen and experience of investigation ation available for review.  Sident Care Director on led: esent in the facility on any and Fridays. when the county informed eged abuse, ware of the alleged abuse, ware of the alleged abuse. Viewed by the county staff about any complaint of rm the AIC and/or the the resident specified in the eir statement, a statement with the the complaint. In-house investigation interview staff and the vitnesses or similar reported eallegation to the "State", od of time between October 17 that the AIC did not work scheduled in the building.	D 438	THE Facility Picpor THE Allegation to It CPR; All STAFF Will immediately EN-SERVICED DIS Reporting Requiren related to ABUS Allegation AN Immediate Jn-House investic Will Be conducte Upon Becoming Au of Allegations R Any accused sta Member will imm Be suspended pea THE outcome of	peted BC gation d eport ff edialely	2/2/17
	(BOM) on 2/01/17 at -She was present who initiated of alleged ab	en the investigation was		Investigation		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ HAL034084 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STAYE ZIP CODE 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH ORFICIENCY MUST BE PRECEDED BY FULL PREFIX openie. (EACH CORRECTIVE ACTION SHOULD BE SOMELETE REGULATORY OR USC (DENIA) FYING INFORMATION: TAG GROSS-REFERENCEO TO THE APPROPRIATE TAG DEFICIENCY) 2/2/17 D 438 Continued From page 87 D 438 THE facility Report than 30 minutes and interviewed some residents and some facility staff members. THE Allegation to THE -She was not interviewed regarding the alleged HCPR; All STAFF Will -She did not report the allegation to the HCPR. -It was the responsibility of the AIC or the Immediately Be in senico Owner/Licensee to report the allegation to the on Reporting -Reporting to the HCPR was not her responsibility Requirement related in the role of the SOM. -The AIC was responsible for reporting to HCPR. to ABUSE Allegations Interview with the Owner/Licensee on 2/01/17 at An immediate in-House 5:05 pm revealed: -She was never informed about the alleged abuse Investigation will BC allegation. -She was not informed or interviewed by the conducted upon becoming county staff member. She expected the AIC to report to HCPR. AWAVE of Allegation Since the allegation involved the AIC she thought the RCD or the BOM may have reported the Report, Any accused allegation to the HCPR. There was not a period of time between October stuff member will 2016 and January 2017 that the AIC did not work as she was routinely scheduled in the building. immediately Be A second interview with the Owner/Licensee on suspended pending 2/02/17 at 4:05 pm revealed: the outcome of the She had not reported the alleged abuse complaint to the HCPR. -She did not think she needed to report the Investigation. allegation to the HCPR given the county had already closed the complaint months prior. -If she was aware of the alleged complaint she would have initiated an in-house investigation which would include interviewing the resident (if specified) a sample of residents and speaking to -She would have reported the allegation to the

Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES		(X1; PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER;			COMPLETED					
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		HAL034084	B. W.MG		02/03/2017					
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FORSYTH	VILLAGE		ING DRIVE							
WINSTON SALEM, NC 27105										
(24) 15		ATEMENT OF DEFICIENCIES	:0	PROVIDER'S PLAN OF CORRECTION	N (2%)					
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TKG	NEOUCATORT OR	LSC IDENTIFYING INFORMATION;	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY:	RIATE CATE					
				The rest of the second						
D 439	Continued From page	e 88	D. 438	i	, 2/2/17					
				A (= Provide	2 616111					
!		alleged complaint to the		THE FACILITY REPORT	£9					
	HCPR today and initi	ate an in-house investigation		Com by J	100					
	tomorrow.		the Allegation 10		//-					
				1 STO WILL STORET WI	://					
	The failure of the facility to promptly report and investigate an abuse allegation of abuse to a			THE facility Report the Allegation to t HCPR, All staff wi immediately be in-	SevIVIM					
				medicately Be In-	Juna					
	resident by a staff me	amber to the N.C. Health		IMM-collula 1	,					
	Care Personnet Registry resulted in an alleged			An Reporting Reputites	ment!					
	perpetrator of abuse being allowed to continue to			on Reporting Requirer						
		dents, patting the residents		related to abuse						
	at risk for abuse, which was detrimental to the									
	safety and welfare of the resident and constitutes			Allegations.						
	a Type B violation.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1 C/2					
	0 1)p0 0 11010011.			An Immediate in-Ito	ux					
	The facility provided the following Plan of		1	THE OPPORTUNITION OF THE PARTY						
	Protection on 2/02/17 as follows:			investigation will be	,					
	-The facility reported the allegation to the HCPRAll staff will immediately be in-serviced on		'	and the second	nina					
				Conducted upon Becom	117.5					
		-		Augre of all a sting	1					
	reporting requirement	ts related to abuse		aware of allegations						
	allegations.			keported "						
	-An immediate in-house investigation will be			A Loin CE						
	conducted upon beca	oming aware of allegations		Any accused staff						
	reported.			Mad Lar wall Turn adiable						
′		ember will immediately be		Member Will Immediatel	9					
	suspended pending t	he outcome of the		he cucoonded mention						
	investigation.			I'm suppended forming						
				Be suspended pending the outcome of the						
	CORRECTION DATE	FOR THE TYPE B		112 0011011						
	VIOLATION SHALL N	NOT EXCEED MARCH 20,		Investigation.						
	2017.	·		Aurentia						
Dára	C C 101D 01/0\ D	Jametian of Decidental District	D040							
<i>D312</i>	5.5. 1310-21(2) D80	laration of Residents' Rights	D912							
	0.0 4040.04.0.									
		ration of Residents' Rights								
		have the following rights:								
	<ol><li>To receive care ar</li></ol>									
		e, and in compliance with								
	relevant federal and s	state laws and rules and								
	regulations.									
					1					

Division of Health Service Regulation FORM APPROVED										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA )DENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		HAL034084	a, wing		02/0	02/03/2017				
NAME OF PROVIDER OR SUPPLIER STREET AS		STREET ADO	ODRESS, CITY, STATE, ZIP GODE							
FORSYTH VILLAGE S100 LANSING DRIVE WINSTON SALEM, NC 27105										
(X4) ID PR\$FIX TAG	SUMMARY STATEMEN" OF DEPICIENCIES ( JEACH DEFICIENCY MUST BE PRECEDED BY FUIL) REGULATORY OR LSC IDENTIFYING INFORMATION,		ID PREFIX TAĞ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	DB; COMPLETE DATE				
D912	reviews, the facility fareceived care and se appropriate, and in confederal and state law regarding serving the abuse allegations to the Registry (HCPR).  The findings are:  Based on observation reviews, the facility fadiets (No Concentrate meats) as ordered by sampled residents will diets. [Refer to Tag 0 .0904(e)(4) (Type B \ Based on record reviews facility failed to report related to an alleged and a specified staff (Administrator-in-Cha Personnel Registry (knowledge of the every record of the service of th	as evidenced by: ns, interviews, and record illed to ensure residents rvices which were adequate, compliance with relevant is and rules and regulations repeate dieta and reporting the Health Care Personnel  as, interviews, and record illed to serve therapeutic ad Sweets and chopped the physician for 5 of 5 th orders for therapeutic 310, 10A NCAC 13F fiolation).]  ews and interviews, the t suspected resident abuse incident between a resident member arge) to the Health Care HCPR) within 24 hours of ents and for failure to eport to the HCPR. [Refer to	D912	THE COOK WIT Utilis The therapeutic Spreadsheet AS A of to serve Resident of With physician or Therapautic Diets The (RCC) will more Every DAY when sh IS At the facility When the lecc) is Unavailable All m Will Be monitored for 30 DAYS AND Rang There After ADMINISTRATOR I EPONTED The ADMINISTRATOR - in-C to the Health care Personnel Registry	JUIDES SERED INITATION JUIDES SORE SORE SORE SORE SORE SORE SORE SO	2/3/17				