	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	EIED
		HAL034026	B. WING		03/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual survey on March 6 - 8, 2019 and on March 11, 2019.					
D 131	31 10A NCAC 13F .0406(a) Test For Tuberculosis		D 131			
	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 3 of 6 sampled staff (Staff C, D, and F) were tested for tuberculosis (TB) disease with the two-step skin test in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Staff C, medication aide's (MA) personnel record revealed: -Staff C was hired on 08/08/14There was documentation Staff C had a negative tuberculosis (TB) skin test read on 09/21/14.					
	was not read.	/14; the second TB skin test siness Office Manager				

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

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034026	B. WING		03/11/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	YNOLDA ROAD N SALEM, NC 27	7106	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 131	not noticed Staff C's shave a read date. Interview with the Exe at 1:40pm revealed shot have her second. Attempted interview with 1:04am was unsucce. Refer to interview with 1:12pm. Refer to interview with 1:40pm. 2. Review of Staff D, personnel record reversations (TB) skin -There was document tuberculosis (TB) skin -There was no docum second TB skin test. Interview with Staff D revealed: -She started working 2018She had a TB test proshe did not recall if she testShe did not recall if an eeded a second TB Interview with the Bus (BOM) on 03/11/19 at 180.	and the ED on 03/11/19 at eastern Staff D had a negative test read on 05/24/18. The staff D had a negative test read on 05/24/18. The test read on 05/24/18 are test read o	D 131		

Division of Health Service Regulation

STATE FORM 5899 ZJ4F11 If continuation sheet 2 of 57

MAL034026 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
SUMMARY STATEMENT OF DEFICIENCIES QAI)ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG			HAL034026	B. WING		03	/11/2019
(XA) D SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFRIX TAG TAG TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE D 131 Continued From page 2 Interview with the Executive Director on 03/11/19 at 1:40pm revealed she did not know Staff D did not have a second TB skin test. Refer to interview with the ED on 03/11/19 at 1:40pm Refer to interview with the ED on 03/11/19 at 1:40pm Refer to interview with the ED on 03/11/19 at 1:40pm Refer to interview with the ED on 03/11/19 at 1:40pm Revealed: -Staff F was hired on 05/10/16There was documentation Staff F had a negative tuberculosis (TB) skin test read on 05/01/16There was no documentation Staff F had a second TB skin test. Interview with Staff F on 03/11/19 at 10:40am revealed: -She started working in 2016 as a cook She had a TB test prior to working at the facilityShe recalled having a second TB skin test when she was hired and turned it in the facility Business Office Manager She had not been told by anyone her second TB skin test was missing. Interview with the Business Office Manager (BOM) on 03/11/19 at 1:12pm revealed she had not noticed Staff F's second TB skin test was missing. Interview with the Executive Director (ED) on	NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	ATE, ZIP CODE		
PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 131 Continued From page 2 Interview with the Executive Director on 03/11/19 at 1:40pm revealed she did not know Staff D did not have a second TB skin test. Refer to interview with the ED on 03/11/19 at 1:40pm. Refer to interview with the ED on 03/11/19 at 1:40pm. Refer to interview with the ED on 03/11/19 at 1:40pm. 3. Review of Staff F, cook's personnel record revealed: -Staff F was hired on 05/10/16There was a documentation Staff F had a second TB skin test. Interview with Staff F on 03/11/19 at 10:40am revealed: -She had a TB test prior to working at the facilityShe recalled having a second TB skin test was mired and turned it in the facility Business Office ManagerShe had not been told by anyone her second TB skin test was missing. Interview with the Business Office Manager (BOM) on 03/11/19 at 1:12pm revealed she had not noticed Staff F's second TB skin test was missing. Interview with the Executive Director (ED) on	BRIGHTO	N GARDENS OF WINSTO	ON SALEM		7106		
Interview with the Executive Director on 03/11/19 at 1:40pm revealed she did not know Staff D did not have a second TB skin test. Refer to interview with the BOM on 03/11/19 at 1:12pm. Refer to interview with the ED on 03/11/19 at 1:40pm. 3. Review of Staff F, cook's personnel record revealed: -Staff F was hired on 05/10/16There was documentation Staff F had a negative tuberculosis (TB) skin test read on 05/01/16There was no documentation Staff F had a second TB skin test. Interview with Staff F on 03/11/19 at 10:40am revealed: -She started working in 2016 as a cookShe had a TB test prior to working at the facilityShe recalled having a second TB skin test when she was hired and turned it in the facility Business Office ManagerShe had not been told by anyone her second TB skin test was missing. Interview with the Business Office Manager (BOM) on 03/11/19 at 1:12pm revealed she had not noticed Staff F's second TB skin test was missing. Interview with the Executive Director (ED) on	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE
03/11/19 at 1:40pm revealed she did not know Staff F did not have documentation for a second TB skin test. Refer to interview with the BOM on 03/11/19 at 1:12pm.	D 131	Interview with the Exe at 1:40pm revealed sl not have a second TE Refer to interview with 1:12pm. Refer to interview with 1:40pm. 3. Review of Staff F, or revealed: -Staff F was hired on -There was document tuberculosis (TB) skin -There was no docum second TB skin test. Interview with Staff F revealed: -She started working -She had a TB test pr -She recalled having a she was hired and tur Office ManagerShe had not been tol skin test was missing. Interview with the Bus (BOM) on 03/11/19 at not noticed Staff F's simissing. Interview with the Exe 03/11/19 at 1:40pm restaff F did not have did TB skin test. Refer to interview with	ecutive Director on 03/11/19 the did not know Staff D did S skin test. In the BOM on 03/11/19 at the ED on 03/11/19 at cook's personnel record 05/10/16. Itation Staff F had a negative test read on 05/01/16. Itentation Staff F had a on 03/11/19 at 10:40am In 2016 as a cook. Itention to working at the facility. Itention a second TB skin test when Intend it in the facility Business In the staff F had a second TB Intended Itended Intended Intended Itended Intended Inte	D 131			

Division of Health Service Regulation

STATE FORM 5899 ZJ4F11 If continuation sheet 3 of 57

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	NG:	COMP	LETED
		HAL034026	B. WING		03/	11/2019
NAME OF PI	ROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY	', STATE, ZIP CODE		
		260	1 REYNOLDA RO	OAD		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	ISTON SALEM, N			
(V4) ID	QUMMARV QT	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 131	Continued From page	e 3	D 131			
	Refer to interview with the ED on 03/11/19 at 1:40pm. Interview with the Business Office Manager (BOM) on 03/11/19 at 1:12pm revealed: -She started working at the facility in May 2018She was responsible for personnel records.					
	-Upon hire staff were told they had to obtain a two-step TB skin test.					
	-The first TB skin test had to be completed prior to working in the facility.					
	second TB skin test.	responsible for obtaining the				
		ame in for personnel records				
		ployee's personnel records;				
	•	e content of the information.				
		re were things missing in the	I			
		nen staff would ask for a				
	copy of something an personnel record.	nd it was not in their				
		rough the personnel records				
		ago; she pulled out what was	;			
		tems in the correct section.				
		e all personnel records				
	audited and corrected	d by June 2019.				
	Interview with the Exe	ecutive Director (ED)				
	03/11/19 at 1:40pm re					
	-The BOM was respo	onsible for personnel				
	records.					
		quired documents to be				
	•	required time frame and				
	filed in the personnel	records.				
D 137	10A NCAC 13F .0407 Qualifications	7(a)(5) Other Staff	D 137			
		7 Other Staff Qualifications at an adult care home				

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	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUP IDENTIFICATION		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL034026	i	B. WING		03	/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		OLDA ROAD SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEDED SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 137	Continued From page shall: (5) have no substant North Carolina Health according to G.S. 131	iated findings liste Care Personnel		D 137			
	This Rule is not met a Based on observation reviews, the facility fa Carolina Health Care to assure 2 of 6 facilithad no substantiated	ns, interviews, and iled to access the Personnel Regist y staff (Staff D an	North try (HCPR) d Staff F)				
	The findings are:						
	Review of Staff D, personnel record reve-Staff D was hired on -There was no docum Personnel Registry C completed.	ealed: 05/17/18. nentation a Health	Care				
	Interview with Staff D revealed: -She started working 2018She did not know if a completed.	in the first week o	of June				
	Interview with the Bus (BOM) on 03/11/19 at not noticed Staff D did completed.	1:12pm revealed	I she had				
	Interview with the Exe 03/11/19 at 1:40pm re Staff D did not have a	evealed she did no	ot know				
	Refer to interview with	n the BOM on 03/	11/19 at				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL034026	B. WING		03	3/11/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	YNOLDA ROAD ON SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 137	1:40pm. Documentation of Staprovided prior to exit 2. Review of Staff F, revealed: -Staff F was hired on There was no docum Personnel Registry C completed. Interview with Staff F revealed: -She started working She did not know if a completed prior to he Interview with the Bus (BOM) on 03/11/19 at not know Staff F need cook she thought only Interview with the Exe 03/11/19 at 1:40pm re Staff F did not have a Refer to interview with 1:12pm. Refer to interview with 1:40pm. Interview with the Bus (BOM) on 03/11/19 at -she started working	on the ED on 03/11/19 at off D's HCPR check was on 03/11/19. cook's personnel record 05/10/16. nentation a Health Care heck (HCPR) was on 03/11/19 at 10:40am in 2016 as a cook. a HCPR check had been or employment. siness Office Manager at 1:12pm revealed she did ded a HCPR completed as a or clinical staff needed it. ecutive Director (ED) on evealed she did not know HCPR completed. In the BOM on 03/11/19 at siness Office Manager	D 137			

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	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY LETED
		HAL034026	B. WING		03	11/2019
NAME OF P	ROVIDER OR SUPPLIER		T ADDRESS, CITY, STAT	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	REYNOLDA ROAD TON SALEM, NC 27	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 137	Care Personnel Registry Check (HCPR) on all		D 137			
D 000	personnel records who copy of something an personnel recordShe started going the about three months a not needed and put itShe planned to have audited and corrected. Interview with the Exe 03/11/19 at 1:40pm reThe BOM was responsecordsShe expected all requestions completed within the filed in the personnel.	rough the personnel records go; she pulled out what was ems in the correct section. all personnel records by June 2019. ecutive Director (ED) on evealed: nsible for personnel uired documents to be required time frame and records.				
U 282	Service 10A NCAC 13F .0904 (a) Food Procurement Homes:	Nutrition and Food Nutrition and Food Service t and Safety in Adult Care g and food storage areas and protected from	D 282			
	failed to assure hair n care unit (SCU) kitche served, as well as the kitchen and the SCU	as evidenced by: as and interviews, the facility ets were worn in the special en while food was being facility failed to assure the kitchen, walls, floors, and ere kept clean and free of				

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP		` '	CONSTRUCTION	(X3) DATE COMP	
701012701	or contraction	IBENTII TOMITON	TOMBER.	A. BUILDING: _			
		HAL034026		B. WING		03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM		OLDA ROAD SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From page	e 7		D 282			
	The findings are:						
	Observations of the S 8:38am revealed: -There were dried bro spots on the kitchen of -There was a thick lawalls behind the ice of beverage dispenser at the two doors into the observation of the re SCU kitchen on 03/00 -The door gasket was build-up of grimeThe metal wire sheld black substanceThe inside walls wer and white substances Observation of the ice SCU kitchen on 03/00 there was standing was metal under the grates.	own drip marks and walls and doors. yer of dust built up cream freezer, behi and along the wall be SCU kitchen area ach-in refrigerator in ach-in refrigerator in ach-in ach with a dawing had a build-up ach streaked with dries. The streaked with dries. The and water dispendance and water dispendance and water the grater under the grater water water under the grater water water water under the grater water wat	on the nd the petween				
	Observation of a smalkitchen on 03/07/19 a -There was a four-indoor that prohibited the closedThe inside of the free cream, was covered a with crystallized ice in containers.	all chest freezer in to at 8:38am revealed the crack along the to the door from sealing ezer, used to store in a three-inch layenge containers of ice	he SCU : op of the ig when ice r of ice. e cream				
	Observation of a set SCU kitchen on 03/0 -There was a large so -There were bags of	7/19 at 8:38am reve et of metal shelves.	ealed:				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUI		` '	CONSTRUCTION	(X3) DATE COMP	
AND FLAN	OF CORRECTION	IDENTIFICATION	N NOWIBER.	A. BUILDING: _		COMP	LETED
		HAL03402	6	B. WING		03/	11/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM	2601 REYN	OLDA ROAD			
DICIONIO	N OARDENO OF WINOT	ON OALLIN	WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIE OF MUST BE PRECEDE LSC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 282	Continued From page	e 8		D 282			
	containers holding sil chocolate, and syrup -The left side of the s can. -The outside left edge black and brown grim Observation of a met SCU kitchen on 03/0	iverware, cups, pl sitting on the she shelves was besid es were all coated ne. al rolling prep tab 7/19 at 8:38am re	elves. Ie the trash If in a dried If in the evealed the				
	legs of the table were covered in a build-up of grime and dirt. Observation of the SCU kitchen floor on 03/07/19 at 8:38am revealed there were spots of a build-up of black dirt and grime under the storage shelves, under the metal rolling prep table, and around the trash can area.						
			of a build-up ge shelves,				
	Observation of the m at 2:50pm revealed: -There was a multi-tie uncovered plated des door; this area was of through without hair in the floor under the significant of the significant o	ered cart with trayseserts inside the legen to facility stanets. In the steam table was orime, food particle and front edges of a dark brown swells had a dark legen ted in a thick layer and the gas stove run and black greating burners on the guith food debris ar	rs of citchen ff walking covered in a es and the steam ubstance. crown shelves; er of grease range had a se. as stove and backed				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	` '	E SURVEY PLETED
		HAL034026	B. WING		03	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	REYNOLDA ROAD ON SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 282	and build-up. -The flat top grill was range and deep fryer wall; the metal side w build-up of grease on grill. -The inside of the corsandwich prep table was particles. Observation of the was main kitchen on 03/07. -The door gasket was build-up of grime. -The floor under the sand freezer was coverne ceiling inside the in a build-up of dust are the shelving inside the in a build-up. Observation of the two on 03/07/19 at 2:50 preprint of t	between the gas stove and shared a metal side alls were covered in a thick each side of the flat top adiment area of the was covered in dried food alk-in cooler/freezer in the 7/19 at 2:50pm revealed: a covered with a dark brown shelving of the walk-in cooler ared in trash and food debris. A walk-in cooler was covered and grime. The walk-in cooler and of dirt and grime. The walk-in cooler and the walk-in cooler and the walk-in cooler and the of dirt and grime. The walk-in cooler and the walk-in coole	D 282			

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
			-			
		HAL034026	B. WING		03/1	11/2019
NAME OF B	20//DED OD 01/DD1/ED	OTDEET AD	DEGG OITY OTA	ATE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA	ATE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD			
		WINSTON	SALEM, NC 2	7106		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 282	Continued From page	10	D 282			
D 202	Continued From page 10		5 202			
	8:30am revealed they	did not have hair nets in				
	the SCU kitchen.					
	Interview with the Die	tary Manager on 03/07/19 at				
	8:32am revealed:	, , , , , , , , , , , , , , , , , , , ,				
	-They did not have ha	air nets in the SCU kitchen.				
		vays had hair nets on when				
	•	•				
	they left the main kitchen and went into the SCU kitchen".					
	-She had sent her staff to the main kitchen to					
	bring hair nets to the	SCO kitchen.				
	Interview with a COLL	norcenal core side (DCA)				
	on 03/07/19 at 9:15ar	personal care aide (PCA)				
		for wiping down the steam				
	table every night.					
	-	cleaned the steam table				
	every day.					
	-She thought houseke	eeping mopped every day.				
		CU kitchen on 03/07/19 at				
	12:11pm revealed:					
		taff going in and out of the				
	kitchen without hair n	ets while the food was being				
	served.					
	-The dietary manager	eventually told the staff not				
	to come into the kitch	en but to ask her for what				
	they needed.					
	•					
	Interview with the Die	tary Manager on 03/07/19 at				
	3:32pm revealed:	, ,				
	•	have a cleaning schedule; it				
		months since she had used				
	a cleaning schedule.					
		oped every night by the				
	cook.	oped every might by the				
		and under the steem table				
		aned under the steam table				
		eginning of February (She				
	did not recall the date	2).				

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-She had cleaned under the shelves in the

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BOILDING.			
		HAL034026	B. WING		03/1	1/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DDIOLITO	N 0 4 DDENO OF WINOTO	2601 REYN	IOLDA ROAD			
BRIGHTO	N GARDENS OF WINSTO	WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 282	Continued From page	: 11	D 282			
D 282	a deck brush and cleabuild-up off the floor. -She had not noticed cooler ceiling; it had be when they had work of the shelves; they tried to needed. (She did not cleaned but was "prolago"). -She assigned cleaning staff member who was affected three to four the shelves outside a degreaser to clean the theory of the shelves outside and the shelves outside and degreaser to clean the shelves outside and nightly by the cook; the cleaned monthly to renot recall when they were onto the shelves outside the wiped down every dattoday, but she knew in she had done it herse week. -The dietary cook cleaweeks ago; the oven professionally cleaned in the couple of months ago.	last Tuesday; she had used aner to try to clean the the dust build-up on the peen cleaned last summer done on the cooler. The dust build-up on the clean the shelves as recall when they were pably a couple of months on the shelves to a a dietary shed dishes or herself. It clean pots had been months ago; she had taken and used hot water and them. It is had been deep cleaned as ago. The shed were wiped down the steam wells are deep move the build-up. (She did were last deep cleaned). It was repaired. It was repaired. It was wiped down because the was wiped down because of the several times during the land the oven about 2 had never been did. a lot of cleaning at night. The poler had been cleaned a did to cleaned	D 282			
	-The dietary cook clea weeks ago; the oven professionally cleaned -The dietary cook did -The gaskets to the co couple of months ago	had never been d. a lot of cleaning at night. coler had been cleaned a . ything out of the cooler and				

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STATE FORM STATE FORM ZJ4F11 If continuation sheet 12 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL034026	B. WING		0:	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM 2601 RE	YNOLDA ROAD			
Dittioning	TOARDERO OF WINOT	WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From page	e 12	D 282			
	had timeHer staff was not reskitchen in the SCU; a turned over to the SC Interview with a dieta 3:46pm revealed: -She worked second-She was responsible cleaned the floors, was-She cleaned the floors	staffing issues and had not sponsible for cleaning the couple of years ago it was U staff. Try cook on 03/07/19 at shift. It for cleaning at night; she alls, oven, and steam table, r under the steam table,				
	-She cleaned the floor under the steam table, sprayed it with cleaner and let it set, recently (She was not sure the date)She swept and mopped under the steam table every nightShe wiped the steam wells last night using a cleaning solution; she did not use a pad to clean the build-up offShe had changed the oil in the deep fryer last week and when she pulled it out she cleaned the wall and sides of the griddle.					
	4:27pm revealed: -Dining service staff v kitchen; they were res from the main kitcher dishes back to the kit hydration table with ju -Housekeeping mopp -The SCU staff clean daily and wiped dowr -The SCU staff were the grates in the ice/v -She had not noticed she expected it to be	dices, water, and coffee. ded the SCU kitchen daily. ded the steam table area a surface areas. responsible for wiping under vater machine. there was a slimy build up; cleaned daily. s were the responsibility of				

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	OF DEFICIENCIES		R/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFIC	ATION NUMBER:	A. BUILDING:		COMPL	ETED
				B. WING			
		HAL03	4026	B. WING		03/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	ATE ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		NOLDA ROAD			
			WINSTON	SALEM, NC 2	7106		
(X4) ID		ATEMENT OF DE		ID	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX	(EACH DEFICIENC			PREFIX	(EACH CORRECTIVE ACTION SHOW		COMPLETE DATE
TAG	REGULATORY OR I	-SCIDENTIFTING	5 INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
					22.16.2.16.1		
D 282	Continued From page	e 13		D 282			
	-She thought the insid						
	be the responsibility of	of the dietary	staff; she had				
	not noticed the build-	up on the she	elves.				
	-The ice cream coole	r was not bei	ng used; ice				
	cream for the SCU re	sidents came	from the large				
	ice cream cooler in th		-				
	-She had not noticed						
	-The SCU staff used		•				
	and therefore would be		•				
	it; she had not notice	-	-				
	it, she had not noticed	a it riad flot be	cen deaned.				
	Intoniou with a SCII	housekoone	c on 02/09/10 of				
	Interview with a SCU	nousekeepei	011 03/00/19 at				
	10:14am revealed:						
	-She had been workir						
	-She mopped the SC		•				
	-She did not wipe any	•					
	-She did not do anyth	ing with the c	oven in the SCU				
	activity room.						
	Interview with a PCA	on 03/08/19	at 10:17am				
	revealed:						
	-She swept the SCU	kitchen every	day.				
	-She wiped off the top	os of the stea	m table after				
	meals.						
	-She had never worn	a hair net in	the SCU				
	kitchen until today (03						
	(0.0	<i></i>					
	Interview with a seco	nd PCA on 03	3/08/19 at				
	10:24am revealed:		5,55,10 at				
	-She wiped off the top	of the steam	n table area				
		on the steam	ו נמטוכ מוכמ				
	daily.						
	-She swept after every meal.						
	-She had not cleaned the shelves in the		in the				
	refrigerator.						
	-She had not worn ha		SCU kitchen;				
	no one told her she n	eeded to.					
	Interview with a third	PCA on 03/08	8/19 at				
	10:27am revealed:						

-She had worn a hair net before in the SCU

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING			
		HAL034026	B. WING		03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM	NOLDA ROAD			
			N SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE . CROSS-REFERENCED [*] DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From page	e 14	D 282			
	kitchen; she did not we-No one had ever tolchair net in the SCU ke-She cleaned the SC worked including wipilids, counter space, note a machines and wipice/water machine. She swept the kitche was responsible for note in the state of the st	wear one every day. If her she needed to wear a sitchen. If kitchen area when she sing down the steam wells, nicrowave area, coffee, and bring under the grate on the sen every day; housekeeping				
	Interview with the Dietary Manager on 03/08/19 at 4:40pm revealed: -The dietary aide was responsible for cleaning of the ice cream freezer. -The ice cream freezer was defrosted weeklyIt was defrosted about two weeks ago; they missed a week because of all the rainShe thought the dietary aides did a good job keeping the ice cream freezer clean.					
	4:43pm revealed: -She took all the ice of defrosted itShe defrosted the free-lf everyone would ke would not build up as Interview with the Exat 3:59pm revealed: -She had a meeting so regional dietary managunderstanding of diet	ecutive Director on 03/07/19 set up with the facilities ager to get a better				

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STATE FORM STATE FORM ZJ4F11 If continuation sheet 15 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034026	B. WING		03/11/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	EYNOLDA ROAD ON SALEM, NC 27	7106	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 282	Continued From page	e 15	D 282		
	had been in the kitchen area only casuallyShe was not aware of uncovered food stored in an area where staff was walking in and out without hair netsShe was not aware of the floor under the prep table/steam tableShe was not aware of the dirt and grease build up on the steam table, wells, stove, oven, flat top griddle, shelving, cooler ceiling, floors, and shelving, cooler/freezer floors and cooler/freezer shelvesShe expected dietary services to have a cleaning scheduleDining service staff was responsible for cleaning the kitchenShe was not aware the SCU did not have hair nets available to be worn by staffShe was not aware the SCU ice cream cooler walls, floors, doors, refrigerator, ice and water dispenser needed to be cleanedShe thought the SCU kitchen would be cleaned and maintained by the kitchen staff and SCU staff.				
D 344	10A NCAC 13F .1002	(a) Medication Orders	D 344		
	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL034026		B. WING		03	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		IOLDA ROAD			
	I			SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 344	Continued From page	e 16		D 344			
	clarification is docume record.	ented in the resident's	5				
	This Rule is not met Based on observation reviews, the facility fa the prescribing physic medication orders for (Resident #4) regardi #5) regarding an order reliever, and nebulize The findings are:	ns, interviews, and rec niled to ensure contact cian for clarification of 2 of 7 sampled reside ng antibiotics and (Re er for blood thinner, pa	t with ents esident				
	Review of Resident # 02/20/19 revealed: -Diagnoses included a dementia without behand atrial fibrillationThere was no order to help prevent blood Fibrillation)There was no order to bronchospasm) 0.63r inhalation every 6 hou-There was no order to reliever) 500mg every pain.	Alzheimer's disease, haviors, hypertension, for Aspirin 81mg daily clots due to Atrial for Albuterol (used to mg/3ml give 1 vial via urs as needed for whe for acetaminophen (pa	stroke, (used treat eezing.				
	Review of Resident # 08/14/18 revealed: -There was an order 1 -There was an order 1 give 1 vial via inhalati	for Aspirin 81mg daily for Albuterol 0.63mg/3	r. Bml				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034026	B. WING		03/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 00/1	1/2013
		2601 REY	NOLDA ROAD	,		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344	Continued From page	e 17	D 344			
D 344	for wheezingThere was an order of every 6 hours as need. Review of Resident #2019 MAR revealed: -There was an entry of the every 6 hours as needThere was an entry of give 1 vial via inhalatific or wheezingThere was an entry of every 6 hours as needAspirin was document from 02/01/19 through 03/01/19	for acetaminophen 500mg ded for pain. 5's February and March for Aspirin 81mg daily. for Albuterol 0.63mg/3ml on every 6 hours as needed for acetaminophen 500mg ded for pain. Inted as administered daily In 03/06/19. In out documented as administered 06/19. In ot documented as 9 through 03/06/19. 5's record revealed: Inentation Resident #5's Intacted to clarify the orders In and acetaminophen which FL2 dated 02/20/19. In other in the order in the sedications had been left off In the order	D 344			
	on the medication car	dications on the MAR's are t. ess nurse on 03/11/19 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ANDILAN	or dortheories	IDENTIFICATION NOME	JEN.	A. BUILDING: _		CONI	LLILD
		HAL034026		B. WING		03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	2601 REYN	OLDA ROAD			
	N OARDERO OF WINOT	JN OALLIN	WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 344	Continued From page	e 18		D 344			
D 344	12:00 pm revealed: -She did not know me the FL2 for Resident -The Resident Care I annual FL2'sThe RCD worked on FL2The part-time wellne the FL2's for the RCI -She had never comp -When orders were re wellness nurses) was transcribing the order the order to the phare Interview with the RC revealed: -She did not know me the FL2 for Resident -The part-time wellne for completing the FL sheets.	edications had been lef#5. Director (RCD) completed completing Resident #1. Second of the control of the control the MAR and fax macy. ED on 03/11/19 at 12:15 edications had been lef	ted #5's lot of O or m by ting 5 pm ft off ble er	D 344			
	neededWe review a printout of medications then attach it to or transcribe the orders to the new FL2We then fax it to the prescribing practitioner and ask them to review and sign.		r and				
	-She did not know how or why the medications were left off of Resident #5's FL2They compared the old FL2's and physicians orders to the new FL2 as well as looked through the record for order changesShe expected the FL2's to be completed correctly.						
	at 12:29 pm revealed	out medications being					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
74101 2741	or contraction	IDENTIFICATION NO.	VIDEI (.	A. BUILDING: _			
		HAL034026		B. WING			/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	2601 REYN	OLDA ROAD			
				SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 344	Continued From page	e 19		D 344			
	-She expected all FL2's to be filled out correctly and thoroughly.						
	Interview with the Prescribing Practitioner on 03/11/19 at 10:45 am revealed: -He did not know there had been medications left off the FL2 for Resident #5He wanted the resident to continue taking Aspirin, Albuterol, and acetaminophenThe information on the FL2 should be reviewed prior to sending to him to be signedHe and the facility should have been more diligent in their review of the FL2He expected the FL2's and all orders to be transcribed correctly and completely prior to them being sent to him for his signature. 2. Review of Resident #4's current FL2 dated 04/26/18 revealed diagnoses included cerebral infarction, dysphagia, hypertension, hyperlipidemia, hemiplegia, Gastroesophageal Reflux Disorder, Parkinson's, muscle weakness,						
	Review of subsequent physician's orders revealed: -There was an order dated 01/09/19 for fosfomycin (an antibiotic used to treat urinary tract infections) 3 gram packet onceThere was an order dated 01/09/19 for fosfomycin 3 gram packet weekly from 01/17/19 to 2/14/19.						
	-There was an order of fosfomycin 3 gram particle infection signed by the	icket weekly for urina					
	Review of Resident # Administration Record -Fosfomycin 3 grams order documented as	d (MAR) revealed: one packet for a one	time				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	' '	(3) DATE SURVEY COMPLETED			
		HAL034026		B. WING		0;	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	·	
BBICUTO	N CARDENS OF WINST	ON CALEM	2601 REYN	OLDA ROAD			
БКІВПІО	N GARDENS OF WINSTO	JN SALEW	WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE: Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	O 344 Continued From page 20			D 344			
	at 8:00amFosfomycin 3 grams order documented as at 8:00amFosfomycin 3 grams documented as admir 01/24/19, 01/25/19, at Review of Resident # fosfomycin 3 grams of documented as admir 02/07/19, 02/08/19, 00 Interview with a well of 3:36 pm revealed: -The wellness nurses transcribing the PA or and faxing the order to the ordersShe had never did a resident.	one packet weekly nistered on 01/17/19, and 01/31/19. 4's February MAR resone packet weekly nistered on 02/01/19, 2/14/19, and 02/22/19 ess nurse on 03/07/10 are responsible for reders into the computer to the pharmacy. I look over the PA ordions they call for clarical contents are responsible for the pharmacy.	vealed 9. 9 at er MAR ers and ification				
	Interview with a welln 11:55am revealed: -She did not know Refosfomycin 3 gram parand on 01/23/19 -She did not know Redocumentation of fost administered on Thur 01/24/19 to 02/15/19She did not know Reforder on 01/10/19 for once and another ord 8:00amThe wellness nurse were revealed:	esident #4 was ordered acket weekly on 01/09 esident #4's MAR had fomycin 3 gram packets and Friday from esident #4's MAR had fosfomycin 3 gram packets for 01/10/19 both a who entered the 01/2	ed 9/19 Let 1 an acket at				
	fosfomycin 3 gram pa have seen there was						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ANDILAN	O CONNECTION	IDENTIFICATION NOMBE	-13.	A. BUILDING: _		COM	LETED
		HAL034026		B. WING		03/	11/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		OLDA ROAD SALEM, NC 27	7106		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	COMPLETE DATE
D 344	Continued From page	e 21		D 344			
D 344	the same medication -The wellness nurse of 01/23/19 for fosfomy should have contacte -The wellness nurses orders they receive fromputer system and interview with the Reson 03/07/19 at 4:06pr -She expected all resompleted monthly by their resident wellnes -She expected during wellness nurses woul including PA orders a -She expected if the verror they would let he ror they would call the communicated for he clarification of an order apain on another she did not know Refosfomycin 3 gram particles from 01/23/19 Telephone interview wontract pharmacy or revealed: -There was one pack packet sent on 01/09, -There were four packet.	on Resident #4's MAR. who received the order of in 3 gram packet weekled the PA for clarification document clarification of the PA and put it in the PA and put it in the PA and put it in the resident chart. Sident care Director (RC in revealed: ident record reviews to be a visit. The record reviews the dook at everything and the medications. Wellness nurses found a per know.	n n am e	D 344			
	packet sent on 01/23/ -There were three par packet sent on 02/14/	ckets of fosfomycin 3 gr	am				
		ere faxed from the facilit	y to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			3) DATE SURVEY COMPLETED	
		HAL034026		B. WING		0:	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
DDIGUTO	N OADDENO OF WINOT	ON OAL EM	2601 REYN	IOLDA ROAD			
BRIGHTO	N GARDENS OF WINST	ON SALEM	WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE OF MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 344	4 Continued From page 22			D 344			
	the pharmacyThe pharmacy sent the medications based on the orders faxed to the pharmacyThe pharmacy did not have access to the facility MAR's.						
	Interview with the medication aide (MA) on 03/08/19 at 11:46am revealed: -She was only able to see what medications were to be given on her shiftShe did not know she had administered Resident #4's fosfomycin on Thursday's weekly and another MA was documenting administering fosfomycin weekly on Friday'sShe should have looked closer at the orders and asked the wellness nurses for any clarification.						
	Telephone interview with the physician's assistant (PA) on 03/11/19 at 10:18am revealed: -He ordered Resident #4 fosfomycin 3 gram packet once weekly on 01/23/19 for a urinary tract infectionHe had been told the hospital physician ordered the medication but the facility did not have the prescriptionHe only wrote the order on 01/23/19 for Resident #4's fosfomycin 3 gram packet once weekly because he was told by the facility it was recommended by the hospital physician at dischargeResident #\$ was to be administered fosfomycin 3 gram packet once weeklyHe did not know fosfomycin 3 gram packet was ordered for Resident #4 on Thursday and Friday from 01/24/19 to 02/15/19.						
	03/08/19 at 3:28pm r -She did not know the	ecutive Director (ED) revealed: e Resident #4's fosforonce a week was on	mycin				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		BED.				TE SURVEY MPLETED	
		HAL034026	E	B. WING		03/1	1/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STAT	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	2601 REYNOI WINSTON SA		106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 344	MAR on Thursday an 02/15/19She did not know that was not clarified by the RCDShe expected that the have seen the same weekly and would hat clarificationShe expected that the would have been seed she expected the weekly and would have been seed. She expected the weekly and NCAC 13F .1004	at Resident #4's fosfon ne wellness nurses, or ne wellness nurse wou medication being orde we contacted the PA for ne duplicate fosfomycin n during a record revie ellness nurse team to we monthly or bi-month	9 to nycin the Id red or n order ew.	D 344			
	(a) An adult care hor preparation and admi prescription and non-by staff are in accord (1) orders by a licens which are maintained (2) rules in this Secti and procedures.	sed prescribing practiti in the resident's recor on and the facility's po	e ns, ments oner rd; and				
	This Rule is not met TYPE B VIOLATION	as evidenced by:					

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STATE FORM STATE FORM ZJ4F11 If continuation sheet 24 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMF	SURVEY
	HAL034026	B. WING		03	/11/2019
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
BRIGHTON GARDENS OF WIN	STON SALEM	'NOLDA ROAD N SALEM, NC 2	7106		
PREFIX (EACH DEFICI	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
reviews, the facility were administered prescribing practity residents (#2, #3, discontinued or chareded after a hos not being held for international norm an antibiotic order reordered for wee one day and 2 tim. The findings are: 1. Review of Resided Diagnoses included dementia, diabete hypertension, and There was an order the afternoon. (Cook Review of Resided dated 01/22/19 was and 5mg every otter Review of Resided 01/30/19 revealed two days and rechard Review of Resided administration recovered administration recovered the revealed: There was an ention of the revealed: There was an ention of the revealed: There was an ention of the revealed: There was a second recovered with a revealed: There was a second recovered with a revealed: There was a second revealed revealed revealed: There was a second revealed revealed revealed revealed revealed: There was a second revealed	tions, interviews, and record a failed to ensure medications as ordered by a licensed oner for 3 of 5 sampled and #4) related medications not anged from scheduled to as spital discharge (#2), Coumadin a resident (#3) with an alized ratio (INR) of 4.99, and ed weekly for 5 weeks, dy, and administered 2 times in es a week for 3 weeks (#4). dent #3's current FL-2 dated ed chronic atrial fibrillation, s, hyperlipidemia, gout, end stage renal disease. er for Coumadin 2mg daily in umadin is a blood thinner).	D 358			

Division of Health Service Regulation

STATE FORM 5899 ZJ4F11 If continuation sheet 25 of 57

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL034026		B. WING		0:	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		<u> </u>
BBICUTO	N CADDENS OF WINST	ON CALEM	2601 REYN	IOLDA ROAD			
BRIGHTO	N GARDENS OF WINST	ON SALEM	WINSTON	SALEM, NC 2	7106		
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page 25			D 358			
	-Coumadin 5mg was documented as administered at 4:30pm on 01/30/19Coumadin 3mg was documented as administered at 4:30pm on 01/31/19. Review of Resident #3's physician' order dated						
	02/01/19 revealed an order to hold Coumadin on 02/01/19 and 02/02/19 and restart 2.5mg daily on 02/03/19. Review of Resident #3's eMAR for February 2019 revealed: -There was an entry for Coumadin 3mg every other day with administration scheduled at 4:30pm; the order was discontinued on 02/01/19. -There was a second entry for Coumadin 5mg every other day with administration scheduled at 4:30pm; the order was discontinued on 02/01/19. -Coumadin was not documented as administered on 02/01/19 or 02/01/19.						
			every at 2/01/19. 5mg duled at 2/01/19.				
	Review of the facility' Resident #2 revealed -There was documen international normaliz was 4.99 (above ther for Coumadin was to -Next INR draw date 01/31/19. -There was documen 01/31/19 was 4.19 (a new order for Couma and 02/02/19. Telephone interview a nurse at the dialysic	t: Intation Resident #3's Ized ratio (INR) on 01 Irapeutic range); new Intation Resident #3's Intain Resident #3's Intain Resident #3's Intation Resident #3's Intain Resident #3's Intain Resident #3's Intation Resident #3's Intain Resident #	I/29/19 order INR on nge); 02/01/19				
	-Resident #3's INR o -The medication orde two days and rechec -INR was rechecked	er was to hold Coum k INR.	adin for				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL034026	B. WING		03	8/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STAT	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	REYNOLDA ROAD			
			TON SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page 26		D 358			
	4.18The medication order was to hold Coumadin on 02/01/19 and 02/02/19 and restart Coumadin 2.5mg daily with a start date of 02/03/19.					

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DIVISION	n Health Service Regu	ilation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	,
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL034026	B. WING		03/11/201	9
NAME OF D	ROVIDER OR SUPPLIER	STDEET AD	DRESS, CITY, STA	TE ZIR CODE		
IVAIVIL OI II	TO VIDER OR OUT FEEL			(IL, ZII OOBL		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD			
		WINSTON	SALEM, NC 2	7106		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		MPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE	/AIL
				,		
D 358	Continued From page	e 27	D 358			
	12:23pm revealed:					
	-	aible for Coumadia				
	-She was not respons					
	•	but would receive order				
	•	wellness nurse was not				
	available.					
		ame in she would transcribe				
	it into the eMAR.					
		ue any current Coumadin				
	orders and enter the					
	-She would write a no	ote in the resident's record				
	with what the result w	/as.				
	-She would fax a copy	y to the pharmacy, stamp				
	the copy and put it in	the PCP's binder.				
	-She would update th	e Coumadin log.				
	Telephone interview v	with a second Wellness				
	Nurse on 03/08/19 at	12:39pm revealed:				
	-The Wellness Nurse:	s put all medication orders				
	in the eMAR					
	-Resident #3 had his	INR labs drawn on Tuesday				
	when he was at the d	lialysis clinic.				
	-She would call the cl	linic on Wednesday				
	afternoon if she had r	not received the results and				
	any changes in orders					
		from the dialysis clinic would				
		e but it depended on the				
	nurse.					
		e Coumadin log and fax the				
	change to the pharma					
		ie dosage on the eMAR if				
	there were any change					
	-She usually always worked on Wednesdays, so					
		e to receive the lab values				
	and order changes.	. to .coore the lab values				
		at the order they received.				
		ng an order to hold Resident				
		did not recall the dates).				
	•	d on the medication in the				
	eMAR.		1			

Division of Health Service Regulation

STATE FORM STATE FORM ZJ4F11 If continuation sheet 28 of 57

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2601 RETNOLDA ROAD WINSTON SALEM, NO. 27106 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LES IDENTIFYING INFORMATION) D 358 Continued From page 28 Interview with the same wellness nurse on G3/11/19 at 1:30pm revealed: -She made the Coumadin log based on the orders she was givenShe would not have put any information into the log if she did not have an orderShe did not know why the coumadin was not held on 01/30/19 and 01/3/19; she was human and could have made a mistake. Interview with the Resident Care Director on 03/08/19 at 3:51pm revealed: -The Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin log based on new orders receivedThe Wellness Nurse was responsible for updating the Coumadin have put an -The Wellness have a detailed the MARShe was concerned Resident #3 was administered Coumadin when there was an order to hold it for 01/30/19 and 01/31/19 because it could be very dangerousIf the wellness nurse had put the Coumadin on hold in the MAR the system would have put an -The order of the properties of the		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE : COMPI	
INTERPRETATION OF THE PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2601 REYNOLDA ROAD WINSTON SALEM, NC 27106 PREFIX 1AC D 358 Continued From page 28 Interview with the same wellness nurse on 03/11/19 at 1:30pm revealed: -She made the Coumadin log based on the orders she was givenShe would not know why the Coumadin on held on 01/30/19 and 01/31/19; she was human and could have made a mistake. Interview with the Resident Care Director on 03/08/19 at 3:51pm revealed: -The Wellness Nurse would update any Coumadin changes in the eMARShe did not from why the Coumadin or hold in the eMARShe was concerned Resident #3 was administered Coumadin when there was an order to hold it for 01/30/19 and 01/31/19 because it could be very dangerousIf the wellness nurse had put the Coumadin on hold in the eMAR the system would have put an "X" on the date it was to be held and the MA's would have not been able to administer the medication. Telephone interview with a nurse at the dialysis clinic on 03/08/19 at 4:08pm revealed: -The doctor for Resident Rays were yorocerned			HVI 034038		B. WING		03/	11/2010
Septiment	NAME OF P	ROVIDER OR SUPPLIER	11AL034020	STREET ADD		TE ZIP CODE	03/	11/2019
WINSTON SALEM, P.C. 27166 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D STAGE Continued From page 28 Interview with the same wellness nurse on 03/11/19 at 1:30pm revealed: -She made the Coumadin log based on the orders she was givenShe would not have put any information into the log if she did not have an orderShe did not know why the orders were not filed in Resident #3's chart for CoumadinIf Resident #3's Coumadin was sheduled to be held she would have put it on hold in the eMARShe did not know why the Coumadin was not held on 01/30/19 and 01/31/19; she was human and could have made a mistake. Interview with the Resident Care Director on 03/08/19 at 3:51pm revealed: -The Wellness Nurse was responsible for updating the Coumadin (bg based on new orders receivedThe Wellness Nurse would update any Coumadin changes in the eMARShe was concerned Resident #3' was administered Coumadin when there was an order to hold it for 01/30/19 and 01/31/19 because it could be very dangerousIf the wellness nurse had put the Coumadin on hold in the eMAR the system would have put an "X" on the date it was to be held and the MA's would have not been able to administer the medication. Telephone interview with a nurse at the dialysis clinic on 03/08/19 at 4.09pm revealed: -The doctor for Resident #3' was very concerned			ON CALEM			,		
PREFIX TAG Continued From page 28 Interview with the same wellness nurse on 03/11/19 at 1:30pm revealed: -She made the Coumadin log based on the orders she was givenShe would not have put any information into the log if she did not know why the orders were not filed in Resident #3's charf for CoumadinIf Resident #3's Coumadin was scheduled to be held she would have put it on hold in the eMARShe did not know why the Coumadin was not held on 013/019 and 013/119's, she was human and could have made a mistake. Interview with the Resident Care Director on 03/08/19 at 3:51pm revealed: -The Wellness Nurse would update any Coumadin changes in the eMARShe was concerned Resident #3 was administered Coumadin when there was an order to hold if for 013/019 and 013/119 because it could be very dangerousIf the wellness nurse had put the Coumadin on hold in the eMAR the system would have put an "X" on the date it was to be held and the MA's would have not been able to administer the medication. Telephone interview with a nurse at the dialysis clinic on 03/08/19 at 4:08pm revealed: -The doctor for Resident #3 was severy concerned	БКІСПІО	N GARDENS OF WINSTO	JN SALEM	WINSTON	SALEM, NC 2	7106		
Interview with the same wellness nurse on 03/11/19 at 1:30pm revealed: -She made the Coumadin log based on the orders she was given. -She would not have put any information into the log if she did not have an order. -She did not know why the orders were not filed in Resident #3's Chard for Coumadin. -If Resident #3's Coumadin was scheduled to be held she would have put it on hold in the eMAR. -She did not know why the Coumadin was not held on 01/30/19 and 01/31/19, she was human and could have made a mistake. Interview with the Resident Care Director on 03/08/19 at 3:51 pm revealed: -The Wellness Nurse was responsible for updating the Coumadin log based on new orders received. -The Wellness Nurse would update any Coumadin changes in the eMAR. -She was concerned Resident #3 was administered Coumadin when there was an order to hold it for 01/30/19 and 01/31/19 because it could be very dangerous. -If the wellness nurse had put the Coumadin on hold in the eMAR the system would have put an "X" on the date it was to be held and the MA's would have not been able to administer the medication. Telephone interview with a nurse at the dialysis clinic on 03/08/19 at 4:08pm revealed: -The doctor for Resident #3 was very concerned	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE
Resident #3's Coumadin orders were not being followed. -He was especially concerned on 01/29/19 when Resident #3's INR was so high and the Coumadin not being held because Resident #3 could bleed	D 358	Interview with the san 03/11/19 at 1:30pm re- She made the Coumorders she was given she would not have log if she did not know whe she did not know whe she did not know wheld she would have she did not know wheld on 01/30/19 and and could have made interview with the Res 03/08/19 at 3:51pm re- The Wellness Nurse updating the Coumad received. The Wellness Nurse Coumadin changes in she was concerned administered Coumad to hold it for 01/30/19 could be very dangered if the wellness nurse hold in the eMAR the "X" on the date it was would have not been medication. Telephone interview welling on 03/08/19 at 40- The doctor for Resid Resident #3's Couma followed. He was especially concerned was especially concerned the was especially co	ne wellness nurse on evealed: adin log based on the put any information into e an order. by the orders were not for Coumadin. madin was scheduled to put it on hold in the eM by the Coumadin was no 1/31/19; she was hure a mistake. Sident Care Director on evealed: was responsible for lin log based on new or would update any in the eMAR. Resident #3 was din when there was an and 01/31/19 because ous. had put the Coumadin system would have put to be held and the MA able to administer the with a nurse at the dialy 4:08pm revealed: ent #3 was very concerdin orders were not be oncerned on 01/29/19 was so high and the Course	riled in to be IAR. ot man rders order tit tion tit an tis rsis rned ing when madin	D 358			

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI		1 ' '	CONSTRUCTION	(X3) DATE	SURVEY LETED
,	5. GOTH LEGITOR	.52		A. BUILDING: _			
		HAL034026		B. WING		03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RPICHTO	N GARDENS OF WINST	ON SALEM	2601 REYN	OLDA ROAD			
БКІВНІО	N GARDENS OF WINST	JN SALEW	WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 29		D 358			
	-When Resident #3's INR was repeated and it was still high he had called the facility to make sure the Coumadin was being held and was assured him that it had beenHe expected the staff to follow the Coumadin orders. Interview with the Executive Director on 03/08/19 at 4:48pm revealed: -She was not aware there had been any errors with Resident #3's CoumadinShe expected Resident #3's Coumadin to be administered as ordered and for staff to clarify the order if neededShe was concerned Resident #3's Coumadin was not administered as ordered.						
	2. Review of Resider 08/22/18 revealed dia Alzheimer's disease vanxiety, and depressi	agnoses included with behavior distur					
	Review of Resident # revealed an admission						
	a. Review of Resident #2's physician' order dated 10/10/18 revealed an order for tramadol (used to treat mild to moderate pain) 50 mg tablet take one-half tablet (25mg) three times a day for pain.						
	Review of Resident # medication administrative revealed: -There was an entry times a day schedule 7:00am, 2:00pm and -Tramadol 25 mg was administered 3 times 02/21/19 at 7:00amResident #2 was do	ation record (eMAR for Tramadol 25 mg d for administration 7:00pm. s documented as a day from 02/01/1	three at 9 to				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL034026	B. WING		03	/11/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
BRIGHTO	ON GARDENS OF WINS	TON SALEM 2601 R	EYNOLDA ROAD			
BRIGITIC	ON GARDENS OF WINS	WINST	ON SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	from 02/21/19 to 02 documented as adn 2:00pm to 02/28/19 Review of Resident summary dated 03/0 discontinue tramador Review of Resident generated at dischat tramadol 25 mg was medication orders. Review of Resident revealed: -There was an entry one-half tablet (25 mg) or documented as not at 7:00am to 03/02/1 "hospitalized"Tramadol 50 mg or documented as adn 03/07/19 at 2:00pm or documented as adn 03/07/19 at 4:06 or	/28/19; no tramadol was ninistered from 02/21/19 at at 7:00pm. #2's recent hospital discharge 02/19 revealed an order to ol 25 mg three times a day. #2's medication orders rge dated 03/02/19 revealed in the new #2's March 2019 eMAR for tramadol 50 mg give ng) three times a day for pain. ne-half tablet was administered from 03/01/19 19 at 7:00am due to resident ne-half tablet was ninistered from 03/02/19 to es of tramadol 25 mg ne order was discontinued on esident #2 was receiving ne order was discontinued on esident record reviews to be only the wellness nurses during resident record reviews to be only the wellness nurses during resident record reviews to be only the record review the audd look at everything	D 358			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034026	B. WING		0:	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM	YNOLDA ROAD			
		WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 31	D 358			
	-Resident #2 had not the hospital discharg	had a monthly review since e 03/02/19.				
	contract pharmacy or revealed: -The facility was responders into the eMAR-The pharmacy did not scharge summary for 03/02/19 with the order orders written on 03/03/19 with the order for tramadol incomplete in the pharmacy received orders written on 03/03/08/19 at 12:35am and the facility's wellness to enter medication ordersMA did not routinely medication ordersMAs were responsible as they appeared on She did not know Rediscontinued on 03/03/03/19 at 12:35am and the second responsible as they appeared on the second responsible of the second responsible	ot receive the hospital for Resident #2 dated er to discontinue tramadol at 3 times a day. Wed eleven medication 02/19 for Resident #2 at ospital but there was not an eluded with the new orders. Cation aide (MA) on revealed: as nurses were responsible orders into the eMAR system. have access to residents' ble to administer medications the eMAR. esident #2's tramadol was				
	on the eMAR at sche					
	revealed: -Resident #2 was dis and returned to the fa-There was a wellnes who was responsible discharge medication prior to hospitalizatio	ch on 03/08/19 at 3:30pm charged from the hospital acility on a weekend. ss nurse working each shift for comparing residents' as orders to medications n, discontinuing medication and faxing new medication				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
		HAL034026		B. WING		03	/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	2601 REYN	OLDA ROAD			
			WINSTON	SALEM, NC 27	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page 32			D 358			
D 358	orders to the contract -From Monday to Frica a second wellness nu check orders entered accuracyThe facility did not ha double check orders of the wellness nurse. Telephone interview w 03/08/19 at 3:34pm re -She worked when Re hospitalShe recalled process medication orders on -She recalled she ent discontinue tramadol into the eMAR system -She did not know Re tramadol 50 mg one-I for pain with schedule -She did not know wh update Resident #2's discontinuedShe did not have a s residents' eMARs for subsequent to orders	spharmacy. day, the wellness nurse or the RCD dourness or the RCD dourness nurse as a system in place and the week with a wellness nurse evealed: esident #2 returned sing Resident #2's 03/02/19. Evered the order to 25 mg three times and the well administration. The system in place to remedication orders entered on the week entered e	able em for ce to cend by e on from the did listed es a day a did not check ekend.	D 358			
	Telephone interview v assistant (PA) on 03/0 -He had reviewed Re	08/19 at 4:30pm rev					
	discharge summary of the had not written as #2's tramadol from disched tramadol 25 mg up to acted like he was in pure the had no document.	n order to change R scontinued. : #2 should be receiv three times a day if pain. tation regarding faci	esident ving f he llity staff				
	requesting tramadol t		esiaent				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		
		HAL034026	B. WING		03/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	IOLDA ROAD		
			SALEM, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page 33		D 358		
	Based on observations, interviews, and record review, it was determined Resident #2 was not interviewable.				
	b. Review of Resident #2's physician's order dated 10/10/18 revealed an order for acetaminophen 500 mg (used to treat mild pain) one tablet three times a day for pain. Review of Resident #2's February 2019 electronic medication administration record (eMAR) revealed: -There was an entry for acetaminophen 500 mg three times a day scheduled for administration at 7:00am, 2:00pm and 7:00pm. -Acetaminophen 500 mg was documented as administered 3 times a day from 02/01/19 to				
	02/21/19 at 7:00am. -Resident #2 was do from 02/21/19 to 02/2	cumented as hospitalized 8/19; no acetaminophen administered from 02/21/19			
	Review of Resident # summary for major no behavior disturbance order to change aceta times a day schedule three times a day, as a prescription order d	2's recent hospital discharge eurocognitive disorder and dated 03/02/19 revealed an aminophen 500 mg three d to acetaminophen 500 mg needed for pain. There was ated 03/02/19 for ng three times a day, as			
	Review of Resident #2's March 2019 eMAR revealed: -There was an entry for acetaminophen 500 mg three times a day scheduled for administration at 7:00am, 2:00pm and 7:00pm.				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL034026	B. WING		03	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E. ZIP CODE	•	
		2601 R	EYNOLDA ROAD			
BRIGHTO	N GARDENS OF WINSTO	ON SALEM WINST	ON SALEM, NC 27	106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page - Acetaminophen 500 administered from 03 03/02/19 at 7:00am of -Acetaminophen 500 administered 3 times and 7:00pm, from 03/ 2:00pm. -There was no entry from 12 three times a day as -There were 12 doses three times a day adr times after the order on 03/02/19. Observation of medic administration for Res a bingo card with fifty acetaminophen 500 r for sixty tablets with in times daily as needed Interview with the Res on 03/07/19 at 4:06pr -She did not know Res acetaminophen 500 r the discharge summa change the medication -She expected all res completed monthly by their resident wellnes -She expected during wellness nurses woul including PA orders, I summaries, and the r	and any was documented as not /01/19 at 7:00am to ue to resident "hospitalized". mg was documented as a day, at 7:00am, 2:00pm /02/19 to 03/07/19 at for acetaminophen 500 mg needed for pain sof acetaminophen 500 mg ninistered on scheduled was changed to "as needed" attion on hand for sident #2 revealed there was six doses of mg dispensed on 03/02/19 nstructions for one tablet 3 d for pain. Sident Care Director (RCD) m revealed: esident #2 was receiving mg scheduled subsequent to any order on 03/02/19 to on to as needed. ident record reviews to be y the wellness nurses during s visit. If the record review the d look at everything MARs, discharge medications. had a monthly review since	D 358	DEFICIENC	<u>Y)</u>	
		with a pharmacist at the n 03/08/19 at 11:30am				

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				1		
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAI 024026	B. WING		00/44/00	.40
		HAL034026			03/11/20	/19
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2601 REV	NOLDA ROAD			
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		7400		
		WINSTOR	SALEM, NC 2	7106		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		OMPLETE DATE
TAG	REGULATURY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIAIE	DAIL
D 358	Continued From page	e 35	D 358			
		onsible to enter medication				
	orders into the eMAR	system.				
	-The pharmacy did no	ot discontinue a medication				
	from the eMAR unles	s an order was received to				
	discontinue the medic	cation.				
	-The pharmacy did no	ot receive Resident #2's				
		mmary dated 03/02/19.				
		ved 11 medication orders				
		or Resident #2 at hospital				
		n Resident #2 at nospital				
	discharge.	for contouring when 500 mag				
		for acetaminophen 500 mg				
		lay, as needed for pain				
		led in the orders faxed to the				
	pharmacy by the facil					
	-On 03/02/19, the pha	armacy sent sixty tablets of				
	acetaminophen 500 r	ng labeled one tablet 3				
	times a day, as neede	ed for pain.				
	•	·				
	Interview with a medi	cation aide (MA) on				
	03/08/19 at 12:35am	` ,				
	-The facility's wellnes	s nurses were responsible				
	_	rders into the eMAR system.				
		have access to residents'				
	medication orders.	nave access to residents				
		le to administer medications				
	-					
	as they appeared on					
		esident #2's acetaminophen				
		from one tablet 3 times a				
		ain to one tablet 3 times a				
	day, as needed for pa					
		heduled acetaminophen 500				
	mg doses during her shift because the					
	medication appeared on the eMAR at scheduled					
	times.					
	Interview with the RC	D on 03/08/19 at 3:30pm				
	revealed:					
		charged from the hospital				
	and returned to the fa					
	i - mere was a weilnes	s nurse working each shift	1			

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STATE FORM STATE FORM ZJ4F11 If continuation sheet 36 of 57

NAME OF PROVIDER OR BUPPLIER STREETADDRESS, CITY, STATE, 7JP CODE 2001 REVNOLDA ROAD WINSTON SALEM SUMMAPS STATEMENT OF DESCRICTORS (IEACH EPRICIENCY MUST BE PRECEDED BY YOU.), PREPAY TAG DESCRICTORY OR USE IDENTIFYING INFORMATION) DESCRICTORY OR USE IDENTIFYING INFORMATION PREPAY TAG PROVIDERS PLAN OF CORRECTION FROULD BE INCOME FEE OWN IN TAG IPPROVIDE THE OWN IN TAG IPPROVIDE THE OWN IN TAG IPPROVIDE THE OWN IN THE OWN IN THE OWN IN TAG IPPROVIDE THE OWN IN THE OW	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2601 REVNOLDA ROAD WINSTON SALEM 2601 REVNOLDA ROAD WINSTON SALEM (XA) ID PRETIX I SUMMARY STATEMENT OF DEFICIENCIES I PARTIX I RECULATION OLS DESTITIVING INFORMATION) D 358 Continued From page 36 who was responsible for comparing residents' discharge medications orders to medications prior to hospitalization, discontinuing medications according to orders, and faxing new medication orders to the contract pharmacy. -From Monday to Friday, the wellness nurse had a second wellness nurse or the RCD double check orders entered into the eMAR system for accuracy. -The facility did not have a system in place to double check orders entered on the weekend by the wellness nurse. Telephone interview with a wellness nurse on 0.3/08/19 at 3.34pm revealed: -She worked when Resident #2 returned from the hospitalShe recalled processing Resident #2's medication orders on 0.3/02/19 -She recalled she entered the order to change Resident #2's acctaminophen 500 mg to 3 times a day, as neededShe did not know Resident #2 settlined from update Resident #2's acctaminophen 500 mg, -She did not know a system in place to update Resident #2's acctaminophen 500 mg, -She did not know a system in place to consider the processing Resident #2's entered the order to change Resident #2's acctaminophen 500 mg, -She did not know a system in place to update Resident #2's acctaminophen 500 mg, -She did not know a system in place to recheck residents' eMARs for medication orders subsequent to orders entered on the weekend. Based on observations, interviews, and record review, it was determined Resident #2's as not interviewable. c. Review of Resident #2's physician's order from a local hospice agency dated 122/71/8 revealed	7.1.12 . 27.11 .		.52	22	A. BUILDING: _			
SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES DEFECT PROVIDERS PLAN OF CORRECTION (CAS) TO PREFIX SUMMARY STATEMENT OF DEFICIENCIES DEFECT PROVIDERS PLAN OF CORRECTION (CAS) COUNTER PROVIDERS PLAN OF CORRECTION (CAS) COUNTER PROVIDERS PLAN OF CORRECTION (CAS) COUNTER PREFIX TAG			HAL034026		B. WING		03/	/11/2019
CALL	NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION] D 358 Continued From page 36 who was responsible for comparing residents' discharge medications orders to medications prior to hospitalization, discontinuing medications according to orders, and faxing new medication orders to the contract pharmacy. -From Monday to Friday, the wellness nurse had a second wellness nurse or the RCD double check orders entered into the eMAR system for accuracy. -The facility did not have a system in place to double check orders entered on the weekend by the wellness nurse. Telephone interview with a wellness nurse on 03/08/19 at 3:34pm revealed: -She worked when Resident #2 returned from the hospital. -She recalled she entered the order to change Resident #2's acetaminophen 500 mg to 3 times a day, as needed. -She did not know Resident #2's each aminophen 500 mg to 3 times a day three times a day for pain with scheduled administration. -She did not know why the eMAR system did not update Resident #2's acetaminophen 500 mg. -She did not know a system in place to recheck residents' eMARs for medication orders subsequent to orders entered on the weekend. Based on observations, interview, and record review, it was determined Resident #2's physician's order from a local hospice agency dated 12/27/18 revealed	BRIGHTO	N GARDENS OF WINSTO	ON SALEM			7106		
who was responsible for comparing residents' discharge medications prior to hospitalization, discontinuing medications according to orders, and faxing new medication orders to the contract pharmacy. -From Monday to Friday, the wellness nurse had a second wellness nurse or the RCD double check orders entered into the eMAR system for accuracy. -The facility did not have a system in place to double check orders entered on the weekend by the wellness nurse. Telephone interview with a wellness nurse on 03/08/19 at 3.34pm revealed: -She worked when Resident #2 returned from the hospital. -She recalled processing Resident #2's medication orders on 03/02/19. -She recalled she entered the order to change Resident #2's acetaminophen 500 mg to 3 times a day, as needed. -She did not know Resident #2's eMAR still listed acetaminophen 500 mg to 3 times a day three times a day for pain with scheduled administration. -She did not know why the eMAR system did not update Resident #2's acetaminophen 500 mg. -She did not know why the eMAR system did not update Resident #2's acetaminophen 500 mg. -She did not know as ystem in place to recheck residents' eMARs for medication orders subsequent to orders entered on the weekend. Based on observations, interviews, and record review, it was determined Resident #2's was not interviewable. c. Review of Resident #2's physician's order from a local hospice agency dated 12/27/18 revealed	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY F	ULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE
an order for compounded medication ABH Plo	D 358	who was responsible discharge medication prior to hospitalization according to orders, a orders to the contract -From Monday to Frica second wellness nucheck orders entered accuracy. -The facility did not had double check orders entered accuracy. -The facility did not had double check orders of the wellness nurse. Telephone interview wo 03/08/19 at 3:34pm responsible -She worked when Responsible -She recalled process medication orders on -She recalled she entered aday, as needed. -She did not know Resident #2's acetaminophen 500 retimes a day for pain wadministration. -She did not know when the second in t	for comparing residents orders to medication in, discontinuing medication in, discontinuing medication in, discontinuing medication in discontinuing medication in discontinuing new medications are or the RCD double into the eMAR system are a system in place entered on the weeker with a wellness nurse of evealed: esident #2 returned from the interest in the interes	as ations ation e had e had e had by had by had by had by had by had by had be times higher eek had be end. Ord not had by had be end. Ord not had by had be er from ealed	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
7415 1 2741	or connection	IBENTI IO/MICINITO	WIDEI (.	A. BUILDING: _			
		HAL034026		B. WING		03	/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM		OLDA ROAD SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page agitation) apply one in hours as needed for a Review of Resident # summary dated 03/0 1/12.5/1 mg per milliful medications to be comedication order was prescriptions written of Review of Resident # revealed: -There was an entry in per millifiliter (used top millifiliter topically ever agitation. - ABH Plo Gel 1/12.5 topically for agitation) every 6 hours as needecumented as admit 03/07/19 at 1:00pm. Observation of medical administration for Resident # 2:06pt. -She expected all resident wellness -She expected during wellness nurses woul including PA orders, of MARs, and the medical resident #2 had not the hospital discharge.	milliliter topically ever agitation. 22's recent hospital di 2/19 revealed ABH Fiter was not listed on intinued and no new included in the med on 03/02/19. 22's March 2019 eMA for ABH Plo Gel 1/12 pically for agitation) and for sident for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on hand for sident #2 revealed the H Plo Gel 1/12.5/1 mediated for agitation was nistered one dose or exation on	ischarge Plo Gel lications AR 2.5/1 mg pply on I for sed pically s n here ng per (RCD) to be s during he s, w since	D 358			
	Telephone interview v	with a pharmacist at t	the				

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STATE FORM STATE FORM ZJ4F11 If continuation sheet 38 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED		
		HAL034026		B. WING		03	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		IOLDA ROAD			
	I			SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page 38			D 358			
D 358	contract pharmacy on 03/08/19 at 11:30am revealed: -The facility was responsible to enter medication orders into the eMAR system. -The pharmacy did not discontinue a medication from the eMAR unless an order was received to discontinue the medication. -The pharmacy did not receive Resident #2's hospital discharge summary dated 03/02/19. -The pharmacy received 11 medication orders written on 03/02/19 for Resident #2 at hospital discharge. -The pharmacy did not dispense Resident #2's ABH Plo Gel 1/12.5/1 mg per milliliter from the contacted site and he was unable to verify a date and quantity dispensed for the medication. -The facility should contact the hospice or primary care provider regarding continuing ABH Plo Gel 1/12.5/1 mg per milliliter. Interview with a medication aide (MA) on 03/08/19 at 12:35am revealed: -The facility's wellness nurses were responsible to enter medication orders into the eMAR system. -The MA did not routinely have access to		D 358				
	residents' medication -MAs were responsib as they appeared on	le to administer medic	ations				
	-She did not know there was not a current order for ABH Plo Gel 1/12.5/1 mg per milliliter apply one milliliter topically every 6 hours as needed for agitationShe administered an ABH Plo Gel 1/12.5/1 mg						
	shift on 03/07/19 because appeared on the eMA	d for agitation during I ause the medication R and the resident se a family member visit.	emed				
	Interview with the RC revealed:	D on 03/08/19 at 3:30	pm				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	
			7 50.25 10.			
		HAL034026	B. WING		03/	11/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD			
		WINSTON	I SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 39	D 358			
	-Resident #2 was disand returned to the faranteer was a wellness who was responsible discharge medication prior to hospitalization according to orders, a orders to the contract -From Monday to Frida second wellness nucheck orders entered accuracyThe facility did not he	charged from the hospital acility on a weekend. It is nurse working each shift for comparing residents' is orders to medications in, discontinuing medication and faxing new medication				
	Telephone interview with a wellness nurse on 03/08/19 at 3:34pm revealed: -She worked when Resident #2 returned from the hospitalShe recalled processing Resident #2's medication orders on 03/02/19She recalled she entered the order to discontinue ABH Plo Gel 1/12.5/1 mg per milliliter apply on milliliter topically every 6 hours as needed for agitation into the eMAR systemShe did not know Resident #2's eMAR still listed ABH Plo Gel 1/12.5/1 mg per milliliter apply on milliliter topically every 6 hours as needed for agitation for administrationShe did not know why the eMAR system did not update to discontinue Resident #2's ABH Plo Gel 1/12.5/1 mg per milliliter apply on milliliter topically every 6 hours as needed for agitationShe did not have a system in place to recheck residents' eMARs for medication orders subsequent to orders entered on the weekend.					
		with Resident #2's physician 08/19 at 4:30pm revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.		A. BUILDING: _		COIVI	PLETED
		HAL034026		B. WING		03	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADD	RESS, CITY, STA	ΓE, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM		OLDA ROAD SALEM, NC 27	7106		
0(0.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	VIIIOIV	· ·	PROVIDER'S PLAN O	E CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 40			D 358			
	-He had reviewed Resident #2's hospital discharge summary on 03/04/19 or 03/05/19 and signed the discharge summary.						
		ns, interviews, and record ined Resident #2 was not					
	3. Review of Resident #4's current FL2 dated 04/26/18 revealed diagnoses included cerebral infraction, dysphagia, hypertension, hyperlipidemia, hemiplegia, GERD, Parkinson's, muscle weakness, dementia, and hemiplegia. Review of subsequent physician's orders for Resident #4 revealed: -There was a physician order dated 01/09/19 for fosfomycin (an antibiotic used to treat urinary tract infections) 3 gram packet onceThere was a physician order dated 01/09/19 for fosfomycin 3 gram packet weekly from 01/17/19 to 02/14/19There was a physician assistant (PA) order dated 01/23/19 for fosfomycin 3 gram packet weekly for urinary tract infection.						
			or				
	-Fosfomycin 3 gram of order documented as at 8:00amFosfomycin 3 gram of order documented as at 8:00amFosfomycin 3 gram of gram o	nistered on 01/17/19,	9				
	fosfomycin 3 gram or	44's February MAR revealence packet weekly nistered on 02/01/19,	ed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED
		HAL034026	B. WING		02	/11/2019
					03	11/2019
NAME OF PI	ROVIDER OR SUPPLIER		T ADDRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	REYNOLDA ROAD	7406		
	OLUMBA DV OT		FON SALEM, NC 2			1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 41	D 358			
	02/07/19, 02/08/19, 0	2/14/19, and 02/22/19.				
	O2/07/19, O2/08/19, O2/14/19, and O2/22/19. Interview with a medication aide (MA) on O3/08/19 at 11:46am revealed: -She was only able to see what medications were to be given on her shiftShe did not know that she had administered Resident #4's fosfomycin on Thursdays weekly and another MA was documenting administering fosfomycin weekly on Fridays between 01/24/19 and 02/15/19She was not sure how the mediation cart had extra fosfomycin packets for both nurses to administer twice a weekShe thought they could have administered packets that were left from Resident #4 previously being ordered fosfomycinShe was not using the fosfomycin 3 gram packets from another resident to administer to Resident #4.					
	(PA) on 03/11/19 at 1 -He ordered Residen packet once weekly of	with the physician's assistant 0:18 am revealed: t #4 fosfomycin 4 gram on 01/23/19 for a urinary				
	tract infection. -He had been told the hospital physician ordered the medication but the facility did not have the prescription. -Resident #4 was to be administered fosfomycin 4 gram packet once weekly, on Thursday or Friday, not both days. -He did not know fosfomycin 4 gram packet was ordered in the MAR for Resident #4 on Thursday and Friday from 01/24/19 to 02/15/19. -He did not know that Resident #4's MAR had documented administration on both Thursday and Friday from 01/24/19 to 02/15/19. -He expected the order to have been clarified and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOT	VIDER.	A. BUILDING: _		COMP	LETED
		HAL034026		B. WING		03/	11/2019
		11/12/05/02/0				1 03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		OLDA ROAD SALEM, NC 2'	7106		
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIE		· ·	PROVIDER'S PLAN OF	CORRECTION	(75)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 42		D 358			
	documentation to be	accurate.					
	Interview with Resident #4 on 03/07/19 at 9:15am revealed: -She had a history of urinary tract infectionsShe took so many medications she cannot remember what she was given for her urinary tract infectionShe cannot recall how many times a week the fosfomycin packet was administered to her in January or FebruaryShe does not remember if she was ever given fosfomycin twice in one day in January. Interview with a wellness nurse on 03/07/19 at 3:36pm revealed: -The wellness nurses are responsible for transcribing the PA orders into the computer MAR and faxing the order to the pharmacyShe has never done a record review on any residents, or looked at the MAR documentation.						
	Interview with the resident care director (RCD) on 03/07/19 at 4:06pm revealed: -She expected all resident record reviews to be completed monthly by the wellness nurses during their resident wellness visitShe expected during the record review the wellness nurses would look at everything including PA orders, MARs, and the medicationsShe did not know Resident #4's MAR had fosfomycin 3 gram packet weekly on Thursday and on Friday from 01/23/19 to 02/14/19 documented as administered both daysThere was no house stock of fosfomycin 3 gram packets for the MA's to have administered the medication twice a week fromShe did not know a MA had documented on						
	-She did not know a I 01/10/19 at 8:00am a 3 gram packet weekly	dministration of fosfo					

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STATE FORM STATE FORM ZJ4F11 If continuation sheet 43 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		'	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			
		HAL034026	B. WING	·····	03	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREE"	r address, city, stati	E, ZIP CODE	•	
		2601 F	REYNOLDA ROAD			
BRIGHTO	N GARDENS OF WINSTO	ON SALEM WINST	TON SALEM, NC 27	106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 43	D 358			
	fosfomycin 3 gram packet one time.					
	revealed she was told extra medications on previous resident ord how they administere Resident #4 twice a value of the way and	ress nurse on 3/8/19 at resident #4's MAR had an resident fosfomycin 3 gram packet ler for 01/10/19 both at resident MA on 01/10/19 would plicate order on one of the				
	Interview with the Executive Director on 03/08/19 at 3:28pm revealed: -She did not know that Resident #4's fosfomycin that was ordered for once a week was on the MAR on Thursday and Friday from 01/24/19 to 02/15/19.					
	-She did not know that Resident #4's MAR had documentation of fosfomycin being administered weekly on both Thursday and Friday from 01/24/19 to 02/15/19.					
	-She did not know Re -She expected that th fosfomycin order wou					

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STATE FORM 5899 ZJ4F11 If continuation sheet 44 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE			SURVEY .ETED	
AND FLAN	DF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPL	ETED
		HAL034026	B. WING		03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINST	ON SALEM	NOLDA ROAD			
	T	WINSTON	SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE	ILD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 44	D 358			
	record reviewShe expected the wellness team to conduct record reviews monthly or bi-monthly. The facility failed to assure medications were administered as ordered which resulted in Coumadin not being held for a resident (#3) with an INR of 4.99 which could lead to uncontrolled bleeding; and an antibiotic ordered weekly for 5 weeks, reordered for weekly, and administered 2 times in one day and 2 times a week for 3 weeks (#4) which could lead to increased chance for adverse side effects like nausea and vomiting, and /or vaginal discharge and itching. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.					
		a plan of protection in . 131D-34 on 03/08/19 for				
		DATE FOR THE TYPE B NOT EXCEED April 25,				
D 468	10A NCAC 13F .1309 Orientation And Train	9 Special Care Unit Staff	D 468			
	10A NCAC 13F .1309 Orientation And Train	9 Special Care Unit Staff ing				
	receive at least the fortraining: (1) Prior to establish administrator shall do	ore that special care unit staff collowing orientation and special care unit, the coument receipt of at least pecific to the population to				

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	AND BLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL034026		B. WING		0	3/11/2019
	ROVIDER OR SUPPLIER N GARDENS OF WINSTO	ON SALEM	01 REYNO	RESS, CITY, STA			
	Г	WI	INSTON S	ALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 468	Continued From page be served for each sp			D 468			
		istrator shall have in place	a				
		ff assigned to the unit that	.				
	schedules regarding f	ts, sources, evaluations an	id				
		eek of employment, each					
	employee assigned to	perform duties in the					
		I complete six hours of					
	orientation on the nat residents.	ure and needs of the					
		s of employment, staff					
		nal care and supervision					
		omplete 20 hours of training	٠ ،				
	I	tion being served in addition	on				
		mpetency requirements in bchapter and the six hours					
	of orientation required						
		for personal care and					
		unit shall complete at leas	st				
	which six hours shall	g education annually, of					
	Willow Six Hours Shair	bo demontia opeome.					
	This Rule is not met	-					
		and record reviews, the	<u>"</u>				
	_	e 1 of 3 sampled staff (Stat Medication Aide (MA) in the					
		CU) had completed 20 hour					
	of training within the f	irst six months.					
	The findings are:						
	Review of Staff D, me						
	personnel record reve						
		-Staff D was hired on 05/17/18.					
		tation Staff D had 6.5 hour SCU) training completed	s				
	05/30/18.	oco, training completed					
		nentation Staff D had an					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED		
AND I LANG	COMECTION	IDEITH IOAHON NO		A. BUILDING: _			
		HAL034026		B. WING		03/	11/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	2601 REYN	OLDA ROAD			
			WINSTON	SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' LSC IDENTIFYING INFORN	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 468	Continued From page	e 46		D 468			
D 400	additional 20 hours of first six months. -There was documen additional 6 hours tra 02/21/19. -There was no other of SCU training for Staff Interview with Staff D revealed: -She started working 2018. -She had SCU training not recall how many of the had been an all-day she also had compushe did not recall how was. -She had dementia training the had been an all-day of SCU training the had dementia training addition to she worked in the SCU. -She worked in the Scu week; she worked this (03/09/19-03/10/19). Interview with the Bus (BOM) on 03/11/19 at she was responsible who worked in the SCU. -The SCU Coordinated dementia training.	tation Staff D had are ining completed on documentation of additional completed on 03/11/19 at 10:4 in the first week of Jug during orientations credit hours she received training. Iter training on demendance of training at a staff meeting within the first state initial 6 hours of CU as a MA about of spast weekend.	ditional 2am lune she did eived but entia; training eting last needed ix training. ince per	D 400			
	-She did not know staneeded an additional first six months of hire Interview with the Exe 03/11/19 at 1:40pm re	20 hours training wi e. ecutive Director (ED evealed:	thin the				
	-The BOM was respo	nsible for personnel					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL034026	B. WING	-	0;	3/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	EYNOLDA ROAD ON SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
D 468	Continued From page recordsShe did not know Starequired SCU training -She expected all train the required time fram	aff D did not have the 3. ning to be completed within	D 468			
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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to medication administration.		D912			
	reviews, the facility fa were administered as prescribing practition residents (#2, #3, and discontinued or changeded after a hospit not being held for a re	d #4) related medications not ged from scheduled to as al discharge (#2), Coumadin				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
HAL034026			B. WING			3/11/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM		OLDA ROAD SALEM, NC 2	7106		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D912	Continued From page 48 an antibiotic ordered weekly for 5 weeks, reordered for weekly, and administered 2 times in one day and 2 times a week for 3 weeks (#4). [Refer to Tag D0358 10A NCAC 13F .1004(a) Medication Administration (Type B Violation).]			D912			
D917	Medication Administration (Type B Violation).] 7 G.S. 131D-21(7) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to respond to resident (#4, and #9) call bells requesting assistance in a timely manner. The findings are: 1. Review of Resident #4's current FL2 dated 04/26/18 revealed: -Diagnoses included cerebral infarction, dysphagia, hypertension, hyperlipidemia, hemiplegia, GERD, Parkinson's, muscle weakness, dementia, and hemiplegia.			D917			
	9:56am and 11:20am -She had two strokes side, she was now in -She was unable to m and at times struggler right forearmThe facility staff prov bathing, toileting, and with feeding.	and had weakness on	one dy on her her				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:						3) DATE SURVEY COMPLETED	
			A. BOILDING				
HAL034026			B. WING			3/11/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			2601 REYN	IOLDA ROAD			
BRIGHTO	N GARDENS OF WINST	ON SALEM	WINSTON	SALEM, NC 2	7106		
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D917	Continued From page	e 49		D917			
	when she used her call bell it did not seem to help staff come fasterStaff provided care with two staff at a time using a hoyer liftSome staff seem annoyed when she needed assistance.						
	alertsShe did not know who call bell and did not represent #4 was a transfer to the providing her careThe personal care a bells directed to their	revealed: d not receive the call b ny Resident #4 pressed eceive assistance. wo person assist when ides (PCA) had all the phones. PCA assigned to Resi	d her I call				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING:		(X3) DATE SURVEY COMPLETED	
		71. 501251110.					
		HAL034026	B. WING		03/11/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD SALEM, NC 2'	7106			
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
D917	Continued From page	e 50	D917				
Б917	((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		DAIL				
		y Resident #4's call bell was s and no staff assisted.					
	revealed: -She was hired in the	on 03/07/19 at 3:30pm past few weeks and was I residents every 30 minutes					

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Division of Fleath Service Regulation		1		т —		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X2)		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	-D
		HAI 024026	B. WING		00/44/0040	
		HAL034026			03/11/2	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2601 REY	NOLDA ROAD			
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	I SALEM, NC 2	7106		
(X4) ID		ATEMENT OF DEFICIENCIES V MUST BE DEFCEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		,		DEFICIENCY)		
D917	Continued From page	e 51	D917			
	throughout her shift.					
	_	s she was providing care for				
	on her current shift.	o one was providing sais is:				
		a ring and she could then				
		essed their call bell from her				
	<u> </u>	essed their can be in norm her				
	phone.	om call alarms from her				
	phone without going i					
		to push the call light again if				
	they still needed assis					
		residents in the building that				
	-	ssist the resident and it took				
		istance to these residents				
		CA had to finish providing				
	care to their resident.					
	-All PCA's had been t	trained to use resident hoyer				
	lifts.					
		d living coordinator on				
	03/07/19 at 3:50pm re					
		nt call bells to be responded				
	to in 5-10 minutes.					
	-When she was told a	about residents having to				
		of time she looked at the call				
	bell logs.					
	-Once a family memb	er told her that a resident				
	pushed the call bell a	nd there was no response,				
	because the call bell	needed to be replaced.				
	-She did not have a lo	og of call bells that had been				
	replaced.					
	· ·	resident to be checked				
	every 1-2 hours and					
		d 8-10 residents to care for				
	per shift, never more.					
	'	the call and respond to the				
		off alert in the system.				
		not turn off the alert from				
		d very long wait times in the				
	call log system.	a vory long wait tilles in the				
		esident #4's call bell was	1			
	-Sile did Hot Know Re	Solutilit #4 5 Call Dell Was	1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034026	B. WING		03/11/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD		
			SALEM, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D917	Continued From page	e 52	D917		
	pressed multiple time	s and no staff assisted.			
		ess nurse on 03/07/19 at expected call bells to be ninutes.			
	03/07/19 at 4:06pm re	ident care director (RCD) on evealed she expected the bells ideally in 3-5 minutes.			
	Interview with the maintenance director on 03/08/19 at 11:36am revealed: -He was not aware of any call bells that were not				
	bells checking the bed receivers.	ly checks of all resident call d, bathroom, and resident			
	computer reports to c working and cancel th -The system monitore	pell checks he looked at heck all the alerts were he system requests. But the battery level and he he hattery on a call bell			
	needed to be replace	-			
	Interview with the Executive Director (ED) on 03/11/19 at 3:28pm revealed: -There was no official policy on call bell response time for staffShe expected staff to respond to resident call bells within 7-10 minutesShe had requested to see the call bell response time log on 03/07/19 and was "flabbergasted" by some of the lengthy response times she sawShe did not know Resident #4 on 03/06/19				
	and 10 minute time po	nore than once in a 1 hour eriod and one staff member "hi" and no one else offered			
	2. Review of Resider	nt #9's current FL2 dated			

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING.				
		HAL034026	B. WING		03/11/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	NOLDA ROAD SALEM, NC 2'	7106		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D917	Continued From page	e 53	D917			
	12/10/18 revealed diagnoses included asthma, hypertension, cardiomegaly, diabetes, congestive heart failure, hyperlipidemia, and acute respiratory failure. Interview with Resident #9 on 03/07/19 at 3:18pm revealed: -She wore continuous oxygen 2L/per nasal cannulaShe had in the past few months pressed the call bell for assistance when she was short of breathSometimes it had taken an hour or two for staff to respond to her call bell and offer her assistanceShe was anxious when it took staff longer to respond to her call bellSome staff seemed like they were being inconvenienced when they responded to her request for assistanceShe had in the past few days pressed the call					
		ing to the bathroom and it soiled herself before they				
	Observation of Resident #9 in her room on 03/07/19 at 3:18pm revealed she was had to stop talking twice to breathe deeply before she could continue talking.					
	alerts.	revealed: I not receive the call bell des (PCA) had all the call				
	Interview with a personal care aide (PCA) on 03/06/19 at 11:40am revealed: -When a resident pressed their call bell for assistance it went to the PCA phones directly					

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DIVISION	of Health Service Regu	liation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	ETED
			_				
			D WING				
		HAL034026		B. WING		03/1	1/2019
NAME OF D	ROVIDER OR SUPPLIER	et		ESS, CITY, STA	TE ZIR CODE		
NAIVIE OF FI	NOVIDER OR SUFFLIER				TE, ZIF CODE		
BRIGHTO	N GARDENS OF WINSTO	ON SALEM	01 REYNO	LDA ROAD			
2.4.00		W	INSTON SA	ALEM, NC 27	7106		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	N .	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
					DEFICIENCY)		
D017	O	- 54		D917			
D917	Continued From page	e 54		Dall			
	what room was calling	g for assistance					
		a resident room to cancel					
	the call bell.	o a resident room to cancer					
		on residents frequently,					
			.				
	•	oughout their shift and offer					
	assistance.						
		felt there were not enough					
		ke care of the resident call					
	bells and personal ca	ire needs.					
	-There had been a ra	re shifts when a PCA had	up				
	to 18 residents to pro-	vide their personal care					
	needs.						
	-When a PCA had ov	er their normal 6-12					
	residents it was harde	er to provide good care and	l t				
	respond to call bells of						
		time a resident pushed to					
		staff could be seen by the					
	assisted living coording	-					
		responding before when					
		ed assistance at the same					
	time.	cu assistance at the same					
		ult time recognized before					
		ult time responding before					
	•	nts needed assistance at the	ie				
	same time.						
		on 03/07/19 at 3:27pm					
	revealed: -She did not know how long it took PCA's to						
	respond to call bells.						
	-Resident #9 was a o	ne person assist for her					
	care needs.						
	-Resident #9 at times was incontinent.						
	-She did not know if Resident #9 had pressed her						
		she was short of breath.					
	-She did not know wh	ny Resident #9 was on					
	oxygen.	,					
	<i>5</i> , <i>9 0</i> · · ·						
	Interview with a DCA	on 03/07/10 at 3·30nm					
	Interview with a PCA on 03/07/19 at 3:30pm						

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-She was hired in the past few weeks and was

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DIVISION	or riealth Service Regu				Т	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
		HAI 034036	B. WING		02/4	1/2010
		HAL034026			1 03/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2601 REY	NOLDA ROAD			
BRIGHTO	N GARDENS OF WINSTO	ON SALEM WINSTON	SALEM, NC 2	7106		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG				CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
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2011			50.17			
		Il residents every 30 minutes				
	throughout her shift.					
	-She had 12 residents	s she was providing care for				
	on her current shift.					
	-Her phone received	a ring and she could then				
	see which resident pr	ressed their call bell from her				
	phone.					
	-She could cancel roo	om call alarms from her				
	phone without going i	into the room but the				
	resident would have t	to push the call light again if				
	they still needed assis	stance.				
	Interview with assiste	ed living coordinator on				
	03/07/19 at 3:50pm re	evealed:				
	-She expected reside	ent call bells to be responded				
	to in 5-10 minutes.					
	-When she was told a	about residents having to				
	wait a longer period of	of time she looked at the call				
	bell logs.					
	-Once a family memb	er told her that the resident				
	pushed the call bell a	nd there was no response,				
	because the call bell	needed to be replaced.				
	-She did not have a lo	og of call bells that had been				
	replaced.					
	-She expected every	resident to be checked				
	every 1-2 hours and	offered care.				
	_	d 8-10 residents to care for				
	per shift, never more.					
	•	the call and respond to the				
		off alert in the system.				
		not turn off the alert from				
		ed very long wait times in the				
	call log system.					
		f Resident #9 pushing her				
		staff over an hour to respond				
	when the she was sh					
	Interview with a welln	less nurse on 03/07/19 at				
		expected call bells to be				
	answered within 10 minutes.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED				
AND FLAN OF CORRECTION IDENTIFICATION NOWBER.		A. BUILDING:			LETED				
HAL034026			B. WING 03/11/20						
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BRIGHTO	N GARDENS OF WINST	ON SALEM		OLDA ROAD SALEM, NC 2	7106				
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE		
D917	Continued From page	e 56		D917					
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)								

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