



PRINTED: 02/24/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 000 Initial Comments
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 000

D 050 10A NCAC 13F .0305(e) Physical Environment
10A NCAC 13F .0305 Physical Environment
(e) The requirements for bathrooms 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;

D 050

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

Demita M. Elmore

TITLE
AIC

(X6) DATE
3/20/17

STATE FORM

*Reviewed and accepted
fgw 3/24/17*

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D 050	<p>Continued From page 1</p> <p>(C) a bathtub accessible on at least two sides;</p> <p>(D) a lavatory; and</p> <p>(E) a toilet.</p> <p>(8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet;</p> <p>(9) Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;</p> <p>(10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule;</p> <p>(11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;</p> <p>(12) Non-skid surfacing or strips shall be installed in showers and bath areas; and</p> <p>(13) The floors of the bathrooms and toilet rooms shall have water-resistant covering.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 2 of the 7 common resident hallway bathrooms, used by the 55 residents of the facility, and 2 shared bathrooms in resident rooms (rooms 19 and 35), provided privacy as evidenced by the locks on the doors not operating, doors to bathrooms did not shut completely and no signs indicating the bathroom was occupied, or did not have curtains that provided privacy for the multi-stall bathrooms.</p> <p>The findings are:</p> <p>Observations during the facility tour on 2/01/17 from 9:00 am to 11:00 am and 2/02/17 from 9:00 am to 3:45 pm revealed:</p> <p>-There were 7 common bathrooms for resident use.</p>	D 050	<p>03/02/17</p> <p>The Regional Maintenance Department has Replace The locks on the Common Bathroom Doors; place Door Knob on missing Doors; Have fixed hardware; Maintenance Department will check common Bathroom Door Daily to make sure All Common Bathroom is</p>

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D 050	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Two of the 7 common bathrooms did not lock. One lock was not in operating condition, and one door had a missing door knob and hardware. -Two halls had resident rooms with either private or shared bathrooms in their rooms. -The common bathroom across from room 10 on A hall had a broken door lock with the lock button pushed all the way in. The door would not lock. -The common bathroom next to room 24 on C hall was missing the entire door knob and hardware, including the striker plate. There was an approximately 2 and 1/2 inch hole where the door knob should have been. This prevented the door from shutting completely, being locked, and providing privacy for the multi stalled area for showering, bathing, or toileting. There were 4 curtains to provide privacy around the toilet, the tub, the shower and the dressing stall, but they were approximately 12 inches from the floor and were not wide enough to provide complete privacy when pulled close around the stall. There was no sign on the door to indicate the room was occupied. -Room 19 on B hall door knob could not be latched or locked for privacy when toileting or showering. -Room 35 on C hall had no shower curtain to provide privacy, and the bathroom door could not be latched or locked for privacy. <p>Observation on 2/01/17 at 4:00 pm of the common bathroom next to room 24 on C hall revealed a paper towel was pushed into the hole in the door to provide privacy. The door still had no handle and could not be latched or locked for privacy.</p> <p>Observation on 2/02/17 at 8:30 am of the common bathroom next to room 24 on C hall revealed:</p>	D 050	<p>WORKING in a operating condition; Administrator IN CHARGE will check Behind the Maintenance Department to ensure that All the common Bathrooms are operating and is meeting The Rules 10A NCAC (3F.0305e) physical environment</p> <p>All curtain To provide privacy will be ORDERED AND PLACE BY 3/27/17</p>
3/02/17	3/27/17		

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D 050	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The paper towel was missing from the hole in the door. -There was no sign that the bathroom was occupied. -There was no answer to a knock on the bathroom door. -A resident was sitting on the toilet and had not pulled the provided curtain around the toilet area. -The door could not be latched or locked for privacy. <p>Review of the facility's current Environmental Health inspection report dated 1/25/17 revealed the inspection included demerits related to toilet, handwashing, and bathing facilities and cited "facilities... clean and in good repair" and referenced a "stained and torn curtain in the hall C shower room". Broken or missing door hardware or locks, doors not latching and missing shower curtains were not mentioned in the report.</p> <p>Interviews with multiple residents on 2/01/17 revealed:</p> <ul style="list-style-type: none"> -One resident was aware of at least one bathroom door that did not lock, but did not know about any of the others. -The residents would use another bathroom. -The residents had not notified the staff that the lock was not working. -Room 19 on B hall door knob was broken since October 2016, and could not be latched. "I'm not sure who was aware it was broken." <p>Interview on 2/01/17 at 8:50 am with a construction Contractor revealed:</p> <ul style="list-style-type: none"> -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". -He had started repairs on the A hall common bathroom next to room 15. 	D 050	<p>THE Regional Maintenance Department has Replace The locks on THE common Bathroom Doors; place Door Knobs on missing Door; Have fixed hardware; Maintenance Department Will check Common Bathroom Door Daily to Make sure All common Bathroom is working in a Operating condition; Administrator In charge Will check behind THE maintenance Department to ensure that All THE common Bathrooms are Operating and is meeting THE Rules 10A NCAC 13 F • 305(c) physical environment</p>
			3/02/17

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D 050	<p>Continued From page 4</p> <p>-He had started repairs on the C hall common bathroom next to room 24. He was aware the door knob hardware was missing, but a new door had been ordered to be installed. He was not aware of "management's plans until the new door arrived". He had not been asked to make the current door lockable.</p> <p>Confidential interviews with 4 staff members revealed:</p> <ul style="list-style-type: none"> - "The upkeep of the building should be maintained." - "The owner should not have to come in and pay for the repairs." - "The repairmen are following an inspection report that was completed in January." - "The remodeling was started in December 2016, but she was "not aware who pays". - "They were not aware the A hall bathroom door lock did not work, but they "were not surprised". - "Residents did not always tell them when things were broken." - "The C hall bathroom was "being worked on." They were told a door had been ordered. Most residents used another bathroom or shower. "There was a door knob before the bathroom was remodeled." She was "not sure how long there had been no door knob". - "The facility had one maintenance man until the construction was started, now there were several to notify of repair needs." <p>Interview on 2/01/17 at 4:15 pm with the Regional Maintenance Director revealed:</p> <ul style="list-style-type: none"> - "He was not aware the bathroom across from room 10 on A hall had a broken door lock, but would fix it." - "The contractors and "myself" were fixing the repairs from the Sanitation report citations." - "He was not aware of any other door locks that 	D 050	<p>The Regional maintenance Department has Replace The locks on the common Bathroom Doors; place Door Knobs on missing Door; have fixed Hardware; maintenance Department will check Common Bathroom Door Daily to make sure all common Bathroom is Working in a operating condition; Administrator In charge will check Behind the Maintenance Department to ensure that All the common Bathroom are operating and is meeting the Rules 10A NCAE 13 F • 305(e) - physical environment</p>	3/02/17
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY, STATE, ZIP CODE 5106 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 050	Continued From page 5 would not latch or lock, but would look at them. Interviews on 2/01/17 at 4:15 pm and 2/02/17 at 11:00 am with the Administrator revealed: -They were replacing the bathroom door (outside room 24 on C hall) after it had been brought to her attention on a previous survey. She was not aware when it was expected to be installed. She was aware the current door could not be latched or locked. -The facility was being remodeled currently. -She was not aware there were showers, toilet or bathtub areas that did not have privacy curtains or had too small a size curtain to provide privacy. -She was not aware of any other door locks that would not latch or lock. -She was not aware the bathroom across from room 10 on A hall had a broken door lock, but would have maintenance fix it.	D 050	The Regional Maintenance Department has Replace the locks on the common Bathroom Doors; Have fixed Hardware; Maintenance Department will Check common Bathroom Door Daily to make sure all common Bathrooms is working in a operating condition; Administrator In charge will check Behind the Maintenance Department to ensure that all the common Bathrooms are operating AND is meeting the Rules 10a NCAC 13F. 0305(c) physical environment, 3/02/17
D 072	10A NCAC 13F .0305(m) Physical Environment 10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure the outside grounds of the facility and building were maintained in a clean and safe condition related to facility and construction trash	D 072	The Maintenance Department will monitor the grounds daily to ensure that the outside grounds is maintain AND clean AND safe condition and make sure that any construction trash is being done in the facility they will provide their own dumpster for trash pick-up's Maintenance department 3/3/17

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D 072	<p>Continued From page 6</p> <p>next to the dumpster in the back of the facility and overflowing onto the sidewalk.</p> <p>The findings are:</p> <p>Observation of the outside grounds on 2/01/17 at 9:10 am revealed:</p> <ul style="list-style-type: none"> -A closed dumpster in the back yard next to a sidewalk with 4 wheelchairs, 8 large trash bags and miscellaneous construction trash next to the dumpster and overflowing onto the sidewalk. -The sidewalk was accessible to residents. -Immediately to the left of the exit door of the facility and approximately 20 feet from the dumpster were a washer and dryer and the dryer hose. <p>Interview on 2/01/17 at 9:10 am with a subcontractor revealed:</p> <ul style="list-style-type: none"> -The dumpster was full. -The trash, wheelchairs and washer/dryer by the dumpster were emptied from the laundry room and a storage building that were being repaired and remodeled. "We carried those things out yesterday. They are to be picked up today." <p>Interviews with multiple residents on 2/01/17 revealed:</p> <ul style="list-style-type: none"> -The dumpster overflows a lot. It was picked up every Tuesday or Thursday. -The wheelchairs, 8 large trash bags, and miscellaneous construction trash outside has been there for a couple of days. -The construction staff were remodeling and that created extra trash. -"I have no idea how often the dumpster is emptied. I hear the truck every morning." <p>Interviews with 5 staff members on 2/01/17 and 2/02/17 revealed:</p>	D 072	<p>Will notify administrator if dumpster is overflowing within schedule pick ups so the administrator will contact the owner to get a second pick-up if need to be; Schedule pick-ups for trash is on TUESDAYS</p>	3/31/17
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D 072	<p>Continued From page 7</p> <ul style="list-style-type: none"> -The dumpster was emptied every Tuesday, but that "is not good enough because we have more than the normal amount of trash now" due to the construction trash. -The dumpster was emptied when the bills were paid and had been picked up recently. -They thought the Administrator was responsible for paying the bills. <p>Interview on 2/02/17 at 11:00 am with the Administrator revealed:</p> <ul style="list-style-type: none"> -The dumpster was full now, so extra trash was next to the dumpster. -"Construction had emptied a shed, and also had remodeling trash, so there was extra stuff now." -The current dumpster needed to be replaced per the Health Inspector's findings. It has been ordered and should be swapped any day now. The trash company was waiting for funds to be received from the Administrator before they would deliver it. -The dumpster trash was picked up every Tuesday. <p>Interview on 2/02/17 at 12:50 pm with 2 residents revealed:</p> <ul style="list-style-type: none"> -"The dumpster is overflowed right now with no place to put the trash, and there is metal in that trash." -"It's too messy out here". <p>Observation of the outside grounds on 2/02/17 at 3:10 pm revealed:</p> <ul style="list-style-type: none"> -Two residents were outside bagging the trash that was overflowing from the dumpster. -The trash pile had not been picked up yesterday (Wednesday 2/01/17 as stated by the subcontractor) and was almost doubled in size. -There were 7 wheelchairs lined up against the back wall of the facility. 	D 072	<p>The Maintenance Department will monitor the grounds daily to ensure that the outside grounds is maintain and clean and safe condition and make sure that any construction trash is being done in the facility they will provide their own dumpster for trash pick-up; Maintenance Department will notify administrator if dumpster is overflowing within schedule pick-ups so the administrator will contact the owner to get a second pick-up if need to be; Schedule pick-ups for Trash is on Tuesdays</p> <p style="text-align: right;">3/3/17</p>

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D 072	<p>Continued From page 8</p> <ul style="list-style-type: none"> -There were at least 7 large trash bags in a pile against the back wall of the facility, in addition to the bags next to the dumpster. -There were several broken furniture chairs, and 2 metal lifts among the construction trash in piles on both sides of the sidewalk next to the dumpster. <p>Telephone interview on 2/02/17 at 3:10 with the facility's contracted trash collection company representative revealed:</p> <ul style="list-style-type: none"> -Their company provided trash pick up service to the facility, and emptied the dumpster every Tuesday. -There was documentation in their records that the facility had called on 1/26/17 for an exchange of the dumpster because there was a hole in the bottom of the dumpster. That exchange was to happen today. -There was documentation in their records that the facility had called on 2/01/17 for an extra pick up and arranged payment for it. -The last pick up of trash had been on 1/31/17. -There was no documentation in their files of missed pick-ups for the last 6 weeks (he did not look farther back than 6 weeks), and stated there had been no missed payments for 6 weeks. 	D 072	<p>The maintenance Department will monitor the grounds daily to ensure that the OUTSIDE grounds is maintain and clean and safe condition and make sure that any construction trash is being done in the facility they will provide their own dumpster for trash pick-up; Maintenance Department will notify administrator if dumpster is over flowing within schedule pick-ups so the owner (ADM) will contact the owner to get a second pick-up if need to be</p>	3/3/17
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p>	D 074		

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D 074	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls and floors in 7 residents' rooms and bathrooms (rooms 9, 15, 17, 18, 25, 27, 35) and the common bathrooms (A hall, B hall and C hall) and all hallways were kept clean and in good repair.</p> <p>The findings are:</p> <p>Observations during the facility tour on 2/01/17 and 2/02/17 revealed:</p> <ul style="list-style-type: none"> -The facility was divided into 3 hallways: The A hall contained rooms 1-13, the B hall contained rooms 14-22, and the C hall contained rooms 22-38. -The facility was an older building, and was currently being remodeled in several areas including the laundry room. -There was grey dust/dirt build up around the edges and corners of the hallways with an increase in the corner edges of doorways, common rooms, and all the common bathrooms in A, B and C hall. -The baseboard paint throughout the facility in the common areas, all hallways, resident rooms, and the staff areas was chipped and missing paint and/or caulk. There was new baseboard recently installed in the residents' dining room, but it had not been painted or stained. -There were yellow or brown stained, cracked, or missing caulk behind and around the toilets, sinks and floor found in most bathrooms, including 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 toilet), and the common bathrooms on A hall (baseboard damaged). -The common, multi-stalled bathroom/tub/shower 	D 074	<p>Administrator In Charge is training all housekeepers on how to clean and detail Resident Rooms, common bathroom, hallways, floors around the edges and corners, wiping down walls, furniture and baseboards (ADM) will be hiring housekeepers with experience. There will be two housekeepers on first shift with supervision of the Maintenance Department and (ADM) daily Monday-Friday to approve the rooms and common bathrooms throughout the building to ensure all rooms are being cleaned daily. There will be one housekeeper on second shift part-time. There will be one housekeeper every other weekend.</p>	3/1/17
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
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D 074	<p>Continued From page 10</p> <p>room next to room 24 on C hall had brown stained floor grouting, with missing caulking around the toilet edges. The door was missing a doorknob and hardware.</p> <ul style="list-style-type: none"> -The common bathroom next to room 15 had dirty caulking stained brown around the base of the toilet. -The baseboard was missing behind the toilet in the front lobby women's bathroom. -There were 2 missing floor tiles at the front exit door near the beauty shop. -There were water stains and damage to the floor in room 25 near the bathroom. There was mild floor buckling near to the baseboards. -Room 35 had leaking pipes connecting the sink to the wall. There was moisture and water stains on the wall, but the floor was dry. -There was a gap at the lower half of the back exit door near room 30 on C hall that prevented the door from closing tightly to the outside. The gap was approximately 1/4 inch below the door knob, and 1/2 inch at the bottom of the door. The door appeared to still be lockable. <p>Observations on 2/01/17 during the initial facility tour from 9:00 am to 11:00 am revealed:</p> <ul style="list-style-type: none"> -One housekeeper was observed in the facility. -He was seen at the common bathrooms and going into and out of residents' rooms on A and B hallways with toilet paper, paper towels and his mop. He had trash in bags when he exited the rooms. He was not observed on C hallway during this time period. <p>Review of the local Environmental Health inspection report dated 1/25/17 revealed:</p> <ul style="list-style-type: none"> -The sanitation score was 75.5. -The floors need additional cleaning throughout the facility in all areas including detailed areas next to walls in storage rooms, mop room, 	D 074	<p>Regional Maintenance Department has fixed and taking care of baseboard that were chipped and missing paint, the new baseboard that was installed in the residents dining room will be painting on March 17, 2017</p> <p>Regional Maintenance Department have replaced new caulk around the toilet and sink; 3/16/17</p> <p>Room 15: gaps between wall boards in the shower has been taken care of 3/16/17</p> <p>Room 17: caulk cracked from the tub and wall has been taking care of 3/16/17</p> <p>Room 18: THE OLD CAULK around the toilet was removed and placed with new caulk 3/16/17</p>	<p>3/17/17</p> <p>3/18/17</p> <p>3/16/17</p> <p>3/16/17</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 074 Continued From page 11

laundry, closets, around toilets, furniture, baseboards, etc. Floors shall be maintained clean." Four demerits were taken off regarding floors, walls and ceilings.
-Baseboard and floor damage was mentioned in the A hall bath, the front lobby women's bathroom, the medication room and the medication room bathroom, room 25 near the bathroom, room 17, the dining room, the exit door near the beauty shop. "Floors shall be easily cleanable."
-The same conditions were described above during observations of the facility tour on 2/01/17 and 2/02/17.

Interviews from multiple residents during the facility tour on 2/01/17 revealed:
-"Housekeeping (staff) should come every day."
-The housekeeper "dust mopped the floor of the room and bathroom, and cleaned the toilet."
-"The baseboards were rarely cleaned and had a 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 housekeeper cannot keep up with the cleaning."
-"One person cannot clean the entire building."

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.

D 074

Administrator In charge is TRAINING all housekeepers on how to clean and detail Resident Rooms, common Bathroom, hallways floors around the edges and corners wiping down walls, furniture and baseboards (adm) will be hiring Housekeepers with experience; There will be two housekeepers on first shift with supervision of the Maintenance Department and (adm) Daily Monday-Friday to approve the rooms and common Bathroom throughout the building to ensure all rooms are being cleaned daily; There will be one housekeeper on second shift part-time There will be one housekeeper every other weekend

3/1/17

3/20/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 074	<p>Continued From page 12</p> <ul style="list-style-type: none"> -He had started repairs on the A hall common bathroom next to room 15. He cleaned 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. -New baseboards were installed in the dining room. -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 to be moved back in. <p>Interviews on 2/01/17 at 12:40 pm and 2/02/17 at 8:40 am with the Housekeeper revealed:</p> <ul style="list-style-type: none"> -He had worked at the facility for 1 year. -"There is more to be done than I can do in one day, it's a big job." -"I cleaned one of the A hall bathroom floors on my knees since the grout was dirty." "I plan to do this to the others when I can." -Contractors were here for repairs and remodeling. The laundry room was just finished. -He "arrived at 8:00 am and checked the bathrooms and common bathrooms first to supply toilet paper and paper towels, and to collect trash. I go back later to clean the rooms." -The facility had a maintenance man who was responsible for the repairs that needed to be done. <p>Confidential interviews with 4 staff members revealed:</p> <ul style="list-style-type: none"> -"The upkeep and cleanliness of the building should be maintained." -"The owner should not have to come in and pay 	D 074	<p>Regional Maintenance Department has fixed and taking care of the roseboard that were chipped and missing paint; The new baseboard that was installed in the residents dining room will be painting on March 11, 2017 3/11/17</p> <p>Regional Maintenance Department Have replaced new caulk around the toilet and sink 3/16/17</p> <p>Adm) will be hiring housekeeper with experiences; There will be two housekeeper on first shift with the supervision of the Maintenance Department Adm (Adm) will check behind housekeepers and Maintenance Department daily Monday, Friday to approve the room and common bathroom throughout the building to ensure all rooms are being cleaned daily There will be one housekeeper on second shift part-time; There will be one housekeeper every other day 3/13/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY, STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 074	<p>Continued From page 13</p> <p>for the repairs."</p> <ul style="list-style-type: none"> -The C hall bathroom was "being worked on." -They were not aware if anyone routinely made rounds to check for things needing repairs. <p>Interview on 2/01/17 at 4:15 pm with the Regional Maintenance Director (RMD) revealed:</p> <ul style="list-style-type: none"> -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. <p>Interviews on 2/01/17 at 4:15 pm and 2/02/17 at 11:00 am with the Administrator revealed:</p> <ul style="list-style-type: none"> -The facility was being remodeled currently. -They were fixing the repairs from the Sanitation report citations. -They had one housekeeper who was responsible for cleaning the facility. -She was not aware of the toilet leak in the 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. <p>Observation on 2/02/17 at 10:20 am of room 25 revealed:</p> <ul style="list-style-type: none"> -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 	D 074	<p>Regional maintenance Department fixed THE leak in Bathroom 25 SHARED WITH 27; Maintenance Department will check Residents Bathrooms Daily to ensure there isn't any leaks; and report any to The Regional Maintenance Department</p> <p>3/02/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 074	<p>Continued From page 14</p> <p>a big puddle of clear water on the floor surrounding the toilet.</p> <p>Observation on 2/02/17 at 10:20 am of room 27 revealed there was no leak from the shared bathroom extending into room 27.</p> <p>Interview on 2/02/17 at 10:20 am with the resident residing in room 25 revealed:</p> <ul style="list-style-type: none"> -The toilet had leaked for about 1 month, and he or the staff "put a towel or sheet against the wall to stop the water from coming all the way into my room". -He had told someone about the leak more than once, but no one had tried to repair it. -He had never fallen. <p>Interview on 2/02/17 at 10:35 am with the RMD revealed he had found a leaking toilet valve causing the water problem in room 25, and had just fixed it. He was not aware of the problem until it was reported to him this morning.</p> <p>A second interview on 2/02/17 at 3:10 pm with the resident residing in room 25 revealed he was "still noticing" water in the bathroom after the repairs, "it was leaking from the toilet bowl", and had not reported it to anyone yet.</p> <p>Observation on 2/02/17 at 3:36 pm of room 25's shared bathroom revealed the floor was dry, and no leak was visible at the toilet.</p> <p>Attempted interview on 2/02/17 with the resident residing in room 27, who shared the bathroom with room 25, was unsuccessful.</p>	D 074	<p>Regional Maintenance Department fixed THE Leak in Bathroom 25 STAYED WITH 25; Maintenance Department will check Residents Bathroom Daily to ensure there isn't any leaks; and report any to THE Regional Maintenance Department</p> <p>3/02/17</p>
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings	D 077	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
X4 ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 077	<p>Continued From page 15</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain a sanitation score of 85 or above at all times.</p> <p>The findings are:</p> <p>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.</p> <p>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 bathrooms, A hall bathroom, A hall tub room, C hall bathroom, and beauty shop.</p>	D 077	<p>Administrator In Charge will be contacting the Health Inspector to do a follow-up inspection when all items are fix and cleaned by the Housekeepers and Maintenance Department and Regional Maintenance Department on the 3/27/17 will contacted Health Inspector</p> <p>3/27/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE DATE	
D 077	Continued From page 21 the range of 100 to 116. Review of the water temperature log on 2/01/17 at 1:00 pm with the Maintenance staff revealed the log sheet was dated 1/09/17 did not reveal any results posted. Interview on 2/01/17 at 4:15 pm with the Regional Maintenance Director (RMD) revealed -They were fixing the repairs from the list of Sanitation report citations. - -Sinks had been ordered and were being replaced as the room was remodeled. -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 facility items. It was locked by the owner. 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 077	Administrator In charge will be contacting the Health Inspector to do a follow-up inspection when all items are fix and cleaned by the housekeepers. Maintenance Department and Regional Maintenance Department on the 3/27/17 will contact Health Inspector	3/27/17	
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and 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	D 079			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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QIA ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
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D 077	<p>Continued From page 20</p> <p>-The C hall bathroom was "being worked on." -The soap and paper products came on the food truck now, so we do not have as many issues with running out." -The housekeeper restocked the soap and paper towels in all the bathrooms and sinks of the facility, but were not sure if it was done more than once a day. -No one complained that water was too hot or too cold.</p> <p>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 day, it's a big job." -"I cleaned one of the A hall bathroom floors on my knees since the grout was dirty. I plan to do this to the others when I can." -Contractors were here for repairs and remodeling. The laundry room was just finished. -Paper products were on the delivery truck that came weekly. -He was responsible for restocking soap and paper products, removing trash, and cleaning the facility. He started at 8:00 am with restocking residents' bathrooms and common bathrooms with paper products and removed trash. He did this again before he left for the day. He cleaned the rooms, common areas and hallways and whatever else was required. He did not keep a cleaning schedule.</p> <p>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</p>	D 077	<p>Maintenance Department Will monitor water temperature log available daily and document Reading (Apm) Will monitor The log daily</p> <p>Administrator In charge is Training all Housekeeper on how to clean and detail Resident rooms, Common Bathroom, Hallway floors around the edges and corners Wiping down walls, Furniture and Baseboards</p>	<p>2/3/17</p> <p>3/1/17</p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ E. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 077	<p>Continued From page 19</p> <ul style="list-style-type: none"> -New baseboards were installed in the dining room. -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 to be moved back in. <p>Interviews from numerous residents during the initial facility tour on 2/01/17 revealed:</p> <ul style="list-style-type: none"> -"Housekeeping should come every day." -"The housekeeper dust mopped the floor of the room and bathroom, and cleaned the toilet." -"The baseboards were rarely cleaned and had a 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. <p>Confidential interviews with 4 staff members revealed:</p> <ul style="list-style-type: none"> -"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. 	D 077	<p>Administrator in charge is training all housekeepers on how to clean and detail Resident rooms, common bathroom, hallway floors around the edges and corners, wiping down walls furniture and baseboards.</p> <p>3/1/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
CLINIC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
D 077	Continued From page 18 housekeeper at 3:55 pm. Observations on 2/01/17 and 2/02/17 from 9:00 am to 11:00 am of the water temperatures in the facility noted on the Environmental Health Inspection report dated 1/25/17 revealed: -The rooms cited were 4, 15, 19, 30, 38, women's front lobby bathroom, hall A tub, staff bathroom, shower room hall B, soiled utility hand sink beauty shop, and laundry and water temperatures ranged from 88 to 122. -The findings had been corrected and/or were under 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 temperature rechecks ranged from 108 to 116. Observation on 2/02/17 of the facility water fountain revealed the broken front push button 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 cleaned 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.	D 077	Maintenance Department will monitor water temperature and have a temperature log available daily and document reading (room) will monitor the log book daily Regional maintenance Department will fix the cracked and missing pieces on the water fountain	2/3/17 3/27/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 077	Continued From page 17 <ul style="list-style-type: none"> were covered with cloth slip covers. The cover of one sofa had shifted off the arm and exposed cracking leather on the right sofa arm. -The lobby desk was still missing the top right drawer. -The sitting area in the lobby had new looking chairs, and were not stained. -The beauty shop chair base was rusty and damaged. -The lampshade in room 38 had been repaired or 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. <p>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 1/25/17 revealed:</p> <ul style="list-style-type: none"> "All handsinks in all areas shall be supplied with soap and paper towels or other approved hand drying devices." -The report cited no paper towels in the A hall shower room, A hall bathroom, beauty shop, laundry, C hall shower room, men's front lobby bathroom, and wet paper towels in room 15. Many of the findings had been corrected. -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. -The report cited no soap in the A hall bathroom, beauty shop, laundry, room 38, women's front lobby bathroom. -The A hall 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 	D 077	<p>Regional Maintenance Department fix The missing top right drawer</p> <p>Regional Maintenance Replaced lampshade in room 38</p> <p>all Housekeeper will check all common bathroom daily to ensure there are Handsoap; paper towel, and tissue; ADM will monitor Daily to make sure all items are placed in bathrooms.</p>	<p>3/15/17</p> <p>1/24/17</p> <p>3/1/17</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF FACILITY OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 077	Continued From page 16 <ul style="list-style-type: none"> -The front lobby furniture "has 2 damaged/soiled sofas", "end 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". -"Lighting is low" in the front women and men's restroom, the snack room, room 4, 10, 15, 17, 38, A hall bath v2, room 10, linen storage, and the showers of rooms 19 and 30. -"Lighting 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." <p>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:</p> <ul style="list-style-type: none"> -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. <p>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:</p> <ul style="list-style-type: none"> -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 bulbs. One of 2 light bulbs was burned out. -The front lobby men's bathroom had new light fixtures replaced 2/02/17. <p>Observations on 2/02/17 at 3:45 pm of the furniture in the facility noted on the Environmental Health Inspection report dated 1/25/17 revealed:</p> <ul style="list-style-type: none"> -"The lobby has 2 damaged/soiled sofas" that 	D 077	Administrator In charge will be contacting the Health Inspector to do a follow-up inspection when all items are fix and cleaned by the housekeepers Maintenance Department and Regional Maintenance Department on the 3/27/17 will contacted Health Inspector	3/27/17
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
ID/AD PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X4) COMPLETE DATE
D 079	<p>Continued From page 22</p> <p>hazards; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to maintain the facility in a clean and orderly manner free of obstructions and hazards in regards to bed bugs (room 5).</p> <p>The findings are:</p> <p>Observation on 2/01/17 between 8:45 am and 11:00 am during the initial tour of the facility revealed:</p> <ul style="list-style-type: none"> -Room 5 had 2 beds stripped of sheets. The bed by the door had a mattress standing on its side on top of a box spring. The top corner of the box spring nearest to the corner of the room had black spots in a patch approximately 3 inches wide. Two large, filled trash bags were on the floor of the room. Residents' personal care items and belongings were on the dressers in the room. <p>Interview on 2/01/17 at 10:45 am with the Housekeeper revealed:</p> <ul style="list-style-type: none"> --He had worked at the facility for 1 year, but he had not worked in the facility in over 1 week. -He was not aware of bed bugs in the facility. -He was told the residents were moving out. -if he saw evidence of bed bugs he was to spray the entire bed notify the Supervisor and the resident would be moved to another room until it was taken care of. The mattress would be discarded. -He did not specify what type spray he used to spray on bed bugs, and was unable to produce the can of chemical he used. 	D 079	<p>THE policy when BED BUGS is found staff is to notify ADM; All clothes and items to be BAG up along with linens for wash at a local laundromat and remove Resident from room contacted the local exterminator to do a full inspection then treat per heat room or rooms when 24 hours Resident can returned back to room All staff will check all items clothes etc. Before enter the BUILDING have to be CHECK OR treated do to BED BUGS</p> <p>2/21/17</p> <p>3/1/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 079	<p>Continued From page 23</p> <p>Interview on 2/01/17 at 11:05 with the Administrator revealed:</p> <ul style="list-style-type: none"> -The facility had been treated for bed bugs in the past year. -No live bed bugs had been seen in room 5, but the residents were moved to 2 different rooms yesterday (1/31/17). -Residue of blood drops were noted on the mattress by the door of room 5. -We bagged the residents' clothes and linens, and sprayed the room with chemicals. -The Administrator did not specify what type spray was used to spray the bed bugs, and was unable to produce the can of chemical used. -A local pest control exterminator was to come "when funds were available". She planned to contact them today. -If the exterminator found live bed bugs, a heat treatment would be scheduled. <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> -The facility had not had bed bugs recently. -One of the residents was out of the facility, "and told someone (that he was bit by bed bugs), and they told me". -Live bedbugs were found in the bed by the door of room 5 on 1/31/17, so the residents were immediately moved to 2 separate rooms; one resident still has to share a room. Their clothing was bagged in one trash bag, and their linens in 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." 	D 079	<p>The policy when BED BUGS is found Staff is to notify (ADM); all staff is to BAG up all clothes etc. along with linens for wash at a local laundromat AND remove Resident from room contacted the local exterminator to do a full inspection then treat per heat room or Rooms ^{within} 24 hours Resident can returned Back to rooms All staff will check all items clothes etc. Before enter the Building HAVE to Be Check or treated do to Bed Bugs.</p> <p>2/02/17 3/1/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE COMPLETE
D 079	<p>Continued From page 24</p> <ul style="list-style-type: none"> -She thought maintenance or Housekeeping sprayed for pests, but was not aware if that would kill bed bugs. <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> -The facility had bed bugs last year which were treated without any more until yesterday. -"Another staff asked me to look with her after a resident complained of being bit. We saw live ones (bed bugs), a big one and a baby. The Administrator came in and we showed her the live ones on 1/31/17. We saw them on the mattress by the door of room 5. You can see the residue on the mattress now." -"We bagged the residents' belongings and linen separately and left the bags in the room." -"We moved the residents to other rooms." -The Administrator was to call the local pest control company. <p>Interview on 2/01/17 at 12:30 pm with the Administrator revealed the local pest control company was contacted on 2/01/17. They were going to "squeeze us in, so they did not know" when the exterminator would arrive.</p> <p>Observation of room 5 on 2/01/17 at 4:20 pm with the pest control exterminator revealed:</p> <ul style="list-style-type: none"> -Black bed bug spotted residue was found on the mattress by the door at the corner of room 5. -Upon further inspection, 2 skins of bed bugs were found on the mattress and in the resident's shoe. -One live bed bug was found on the underside of the box spring. -One live larger bed bug and several eggs the size of salt were found at a screw hole of the bed frame at the lower end of the bed and farthest from the wall. The bed bug was fast moving from 	D 079	<p>The policy when BED BUGS is found staff is to notify (room) all clothes etc. along with linens for wash at a local laundromat and remove Resident from room contacted the local exterminator to do a full inspection then treat room or rooms within 24 hours Resident can returned back to rooms all staff will check all items clothes etc. before enter the building have to be checked or heated do to Bed Bugs</p> <p>2/2/17 3/1/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 079	<p>Continued From page 25</p> <p>the exterminator's flash light.</p> <p>Interview on 2/01/17 at 4:20 pm with the pest control exterminator revealed:</p> <ul style="list-style-type: none"> -His work order was to inspect only room 5 for bed bugs and give his recommendation. No other rooms were requested. "Our recommendation would be to inspect adjacent rooms also, and if live bed bugs were found, a heat treatment to be conducted that lasted 2-5 hours depending on the scope of infestation." -He was not aware when the last service call was. "The facility had a contract with the pest control company, but then had payment issues, so we do not come unless called." He thought the payment issues were related to slow to pay the bills. -Bed bug residue and 2 skins of bed bugs was found on the mattress by the door at the corner of room 5. -A bed bug skin was found in the resident's shoe. -One live bed bug was found on the underside of the box spring, and "he's eaten recently, as he's full. He's probably at the nymph stage as he's small". -One live larger bed bug and several eggs the size of salt were found at a screw hole of the bed frame at the lower end of the bed and farthest from the wall. -No bed bugs were found on the bed by the window. -He updated the Administrator and recommended a heat treatment be scheduled as soon as possible with the Company's Account Manager. -He also recommended the adjacent rooms and the facility be inspected since the residents were mobile in the facility. <p>Interview on 2/01/17 at 4:35 pm and 4:50 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -The policy when bed bugs were found was to 	D 079	<p>The policy when Bed Bugs is found staff is to notify (AOM); all staff is to bag up all clothes etc. along with linens for wash at a local laundromat AND remove Resident from room contacted the local exterminator to do a full inspection then treat (heat) room or rooms within 24 hours Resident can returned back to rooms all staff will check all item clothes etc. before enter the building, all staff have to check or heard do to Bed Bugs</p> <p>2/02/17</p> <p>3/01/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER PORSYTH VILLAGE		STREET ADDRESS CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION:	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 079	<p>Continued From page 26</p> <ul style="list-style-type: none"> bag the resident's clothes and linens for washing at a local laundromat for the hotter washer/dryers, and remove the residents from the room. -She needed to get an estimate for an inspection of the entire facility before it could be scheduled. -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 exterminator inspection. "Our housekeeper does a thorough cleaning." "The mattresses are discarded." -The Administrator inspects the cleaning before anyone is allowed to return to the room. -The facility did not have a service contract with the pest control company, but called them when necessary. -The last date of a bed bug inspection only was 3/08/16. -No staff or residents had reported bed bugs or bites in any other room. -If we see bugs including roaches or ants, our maintenance or housekeepers use chemicals to treat them. -She was not aware of the dead roach in the activity room, or the complaint of past roaches in room 30. <p>Interview on 2/01/17 at 4:50 pm with the Regional Maintenance Director stated:</p> <ul style="list-style-type: none"> -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 book. <p>Interview on 2/01/17 at 5:15 pm with the exterminator revealed:</p> <ul style="list-style-type: none"> -A heat treatment had been scheduled with his 	D 079	<p>The policy when BED BUGS is found staff is to notify (Admin), all staff is to BAG up all clothes etc. along with linens for wash at a local laundromat and remove Resident from room contacted the ^{local} exterminator to do a full inspection then treat heat room or rooms within 24 hours Resident can returned back to rooms all staff will check all items clothes etc.</p> <p>Before enter the BUDING Have to be check OR heat do to BED BUGS</p> <p>2/02/17 3/1/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034884	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 079	<p>Continued From page 27</p> <ul style="list-style-type: none"> company for room 5 for 2/02/17 am. It was the only order on his work order. -The heat treatment would take several hours. -There was no order for a facility inspection or follow-up inspection yet. <p>Interview on 2/01/17 at 5:45 pm with the resident from room 5 revealed:</p> <ul style="list-style-type: none"> -He had lived at the facility for 5 years, and had been bitten by bed bugs in 2012 and Saturday January 1/28/17. -He said he had several bites on both arms and ankles, and his abdomen now, but had not reported the bites to staff. -He woke one morning with itching a few days before he saw a live bed bug, but did not report the itching to anyone. -Saturday morning he "found a live bed bug on his pants and told the Supervisor, but nothing was done on Saturday", January 1/28/16. -He left the facility on Monday, January 30, 2016, and when he returned Tuesday evening, January 31, 2016, his clothes were bagged up and they had moved him to another room. -He was concerned that he had no access to his belongings or clothes. <p>Observation on 2/01/07 at 5:45 pm of resident's skin who resided in room 5 revealed numerous red spots on both wrists and a few on his abdomen near his navel. His ankles were not observed, but the resident confirmed they were like his wrists.</p> <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> -She did not recall any reports or complaints of bed bug bites over the weekend. -On Monday the residents were moved from room 5. 	D 079	<p>The policy when BED BUGS is found Staff is to notify (ADM) all staff is to BAG up all clothes etc. along with items for wash at a local laundromat AND remove Resident from room contacted the local exterminator to do a full inspection then treat heat rooms or room within 24 hours Resident CAN returned Back to ^{room} returned Back to room all staff will check all items clothes etc</p> <p>Before enter the Bedroom ^{Room} there to be check or heat do to BED BUGS</p> <p>2/02/17 3/1/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034884	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 079	<p>Continued From page 28</p> <p>"If I see bedbugs, I get the resident to shower and dress in a hospital gown if they don't have any clean clothes." We put all the clothes in black bags and they are treated in hot washer and dryers. We notify the Supervisor or Administrator. The pest control company has to treat for bed bugs.</p> <p>-Maintenance sprays some rooms for bugs.</p> <p>Interview on 2/02/17 at 11:00 am with the Administrator revealed the pest company wanted to verify a check was here before they came, but would arrive this afternoon.</p> <p>Review of the pest control invoice receipt dated 2/02/17 revealed no room was specified, but was treated from 11:39 am to 2:29 pm with 3 chemicals for live bed bug activity.</p> <p>Telephone interview on 2/02/17 at 3:25 pm with the local pest control company representative revealed:</p> <ul style="list-style-type: none"> -The facility did not maintain a service plan for routine pest control with their company. -The office records had documentation on 3/14/16 that a request for bed bug treatment for one room only was requested. The treatment was completed on 3/18/16 but did not say which room was treated. "We did a follow-up inspection" and no bed bug activity was found. -Their office records documented a call from the facility on 2/01/17 for room 5 to be inspected. It was treated 2/02/17 and should be re-inspected in 7-10 days. 	D 079	<p>The policy when Bed Bugs is found staff is to notify (Adm) all staff is to BAG up all clothes etc. along with items for wash at a local laundromat and remove resident from room, contacted the local exterminator to do a full inspection then treat heat room or rooms within 24 hours Resident can returned back to room all staff will check all item clothes etc.</p> <p>Before enter the Building All items enter the Building have to be checked or heat do to BED BUGS</p> <p>2/02/17 3/1/17</p>
D 080	<p>10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And</p>	D 080	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 080	<p>Continued From page 29</p> <p>Furnishings</p> <p>(a) Adult care homes shall (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times;</p> <p>This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility 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 residents.</p> <p>The findings are:</p> <p>Interviews with numerous residents on 2/01/17 from 9:00 am to 11:00 am during the initial facility tour revealed:</p> <ul style="list-style-type: none"> -Several residents provided their own linens and soap. -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 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 	D 080	<p>Admin ORDER paper towel, tissue, ^{2/2/17} and hand soap weekly on the food truck; all items is place in the house keeping room with lock and key; Admin have place a key on the Med. Teh. kitchen if any one need items after hours</p> <p>Housekeepers will check Residents Bathroom daily to ensure they have Bathroom items Before and after they leave.</p> <p>Housekeepers</p> <p>Maintenance Department will monitor Bath rooms daily</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 080	<p>Continued From page 30</p> <p>the facility). That is not enough. They recently had housekeepers quit."</p> <p>Observations on 2/01/17 from 9:00 am to 12:00 pm and 2/02/17 from 9:45 am to 4:00 pm of the sinks having soap, toilet paper, hand towel or hand drying device in the facility revealed:</p> <ul style="list-style-type: none"> -The A hall bathroom next to room 7 had no soap on 2/01/17 or 2/02/17. No observations were documented of residents using this bathroom. -The bathroom on B hall next to room 17 had a wall mounted soap dispenser without a lid, but contained soap. -Room 23 was a private bathroom, and had 2 washcloths and 1 towel, but no paper towels. -Rooms 29 and 33 had no paper towels or towels. -On 2/01/17 at 9:55 am there was no toilet paper in the bathroom of room 24. -The front lobby women's bathroom had no soap on 12/02/17 at 1:00 pm, but was found re-stocked at 3:55 pm. -The front lobby men's bathroom had no paper towels on 12/02/17 at 3:45 pm, but was found re-stocked at 3:55 pm <p>Observations on 2/01/17 during the initial facility tour from 9:00 am to 11:00 am revealed:</p> <ul style="list-style-type: none"> -One housekeeper was observed in the facility. -The housekeeper was seen at the common bathrooms and going into and out of residents' rooms on A and B hallways with toilet paper, paper towels and his mop. He had trash in bags when he exited the rooms. He was not observed on C hallway during this time period. <p>Observation on 2/02/17 at 8:30 am revealed the housekeeper was entering each resident room and common area bathrooms and was re-stocking the paper products from a bag of the items.</p>	D 080	<p>2/2/17</p> <p>(adm) order paper towel, tissue, hand soap. Weekly on the food truck; all items is place in the housekeeping room with lock and key; (adm) have place a key on the med. tech keychain if any one need items after or before hours</p> <p>Housekeepers will check resident bathrooms daily to ensure they have bathrooms items before and after housekeepers leave.</p> <p>Maintenance Department will monitor both rooms daily</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D-090	<p>Continued From page 31</p> <p>Confidential interviews with several staff members revealed:</p> <ul style="list-style-type: none"> -The laundry room was remodeled so was not available for 3 days. It was being put back together today, so laundry would get washed. -The worst of the towels were left in the closet now until more could be washed. -There were no issues or concerns with the linens. -New towels were recently purchased and the towels with holes were made into washcloths or discarded. -The linen closets were kept locked with keys stored on the Medication Aide's key ring. -The washcloths were old, weak, and in limited supply. -"There were not enough towels and washcloths. The ones we have are stained, frayed and have holes." -"Soap was hard to come by, and was stocked by the housekeeper. -"The soap and paper products (toilet paper and paper towels) came on the food supply truck now, so we do not have as many issues with running out." -"We keep some soap and paper products in the kitchen storage room since we don't have the housekeeping storage closet key after they leave for the day." -If soap was needed and there was none was in the room, we got it from another bathroom and put it in a cup for use. <p>Observation on 2/01/17 at 12:40 pm of the housekeeping supply closet revealed:</p> <ul style="list-style-type: none"> -It was locked by a key that only the housekeeper and the Administrator had copies of. -There were 15 rolls of paper towels, 21 rolls of toilet paper, 2 gallon bottles of liquid soap refill, 	D-090	<p>(ADM) ORDER paper towel, tissue, hand soap weekly on the food truck; all items is place in the housekeeping room with lock and key; (ADM) HAVE place a key on the med Tech keychain if any one need items after hours</p> <p>Housekeepers will check Resident Bathroom daily to ensure they have Bathroom items before and after housekeepers leave</p> <p>Maintenance Department will monitor Bath rooms Daily</p> <p>2/2/17</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 080	<p>Continued From page 32</p> <p>and 7 bottles of a scented disinfectant.</p> <p>Interview on 2/01/17 at 12:40 pm with the housekeeper revealed a weekly delivery truck was due to come that day with paper products.</p> <p>Observations on 2/01/17 at 5:35 pm of the 2 linen closets revealed:</p> <ul style="list-style-type: none"> -The linen closets had shelves that were labeled with tags for what should be stored on that shelf. There were labels for blankets, flat sheets, fitted sheets, towels, wash cloths, and pillow cases. -Closet #1 contained 10 blankets, 2 fitted sheets, 2 sets of sheets inside pillow cases, and 1 stained flat pillow. -Closet #2 contained 16 flat sheets, 4 gowns, 3 green towels (all were thin, one had bleach spots, and one had frayed edges), 7 white towels (4 had frayed edges, all were grayish white and thin), 10 pillow cases, 9 fitted sheets, and 4 wash cloths (all were grayish white stained and thin, and one had a weak spot that was not a hole yet). <p>Further interviews on 2/01/17 and 2/02/17 with residents revealed:</p> <ul style="list-style-type: none"> -The towels were stained and ripped in spots. -When you do not have a washcloth, you make do with whatever you can, even cut up a towel if necessary. -"We were to get towels from staff for a shower." -The towels were old. "The owner came and bought a lot of towels about 4-5 months ago maybe, but they've disappeared." -Toilet paper, paper towels and soap were hard to get if the housekeeper was not working. -Toilet paper was sometimes hard to get as only 1 person had the key (to the supply closet). The staff does not leave extra rolls in the bathroom. -"If toilet paper was needed in the middle of the night, staff could not get it for us." 	O 080	<p>(ADM) ORDER paper towel, tissue, HAND soap weekly on the food Truck, all items is place in the housekeeping room with lock and key; (ADM) Have place a key on the med. Tech keychain If any one need items after hours Housekeepers will check Resident Bathroom daily to ensure they have Bathroom items Before and after Housekeepers leave. Maintenance Department Will monitor Bathroom Daily</p> <p>2/3/17</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE DATE
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D 080	<p>Continued From page 33</p> <p>-Staff would say they did not have the key to the supply closet if it was after hours. -If a bathroom was out of toilet paper, I have to go to another one."</p> <p>Interview on 2/01/17 at 5:50 pm with a 2nd shift Medication Aide revealed: -The linen closet was sparse right now because the laundry room was being remodeled. -The "better" towels and sheets were being washed now in the facility's 2 washers and 2 dryers. -The linen closet was usually about 1/2 full. -They did not have a key to the housekeeper's supply closet. -Toilet paper was also "kept" in the kitchen pantry so that staff could access it if toilet paper was needed after hours".</p> <p>Interview on 2/02/17 at 8:42 am with a first shift Personal Care Aide (PCA) revealed: -The linen closet usually was more full of supplies. -"I grab towels, etcetera and go with residents to the shower rooms because the towels disappear." -"The towels are old, frayed and some have bleach spots. We need new wash cloths." -Toilet paper and paper towels were supplied by the housekeeper.</p> <p>Observation on 2/02/17 at 8:50 am of the linen closets revealed: -Closet #1 was initially locked and the key could not be found. Maintenance staff was able to unlock it within 10 minutes. The contents of the closet were unchanged from yesterday's observations. -Closet #2 was stocked with more items than yesterday's observations. There were 5 gowns,</p>	D 080	<p>(ADM) ORDER paper towel, tissue, Hand soap weekly on the food Truck; all items is place in the Housekeeping Room with lock and key; (ADM) HAVE place a key on the MED. Tech Keychain IF any one need items after Hours Housekeepers will check Resident Bathroom daily to ensure they have Bathroom items Before and After Housekeepers leave Maintenance Department will monitor Bathrooms daily</p>	2/3/17
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
XAVC PREFIX TAG	PRIMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 080	<p>Continued From page 34</p> <p>12 flat sheets, 1 mattress pad, 15 fitted sheets (1 had a bleach spot), 1 blanket, 5 tablecloths, 8 pillow cases, 9 towels (3 of the towels were frayed or stained), and no wash cloths. -A PCA was observed taking a sheet set with a pillow case from the room just before the contents were counted.</p> <p>Observation on 2/02/17 at 9:00 am of the laundry room revealed all the machines were in use. There were no clean linens waiting to be folded or put away in the linen closets. There were dirty clothes and linens in baskets waiting to be washed.</p> <p>Interview on 2/02/17 at 11:00 am with the Administrator revealed: -The laundry room was out of commission for 3 days, "so we are backed up". -Laundry was being washed "now". -All staff pitch in for laundry duties. -We use better towels first, so what was in the closet was the worst of our supply. -"I need to buy new towels and washcloths." -Soap and paper products were in the locked housekeeping supply closet. The housekeeper and the Administrator had the keys. -Toilet paper was also in another area of the facility for after hour access by the Medication Aides.</p> <p>Interview on 2/02/17 at 4:00 pm with the Regional Maintenance Director revealed he was not aware the staff had no access to toilet paper after the housekeeper and Administrator left the facility, but would arrange for a key or a designated shelf with supplies that staff would have access to.</p>	D 080	<p>Administrator In charge 3/27/17 contacted the owner to purchase more flat sheets, fitted sheets, blankets, and pillow cases (ADM) will monitor closet # 2 weekly to ensure there are enough items available (ADM) purchased washcloth and towels on 2/3/17</p> <p>The Resident care coordinator will monitor the staff to ensure they are washing Resident clothes in a timely matter; to do room searches to make sure there's no washcloths or towels in Resident rooms not being used</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 105 Continued From page 35

D 105 10A NCAC 13F .0311(a) Other Requirements

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.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to assure all plumbing equipment at the toilet in the shared bathroom in room 25 and at the sink and toilet in room 35 was in a safe and operating condition.

The findings are:

1. Observation of the resident room and bathroom 25 on 2/01/17 at 9:56 am during the initial facility tour revealed:
 - There were wet sheets against the wall between the room and the shared bathroom.
 - The bathroom was shared by two residents residing in rooms 25 and 27.
 - 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.
 - 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.

D 105

D 105

2/21/17

Regional Maintenance Department fixed and taking care of the leak in bathroom 25 shared with room 27

There will be a maintenance log if housekeeper see any items that need to be fixed by the maintenance department, (MD) is to check log daily (ADM) will monitor log daily

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5106 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 105	<p>Continued From page 35</p> <p>Observation on 2/02/17 at 10:20 am of room 27 revealed there was no visible leak from the shared bathroom extending into room 27.</p> <p>Interview on 2/02/17 at 10:20 am with the resident residing in room 25 revealed: -The toilet had leaked for about 1 month, and he or the staff "put a towel or sheet against the wall to stop the water from coming all the way into my room". -He had told someone about the leak more than once, but no one had tried to repair it. He did not remember who or when he had reported the leak. -He had never fallen.</p> <p>Interview on 2/02/17 at 10:35 am with the Regional Maintenance Director revealed he had found a leaking toilet valve causing the water problem in room 25, and had just fixed it. He was not aware of the problem until it was reported to him this morning by the surveyor.</p> <p>Observation on 2/02/17 at 10:35 am of room 25 revealed: -The puddle of water and the wet sheets against the wall were gone. -The toilet tank cover was ill-fitting, and appeared too large for the tank. -The housekeeper was exiting the room with a mop and bucket.</p> <p>Interview on 2/02/17 at 10:35 am with the housekeeper revealed he had mopped in room 25 at other times for a wet floor, but thought it was from an overflowed toilet. He had not reported it to the maintenance staff.</p> <p>Interviews on 2/01/17 at 4:15 pm and 2/02/17 at 11:00 am with the Administrator revealed:</p>	D 105	<p>2/2/17</p> <p>Regional Maintenance Department fixed and taking care of all leaks</p> <p>There will be a Maintenance log if housekeepers see any items that need to be fixed by the Maintenance Department; Maintenance Department is to check log daily Adm will monitor log daily</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
JAH ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 105	<p>Continued From page 37</p> <ul style="list-style-type: none"> -The facility was being remodeled currently, and new sinks and toilets had been purchased. -They were fixing the repairs from the Sanitation report dated 1/25/17 citations. -She was not aware of the toilet leak in bathroom of room 25. <p>Second interview on 2/02/17 at 3:10 pm with the resident residing in room 25 revealed he was "still noticing" water in the bathroom after the repairs. "it was leaking from the toilet bowl", and had not reported it to anyone yet.</p> <p>Observation on 2/02/17 at 3:36 pm of room 25's shared bathroom revealed the floor was dry, and no leak was visible at the toilet.</p> <p>Interview on 2/02/17 at 5:10 with a Care Aide revealed she was not aware of any toilet or sink leaks.</p> <p>Attempted interview on 2/02/17 with the resident residing in room 27 who shared the bathroom with room 25 was not successful.</p> <p>2. Observation of the bathroom sink in room 35 on 2/01/17 during the initial facility tour from 9:00 am to 11:00 am revealed:</p> <ul style="list-style-type: none"> -The sink was leaking onto the floor where the pipe entered the wall. -The connection of the toilet to the floor was loose. -There was no cover on the toilet tank. <p>Interview on 2/01/17 during the initial facility tour from 9:00 am to 11:00 am with the resident in room 35 revealed:</p> <ul style="list-style-type: none"> -The toilet had been loose (at the floor) for approximately 6 months. -He had to reach into the tank to pull the stopper 	D 105	<p>2/2/17</p> <p>Reginal (MD) fixed AND taking care of All leaks.</p> <p>There will be a (MD) log if Housekeeper see any items that need to be fixed by the (MD); MD is to check log daily (MD) will monitor log daily</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5199 LANSING DRIVE WINSTON SALEM, NC 27105	
CWA ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 105	<p>Continued From page 38</p> <p>in order to flush the toilet.</p> <p>-There had been no cover on the toilet tank for months.</p> <p>-The sink leaked when it was turned on.</p> <p>-He had reported the toilet and sink issues but repairs had not been made. He did not remember when or who he reported the repair needs to.</p> <p>Interview on 2/01/17 at 4:15 pm with the Regional Maintenance Director (RMD) revealed:</p> <p>-They were fixing the repairs from the Sanitation report dated 1/25/17 citations.</p> <p>-He was not aware of the sink leak or the toilet issues in room 35, but would investigate it and make the necessary repairs.</p> <p>Interviews on 2/01/17 at 4:15 pm and 2/02/17 at 11:00 am with the Administrator revealed:</p> <p>-The facility was being remodeled currently, and new sinks and toilets had been purchased.</p> <p>-She was not aware of the sink leak or the toilet issues in room 35.</p>	D 105	<p>Reginal MD fixed and taking care of all leaks.</p> <p>There will be a maintenance log of housekeeping</p> <p>See my items that need to be fixed by the RMD; (MD) is to check log daily ADM will monitor log daily</p>
D 113	<p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p>	D 113	<p>(MD) will monitor water temperature daily and keep a water temperature log (ADM) will monitor water temperature log daily</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE COMPLETE
D 113	<p>Continued From page 39</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure hot water temperatures at sink, tub and shower fixtures in residents' rooms (#21, 25/27, 26/28, #30) and the common bath on C hall were maintained between a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F.</p> <p>The findings are:</p> <p>Review of the facility census revealed there were 55 residents currently residing in the facility with rooms 1-13 on A hall, rooms 14-22 on B hall, and rooms 23-38 on C hall.</p> <p>Observations in the facility on 2/01/17 of hot water temperatures revealed:</p> <ul style="list-style-type: none"> -At 9:30 am, the hot water temperature at the sink in the private bathroom for room 30 on C hall was 108 degrees F and the shower was 90 degrees F. -At 9:44 am, the hot water temperature at the sink of the bathroom for room 21 on B hall was 92 degrees F, and the shower was 92 degrees F. -At 9:56 am, the hot water temperature at the sink of the shared bathroom for rooms 25 and 27 on C hall was 116 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 118 degrees F. -At 1:15 pm, the hot water temperature at the sink in the common bath on C hall (next to room 24) was 100 degrees F, and the tub was 90 degrees F. <p>Rechecks on 2/01/17 of hot water temperatures revealed:</p> <ul style="list-style-type: none"> -At 4:10 pm, the hot water temperature at the sink in the common bath on C hall (next to room 24) was 96 degrees F, and the tub was 126 with an immediate drop to 92 degrees F. 	D 113	<p>(MO) will monitor water temperature daily and keep a Water Temperature log</p> <p>(APM) will monitor water temperature log daily</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 113	<p>Continued From page 40</p> <p>-At 5:10 pm, the hot water temperature at the shower for room 30 on C hall was 106 degrees F after maintenance was observed making repairs.</p> <p>-At 5:30 pm, the hot water temperature at the sink in the common bath on C hall (next to room 24) was 100 degrees F, and the tub was 116 degrees F.</p> <p>-Water temperatures on 2/01/17 ranges from 90 to 126 degrees F.</p> <p>Observations in the facility on 2/02/17 of hot water temperatures revealed:</p> <p>-At 8:30 am, the hot water temperature at the sink in the common bath/tub room on C hall (next to room 24) was 104 degrees F, and the tub was 110 degrees F.</p> <p>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.</p> <p>-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.</p> <p>-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.</p> <p>-Water temperatures on 2/02/17 ranged from 104 to 120 degrees F.</p> <p>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.</p> <p>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.</p>	D 113	<p>(MO) will monitor water temperature daily AND keep a water temperature log</p> <p>(ADM) will monitor water temperature log daily</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 113	<p>Continued From page 41</p> <p>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, hall A tub, shower room hall 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 13's sink and shower were 110 degrees 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 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.</p> <p>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 facility. -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."</p> <p>Confidential interviews on 2/01/17 and 2/02/17 with 4 staff members revealed:</p>	D 113	<p>(MO) will monitor water temperature daily and keep a water temperature log (ADM) will monitor water temperature log daily</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS - CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 113	<p>Continued From page 42</p> <ul style="list-style-type: none"> -Residents did not always tell them when things were broken. -No staff or resident had complained that water was too hot or too cold. <p>Interview on 2/01/17 at 12:40 pm with the Housekeeper (HK) revealed:</p> <ul style="list-style-type: none"> -He had worked at the facility for 1 year. -He had not noticed the water was too hot or cold in resident areas, but if he had, he would have reported it to the Maintenance staff. <p>Interview on 2/01/17 at 1:00 pm with the Maintenance staff revealed:</p> <ul style="list-style-type: none"> -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 the water temperatures were in the required range of 98-116 degrees. -If water temperatures were out of range, he adjusted the water heater, and re-checked the temperature later that same day. <p>Observation with the Maintenance staff on 2/01/17 at 1:00 pm of the monthly temperature log sheet dated 1/09/17 revealed no water temperatures were documented.</p> <p>Interview on 2/01/17 at 4:15 pm with the RMD revealed:</p> <ul style="list-style-type: none"> -They were fixing the repairs from the list of Sanitation report citations. -He would rather water temperatures be too low than too hot, and was aware temperatures should be 100-116 degrees F. -He had adjusted the shower temperature setting in room 30, and it registered 116 after his repair. 	D 113	<p>(RMD) will monitor water temperature daily and keep a water temperature log (APM) will monitor water temperature log daily</p>	2/3/17
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017	
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
OHHC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
D 113	Continued From page 43 Interviews on 2/01/17 at 4:15 pm and 2/02/17 at 11:00 am with the Administrator revealed: -The facility was being remodeled currently. -They were fixing the repairs from the Sanitation report citations, and many of the findings had been corrected and/or were under repair. -She was aware water temperatures should be 100-116 degrees F., and if they were not, the RMD would correct the problem.	D 113	(ADM) will monitor water temperature daily and keep a water temperature log (ADM) will monitor water temperature log daily.	2/3/17
D 186	10A NCAC 13F .0604 (a-b-c) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (a) Adult care homes shall staff to the licensed capacity of the home or to the resident census. When a home is staffing to resident census, a daily census log shall be maintained which lists current residents by name, room assignment and date of admission and must be available for review by the Division of Facility Services and the county departments of social services. (b) Homes with capacity or census of 12 or fewer residents shall comply with the following. (1) At all times there shall be an administrator or administrator-in-charge in the home or within 500 feet of the home with a means of two-way telecommunication. (2) When the administrator or administrator-in-charge is not on duty within the home, there shall be at least one staff member on duty on the first and second shifts and at least one staff member on call within the building on third shift. There shall be a call system connecting the bedroom of the staff member, who may be asleep on the third shift, with each resident's bedroom.	D 186	Business office manager (Bom) make out the schedule every two weeks and will monitor the hours Personal Care Hours; and if management have to work they will use a document on a physical schedule	2/3/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 186	Continued From page 44 (3) When the administrator or administrator-in-charge is on duty within the home on the first and second shifts and on call within the home on the third shift, another staff member (i.e., co-administrator, administrator-in-charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times. (4) The administrator shall prepare a plan of operation for the home (each home in a cluster) specifying the staff involved, their regularly 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 services. (5) At least 12 hours shall be spent daily providing 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 sleeping 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.	D 186	BOM) make out the schedule by every two weeks and will monitor the hours for personal care hours; and if management have to work they will use a document on a physical schedule 2/3/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 186	<p>Continued From page 45</p> <p>(c) A cluster of homes with capacity or census of 12 or fewer residents shall comply with the following staffing:</p> <p>(1) When there is a cluster of up to six licensed homes located adjacently, there shall be at least one administrator or administrator-in-charge who lives within 500 feet of each of the homes with a means of two-way telecommunication at all times and who is directly responsible for assuring that all required duties are carried out in each home, and</p> <p>(2) In each of the homes, at least one staff member shall be on duty on the first and second shifts and at least one staff member shall be on call within the building during the third shift. There shall be a call system connecting the bedroom of the staff member, who may be asleep on the third shift, with each resident's bedroom.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure minimal staffing for Personal Care Aides (PCA) and Medication Aides (MA) on 3rd shift was provided from 1/18/17 to 1/31/17 according to census.</p> <p>The findings are:</p> <p>Interview with a MA on 2/01/17 at 9:20 am revealed the census was 55 residents at the facility on 2/01/17.</p> <p>Interview with the Administrator on 2/02/17 at 9:56 am revealed there were only two discharges since October 2016.</p> <p>Review of PCA and MA staff hours on the time sheets for staffing from 1/18/17 to 1/31/17 for third shift revealed 9 of 14 second shifts were</p>	D 186	<p>(BOM) make out the schedule by every two weeks and will monitor the hours for personal care hours, and if management have to work they will use a document or a physical schedule</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27106
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 186	<p>Continued From page 46</p> <p>understaffed. (Staffing rules require 16 hours for the facility's census of 51-60 residents on 3rd shift.)</p> <ul style="list-style-type: none"> -1/18/17: 15.08 hours for 3rd shift. -1/19/17: 10.97 hours for 3rd shift. -1/20/17: 18.10 hours for 3rd shift. -1/21/17: 3.95 hours for 3rd shift. -1/22/17: 14.85 hours for 3rd shift. -1/23/17: 19.14 hours for 3rd shift. -1/24/17: 15.02 hours for 3rd shift. -1/25/17: 23.19 hours for 3rd shift. -1/26/17: 17.68 hours for 3rd shift. -1/27/17: 15.90 hours for 3rd shift. -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. <p>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).</p> <p>Interviews on 02/01/17 and 02/02/17 at various times with 6 care staff (Medication Aides and Personal Care Aides) revealed:</p> <ul style="list-style-type: none"> -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 new". 	D 186	<p>(BOM) make out the schedule by every two weeks AND will monitor the hours for personal care hours; and if management have to work they will use a document on a physical schedule</p>	2/3/17
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 166	<p>Continued From page 47</p> <ul style="list-style-type: none"> -Sometimes a staff member stayed over and worked four hours on the next shift. -When staffing was short, it was "hard on them (care staff)" and residents got less supervisions, it was hard to take breaks, and hard to watch the "wanderers". -There were currently no "wanderers" in the facility. -There was not a supervisor on duty or within 500 feet on night shift. -Management was aware of the shortage of staff and interviewed some prospective employees in November 2016, but most of them never came back. -The Business Office Manager (BOM) and the 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. <p>Interview with a staff member on 2/02/17 at 11:23 am revealed:</p> <ul style="list-style-type: none"> -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. <p>Interview with the Business Office Manager on 2/02/17 at 5:40 pm revealed:</p> <ul style="list-style-type: none"> -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." <p>Telephone interview on 02/02/17 at 4:17 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -When the facility was short on staff, a member of the management team worked in order to fill in 	D 166	<p>(BOM) make out the schedule by every two weeks and will monitor the hours and if management have to work they will use a document on a physical schedule</p> <p>2/3/17</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 186	<p>Continued From page 48</p> <p>the gap to meet staffing requirements.</p> <ul style="list-style-type: none"> -The management team did not punch in and out, but were supposed to document the hours they worked on the physical schedule. -She was not aware the management team was not documenting hours they worked on the physical schedule. -The management team "typically" worked Wednesdays, Thursdays, and Fridays in this facility, and other days in a sister facility. <p>Interview on 02/02/17 at 5:03 pm with the Business Office Manager revealed:</p> <ul style="list-style-type: none"> -She and the Administrator-In-Charge were responsible for completing the staff scheduling. -"I didn't realize there were so many days short (staffed)." -Someone from the management team fills in the "holes". -I fill in when I'm available. -"Sometimes there's just not anyone to fill in". <p>Interview with a Resident on 2/01/17 at 11:18 am revealed:</p> <ul style="list-style-type: none"> -She did not feel there were enough staff. -Staff never looked in on her in the morning, during the day or during the night. -"The staff is not helping me like I need it." -The staff was supposed to change the bed linens weekly and she had waited up to two weeks to have the linens changed on her bed. 	D 186	<p>2/3/17</p> <p>(BOM) make out the schedule by every two weeks and will monitor the thing; and if management have to work they will use a document on a physical schedule</p>
D 292	<p>10A NCAC 13F .0904(c)(3) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for</p>	D 292	<p>Administrator In charge is monitor the cooks; The cook will utilize the therapeutic</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE COMPLETE
D 292	<p>Continued From page 49</p> <p>therapeutic diets and documented to indicate the foods actually served to residents.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure substitutions made on the menu were appropriate for therapeutic diets, and documented to indicate the foods actually served to residents.</p> <p>The findings are:</p> <p>Review of the facility census revealed there were 55 residents currently residing at the facility.</p> <p>Observation of the kitchen on 02/01/17 at 9:15 am revealed: -A therapeutic diet list dated 01/06/17 posted on the refrigerator. -There were 17 residents on a No Concentrated Sweets (NCS) diet.</p> <p>A. Review of the Week-At-A-Glance menu for the lunch meal on 02/01/17 revealed: -The lunch meal was to consist of a glazed pork chop, navy beans, country trio vegetables, pineapple upside down cake, and cornbread. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 lunch meal revealed: -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a</p>	D 292	<p>spreadsheet as a guide to serve residents with physician-ordered therapeutic diet; The (RCC) will monitor every meal and snack service when she is in the facility. The Medication Aide on duty will monitor when the (RCC) is unavailable All meals will be monitored for 30 days and randomly thereafter</p> <p>2/3/17</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 292	<p>Continued From page 50</p> <ul style="list-style-type: none"> physician. Residents on NCS diet was to receive 1/2 baked sweet potato instead of the navy beans. <p>Observations on 02/01/17 from 12:20 pm to 12:45 pm of the lunch meal preparation revealed:</p> <ul style="list-style-type: none"> -The cook prepared pork chops, navy beans, and broccoli. -The cook did not prepare baked sweet potatoes, country trio vegetables, cornbread, or cake -There was no tea prepared. -The cook prepared a large container of pre-sweetened fruit-flavored punch. -The cook opened two 6-lb 12-oz cans of "Fruits for Salad" in "heavy syrup", drained the heavy syrup from the two cans into the container of pre-sweetened fruit-flavored punch, and poured the punch into serving pitchers. <p>Observations at various times throughout 02/01/17 and 02/02/17 revealed there was no documented substitution list to indicate foods actually served to residents.</p> <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served "light bread" in place of the cornbread because he forgot to make the cornbread. -He did not have the ingredients available to make the cake. -"They're going to have fruit punch to drink and ice cream for dessert. I might have to give pudding instead of ice cream because the ice cream is frozen solid". -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. -If he did not have food items designated on the menu, he would "just substitute". 	D 292	<p>Administrator In Charge 2/3/17 Will monitor the cooks; The cooks will utilize the Therapeutic Spreadsheet as a guide to serve Resident with physician-ordered Therapeutic diet; The (RCC) will monitor every meal AND snack service when she is in the facility. The medication AIDE on duty will monitor when the (RCC) is unavailable All meals will be monitored for 30 DAYS AND randomly thereafter</p>

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D 292	<p>Continued From page 51</p> <p>-He did not document changes to the menu; "No one ever told me I was supposed to".</p> <p>Refer to interview on 02/02/17 at 10:53 am with the Administrator-In-Charge.</p> <p>B. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed:</p> <p>-The supper meal was to consist of cheese pizza, tossed salad with dressing, fruited gelatin, and 2% milk.</p> <p>-The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 supper meal revealed:</p> <p>-Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free".</p> <p>-Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician.</p> <p>-Residents on a No Concentrated Sweets (NCS) diet were 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.</p> <p>Observation on 02/01/17 at 5:00 pm of the supper meal preparation revealed:</p> <p>-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 syrup.</p> <p>-The cook did not prepare cheese pizza, fruited gelatin, or tea.</p>	D 292	<p>(AIC) will monitor the cooks; The cooks will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets; The (RCC) will monitor every meal AND snack service when she is in the facility. The Med. AIDE on duty will monitor when the RCC is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p>	2/3/17
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D 292	<p>Continued From page 52</p> <ul style="list-style-type: none"> -The cook poured the pre-sweetened fruit-flavored 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. <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available to serve to the residents. -He did not serve fruited gelatin because he forgot to prepare it. -He boiled eggs to add to the salad ingredients, but forgot to put them in the salad. -He drained the syrup from the peaches and saved it to be added to tomorrow's fruit punch. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. -If he did not have food items designated on the menu, he would "just substitute". -He did not document changes to the menu; "No one ever told me I was supposed to". <p>Refer to interview on 02/02/17 at 10:53 am with the Administrator-In-Charge.</p> <p>Interview on 02/02/17 at 10:53 am with the Administrator-In-Charge revealed:</p> <ul style="list-style-type: none"> -The cook was "in charge" of the kitchen, but the AIC was responsible for oversight. -She ordered the food weekly from the food vendor. -She routinely used the Week-At-A-Glance menu and the therapeutic spreadsheet as a guide to know what food items to purchase. 	D 292	<p>(AIC) will monitor every meals The cook will utilize The therapeutic spreadsheet as a guide to serve Residents with physician-ordered therapeutic diets The (RCC) will monitor every meal and snack service when she is in the facility. The Med. AIDE on Duty will monitor when the RCC is unavailable. All meals will be monitored for 30 days AND randomly thereafter</p>	2/3/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 292	Continued From page 53 -The cook had all the food items available to have served the 02/01/17 meals according to the menu without making substitutions, except for the pizza for the supper meal. -She placed the food order while she was driving, so she "missed the pizza". -She had previously instructed the cook to use the therapeutic spreadsheets and document any food item substitutions on the substitution list. -She was not aware the cook was substituting food items and not documenting changes on a substitution list. -She was not aware the therapeutic diets were not being served as ordered by the physician.	D 292	The cook will utilize the Therapeutic Spreadsheet as a guide to serve Resident with physician-ordered therapeutic diets. The Resident Care Coordinator (RCC) will monitor every meal and snack service when she is in the facility; The Med AIDE on Duty will monitor when the RCC is unavailable. All meals will be monitored for 30 days AND randomly thereafter 2/3/17
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to serve therapeutic diets (No Concentrated Sweets and chopped meats) as ordered by the physician for 5 of 5 sampled residents with orders for therapeutic diets. The findings are: A. Review of Resident #4's current FL-2 dated	D 310	2/3/17

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 54</p> <p>01/09/17 revealed: -Diagnoses included diabetes. -A physician's order for a No Concentrated Sweets (NCS) diet and fingerstick blood sugar (FSBS) testing every night.</p> <p>Review of Resident #4's record revealed physician's orders dated 09/01/16 and 01/06/17 for a NCS diet with chopped meats.</p> <p>Review of Resident #4's FSBS records for December 2016 through February 2017 revealed: -The FSBS was scheduled once daily at 8:00 pm. -FSBS ranges for December 2016 was 204 to 396. -FSBS ranges for January 2017 was 245 to 454. -FSBS documented for 02/01/17 at 8:00 pm was 276.</p> <p>Review of the therapeutic diet list posted in the kitchen revealed Resident #4 was on a NCS diet with chopped meats.</p> <p>1. Review of the Week-At-A-Glance menu for the lunch meal on 02/01/17 revealed: -The lunch meal was to consist of a glazed pork chop, navy beans, country trio vegetables, pineapple upside down cake, and cornbread. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 lunch meal revealed: -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or</p>	D 310	<p style="text-align: right;">2/3/17</p> <p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ORDERED Therapeutic diets.</p> <p>The RCD will monitor every meal and snack service when she is in the facility.</p> <p>The med AIDE on duty will monitor when the RCD is unavailable.</p> <p>All meals will be monitored for 30 days and randomly thereafter.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 310	<p>Continued From page 55</p> <p>tea and water unless otherwise indicated by a physician.</p> <ul style="list-style-type: none"> -Resident #4 was to receive 1 glazed pork chop, 1/2 baked sweet potato instead of the navy beans, 1/2 cup country trio vegetables, 1 square of reduced-calorie pineapple cake, and 1 square (no specified size) of cornbread. <p>Observations on 02/01/17 from 12:20 pm to 12:45 pm of the lunch meal preparation revealed:</p> <ul style="list-style-type: none"> -The cook prepared pork chops, navy beans, and broccoli. -The cook did not prepare baked sweet potatoes, country trio vegetables, cornbread, or cake. -There was no tea prepared. -The cook prepared a large container of pre-sweetened fruit-flavored punch. -The cook opened two 6-lb, 12-oz cans of "Fruits for Salad" in "heavy syrup", drained the heavy syrup from the two cans into the container of pre-sweetened fruit-flavored punch, and poured the punch into serving pitchers. <p>Review of nutritional information for the fruit-flavored punch revealed:</p> <ul style="list-style-type: none"> -Sugar was the first listed ingredient and dextrose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar. <p>Review of nutritional information for the Fruits for Salad revealed 1/2 cup contained 19 grams of sugar.</p> <p>Observation on 02/01/17 from 12:55 pm to 1:30 pm of the lunch meal revealed:</p> <ul style="list-style-type: none"> -Resident #4 was served 1 pork chop cut into 1-inch squares, 1 cup of broccoli, 1/2 cup of navy beans, 1 slice of white bread, 1/2 cup of fruit with 1 tablespoon of syrup, 10 ounces of fruit-flavored 	D 310	<p style="text-align: right;">2/3/17</p> <p>The cook will utilize the Therapeutic spreadsheet as a guide to serve Residents with physician-ordered Therapeutic diets. The RCC will monitor every meal AND snack service when she is in the facility. The med. AIDE on Duty will monitor when the RCC is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 56</p> <p>punch, and 8 ounces of water.</p> <ul style="list-style-type: none"> -The resident consumed none of the broccoli, 50% of the bread, and 100% of all other menu items and beverages. <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served "light bread" in place of the cornbread because he forgot to make the cornbread. -He served fruit instead of cake because he did not have the ingredients available to make the cake. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. -Residents with orders for chopped meats should have their meats "finely chopped", but did not finely chop Resident #4's pork chop because he was "pushing hard to get everything done". <p>Interviews on 02/02/17 at various times with 3 personal care staff revealed:</p> <ul style="list-style-type: none"> -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 meat was cut, it was in 1-inch to 1 and 1/2-inch pieces. -One staff person stated she had seen meats chopped up in other facilities, but "thought that's how they did it here". -Resident #4 had not experienced any choking episodes or difficulty swallowing the pieces of meat. <p>Interview on 02/02/17 at 11:15 am with Resident #4 revealed:</p> <ul style="list-style-type: none"> -He was a diabetic. -He did not think the facility staff served him the 	D 310	<p>The cook will utilize the the Therapeutic Spreadsheet as a guide to serve Residents with physician-ordered Therapeutic diets; The RCC will monitor every meal AND snack service when she is in the facility.</p> <p>The med AIDE on duty will monitor when the RCC is unavailable.</p> <p>All meals will be monitored for 30 days AND randomly thereafter</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE COMPLETE
D 310	<p>Continued From page 57</p> <p>correct diet because there was "too much starch" and the beverages were "usually sweetened".</p> <p>-He had not discussed the issue with management because he tried "not to give them no hassle. I eat what they serve".</p> <p>-Staff checked his FSBS every day and they ranged from 320 to 380.</p> <p>-He was "pretty sure" that not getting the "right diet" was part of why his FSBSs were elevated, because "at home, they stayed between 120 and 150".</p> <p>-His meats at mealtimes were always cut into pieces, but not chopped.</p> <p>-He had been ordered chopped meats because he had "trouble swallowing" and used to have no teeth, but he now had teeth, so it was okay "the way they do it".</p> <p>-He had never choked or had difficulty with the pieces of meat served.</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>2. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed:</p> <p>-The supper meal was to consist of cheese pizza, tossed salad with dressing, fruited gelatin, and 2% milk.</p> <p>-The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 supper meal revealed:</p>	D 310	<p>2/3/17</p> <p>The cooks will utilize the Therapeutic Spreadsheet as a guide to serve Residents with physician-ordered Therapeutic diets. The (RCC) will monitor every meal and snack service when she is in the facility.</p> <p>The med. AIDE on Duty will monitor when the (RCC) is Unavailable.</p> <p>All meals will be monitored for 30 days and randomly thereafter.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
CLIA ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 58</p> <ul style="list-style-type: none"> -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #4 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. <p>Observation on 02/01/17 at 5:00 pm of the supper meal preparation revealed:</p> <ul style="list-style-type: none"> -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 syrup. -The cook did not prepare cheese pizza, fruited gelatin, or tea. -The cook poured the pre-sweetened fruit-flavored 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. <p>Review of nutritional information for the fruit-flavored punch revealed:</p> <ul style="list-style-type: none"> -Sugar was the first listed ingredient and dextrose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar. <p>Review of the nutritional information for the peaches revealed 1/2 cup contained 13 grams of sugar.</p>	D 310	<p style="text-align: right;">2/3/17</p> <p>The cooks will utilize the Therapeutic spreadsheet as a guide to serve Residents with physician-ordered Therapeutic diets. The RCC will monitor every meal and snack served when she is in the facility. The Med. Aide on duty will monitor when the RCC is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 310	<p>Continued From page 59</p> <p>Observation on 02/01/17 from 5:15 pm to 6:12 pm of the supper meal revealed:</p> <ul style="list-style-type: none"> -Resident #4 was served 1/2 grilled cheese sandwich, 1 and 1/2 cups of tossed salad, 1/2 cup of peach wedges in 2 tablespoons of syrup, 10 ounces of fruit-flavored punch, 6 ounces of 2% milk, and 8 ounces of water. -The resident consumed 50% of the water and 100% of all other menu items and beverages. <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available to serve to the residents. -He did not serve fruited gelatin because he forgot to prepare it. -He boiled eggs to add to the salad ingredients, but forgot to put them in the salad. -He drained the syrup from the peaches and saved it to be added to tomorrow's fruit punch. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. <p>Interview on 02/02/17 at 11:15 am with Resident #4 revealed:</p> <ul style="list-style-type: none"> -He was a diabetic. -He did not think the facility staff served him the correct diet because there was "too much starch" and the beverages were "usually sweetened". -He had not discussed the issue with management because he tried "not to give them no hassle. I eat what they serve". -Staff checked his FSBS every day and they ranged from 320 to 380. -He was "pretty sure" that not getting the "right diet" was part of why his FSBSs were elevated. 	D 310	<p>THE COOKS will utilize the Therapeutic Spreadsheet as a guide to serve Resident with physician-ordered therapeutic diets. The (RCC) will monitor every meal and snack serve when she is in the facility. The med. AIDE on duty will monitor when the (RCC) is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
X4. ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE COMPLETE
D 310	<p>Continued From page 60</p> <p>because "at home, they stayed between 120 and 150".</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>B. Review of Resident #3's current FL-2 dated 04/18/16 revealed: -Diagnoses included diabetes mellitus type II, coronary artery disease, and dementia. -A physician's order for a No Concentrated Sweets (NCS) diet. -No orders for fingerstick blood sugar (FSBS) testing.</p> <p>Review of Resident #3's record revealed physician's orders dated 09/01/16 and 01/06/17 for a NCS diet and double portions.</p> <p>Review of the therapeutic diet list posted in the kitchen revealed Resident #3 was on a NCS diet with double portions.</p> <p>1. Review of the Week-At-A-Glance menu for the lunch meal on 02/01/17 revealed: -The lunch meal was to consist of a glazed pork chop, navy beans, country trio vegetables, pineapple upside down cake, and cornbread. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 lunch meal revealed:</p>	D 310	<p>The cooks will utilize the therapeutic spreadsheet as a guide to serve Resident with physician-ordered therapeutic diets the CRCC will monitor every meal and snack serve when she is in the facility the med. AIDE on duty will monitor when the CRCC is unavailable all meal will be monitored for 30 Days and Randomly thereafter</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 310	<p>Continued From page 61</p> <ul style="list-style-type: none"> -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #3 was to receive (double portions of) the following: 1 glazed pork chop, 1/2 baked sweet potato instead of the navy beans, 1/2 cup country trio vegetables, 1 square of reduced-calorie pineapple cake, and 1 square (no specified size) of cornbread. <p>Observations on 02/01/17 from 12:20 pm to 12:45 pm of the lunch meal preparation revealed:</p> <ul style="list-style-type: none"> -The cook prepared pork chops, navy beans, and broccoli. -The cook did not prepare baked sweet potatoes, country trio vegetables, cornbread, or cake. -There was no tea prepared. -The cook prepared a large container of pre-sweetened fruit-flavored punch. -The cook opened two 6-lb 12-oz cans of "Fruits for Salad" in "heavy syrup", drained the heavy syrup from the two cans into the container of pre-sweetened fruit punch, and poured the punch into serving pitchers. <p>Review of nutritional information for the fruit-flavored punch revealed:</p> <ul style="list-style-type: none"> -Sugar was the first listed ingredient and dextrose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar. <p>Review of nutritional information for the Fruits for Salad revealed 1/2 cup contained 19 grams of sugar.</p>	D 310	<p>2/3/17</p> <p>The cooks will utilize the Therapeutic spreadsheet as a guide to serve Resident with physician ordered Therapeutic diets the CRCC will monitor every meal AND snack serve when she is in the facility the Med. AIDE on duty will monitor when the CRCC is unavailable all meal will be monitored for 30 days AND Randomly thereafter</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5109 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 312	<p>Continued From page 62</p> <p>Observation on 02/01/17 from 12:55 pm to 1:30 pm of the lunch meal revealed: -Resident #3 was served 1 pork chop, 1 cup of broccoli, 3/4 cup of navy beans, 1 slice of white bread, 1/2 cup of fruit with 1 tablespoon of syrup, 8 ounces of fruit punch, and 8 ounces of water. -The resident consumed 90% of the pork chop and 100% of all other menu items, drank the syrup from the fruit bowl, 100% of the fruit punch, and none of the water.</p> <p>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 cornbread because he forgot to make the cornbread. -He served fruit instead of cake because he did not have the ingredients available to make the cake. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. -He thought he served Resident #3 double portions; "if they're getting a bigger plate than someone else, they're getting a double portion".</p> <p>Interviews on 02/02/17 at various times with 3 staff members revealed: -They were not aware Resident #3 had a physician's order for double portions. -Resident #3 was not served double portions at any meals.</p> <p>Interview on 02/02/17 at 11:22 am with Resident #3 revealed: -He was not aware the physician had him on a therapeutic diet. -He was supposed to get double portions per his own request because he "wasn't getting enough".</p>	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve Residents with physician-ordered therapeutic diets; The Resident Care Coordinator (RCC) will monitor every meal and snack service when she is in the facility The Med. AIDE on Duty will monitor when the RCC is unavailable All meals will be monitored for 30 days and randomly thereafter</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 63</p> <p>-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 weigh me".</p> <p>Interview on 02/02/17 at 11:32 am with the Resident Care Coordinator (RCC) revealed: -It was the facility's policy to weigh residents every month and document the results by the 6th of each month. -Upon request for weights for Resident #3, the RCC stated Resident #3 was in a wheelchair and did not get weighed. -"If they can't stand, they don't get weighed because there's no wheelchair scale."</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>2. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed: -The supper meal was to consist of cheese pizza, tossed salad with dressing, fruited gelatin, and 2% milk. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>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 "all beverages except milk should be sugar free".</p>	D 310	<p style="text-align: right;">2/13/17</p> <p>The cook will utilize the therapeutic spreadsheet as a guide to serve Residents with Physician-ordered therapeutic diets</p> <p>The (RCC) will monitor every meal and snack service when she is in the facility</p> <p>The MED AIDE on Duty will monitor when the (RCC) is unavailable</p> <p>All meals will be monitored for 30 days and randomly thereafter</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 64</p> <p>-Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician.</p> <p>-Resident #3 was to receive (double portions of) the following: 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 3 ounces of 2% milk.</p> <p>Observation on 02/01/17 at 5:00 pm of the supper meal preparation revealed:</p> <p>-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 syrup.</p> <p>-The cook did not prepare cheese pizza, fruited gelatin, or tea.</p> <p>-The cook poured the pre-sweetened fruit punch with the heavy syrup added, which was left over from the lunch meal into serving pitchers.</p> <p>-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.</p> <p>Review of nutritional information for the fruit punch revealed:</p> <p>-Sugar was the first listed ingredient and dextrose was the second listed ingredient.</p> <p>-Eight ounces of punch contained 20 grams of sugar.</p> <p>Review of the nutritional information for the peaches revealed 1/2 cup contained 13 grams of sugar.</p> <p>Observation on 02/01/17 from 5:15 pm to 6:12 pm of the supper meal revealed:</p> <p>-Resident #3 was served 1/2 grilled cheese</p>	D 310	<p style="text-align: right;">2/3/17</p> <p>The COOK will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diet.</p> <p>The (RCC) will monitor every meal AND snack service when she is in the facility.</p> <p>The med AIDE on Duty will monitor when the (RCC) is unavailable.</p> <p>All meals will be monitored for 30 days AND randomly thereafter.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034984	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 65</p> <p>sandwich, 1 and 1/2 cups of tossed salad, a bowl of fruit containing 4 peach wedges, 1 peach half, 1 pineapple chunk, 1 cherry, and 1 tablespoon syrup, 8 ounces of fruit punch, 6 ounces of 2% milk, and 8 ounces of water.</p> <p>-Resident #3 traded his fruit punch to a tablemate for his glass of milk.</p> <p>-Resident #3 ate 50% of the half grilled cheese sandwich and 100% of all other menu items and beverages and drank the syrup from the bowl of fruit.</p> <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <p>-He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available to serve to the residents.</p> <p>-He did not serve fruited gelatin because he forgot to prepare it.</p> <p>-He boiled eggs to add to the salad ingredients, but forgot to put them in the salad.</p> <p>-He drained the syrup from the peaches and saved it to be added to tomorrow's fruit punch.</p> <p>-He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better.</p> <p>-He thought the fruit punch was sugar-free.</p> <p>Interviews on 02/02/17 at various times with 3 staff members revealed:</p> <p>-They were not aware Resident #3 had a physician's order for double portions.</p> <p>-Resident #3 was not served double portions at any meals.</p> <p>Interview on 02/02/17 at 11:22 am with Resident #3 revealed:</p> <p>-He was not aware the physician had him on a therapeutic diet.</p> <p>-He was supposed to get double portions per his</p>	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve Resident Care Coordinator (RCC) will monitor every meal AND snack service when she is in the facility</p> <p>The med NIDE entity will monitor when the RCC is unavailable</p> <p>All meals will be monitored for 30 days AND randomly thereafter</p> <p style="text-align: right;">2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
X110 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
D 310	<p>Continued From page 66</p> <p>own request because he "wasn't getting enough". -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 weigh me".</p> <p>Interview on 02/02/17 at 11:32 am with the Resident Care Coordinator (RCC) revealed: -It was the facility's policy to weigh residents every month and document the results by the 8th of each month. -Upon request for weights for Resident #3, the RCC stated Resident #3 was in a wheelchair and did not get weighed. -"If they can't stand, they don't get weighed because there's no wheelchair scale."</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>C. Review of Resident #1's current FL-2 dated 01/07/16 revealed: -Diagnoses included diabetes mellitus. -A physician's order for a No Concentrated Sweets (NCS) diet. -No orders for fingerstick blood sugar (FSBS) testing.</p> <p>Review of Resident #1's record revealed physician's orders dated 09/01/16 and 01/06/17 for a NCS diet.</p> <p>Review of the therapeutic diet list posted in the kitchen revealed Resident #1 was on a NCS diet.</p>	D 310	<p>The COOK will utilize the therapeutic spread sheet as a guide to serve resident with physician-ordered therapeutic diets The (RCC) will monitor every meal and snack service when she is in the facility. Med AIDE on duty will monitor when the (RCC) is unavailable All meals will be monitored for 30 DAYS and randomly thereafter</p>	2/3/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	Continued From page 67	D 310	2/3/17
	<p>1. Review of the Week-At-A-Glance menu for the lunch meal on 02/01/17 revealed:</p> <ul style="list-style-type: none"> -The lunch meal was to consist of a glazed pork chop, navy beans, country trio vegetables, pineapple upside down cake, and cornbread. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed". <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 lunch meal revealed:</p> <ul style="list-style-type: none"> -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #1 was to receive 1 glazed pork chop, 1/2 baked sweet potato instead of the navy beans, 1/2 cup country trio vegetables, 1 square of reduced-calorie pineapple cake, and 1 square (no specified size) of cornbread. <p>Observations on 02/01/17 from 12:20 pm to 12:45 pm of the lunch meal preparation revealed:</p> <ul style="list-style-type: none"> -The cook prepared pork chops, navy beans, and broccoli. -The cook did not prepare baked sweet potatoes, country trio vegetables, cornbread, or cake. -There was no tea prepared. -The cook prepared a large container of pre-sweetened fruit punch. -The cook opened two 6-lb 12-oz cans of "Fruits for Salad" in "heavy syrup", drained the heavy syrup from the two cans into the container of pre-sweetened fruit punch, and poured the punch into serving pitchers. 		<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets.</p> <p>The (RCC) will monitor every meal and snack service when she is in the facility.</p> <p>Med. AIDE on duty will monitor when the (RCC) is unavailable.</p> <p>All meal will be monitored for 30 DAYS and randomly thereafter.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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OHHS PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
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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. -Eight ounces of punch contained 20 grams of sugar. Review of nutritional information for the Fruits for Salad revealed: 1/2 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 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 ounces of fruit punch, and 8 ounces of water. -The resident consumed 50% of the bologna sandwich, 100% of the broccoli, 100% of the beans, 100% of the fruit, drank the syrup from the fruit bowl, and 100% of the fruit punch and water. -After 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 left. -Resident #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 am with the cook revealed: -Resident #1 was served a bologna sandwich because he did not eat pork. -He served "light bread" in place of the cornbread because he forgot to make the cornbread. -He served fruit instead of cake because he did have the ingredients available to make the cake.	D 310	THE COOK WILL UTILIZE THE THERAPEUTIC SPREADSHEET AS A GUIDE TO SERVE RESIDENT WITH PHYSICIAN-ORDERED THERAPEUTIC DIETS (RCC) WILL MONITOR EVERY MEAL AND SNACK SERVICE WHEN SHE IS IN THE FACILITY MED. AIDE ON DUTY WILL MONITOR WHEN THE RCC IS UNAVAILABLE ALL MEALS WILL BE MONITORED FOR 30 DAY AND RECOMMIT THEREAFTER	2/3/17
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
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D 310	<p>Continued From page 69</p> <ul style="list-style-type: none"> -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. <p>Based on interviews with staff and attempted interview with Resident #1, the resident was not interviewable.</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>2. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed:</p> <ul style="list-style-type: none"> -The supper meal was to consist of cheese pizza, tossed salad with dressing, fruited gelatin, and 2% milk. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed". <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 supper meal revealed:</p> <ul style="list-style-type: none"> -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #1 was to receive 1 slice (no specified size) of cheese pizza, 1 cup of "tossed lettuce salad", 1 square (no specified size) of 	O 310	<p>THE COOK will utilize the therapeutic spread sheet as a guide to serve residents with physician-ordered therapeutic diets.</p> <p>RCC will monitor every meal AND snack service when she is in the facility</p> <p>Med AIDE on duty will monitor when the RCC is unavailable</p> <p>All meals will be monitored for 30 days and randomly thereafter</p>	2/3/17
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017	
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 70</p> <p>reduced-calorie fruited gelatin, 2 tablespoons of salad dressing, and 8 ounces of 2% milk.</p> <p>Observation on 02/01/17 at 5:00 pm of the supper meal preparation revealed:</p> <ul style="list-style-type: none"> -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 syrup. -The cook did not prepare cheese pizza, fruited 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. <p>Review of nutritional information for the fruit punch revealed:</p> <ul style="list-style-type: none"> -Sugar was the first listed ingredient and dextrose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar. <p>Review of the nutritional information for the peaches revealed 1/2 cup contained 13 grams of sugar.</p> <p>Observation on 02/01/17 from 5:15 pm to 6:12 pm of the supper meal revealed:</p> <ul style="list-style-type: none"> -Resident #1 was served 1/2 grilled cheese sandwich, 1 and 1/2 cups of tossed salad, 1/2 cup of peach wedges in 2 tablespoons of syrup, 10 ounces of fruit punch, 8 ounces of 2% milk, and 8 ounces of water. -The resident consumed 100% of all meal items and beverages served and drank the syrup from the dish of peaches. 	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve Resident with physician-ordered therapeutic diets (ECC) will monitor every meal and snack service when she is in the facility</p> <p>MED. AIDE on duty will monitor when the (ECC) is unavailable</p> <p>All meals will be monitored for 30 days and randomly thereafter</p>	2/3/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 310	<p>Continued From page 71</p> <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available to serve to the residents. -He did not serve fruited gelatin because he forgot to prepare it. -He boiled eggs to add to the salad ingredients, but forgot to put them in the salad. -He drained the syrup from the peaches and saved it to be added to tomorrow's fruit punch. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. <p>Based on interviews with staff and attempted interview with Resident #1, the resident was not interviewable.</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>D. Review of Resident #2's current FL-2 dated 04/07/16 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included seizure disorder and hypertension. -A physician's order for a No Added Salt (NAS) diet. -No orders for fingerstick blood sugar (FSBS) testing. <p>Review of Resident #1's record revealed physician's orders dated 09/01/16 and 01/06/17</p>	D 310	<p>The cook will utilize the Therapeutic spreadsheet as a guide to serve Resident with physician-ordered therapeutic diets</p> <p>(cc) will monitor every meal and snack service when she is in the facility</p> <p>The med. RD on duty will monitor when the (cc) is not in the unavailable</p> <p>All meal will be monitored for 30 days and randomly thereafter</p> <p style="text-align: right;">2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017	
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 72</p> <p>for a NAS and No Concentrated Sweets (NCS) diet.</p> <p>Review of the therapeutic diet list posted in the kitchen revealed Resident #2 was on a NCS and NAS diet.</p> <p>1. Review of the Week-At-A-Glance menu for the lunch meal on 02/01/17 revealed: -The lunch meal was to consist of a glazed pork chop, navy beans, country trio vegetables, pineapple upside down cake, and cornbread. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 lunch meal revealed: -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #2 was to receive 1 glazed pork chop, 1/2 baked sweet potato instead of the navy beans, 1/2 cup country trio vegetables, 1 square of reduced-calorie pineapple cake, and 1 square (no specified size) of cornbread.</p> <p>Observations on 02/01/17 from 12:20 pm to 12:45 pm of the lunch meal preparation revealed: -The cook prepared pork chops, navy beans, and broccoli. -The cook did not prepare baked sweet potatoes, country trio vegetables, cornbread, or cake. -There was no tea prepared. -The cook prepared a large container of</p>	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets (rec) will monitor every meal and snack served when she is in the facility. The med. #IDE on duty will monitor when the rec is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p>	2/3/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 310	<p>Continued From page 73</p> <p>pre-sweetened fruit punch.</p> <p>-The cook opened two 6-lb 12-oz cans of "Fruits for Salad" in "heavy syrup", drained the heavy syrup from the two cans into the container of pre-sweetened fruit punch, and poured the punch into serving pitchers.</p> <p>Review of nutritional information for the fruit punch revealed: -Sugar was the first listed ingredient and Aspartame was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar.</p> <p>Review of nutritional information for the Fruits for Salad revealed 1/2 cup contained 19 grams of sugar.</p> <p>Observation on 02/01/17 from 12:55 pm to 1:30 pm of the lunch meal revealed: -Resident #2 was served 1 pork chop, 1 cup of broccoli, 1 cup of navy beans, 1 slice of white bread, 1/2 cup of fruit with 1 tablespoon of syrup, 12 ounces of fruit punch, and 8 ounces of water. -The resident consumed 100% of all menu items and beverages, except the bread, and drank the syrup from the fruit bowl.</p> <p>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 cornbread because he forgot to make the cornbread. -He served fruit instead of cake because he did not have the ingredients available to make the cake. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free.</p> <p>Interview on 02/02/17 at 10:30 am with Resident</p>	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets. The RCD will monitor every meal and snack service when she is in the facility. The med. AIDE on duty will monitor when the RCD is unavailable. All meals will be monitored for 30 DAYS AND RANDOMLY thereafter.</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COR. COMPLETE DATE
D 310	<p>Continued From page 74</p> <p>#2 revealed: -He was not aware the physician ordered for him to be on a therapeutic diet. -He did not get FSBSs checked; "only diabetics get fingersticks". -"Everybody eats the same thing".</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>2. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed: -The supper meal was to consist of cheese pizza, tossed salad with dressing, fruited gelatin, and 2% milk. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed".</p> <p>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 "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #2 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.</p>	D 310	<p>THE cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets</p> <p>The (CC) will monitor every meal AND snack service when she is in the facility</p> <p>The MOP AIDE on duty will monitor when the (CC) is unavailable</p> <p>All meals will be monitored for 30 days AND randomly thereafter</p> <p>2/3/17</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 75</p> <p>Observation on 02/01/17 at 5:00 pm of the supper meal preparation revealed:</p> <ul style="list-style-type: none"> -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 syrup. -The cook did not prepare cheese pizza, fruited gelatin, or tea. -The cook prepared 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. <p>Review of nutritional information for the fruit punch revealed:</p> <ul style="list-style-type: none"> -Sugar was the first listed ingredient and dextrose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar. <p>Review of the nutritional information for the peaches revealed 1/2 cup contained 13 grams of sugar.</p> <p>Observation on 02/01/17 from 5:15 pm to 6:12 pm of the supper meal revealed:</p> <ul style="list-style-type: none"> -Resident #2 was served 1/2 grilled cheese sandwich, 1 and 1/2 cups of tossed salad, 1/2 cup of peach wedges in 2 tablespoons of syrup, 12 ounces of fruit punch, 6 ounces of 2% milk, and 8 ounces of water. -The resident consumed 100% of all menu items and beverages. -Resident #2 reached across the table and took the plate of salad and bowl of peaches, which was left by his tablemate across from him. -The resident gave the peaches to the tablemate 	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets</p> <p>The (RCC) will monitor every meal and snack service when she is in the facility</p> <p>The med. AIDE on duty will monitor when the (RCC) is unavailable</p> <p>All meals will be monitored for 30 days and randomly thereafter</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 310	<p>Continued From page 76</p> <p>to his left and ate 100% of the tossed salad.</p> <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available to serve to the residents. -He did not serve fruited gelatin because he forgot to prepare it. -He boiled eggs to add to his salad ingredients, but forgot to put them in the salad. -He drained the syrup from the peaches and saved it to be added to tomorrow's fruit punch. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. <p>Interview on 02/02/17 at 10:30 am with Resident #2 revealed:</p> <ul style="list-style-type: none"> -He was not aware the physician ordered for him to be on a therapeutic diet. -He did not get FSBSs checked; "only diabetics get fingersticks". -"Everybody eats the same thing". <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>E. Review of Resident #5's current FL-2 dated 01/09/17 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included diabetes mellitus and hypertension. -A physician's order for a No Concentrated 	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets</p> <p>The (PCC) will monitor every meal and snack service when she is in the facility</p> <p>The med AIDE on duty will monitor when the PCC is unavailable</p> <p>All meal will be monitored for 30 DAYS AND randomly thereafter</p> <p style="text-align: right;">2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017	
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 77</p> <p>Sweets (NCS) diet.</p> <ul style="list-style-type: none"> -No orders for fingerstick blood sugar (FSBS) testing. <p>Review of the therapeutic diet list posted in the kitchen revealed Resident #5 was on a NCS diet.</p> <p>1. Review of the Week-At-A-Glance menu for the lunch meal on 02/01/17 revealed:</p> <ul style="list-style-type: none"> -The lunch meal was to consist of a glazed pork chop, navy beans, country trio vegetables, pineapple upside down cake, and cornbread. -The following statement was across the bottom portion of the Week-At-A-Glance menu: "All meals with coffee/tea and water as allowed". <p>Review of the NCS therapeutic spreadsheet for the 02/01/17 lunch meal revealed:</p> <ul style="list-style-type: none"> -Instructions across the bottom portion of the therapeutic spreadsheet regarding NCS diets were "all beverages except milk should be sugar free". -Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician. -Resident #5 was to receive 1 glazed pork chop, 1/2 baked sweet potato instead of the navy beans, 1/2 cup country trio vegetables, 1 square of reduced-calorie pineapple cake, and 1 square (no specified size) of cornbread. <p>Observations on 02/01/17 from 12:20 pm to 12:45 pm of the lunch meal preparation revealed:</p> <ul style="list-style-type: none"> -The cook prepared pork chops, navy beans, and broccoli. -The cook did not prepare baked sweet potatoes, country trio vegetables, cornbread, or cake. -There was no tea prepared. -The cook prepared a large container of 	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve Resident with physician-ordered therapeutic diets</p> <p>The RCC will monitor every meal AND snack service when she is in the facility</p> <p>The MED. AIDE ON DUTY will monitor when the RCC is unavailable.</p> <p>All meals will be monitored for 30 days and randomly thereafter</p>	2/5/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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D 310	<p>Continued From page 78</p> <p>pre-sweetened fruit punch. -The cook opened two 6-lb 12-oz cans of "Fruits for Salad" in "heavy syrup". drained the heavy syrup from the two cans into the container of pre-sweetened fruit punch, and poured the punch into serving pitchers.</p> <p>Review of nutritional information for the fruit punch revealed: -Sugar was the first listed ingredient and glucose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar.</p> <p>Review of nutritional information for the Fruits for Salad revealed 1/2 cup contained 19 grams of sugar.</p> <p>Observation on 02/01/17 from 12:55 pm to 1:30 pm of the lunch meal revealed: -Resident #5 was served 1 pork chop, 3/4 cup of broccoli, 1/2 cup of navy beans, 1 slice of white bread, 1/2 cup of fruit with 1 tablespoon of syrup, 12 ounces of fruit punch, and 8 ounces of water. -The resident consumed 10% of the broccoli and 100% of all other menu items and beverages. -At 1:20 pm, Resident #5 requested and received 12 additional ounces of fruit punch and consumed 100% of the punch.</p> <p>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 cornbread because he forgot to make the cornbread. -He served fruit instead of cake because he did not have the ingredients available to make the cake. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free.</p>	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve resident with physician-ordered therapeutic diets. The (RCC) will monitor every meal and snack service when she is in the facility. The med. ATOE on duty will monitor when the (RCC) is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p>	2/3/17
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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D 310 Continued From page 79

Based on interviews with staff and attempted interview with Resident #5, the resident was not interviewable.

Refer to interviews on 02/01/17 at 12:25 pm and 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).

2. Review of the Week-At-A-Glance menu for the 02/01/17 supper meal revealed:

-The supper meal was to consist of cheese pizza, tossed salad with dressing, fruited gelatin, and 2% milk.

-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 "all beverages except milk should be sugar free".

-Instructions across the bottom portion of the therapeutic spreadsheet were to provide coffee or tea and water unless otherwise indicated by a physician.

-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

D 310

The cook will utilize the therapeutic spreadsheet AS A guide to serve RESIDENTS with physician-ORDERED therapeutic diets. The (RCC) will monitor every when the (RCC) IS UNAVAILABLE. All MEALS will BE Monitored FOR 30 DAYS AND RANDOMLY thereafter

2/3/17

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D 310	<p>Continued From page 80</p> <p>meal preparation revealed:</p> <ul style="list-style-type: none"> -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 syrup. -The cook did not prepare cheese pizza, fruited 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. <p>Review of nutritional information for the fruit punch revealed:</p> <ul style="list-style-type: none"> -Sugar was the first listed ingredient and dextrose was the second listed ingredient. -Eight ounces of punch contained 20 grams of sugar. <p>Review of the nutritional information for the peaches revealed 1/2 cup contained 13 grams of sugar.</p> <p>Observation on 02/01/17 from 5:15 pm to 6:12 pm of the supper meal revealed:</p> <ul style="list-style-type: none"> -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. <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -He served grilled cheese sandwiches (1/2 sandwich) because there was no pizza available 	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets. The (RCC) will monitor every meal and snack service when she is in the facility. The MED. ATDE on duty will monitor when the (RCC) is unavailable. All meals will be monitored for 30 days and randomly thereafter.</p> <p>2/3/17</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY, STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 310	<p>Continued From page 81</p> <p>to serve to the residents.</p> <ul style="list-style-type: none"> -He did not serve fruited gelatin because he forgot to prepare it. -He boiled eggs to add to the salad ingredients, but forgot to put them in the salad. -He drained the syrup from the peaches and saved it to be added to tomorrow's fruit punch. -He was trained by the previous dietary manager to drain the fruit syrup into the fruit punch to make it taste better. -He thought the fruit punch was sugar-free. <p>Based on interviews with staff and attempted interview with Resident #5, the resident was not interviewable.</p> <p>Refer to interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook.</p> <p>Refer to interviews on 02/02/17 at various times with 3 personal care staff.</p> <p>Refer to interview on 02/02/17 at 10:52 am with the Administrator-In-Charge (AIC).</p> <p>Interviews on 02/01/17 at 12:25 pm and 02/02/17 at 9:47 am with the cook revealed:</p> <ul style="list-style-type: none"> -With the exception of consistency changes or double portions, all residents were routinely served the same food items and portions as well as the same beverages. -He did not use the therapeutic spreadsheet as a guide when serving the residents. -He was not aware the therapeutic spreadsheet required menu item changes for residents on a NCS diet. -The therapeutic spreadsheet was "pretty much just for serving sizes", but he "don't usually measure" the serving sizes. -The Administrator had reviewed the therapeutic 	D 310	<p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets</p> <p>The (RCC) will monitor every meal and snack service when she is in the facility</p> <p>The Med Aide on duty will monitor when the (RCC) is unavailable</p> <p>All meals will be monitored for 30 days and randomly thereafter</p> <p>2/3/17</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 310	<p>Continued From page 82</p> <p>spreadsheet with him before, but he did not use it; "I just serve".</p> <p>Interviews on 02/02/17 at various times with 3 personal care staff revealed:</p> <ul style="list-style-type: none"> -Part of their daily duties was to deliver food trays to the residents during meals. -All residents were routinely served the same food items, portion sizes, and beverages. -The staff served what the cook put on the plates. -One staff member stated she was aware residents with therapeutic diets should have changes in the menu items, but "we serve what he (the cook) cooks". -One staff member stated she had told the cook that diabetic residents should get different menu items, but he said, "I'm gonna feed these people". -The fruit-flavored punch was usually sweetened, but if it was not, staff gave packets of sugar to non-diabetic residents and packs of artificial sweetener 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". <p>Interview on 02/02/17 at 10:53 am with the Administrator-In-Charge (AIC) revealed:</p> <ul style="list-style-type: none"> -The cook was "in 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. -She was not aware the therapeutic diets were 	D 310	<p>2/3/17</p> <p>THE COOK will utilize the therapeutic spreadsheet AS A GUIDE to serve RESIDENTS WITH PHYSICIAN-ORDERED therapeutic Diets</p> <p>THE RDC will monitor every meal AND SNACK service when she is in the facility.</p> <p>THE MED. AIDE on duty will monitor when the RDC is unavailable.</p> <p>All MEALS will be MONITORED for 30 DAYS AND Randomly thereafter</p>

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
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D 319	<p>Continued From page 83</p> <p>not being served as ordered by the physician.</p> <p>On 02/02/17, the Administrator-In-Charge submitted a Plan of Protection as follows:</p> <ul style="list-style-type: none"> -Beginning immediately, the cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets. -The Resident Care Coordinator (RCC) will monitor every meal and snack service when she is in the facility. -The Medication Aide on duty will monitor when the RCC is unavailable. -All meals will be monitored for 30 days and randomly thereafter. <p>The facility failed to serve a NCS diet as ordered by the physician to 5 of 5 sampled residents with diabetes, failed to serve chopped meats for 2 of 2 sampled residents with physician orders for chopped meats, and failed to serve double portions for 1 resident with a physician's order for double meal portions. The failure of the facility to serve therapeutic diets as ordered by the physician was detrimental to the health and safety of the residents, resulting in increased risk for poor glycemic control for diabetics, choking and aspiration for residents with swallowing difficulties, and inadequate nutrition for residents with physician orders for double portions and constitutes a Type B Violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 24, 2017</p>	D 319	<p>2/3/17</p> <p>The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered therapeutic diets</p> <p>The RCC will monitor every meal and snack service when she is in the facility</p> <p>The med aide on duty will monitor when the RCC is unavailable</p> <p>All meals will be monitored for 30 days and randomly thereafter.</p>
D 438	10A NCAC 13F .1205 Health Care Personnel Registry	D 438	

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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 438	<p>Continued From page 84</p> <p>10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to report suspected resident abuse related to an alleged incident between a resident and a specified staff member (Administrator-in-Charge) to the Health Care Personnel Registry (HCPR) within 24 hours of knowledge of the events and for failure to complete the 5 day report to the HCPR.</p> <p>The findings are:</p> <p>Interview with the Administrator-In-Charge (AIC) on 2/01/17 at 5:37 pm revealed:</p> <ul style="list-style-type: none"> -She became aware of the allegation of resident abuse on 10/31/16. -The county informed her a complaint was filed regarding alleged abuse against a resident and she was named as the staff member that inflicted the alleged abuse. -The county staff member interviewed about 5 residents but she was not aware if the county staff member had interviewed staff. -The investigation took place over a period of approximately 10 minutes and the county staff member informed her that the complaint was unsubstantiated and the she was closing the complaint. -She did not file a 24 hr/5 day report regarding the allegation on 10/31/16. 	D 438	<p>THE facility Reported the allegation to the HCPR All staff will immediately be in-serviced on reporting requirement related to abuse allegations An immediate in-house investigation will be conducted upon becoming aware of allegations reported Any accused staff member will immediately be suspended pending the outcome of the investigation</p>
			2/2/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE		STREET ADDRESS CITY STATE ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D 438	<p>Continued From page 85</p> <ul style="list-style-type: none"> -She did not think she had to report to the HCPR because the county's investigation deemed the complaint to be unsubstantiated. -She did not inform her supervisor on 10/31/16. -If the investigation was ongoing and it was not closed the day it was opened by the county she would have reported the allegation to both her supervisor and the HCPR. -She knew the complaint was unfounded because it directly involved her. -Had the complaint involved another staff member she would have first notified her supervisor and the HCPR, then she would have conducted an in-house investigation. -An in-house investigation would include interviewing the resident specified in the allegation and all of the other residents. -The investigation would then involve interviewing all the staff. -The staff member identified in the complaint would be suspended from the time the complaint was submitted until after the in-house investigation was closed. -There was not a period of time between October 2016 and January 2017 that the AIC did not work as she was routinely scheduled in the building. <p>Review of HCPR 24 hour report dated 2/02/17 completed by the AIC and faxed on 2/02/17 to the HCPR revealed:</p> <ul style="list-style-type: none"> -One report alleged resident abuse and neglect on 10/26/16. -The report identified a "reasonable suspicion of a crime." -In the "Allegation Description" section, the date reported was entered as 10/26/16 and no time was entered, and contained the statement "The local Department of Social Services visited the facility on a complaint regarding the Administrator-in-Charge, the complaint alleged 	D 438	<p>The facility reported the allegation to HCPR AIC staff will immediately be in-service on reporting requirement related to abuse allegations</p> <p>An immediate in-house investigation will be conducted upon becoming aware of allegations reported</p> <p>Any accused staff member will immediately be investigated</p> <p>2/2/17</p>

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D 438	<p>Continued From page 86</p> <p>that the AIC slapped a cigarette from the mouth of a resident slapping her in the face and used force to remove the same resident from a doorway."</p> <p>-The report denoted Law Enforcement was not notified.</p> <p>There was no 5 day HCPR report of investigation of the 10/31/16 allegation available for review.</p> <p>Interview with the Resident Care Director on 2/01/17 at 5:24 revealed:</p> <ul style="list-style-type: none"> -She was typically present in the facility on Wednesdays, Thursdays and Fridays. -She was not present when the county informed the AIC about the alleged abuse. -She was not made aware of the alleged abuse. -She was never interviewed by the county staff member. -If she was informed about any complaint of abuse she would inform the AIC and/or the Owner/Licensee. -She would interview the resident specified in the complaint and take their statement. -She would then get a statement with the employee specified in the complaint. -She would initiate an in-house investigation which would include interview staff and the residents to identify witnesses or similar reported events. -She would report the allegation to the "State". -There was not a period of time between October 2016 and January 2017 that the AIC did not work as she was routinely scheduled in the building. <p>Interview with the Business Office Manager (BOM) on 2/01/17 at 5:33 pm revealed:</p> <ul style="list-style-type: none"> -She was present when the investigation was initiated of alleged abuse on 10/31/16. -The investigator was at the facility for no more 	D 438	<p>The Facility Reported 2/2/17</p> <p>THE Allegation to HCPR; All STAFF will immediately be INV-SERVICED ON Reporting Requirement related to Abuse Allegation</p> <p>An Immediate In-House investigation will be conducted upon becoming aware of Allegations Report</p> <p>Any accused staff member will immediately be suspended PENDING THE outcome of THE Investigation</p>

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D 438	<p>Continued From page 87</p> <p>than 30 minutes and interviewed some residents and some facility staff members.</p> <ul style="list-style-type: none"> -She was not interviewed regarding the alleged abuse. -She did not report the allegation to the HCPR. -It was the responsibility of the AIC or the Owner/Licensee to report the allegation to the HCPR. -Reporting to the HCPR was not her responsibility in the role of the BOM. -The AIC was responsible for reporting to HCPR. <p>Interview with the Owner/Licensee on 2/01/17 at 5:05 pm revealed:</p> <ul style="list-style-type: none"> -She was never informed about the alleged abuse allegation. -She was not informed or interviewed by the county staff member. -She expected the AIC to report to HCPR. -Since the allegation involved the AIC she thought the RCD or the BOM may have reported the allegation to the HCPR. -There was not a period of time between October 2016 and January 2017 that the AIC did not work as she was routinely scheduled in the building. <p>A second interview with the Owner/Licensee on 2/02/17 at 4:05 pm revealed:</p> <ul style="list-style-type: none"> -She had not reported the alleged abuse complaint to the HCPR. -She did not think she needed to report the 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 the staff. -She would have reported the allegation to the HCPR. 	D 438	<p>The facility Report 2/2/17 The Allegation to THE HCPR; All staff will immediately be in service on reporting requirement related to Abuse Allegations An immediate in-house investigation will be conducted upon becoming aware of Allegation Report; Any accused staff member will immediately be suspended pending the outcome of the Investigation.</p>

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D 438	<p>Continued From page 88</p> <p>-She would report the alleged complaint to the HCPR today and initiate an in-house investigation tomorrow.</p> <p>The failure of the facility to promptly report and investigate an abuse allegation of abuse to a resident by a staff member to the N.C. Health Care Personnel Registry resulted in an alleged perpetrator of abuse being allowed to continue to work around the residents, putting the residents at risk for abuse, which was detrimental to the safety and welfare of the resident and constitutes a Type B violation.</p> <p>The facility provided the following Plan of Protection on 2/02/17 as follows: -The facility reported the allegation to the HCPR. -All staff will immediately be in-serviced on reporting requirements related to abuse allegations. -An immediate in-house investigation will be conducted upon becoming aware of allegations reported. -Any accused staff member will immediately be suspended pending the outcome of the investigation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 20, 2017.</p>	D 438	<p><i>THE facility reported the Allegation to the HCPR. All staff will immediately be in-serviced on Reporting Requirement related to Abuse Allegations.</i></p> <p><i>An Immediate in-house investigation will be conducted upon becoming aware of allegations reported</i></p> <p><i>Any accused staff member will immediately be suspended pending the outcome of the investigation.</i></p>	2/2/17
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p>	D912		

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D912 Continued From page 89

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding serving therapeutic diets and reporting abuse allegations to the Health Care Personnel Registry (HCPR).

The findings are:

Based on observations, interviews, and record reviews, the facility failed to serve therapeutic diets (No Concentrated Sweets and chopped meats) as ordered by the physician for 5 of 5 sampled residents with orders for therapeutic diets. [Refer to Tag 0310, 10A NCAC 13F .0904(e)(4) (Type B Violation).]

Based on record reviews and interviews, the facility failed to report suspected resident abuse related to an alleged incident between a resident and a specified staff member (Administrator-in-Charge) to the Health Care Personnel Registry (HCPR) within 24 hours of knowledge of the events and for failure to complete the 5 day report to the HCPR. [Refer to Tag 0438, 10A NCAC 13F .1205 (Type B Violation).]

D912

2/3/17
The cook will utilize the therapeutic spreadsheet as a guide to serve residents with physician-ordered Therapeutic Diets The (RCC) will monitor every day when she is at the facility when the (RCC) is unavailable all meals will be monitored for 30 days and randomly thereafter

2/3/17
Administrator reported the Administrator-in-Charge to the Healthcare Personnel Registry