STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034098	A. BUILDING: _____ B. WING _____	R 07/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM TERRACE	2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127

(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 000}	Initial Comments The Adult Care Licensure Section and the Forsyth County Department of Social Services conducted a follow-up survey and complaint investigation on 07/11/18 to 07/13/18 with an exit conference via telephone on 07/16/18. The Forsyth County Department of Social Services initiated the complaint on June 26, 2018.	{D 000}		
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION The A2 Violation was abated. Non-compliance continues. THIS IS A TYPE B VIOLATION Based on interviews and record reviews the facility failed to ensure referral and follow up to meet the routine and acute health care needs for 1 of 7 (Resident #7) sampled residents related to the monitoring, assessment, and follow-up of a left lower leg wound. The findings are: Review of Resident #7's current FL-2 dated 06/28/18 revealed: -Diagnoses included hypertension, cellulitis of left lower extremities, anemia, and acute kidney	{D 273}		

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{D 273}	Continued From page 1 injury. -Resident #7 was documented as semi-ambulatory, intermittently confused, and continent of bowel and bladder. Review of Resident #7's current Licensed Health Professional Support evaluation dated 07/12/18 revealed: -Transferring semi-ambulatory or non-ambulatory residents. -Clean dressing changes excluding packing wounds and application of prescribed enzymatic debriding agents by Home Health. Review of Resident #7's current Care Plan dated 01/15/18 revealed limited assistance was required for eating, ambulation, bathing, dressing, and grooming. Review of Resident #7's physician's order dated 06/05/18 revealed: -An order for Home Health Skilled Nurse to evaluate and treat open areas to lower extremity. -An order to clean open area to lower extremity with soap and water, apply antibiotic ointment, and dry dressing daily until healed. Review of hospital inpatient record dated 06/27/18 through 07/06/18 revealed: -Resident #7's diagnosis upon admission was cellulitis of the left lower extremity (LLE). -Resident #7 had a left leg ulcer with the fat layer exposed. -Intravenous vancomycin was administered for 7 days. -The hospital physician noted Resident #7 did not have adequate blood flow to heal LLE wound. -Resident was discharged back to the facility on 07/06/18.	{D 273}		

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{D 273}	Continued From page 2 Review of Resident #7's July 2018 electronic medication administration record (eMAR) revealed: -There was an entry for triple antibiotic ointment, cleanse open areas to lower extremities with soap and water, apply triple antibiotic ointment and dry dressing once daily until healed. -Staff documented dressing change from 07/07/18-07/10/18. -Staff initialed and circled as not done from 07/01/18-07/06/18 and 07/11/18-07/13/18. -Resident #7 was hospitalized from 07/01/18-07/06/18 and 07/11/18-07/13/18. Review of Resident #7's hospital admission record dated 07/11/18 revealed: -Resident #7 presented to the emergency department (ED) with fever and left knee pain. -A temperature of 104.1 was obtained by emergency medical services. (No time documented) -Vital signs obtained in the ED at 4:01 am were 123/51(blood pressure), 113 (heart rate), 92 % (oxygen saturation on room air), and 100.7. -Hospital staff noted lower left extremity (LLE) dressings to be in "poor condition", "filthy looking bandages saturated with draining", and "dressing very adhered to patients skin". -Resident #7 was diagnosed with a septic left knee. Telephone interview with Resident #7's contracted Home Health (HH) agency on 07/13/18 11:55 am revealed: -The HH agency received the initial order to provide wound care on 06/06/18. -Resident #7 was seen by HH for a start of care for wound care on 06/09/18. -The HH nurse provided wound care three times a week from 06/09/18 through 06/25/18.	{D 273}		

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{D 273}	Continued From page 3 -The resident was admitted to the hospital from 06/27/18 through 07/06/18. -The facility did not notify the HH agency when the resident returned to the facility from the hospital on 07/06/18 to resume wound care. -The HH nurse checked with the hospital on 07/06/18 (prior to discharge) and was informed the resident was still inpatient. -The HH hospital liaison was notified on 07/08/18 the resident had been discharged back to the facility. -The HH agency obtained an order to resume wound care on 07/09/18 by the resident's Primary Care Physician (PCP). -The HH agency had 48 hours to resume wound care services. -The HH nurse attempted a visit on 07/11/18 for wound care but the resident had been re-admitted to the hospital. -The facility staff, including the Director of Nursing, had been made aware to notify HH when an active patient returns from the hospital. Interview with the Resident Care Director on 07/13/18 at 3:10 pm revealed: -The morning of 07/11/18 when transferring Resident #7, she remembered Resident #7 yelling in pain and stated his left foot hurt. -When a resident returned from the hospital and they were receiving HH services prior to their hospital admission the HH agency should be notified the resident had returned to the facility. -If a resident returned without orders to resume HH services the facility staff should notify the primary care physician to obtain a new order for HH services or new wound care orders. Interview with a second shift Medication Aide (MA) on 07/13/18 at 3:23 pm revealed: -Resident #7's left knee pain was new and she	{D 273}		

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{D 273}	Continued From page 4	{D 273}		

remembered the first complaints of left knee pain was on 07/11/18.
-She received a report from the hospital nurse on 07/06/18 and was told there were no new orders and wound care should continue with HH services.
-If Resident #7's dressings were soiled the staff could change the dressing per doctors orders dated 06/05/18.
-Staff were cleaning the wound with saline, applying Neosporin, and wrapping with a dressing.
-The hospital nurse told her the HH agency had been notified the resident was being discharged back to the facility.
-She was not given a date of when to expect HH to resume services.
-She was not sure why facility staff did not notify the HH agency over the weekend or on Monday regarding resuming services.
-The HH nurse came out to provide wound care on 07/11/18 but Resident #7 had been re-admitted to the hospital.

Interview with a first shift PCA on 07/13/18 at 4:30 pm revealed:
-He did not recall Resident #7 with a dressing on LLE prior to the admission to the hospital on 07/11/18.
-He did recall Resident #7 complaining of left knee pain and moaning prior to the admission to the hospital on 07/11/18.

Telephone interview with Resident #7's family member on 07/16/18 a 3:00 pm revealed:
-He did not visit Resident #7 between 07/07/18-07/11/18.
-He did not know HH services were not restarted after the resident returned to the facility on 07/06/18.

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{D 273}	Continued From page 5 Attempted interview with the Director of Nursing on 07/13/18 was unsuccessful. Attempted interview with the Administrator on 07/13/18 was unsuccessful. Attempted telephone interview with Resident #7's Primary Care Physician on 07/13/18 at 1:30 pm was unsuccessful. Request for a Wound Care Policy and Procedure was not provided by the facility. The facility failed to ensure notification to Home Health Services for 1 of 7 sampled residents (#7) which resulted in an admission to the hospital for treatment of a left lower leg wound and a septic left knee. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/13/18 for this violation.	{D 273}		
{D 421}	10A NCAC 13F .1104(c) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. The record shall be maintained	{D 421}		

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{D 421}	Continued From page 6 in the home. This Rule is not met as evidenced by: FOLLOW-UP TO CONTINUING TYPE B VIOLATION Based on these findings, the previously Unabated Type B Violation has not been abated. Based on observations, interviews and record reviews, the facility failed to ensure each transaction involving the use of personal funds was maintained in the facility and verification of accuracy of the disbursement of personal funds for 3 of 5 sampled residents (Resident #1, #2, and #4). The findings are: 1. Review of Resident #1's current FL2 dated 04/13/18 revealed diagnoses included thrombocytopenia, cellulitis, sepsis. Review of Resident's #1's Resident Register revealed an admission date of 04/13/18. Review of Resident #1's record revealed no signed documentation for permission by Resident #1 or designee for the facility to manage the resident's funds. Review of Resident #1's Trust Account Ledger revealed there was not a trust account fund entry for Resident #1. Interview with Resident #1 on 07/12/18 at 9:45 am revealed: -He was his own responsible person. -He was receiving Medicaid payments. -He was told on the day of admission that he	{D 421}		

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{D 421}	Continued From page 7	{D 421}		

would receive $66.00 each month.
-He had not received any money since he was admitted.
-He had asked the Business Office Manager (BOM) on several occasions about his money.
-He had not been given a justifiable reason for not receiving his money.
-He was getting tired of always being told he did not have any money and not being told why.
-He had not had any personal money since his move into the facility on 04/13/18.

Interview with Business Office Manager on 07/12/18 at 10:30 am revealed:
-She did not know how much money resident received monthly.
-She did not have access to any of the financial information pertaining to the resident's funds.
-She did not know how much the resident paid for his monthly room/board.
-She did not know why the resident was not getting his $66.00 monthly.
-All monies were sent directly from the Corporate Office.
-She had contacted the Corporate Business Office Manager on resident's behalf.
-She had not received a response from the corporate office as of this date.
-She had shared the resident's concerns about not receiving his monthly $66.00 with the Administrator.

Interview with the Corporate Business Office Manager on 07/16/18 at 9:00 am revealed:
-Resident #1 was receiving Medicaid payments.
-Resident #1 was admitted to the facility on 04/13/18.
-Resident had not received the standard $66.00.
-She had no idea why Resident #1 had not received $66.00 each month.

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{D 421}	Continued From page 8 -She was holding onto the resident's $66.00 until the issue could be resolved because the resident's trust account balance "did not add up" on the facility's accounts records. -The Special Assistance was approved for the resident on 06/20/18. -The payment would be retroactive to the date of admission. -The $66.00 would be released to the resident once she figured out what was going on with his income. -She had not reached out to the Medicaid worker who approved the Special Assistance for clarifications. -She would contact the Medicaid worker for clarification. The Administrator was not available to be interviewed. 2. Review of Resident's #2 current FL2 dated 01/13/16 revealed: -Diagnoses included fracture unspecified part of the right femur, history of falling, fracture of unspecified carpal bone of the right wrist, and other lack of coordination. Review of Resident #2's Resident Register revealed an admission date of 01/12/16. Review of Resident #2's Service Agreement Contract dated 01/12/16 revealed the resident was to be charged $1100.00 each month for room/board. Review of Resident #2's record revealed no signed documentation for permission by Resident #2 or designee for the facility to manage the resident's funds.	{D 421}		

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{D 421}	Continued From page 9 Review of the Resident Trust Account Ledger for Resident #2 revealed: -The beginning balance for Resident #2's trust account balance was $400 as of 03/01/18. -There was $400.00 deposited into the account by Resident #2's family member. -There was $7.08 deposited into the account on 03/01/18 due to an error from the months of January and February 2018. -The beginning balance on 04/01/18 was $807.88. -On 04/12/18, $400.00 was deposited into the Resident Trust fund account from a check sent by the family member. -On 04/25/18, $157.85 was withdrawn by the Corporate Business Office Manager and sent to a local hospital for a bill payment in check form #5349. -On 04/25/18, $264.69 was withdrawn by the BOM and sent to a local hospital for a bill payment in check #5352. -The beginning balance on 05/01/18 was $785.34. -On 05/17/18, $400.00 was deposited into the Resident Trust Fund Account from a check sent by the family member. -On 05/24/18, $11.81 was withdrawn and a payment was made, check #5372. (Not indicated where sent). -On 06/01/18, the beginning balance was $1173.53. -On 06/11/18, $1150.00 was withdrawn by the BOM and sent to facility corporate office check #5384 with a notation it was for past due room/board. -On 06/21/18, $157.85 was deposited into resident's Trust Fund Account Check #5984 (returned check from the hospital for a hospital bill). -On 07/01/18, the beginning balance was $181.38	{D 421}		

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{D 421}	Continued From page 10 -No deposit was made into the trust fund account by Resident #2's family member for July 2018. Interview of Resident #2 on 07/12/18 at 9:30 am revealed: -She did not have any money. -She did not know why she did not have any money. -She did not know what was going on with her money. -She knew that she receives Social Security. -She asked that someone call her family member because she handled the resident's finances. Interview with Resident #2's family member on 07/12/18 at 3:59 pm revealed: -Resident #2 was private pay. -The facility charged her $1900.00 per month for room/board -Resident received $1500.00 from Social Security each month. -Resident #2's Social Security check went directly to the facility. -The family member sent $400.00 each month to the facility to supplement the Social Security check of $1500.00. -The resident received Medicare and had a supplemental insurance that she paid for. -She did not know of any medical bills the facility had paid for Resident #2. -She had not received any bills or receipts from the facility concerning Resident #2's medical bills were paid or needed to be paid. -She handled all of Resident #2's financial needs. -The family member sent $400.00 every month for room/board but had not sent July's payment. Interview with the BOM on 07/12/18 at 10:30 am revealed: -Resident #2 was private pay.	{D 421}		

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{D 421}	Continued From page 11	{D 421}		

-Her family member was very generous to her.
-Her family member sent $400.00 each month for her Trust Fund account.
-Her family member sent a check each month and she deposited it into her Trust Fund account and had not deposited the money in the room/board account..
-She had used some of the funds to pay Resident #2's medical bills.
-The BOM had made the decision to pay Resident #2's medical bills before insurance coverage came through.
-The BOM had made the decision to go ahead and pay the medical bills because the resident had a large amount of money in her Trust Fund account.
-She did not understand why the resident complained about not having money.
-She had tried to contact the Corporate Business Office Manager to get requested information about Resident Trust Fund Accounts but had not received any response.
-She had reached out to the Administrator on 07/12/18 and the Administrator had told the BOM she had made a request for the Corporate Business Office Manager to come to the facility.

Interview with the BOM on 07/13/18 at 8:34 am revealed:
-She had not received a response from the Corporate Business Office Manager from the previous day.
-She was told by the Administrator that she had called the Corporate Office, but the BOM did not know the contents of the conversation.

The Administrator was not available for interview on 07/13/18 at 8:34 am.

Interview with Corporate Business Office

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{D 421}	Continued From page 12 Manager on 07/16/18 at 9:35 am revealed: -Resident #2 was private pay. -Resident #2's room/board rate was $1900.00 each month. -Resident received $1500.00 monthly from Social Security. -Resident #2's family member supplemented Resident #2's room/board payment with a check for $400.00. -The family member sent the check monthly. -The facility BOM had been depositing the $400.00 into the resident's Trust Fund account in error. -The $400.00 was for the room/board payment. -The BOM was using the $400.00 to pay medical bills. -She did not know why the BOM had deposited the $400.00 into Resident #2's Trust Fund account and not deposited the money into the room/board account. -The resident's family member handled the medical bills. -Resident #2 received Medicare and a supplemental insurance that was paid for by the family member. -The monies had been diverted to the correct fund account. - The family member was not going to be held responsible for the monies spent by the BOM in error. The Administrator was not available to be interviewed. 3. Review of Resident #4's current FL2 dated 02/15/18 revealed diagnoses included pulmonary hypertension, chronic obstructive pulmonary disease, anxiety, gastroesophageal reflux disease, left upper quadrant pain, and allergic rhynitis.	{D 421}		

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{D 421}	Continued From page 13 Review of Resident #4's Resident Register revealed an admission date of 02/12/18. Review of Resident #4's record revealed no signed documentation for permission by Resident #4 or designee for the facility to manage the resident's funds. Review of Resident #4's record revealed no signed documentation for permission by Resident #4 or designee for the facility to deduct pharmacy bills from Resident #4's $66.00 each month. Review of Resident Trust Account Ledger on 07/12/18 for Resident #4 revealed: -The beginning balance for Resident #4's trust account balance was $0.00 as of 04/01/18. -There was $52.00 deposited into the account on 04/10/18. -There was $10.00 withdrawn on 04/10/10 by the BOM for a pharmacy bill check #5337. -There was $42.00 withdrawn on 04/12/18 by Resident #4. -The beginning balance for Resident #4 trust account balance was $0.00 as of 05/01/18. -There was $56.00 deposited into the trust fund account on 05/09/18. -There was $6.00 withdrawn on 05/09/18 by the BOM for a pharmacy bill. -There was $50.00 withdrawn on 05/10/18 by Resident #4. -The beginning balance for Resident #4 trust account balance was $0.00 as of 06/01/18. -There was $56.00 deposited into the trust fund account on 06/07/18. -There was $6.00 withdrawn on 06/07/18 by the BOM for a pharmacy bill. -There was $50.00 withdrawn on 06/19/18 by Resident #4.	{D 421}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034098	A. BUILDING: _____ B. WING _____	R 07/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM TERRACE	2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127

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{D 421}	Continued From page 14 -The beginning balance for Resident #4 trust account balance was $0.00 as of 07/01/18. -There was $56.00 deposited into the account on 07/09/18. -There was $6.00 withdrawn by the BOM for a pharmacy bill. -No other entries were documented on the account. -The ending balance in Resident #4's Trust Fund account was $0.00. Interview with the BOM on 07/12/18 at 10:30 am revealed: -She did not know how much money Resident #4 received each month. -She did not know how much her room/board rate was each month. -She did not know Resident #4 was a Medicaid recipient. -She did know Resident #4 was supposed to receive $66.00 each month. -She deposited the amount sent to her by the Corporate Business Office Manager into Resident #4's Trust Fund account.. -She made inquiries to the Corporate Business Office Manager regarding the shortage of the resident's personal monies. -She had not received a response. -She requested assistance from the Administrator about getting in touch with from the Corporate Business Office Manager. Interview with the Corporate Business Office Manager on 07/16/18 at 9:00 am revealed: -She did not know there were issues that required her assistance. -She did not receive a telephone message from the facility until 07/13/18 at 5: 00 pm from the Administrator. -She did not know why Resident #4 was not	{D 421}		

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{D 421}	Continued From page 15 receiving the entire $66.00. -She had checked all the possibilities that she could think of. -She had not reached out to the Medicaid worker. -She had not reached out to the Special Assistance Medicaid worker. -She would reimburse the resident all of her funds while she looked into the reason for the payment discrepancy. Resident #4 was not available for interview on 07/12/18. The Administrator was not available for an interview. The facility failed to ensure each transaction involving the use of personal funds and verification of accuracy of the disbursement of personal funds for 3 residents. The facility's failure to provide the residents' with an accurate accountability and access to funds for residents to make purchases, and billing transactions was detrimental to the safety and welfare of the residents and constitutes a Continuing Uabated Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/13/18 for this violation.	{D 421}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights 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.	{D912}		

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{D912}	Continued From page 16 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to health care. The findings are: Based on interviews and record reviews the facility failed to ensure referral and follow up to meet the routine and acute health care needs for 1 of 7 (Resident #7) sampled residents related to the monitoring, assessment, and follow-up of a left lower leg wound. [(Refer to Tag 0273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)].	{D912}		
{D914}	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure all residents were free from exploitation related to Accounting for Residents' Personal Funds. The findings are:	{D914}		

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{D914}	Continued From page 17 Based on observations, interviews and record reviews, the facility failed to ensure each transaction involving the use of personal funds was maintained in the facility and verification of accuracy of the disbursement of personal funds for 3 of 5 sampled residents (Resident #1, #2, and #4). [(Refer to Tag 0421, 10A NCAC 13F .1104(c) Accounting For Resident's Personal Fund (Continuing Unabated Type B Violation)].	{D914}		