PRINTED: 08/21/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	00		
040.15	SHIMMADV ST	ATEMENT OF DEFICIENCIES	N SALEM, NC 271	PROVIDER'S PLAN OF C	CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section conducted an implaint investigation on 26/19.				
D 161	10A NCAC 13F .0504 For LHPS Tasks	(a) Competency Validation	D 161			
	Licensed Health Profe (a) An adult care hon non-licensed personn not practicing in their governed by their pra licensing laws are cor demonstration for any specified in Subparag Rule .0903 of this Sul performing the task a	nel and licensed personnel licensed capacity as ctice act and occupational mpetency validated by return presonal care task graph (a)(1) through (28) of behapter prior to staff and that their ongoing det through facility staff				
	facility failed to assure A and Staff F) were con Registered Nurse (RN Professional Support transferring, nebulized Thromboembolism-Do	ews and interviews, the e 2 of 4 sampled staff (Staff ompetency validated by a N) for Licensed Health (LHPS) tasks of ambulation, r,				
	The findings are:					
	1. Review of Staff A's	, Personal Care Aide (PCA)				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
DANBY H	OUSE		RKE MILL ROAD		
		WINSTO	N SALEM, NC 2	7103	
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 161	Continued From page	: 1	D 161		
	personnel record reversity and the previous responsible for ensure supposed to the day and the previous responsible for ensure supposed to the previous responsible for ensure	ealed: 03/19/19. nentation Staff A had netency validation. on 07/26/19 at 2:00pm at the facility earlier this , she started training with a quit. o complete the training, but led for LHPS training. he assisted residents with and putting on TED Hose. ministrator on 07/26/19 at and was responsible for th ambulation and transfers. Hents with dressing, which ockings (including TED Manager (BOM) was a staff completed all training. BOM was on leave from a Administrator was ing staff completed training. M on 07/26/19 at 6:06pm B LHPS training for Staff A leave from work. strator should have			
	2. Review of Staff F's personnel record reversely. Staff F was hired on				

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-There was no documentation Staff F had

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
			A. BUILDING				
		HAL034093	B. WING		07/	26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
DANBY H	OUSE		KE MILL 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
D 161	Administration Recon- residents' records wit sugars and insulin inj documentation Staff I checked fingerstick b 07/18/19, 07/19/10, 0 07/22/19. Attempted interview v 11:47am was unsucco- Interview with the Adr 5:15pm revealed: -Staff F was a MA and administering medical blood sugars, insulin treatments, and ensuShe was unaware St LHPS trainingThe Business Office responsible to ensure- Earlier this year the I work and the previous responsible for ensure- The BOM should have records to ensure the completed. Interview with the BO revealed: -She had not schedul -She did not know that required LHPS training floorShe was on leave from	ompetency validation. 19 electronic Medication d (eMARs) of three diabetic h orders for fingerstick blood ections revealed administered insulin and lood sugars on 07/14/19, 7/20/19, 07/21/19, and with Staff F on 07/26/19 at essful. ministrator on 07/26/19 at d was responsible for tions including fingerstick injections, nebulizer ring oxygen administration. Find not completed the Manager (BOM) was a staff completed all training. BOM was on leave from	D 161				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING		07/26/2019
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		07/26/2019
			RKE MILL ROAD		
DANBY H	OUSE		SALEM, NC 27		
(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 APPROPR DEFICIENCY)	BE COMPLETE
D 161	Continued From page trainingWhen she returned be check Staff F's record training had been con	pack to work she did not If to ensure the LHPS	D 161		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques		D 164		
	for insulin administrat	ion; evention of hypoglycemia ncluding signs and nitoring; universal ions; nistration times; and			
	interviews, the facility	as evidenced by: ns, record reviews and failed to assure 4 of 6 staff E and F) who administered			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURY	
ANDIEAN	or doring of the state of the s	IDENTIFICATION NOMBER.	A. BUILDING: _		J OOMI LETE	.5
		HAL034093	B. WING		07/26/2	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BUF	KE MILL ROAD			
		WINSTON	I SALEM, NC 2	7103		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 164	Continued From page	e 4	D 164			
	insulin and obtained finger stick blood sugars for residents completed training on care of the diabetic resident prior to the administration of insulin.					
	The findings are:					
	Review of Staff C's personnel record reversation. Staff C was hired in a There was no docume completed training on resident.	January 2008. nentation Staff C had				
	Review of residents' May 2019 electronic Medication Administration Records (eMARs) revealed there was documentation Staff C obtained finger stick blood sugars and administered insulin forty-one times.					
	Review of residents' June 2019 electronic Medication Administration Records (eMARs) revealed there was documentation Staff C obtained finger stick blood sugars and administered insulin thirty-eight times.					
	Review of residents' of Medication Administrative revealed there was do obtained finger stick to administered insulin to	ation Records (eMARs) ocumentation Staff C blood sugars and				
	revealed: -She had worked at the MAShe had worked at the and was sure that she are the certification for th	on 07/26/19 at 9:58am ne facility since 2008 as a ne facility for over ten years had diabetic care training. raining on care of the have gotten lost because				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING	3. WING 07	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•
DANBY H	OUSE	3150 BUR	KE MILL ROAD		
WINSTON			SALEM, NC 2	7103	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 164	Continued From page	e 5	D 164		
	she had worked at the facility since 2008When she worked she checked fingerstick blood sugars, and administered insulin injections.				
	5:15pm revealed: -The Business Office responsible to schedu ensure training's were -The BOM should have	ule training's for all staff and e current.			
	Interview with the BOM on 07/26/19 at 6:06pm revealed: -She was unaware Staff C did not have documentation of completing training on care of the diabetic residentThe BOM and the Administrator were responsible for scheduling staff for training including training on care of the diabetic resident.				
	personnel record reverse -Staff D was hired on Care Aide.	04/11/18 as a Personal nto the MA position on nentation Staff D had			
	Review of residents' I Medication Administratevealed there was do obtained finger stick to administered insulin to	ation Records (eMARs) ocumentation Staff D olood sugars and hirty-two times.			

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Medication Administration Records (eMARs)

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	3150 BUR	DRESS, CITY, STA KE MILL ROAD 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	
D 164	revealed there was do obtained finger stick to administered insulin to the Interview with Staff Double revealed: -She had worked at the year. -She had not received diabetic residents. -She was worked as a medications such as: sugars, and administed to the sugars, and administed to the sugars, and administed to the sugars of the Business Office have scheduled Staff diabetic resident. -The BOM should have personnel record to example the sugars of the sugars	ocumentation Staff D blood sugars and wenty-six times. July 2019 electronic ation Records (eMARs) ocumentation Staff D blood sugars and hirty-four times. on 07/26/19 at 11:55am he facility for a little over one d training on care of the a MA administering checked fingerstick blood ered insulin injections. ministrator on 07/26/19 at aff D had not completed the e training. Manager (BOM) should D for training on care of the	D 164	DELIVOT)		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN	or doring of the state of the s	IDENTIFICATION NOWIDER.	A. BUILDING: _		OOWII LI	LILD
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		KE MILL ROAD			
	 I	WINSTON	SALEM, NC 2	7103		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 164	Continued From page	e 7	D 164			
	personnel record reverses -Staff D was hired on -There was no docum on care of the diabetic	03/22/11. nentation Staff E had training c resident.				
	Review of residents' I Medication Administra revealed there was do obtained finger stick to administered insulin to	ation Records (eMARs) ocumentation Staff E olood sugars and				
	Review of residents' June 2019 electronic Medication Administration Records (eMARs) revealed there was documentation Staff E obtained finger stick blood sugars and administered insulin thirty times. Review of residents' July 2019 electronic Medication Administration Records (eMARs) revealed there was documentation Staff E obtained finger stick blood sugars and administered fourteen times.					
	Attempted interview v 11:48am was unsucc	vith Staff E on 07/26/19 at essful.				
	5:15pm revealed: -Staff E was a MA and checking blood sugarShe did not know Statraining on care of the -The BOM should have diabetic care trainingThe Business Office responsible for ensuring trainingThe BOM should have	s and administering insulin. aff E had not completed the e diabetic resident. we scheduled Staff E for the Manager (BOM) was ing staff had all the required				

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DIVISION	n nealth Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION (X		/EY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	ט
		HAL034093	B. WING		07/26/2	019
NAME OF D	ROVIDER OR SUPPLIER	STDEET A	.DDRESS, CITY, STA	ATE ZIR CODE	•	
NAIVIL OI II	NOVIDEN ON 3011 LIEN					
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 2			
			TN SALEW, NC 2	T		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 164	Continued From page	- 8	D 164			
	. •					
	was completed.					
	Interview with the BO	M on 07/26/19 at 6:06pm				
	revealed:	•				
	-She had not schedul	ed Staff E for training on				
	care of the diabetic re	esident.				
	-She did not know Sta	aff E had not completed				
	diabetic training.					
	-The BOM and the Administrator were responsible for scheduling staff for training, including training on care of the diabetic resident.					
	4. Review of Staff F's	, Medication Aide (MA)				
	personnel record reve					
	-Staff F was hired on					
	-There was no docum	nentation Staff F had				
	completed training on	care of the diabetic				
	resident.					
	Review of residents' I	May 2019 electronic				
		ation Records (eMARs)				
	revealed there was do	· · · · · · · · · · · · · · · · · · ·				
	obtained finger stick b	olood sugars and				
	administered insulin t					
	Davious of regidents!	luna 2010 alaatrania				
	Review of residents'	June 2019 electronic ation Records (eMARs)				
	revealed there was de					
	obtained finger stick t					
	administered insulin f	_				
	Review of residents'	-				
		ation Records (eMARs)				
	revealed there was do					
	obtained finger stick t					
	administered fourteer	n times.				
	Attempted interview v	vith Staff F on 07/26/19 at				
	11:47am was unsucc					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		HAL034093	B. WING		07/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		3150 BURI	KE MILL ROAD			
DANBY H	OUSE		SALEM, NC 2			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	J	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 164	4 Continued From page 9		D 164			
	Interview with the Adr	ministrator on 07/26/19 at				
	5:15pm revealed:	111110trator 011 07720710 at				
	•	MA and was responsible for				
	checking finger stick					
	administering insulin	_				
	_	taff F had not completed				
	training on care of the	•				
	-The Business Office					
	responsible to ensure Staff F completed required trainingThe BOM should have checked Staff F's					
		nsure the required training				
	had been completed.					
	Interview with the RO	M on 07/26/19 at 6:06pm				
	revealed:	W 611 67726/13 at 6.66pm				
		ed Staff F for training on				
	care of the diabetic re					
		taff F had not received				
	diabetic care training.					
	-The BOM and the Ad					
	responsible to ensure	e staff had required training.				
	-She did not check st	aff personnel records to				
	ensure all training had	d been completed, including				
	training on the care o	f the diabetic resident.				
D 338	10A NCAC 13F .0909	Resident Rights	D 338			
	10A NCAC 13F .0909					
		hall assure that the rights of				
	_	eed under G.S. 131D-21,				
		ents' Rights, are maintained				
	and may be exercised	u without ningrance.				
	This Rule is not met	as evidenced by:				
	TYPE A1 VIOLATION	<u> </u>				
	THE AT VIOLATION	•				
	Based on observation	ns, interviews and record				
	reviews, the facility fa					

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	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE S COMPLI	
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 0172	0/2010
			E MILL ROAD			
DANBY H	OUSE		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	the Special Care Unit abuse and neglect by and Staff C) encourage each other, resulting is strangled with her fact while staff recorded a social media; a staff (into a room, turned of resident to go to sleep leaving the resident in #8); and a resident be staff recorded a secon video through social in The findings are: A. Review of Video # revealed: -The video involved the in the SCU. -The incident appears resident's room becaused table were of the camera showed Care Aide/PCA) and Staff record will be two rephysical altercation. -The third staff's [Staff heard, but her face we here two resides as Resident #8 and Review of the video involved in an altercation.	esidents #8, #9 and #10) in (SCU) were free of physical three staff (Staff A, Staff B, ging the residents to fight in one resident being the turning red (Resident #8) and shared the video through Staff A) pushed a resident of the light and yelled to the popular and then closed the door in the dark room (Resident eing left on the floor while and video and shared the media (Resident #10). If on 07/26/19 at 2:43pm and the staff and two residents are a bed and part of a poserved in the video. The two staff [Staff A (Personal Staff B (PCA)] observed in sidents were engaged in a staff of the video, identified the server in the video.	D 338	DEFICIENCY)		
	Resident #8 while the -Resident #9 put her l	ey were standing. left arm around the back of				

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Resident #8's neck and continued to hit Resident

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/2	26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 2				
			TOALLIII, NO 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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 338	Continued From page) 11	D 338				
		nething in her right hand,					
	saying "give it back."	yelling at Resident #8					
	-Resident #8 yelled "let go, let go, let go" -Resident #8 fell on the bed and Resident #9 fell						
	on bed beside her and #8.	d continued to hit Resident					
	-Resident #8 was still help me, let go"	l yelling "let go, help me,					
	-One staff told Reside	ent #8 "stop screaming,					
	[curse word]" -Staff continued to vice	deo record the incident and					
	did not intervene, but continue hitting Resid	allowed Resident #9 to dent #8.					
	_	saying "take it out of her					
		see staff face) took the item					
	-The staff continued to	o allow the residents to fight					
	and did not interveneResident #9 used he	er right hand and started to					
	strangle Resident #8.						
		but allowed Resident #9 to pht hand to strangle Resident					
	#8.	hoard tolling Docident #0 to					
	"punch her in the face	heard telling Resident #9 to e."					
	-Another staff asked; gonna send it to send	"Are you recording?" "You					
	•	ree staff could be heard					

of her.

talking, laughing and commenting as Resident #9

-Resident #8 was trying to push Resident #9 off

-This altercation continued with no staff intervention to stop the residents from fighting.
-Resident #8 attempted to bite Resident #9's arm.

-The voice of one staff was heard in the background commenting "you making her turn

and Resident #8 were fighting.

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			1			
			B. WING			
		HAL034093	D. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3150 BUR	KE MILL ROAD			
DANBY H	OUSE		SALEM, NC 2			
			·	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 220	Continued From none	- 10	D 338			
D 338	Continued From page	2 12	D 336			
	red."					
	-The staff still did not	intervene to stop the				
	physical altercation, b	out continued to allow the				
	residents to fight.					
	-One of the staff was	heard yelling for the				
	Medication Aide/Supe	ervisor (MA) to come to the				
	room.					
	-The staff allowed the	residents to continue hitting				
	each other.					
	-Resident #9 yelled a	t Resident #8 "why are you				
	doing this."					
	-Resident #8 struggle	ed to get off the bed and				
	away from Resident #	# 9.				
	-Resident #9 grabbed	Resident #8 by her shirt				
	and pulled her back d	lown to the bed.				
	-A staff (Staff A) was	heard again yelling for the				
	MA.					
	-Staff A yelled to the I	MA "you moving too slow,				
	you moving too damn					
		o off the bed with Resident				
	_	both arms and hands to hit				
	Resident #8.					
		ed to push Resident #9 out				
		attempted to close the				
		yelling at Resident #8,"Don't				
	you push her".					
		door smiling and did not				
		incident, but pointed her				
		saying, "Stop you better sit				
	down and stop, go to					
	-Resident #8 sat on th	ne bed.				
	-The video ended.					
	1 Poviou of Posider	t #9's ourront EL2 dated				
		t #8's current FL2 dated				
	05/29/19 revealed dia	-				
		evel of care was Special				
	Care Unit (SCU).	antomiku din nainat!				
	-The resident was con					
	-The profile data for c					
	assessed the residen	t as being constantly				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMP	LETED
		HAL034093	B. WING		07	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE		KE MILL ROAD			
	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 OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 13	D 338			
	included supervision.					
	Review of Resident #8's record revealed there was no documentation related to the incident (fight) that occurred on 06/19/19. Interview with Resident #8's family member on 7/26/19 at 6:05pm revealed: -A Detective from the local police department called and told the family member that Resident #8 was involved in a physical altercation with another resident. -The Detective informed her that the physical altercation was recorded on a cell phone by a staff at the facility, and the video was shared through social media. -The Detective also informed her there were two separate recordings that involved Resident #8. -The Detective told her that the recording showed staff shoving Resident #8 into her room and onto					
	engaged in a physica resident, while staff of intervene, but encourned was also contact "someone from the coincident and was told doing an investigation. No one at the facility June 2019, when the Based on record revision terviews, it was deturned was not interviewable.	raged the behavior. cted by the supervisor, corporate office", about the that the facility would be n. had contacted her since incident first occurred. ew, observation and ermined that Resident #8				
	Refer to interview the police department on	Detective from the local city 07/26/19.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X3) D A. BUILDING:			
		HAL034093	B. WING		07	⁷ /26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
DANBY H	OUSE	3150 BU	IRKE MILL ROAD			
DANDIII		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST 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 338	Continued From page	e 14	D 338			
	Refer to interview wit President of Operation	h the Regional Vice ons on 07/25/19 at 3:38pm.				
	Refer to interview with the Medication Aide/Supervisor (MA) on 07/25/19 at 4:01pm. Refer to interview with a Personal Care Aide (PCA) in the Special Care Unit (SCU) on 07/26/19 at 4:05pm. Refer to interview with Staff C, PCA on 07/26/19 at 1:40pm.					
	2. Review of Resident #9's current FL2 dated 05/29/19 record revealed a diagnosis of dementia.					
	-The recommended le	evel of care was Special ermittently disoriented.				
	-The resident was intermittently disoriented. Review of Resident #9's SCU profile and assessment form dated 06/26/19 revealed: - The profile data for cognitive impairment assessed the resident as being constantly disorientedThe interventions that were required by staff included supervision.					
	Review of Resident #	#9's record revealed no				
	07/26/19 at 5:50 pm of some state of the sta	phone call from a police ned her about the incident				

Division of Health Service Regulation

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Division of	<u>of Health Service Regu</u>	ılation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			B. WING		
		HAL034093	B. WING		07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
		3150 BU	RKE MILL ROAD)	
DANBY H	OUSE		N SALEM, NC 2		
				T	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROF	
				DEFICIENCY)	
D 000			D 000		
D 338	Continued From page	e 15	D 338		
	altercation.				
	-He also made her av	ware the incident was			
		one, and that the recording			
	was shared through s				
		from the detective she went			
	· ·	on Resident #9, and she			
	was fine.	Con resident #3, and she			
		e video, but was aware it			
		ared through social media.			
		acility's corporate office had			
	also contacted her re				
		n informed her the facility			
	_ · · · · · · · · · · · · · · · · · · ·				
		vestigation of the incident.			
		there had been no other			
		at occurred with Resident #9			
	and staff video record				
		ident occurred because			
		e into Resident #9's room			
		telling the resident to get			
	out.				
		ould not leave, so they			
	started to fight.				
	_	the other lady by the neck			
	and put her down on				
		e of the staff got out a cell			
		the fight between them.			
		e staff present in the room			
		leo saying, "Get her [#9]."			
	_	Resident #9 at least once			
	· · · · · · · · · · · · · · · · · · ·	y in the evenings or on			
	Saturdays.				
	Based on record review				
		ermined that Resident #9			
	was not interviewable) .			
	Refer to interview the	Detective from the local city			
	police department on	07/26/19.			

Refer to interview with the Regional Vice

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		HAL034093	B. WING		07/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
DANBY H	OUSE	3150 BUR	KE MILL ROAD)		
DANDIII		WINSTON	SALEM, NC 2	7103		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From page	e 16	D 338			
	President of Operation	ons on 07/25/19 at 3:38pm.				
	Refer to interview wit Aide/Supervisor (MA)	h the Medication) on 07/25/19 at 4:01pm.				
	Refer to interview with a Personal Care Aide (PCA) in the Special Care Unit (SCU) on 07/26/19 at 4:05pm.					
	Refer to interview with Staff C, PCA on 07/26/19 at 1:40pm.					
	Interview with the Detective from the local city police department on 07/26/19 at 2:30pm revealed:					
	phone call from a per	ice department received a son desiring to remain				
	anonymous. -The caller stated she	e received two videos via				
		ger that were disturbing.				
		staff at an assisted living				
	facility and residents	in the SCU. e did not work at the assisted				
		not know the staff at the				
	-	riend sent her the video.				
		nat she got the video from an				
	facility.	d at the assisted living				
		incident happened three				
		ng the police department. icer went to the facility to				
	The state of the s	ot get much information.				
	•	tective went back to the				
		ne residents that were				
	involved in the physic bruises.	cal altercation had scars or				
	-The Detective did no	ot observe any scars or				
	bruises on the reside -The Detective did ide	nts. entify the staff and residents				

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Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING		07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE	
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 27	103	
	CLIMMADY OT				NI
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 17	D 338		
	in Video #1. -The two residents figidentified as Resident -The fight occurred in was not Resident #9's -There were three star was recorded. -One of the three staff #1. -A second staff was h recording this, send nest -Staff A (Personal Carfight, Staff B (PCA) all asked to be sent a core (PCA) recorded the virphone. -Staff C also encourage Resident #8 in the fact -Staff C told the Determination of the virphone of the virphone of the virphone. -Staff C told the Determination of the virphone of the virphone of the virphone of the virphone. -Staff C told the Determination of the virphone of the vi	ghting in the video were ts #8 and #9. Resident #8's room, which is room. If present when the video If (Staff C) recorded Video			
	-The Detective also for	ound out who the staff and			

residents were in Video #2.

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DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	1
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL034093	B. WING		07/26/201	10
		HAL034093			1 07/26/201	19
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BUI	RKE MILL ROAD			
DANDIR	003E	WINSTO	N SALEM, NC 2	7103		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J .	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COM	MPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI IOIENOT)		
D 338	Continued From page	e 18	D 338			
	In video #2 the resid	dent on the floor in the				
	hallway was identified					
	•	dent that Staff A pushed in				
		light off, told to go to sleep				
	and closed the door v					
		ne staff who recorded Video				
	#2.	ie dan who recorded video				
	<i>"-</i> "					
	Interview with the Re	gional Vice President of				
		19 at 3:38pm revealed:				
	I	one video via text message				
	on 06/20/19 after 7pn	n.				
	-In the text message	a former employee informed				
	her that she had rece	ived a video regarding				
	residents in the SCU					
	•	during a staff meeting she				
	asked all of the staff a					
		knowing about the video.				
	she wanted to talk ab	the regional office and said				
		ame of the two residents				
	that were fighting.	and of the two residents				
	-Staff A told her the vi	ideo was recorded on				
	06/19/19.					
	-Staff A admitted she	was in the video.				
	-Staff A stated that Re	esident #8 was having a bad				
	night.					
	-The resident had spi	t on her three times, and				
	she walked away.					
		cation Aide/Supervisor (MA)				
		between the two residents.				
		that Staff C had video				
		, and Staff B asked to get a				
	copy of the video.	b - f - 11th 00/04/40				
	•	he facility on 06/24/19, and				
	informed her that the					
	_	videos, Staff A, B, and C				
		n pending termination.				
	_	tion and talked with the staff				
	mai were in the SCU	on the date of the incident.				

Division of Health Service Regulation

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			_			
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BUF	RKE MILL ROAD			
DANDIII		WINSTON	N SALEM, NC 27	7103		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 19	D 338			
	supervisor in charge a reported the incidents - They had informed s about a video circulat they knew. -The MA denied know denied knowing about Resident #8 and Res - Based on the MA's daltercation and the vidagainst the MA. -All staff were trained confidentiality and represent incidents of resight away. -Staff should have represent incidents all were posted for staff	staff that if anyone knew ting they should tell what wing about a video and at a physical altercation with ident #9. Idenial of the physical deo no actions were taken on residents' rights, porting resident abuse and colicy that their staff were to sident abuse and neglect ported the incident to any of their telephone numbers to view.				
	(MA) on 07/25/19 at 4 -On 06/19/19, she wo -She was the supervi all incidents to herShe was completing pass after 7:00pm an Resident #9 yelling at -She did not know at got into a confrontation heardShe also heard staff Resident #8's roomWhen she got to the #9 was in Resident #8	the evening medication dheard Resident #8 and teach other. what moment the residents on, but the yelling could be yelling for her to come to				

Division of Health Service Regulation

-She told the PCAs not to "Entice" the residents

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			B. WING			
		HAL034093	D. WING		07/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	re, zip code		
		3150 BUF	RKE MILL ROAD			
DANBY H	OUSE		N SALEM, NC 27			
			,		.	
(X4) ID		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 000			T			
D 338	Continued From page	∍ 20	D 338			
	to argue, but to calm	everyone down and put the				
	residents in their room					
		staff had encouraged a				
		nt #8 and Resident #9.				
	•	at staff recorded a video.				
		was a video during a staff				
	meeting on 06/21/19.					
	_	he room, she did not notice				
	staff using the phone.					
		olicy not to have a phone				
	with you or out when					
	,					
		Resident #8 or Resident #9				
		she did not know that they				
	had been fighting.					
	Internitary with a Dara	Come Aide (DCA) on				
		onal Care Aide (PCA) on				
	07/26/19 at 4:05pm re					
		as working as a PCA on the				
	second shift.					
	· · · · · · · · · · · · · · · · · · ·	e heard another staff say that				
	•	her roommate onto the floor.				
	-The MA did an incide					
		ate being on the floor.				
		nat Residents #8 and #9				
	were fighting.					
		77.2				
	Interview with Staff C	, PCA on 07/26/19 at				
	1:40pm revealed:					
		he facility since May 2019,				
	as a PCA.					
		she was required to watch				
	videos regarding resid	dents' rights, and				
	confidentiality.					
		vas required to immediately				
		use or neglect of a resident				
	· ·	orked at the facility on the				
	second shift in the SC	CU.				
	-Around 7:00pm she	heard Resident #8 yelling at				
	her roommate, which	was common for Resident				

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL034093	B. WING		07/26/2019	
		TIALUUTUUU			0772072013	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
DANDIII	0002	WINSTO	N SALEM, NC 2	7103		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	()	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	
			+			
D 338	Continued From page	21	D 338			
	-Staff went to Resider	nt #8's room and Resident				
	#9 followed staff, which					
	Resident #9.	on was seminented				
		ng to Resident #8, Resident				
	#9 started to repeat w					
		/elling at Resident #9 in a				
	loud voice.	youring at recordent we in a				
	-Resident #9 got upse	et and started hitting				
	Resident #8.	or and orange manig				
		Staff B) asked her to use				
	her cell phone to reco	· · · · · · · · · · · · · · · · · · ·				
	residents #8 and #9.	ŭ				
	-The staff asked her t	o use her cell phone				
	because their cell pho	•				
	-She recorded the figl	nt between Resident #8 and				
	Resident #9 and forw	arded the video to Staff A				
	and Staff B.					
	-She did not send the	video to anyone else.				
	-The MA on duty was					
	~	ecause the MA came to the				
	room and could see h					
		en in the video standing in				
	· ·	ent #8's room, which was				
	where the incident too					
	-	and sending the video was				
	against the facility's re	- · ·				
		ecause Staff A and Staff B				
		nd to send them the video.				
		as required to immediately				
	report the incident, bu					
		or excuse why she allowed				
	the residents to fight a					
		olicy for staff to immediately				
	intervene and stop re					
	-They (staff) allowed to					
		always caused problems.				
	-Resident #8 screame	ed and yelled at other				

with everyone.

residents with a loud voice.

-On 06/19/19, Resident #8 was causing problems

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NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 3159 BURKE MILL ROAD WINSTON SALEM, NO. 27103 MINSTON SALEM, NO. 27103 MI	Division of	<u>of Health Service Regu</u>	lation			
INAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3159 BURKE MILL ROAD WINSTON SALEM, NO. 27103 PREPRIX TAG. BURNAMEY STATEMENT OF DEFICIENCIES TAG. CACH DEPICIENCY MUST BE PRECEDED BY PULL PREPRIX TAG. CONTINUED FROM page 22 Resident #8 pushed Resident #10 down on the floor in the hallway, Resident #8 pushed Resident #10 flown on the floor in the hallway. Resident #8 had also been into it with her roommate and other residents in the SCU. They (Staff A, B and C) had their fill of Resident #8's behaviors. Staff A followed Resident #8 to her room, turned off the light and shut the door. She helped Resident #10 for the hallway floor. She did not know if the MA assessed Resident #10 for bruises or injuries. Interview with the Administrator on 07/26/19 at 5:15pm revealed: All facility staff were trained how to intervene with residents with behaviors, especially SCU residents. The facilitys confidentially policy did not allow the recording of residents for social media. Staff should not be using their cell phones when they were on duty. She learned of the video from the Regional Vice President Operations, who got twice from someone that did not work at the facility. The Detective also informed her that there were two videos. Since she learned about and observed the videos Staff A, B, and C were terminated from the facility. The incident and all three esteff (Staff A, Staff B and Staff C) were reported to the health care	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER SITEST ADDRESS, CITY, STATE, JIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NO. 27/03 PREERY (RACH DEPICIENCY MUST BE PRECEDED BY PULL PREERY TAG REQUIATOR TO BE SIGNIFICATION INFORMATION) D 338 Continued From page 22 Resident #8 pushed Resident #10 down on the floor in the hallway. Resident #8 pushed Resident #10 for injuries, but informed the MA. She did not assess Resident #10 for injuries, but informed the MA. She did not assess Resident #10 for injuries, but informed the MA. She did not assess Resident #10 for injuries, but informed the MA. She did not assess Resident #10 for injuries, but informed from the facility staff were trained how to intervene with residents with behaviors, especially SCU residents. The facility's confidentially policy did not allow the recording of residents for social media. Staff should not be using their cell phones when they were on duty. She learned of the video from the Regional Vice President of Operations, who got the video from someone that did not work at the facility. She did not know a dealist with 622470 when the Detective from the local police department came to the facility. The Detective also informed her that there were two videos. Since she learned about and observed the videos Staff A, B, and C were terminated from the facility. The incident and all three estaff (Staff A, Staff B and Staff C) were reported to the health care	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 DAMBY HOUSE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DORRECTIVE ACTION SHOULD BE CROSS REFERENCED OF YOLL PREFER TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDERS PLAN OF CORRECTION (EACH DORRECTIVE ACTION SHOULD BE CROSS REFERENCED OF YOLL PREFER TAG CROSS REFERENCED OF THE APPROPRIATE DATE REFOLUTION OF THE HOLL APPROPRIATE DATE DATE DATE REFOLUTION OF THE HOLL APPROPRIATE SEPTIMENT OF THE HOLL APPROPRIATE DATE DATE DATE REFOLUTION OF THE HOLL APPROPRIATE DATE DATE DATE REFOLUTION OF THE HOLD OF T						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 DAMBY HOUSE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DORRECTIVE ACTION SHOULD BE CROSS REFERENCED OF YOLL PREFER TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDERS PLAN OF CORRECTION (EACH DORRECTIVE ACTION SHOULD BE CROSS REFERENCED OF YOLL PREFER TAG CROSS REFERENCED OF THE APPROPRIATE DATE REFOLUTION OF THE HOLL APPROPRIATE DATE DATE DATE REFOLUTION OF THE HOLL APPROPRIATE SEPTIMENT OF THE HOLL APPROPRIATE DATE DATE DATE REFOLUTION OF THE HOLL APPROPRIATE DATE DATE DATE REFOLUTION OF THE HOLD OF T				D WING		
DANBY HOUSE CALL DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY MUST BE PRECEDED BY FULL TAG			HAL034093	B. WING		07/26/2019
DANBY HOUSE CALL DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY MUST BE PRECEDED BY FULL TAG	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS CITY STA	TE ZIP CODE	
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STATE FORM 6899 G56611 If continuation sheet 23 of 82

STATEMEN	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
B 4 1 1 5 1 1 1	0110=	3150 BUR	KE MILL ROAD	1		
DANBY H	OUSE	WINSTON	SALEM, NC 2	7103		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	23	D 338			
	interview.					
	B. Review of Video ## revealed: -The video started with hallway in the SCUThe staff (Staff B) was she walked down the -Staff B appeared to be person (Staff A/Person hallwayStaff A was walking het is bedroomThe video showed a lying on the floorThe staff that was walked past the resideft the resident on the the staff that was rewalked past the residentThere was a third staresident lying on the floor and got a full bor residentThere was a third staresident lying on the floor of the three staff the resident that was -Resident #8 is seen doorway yellingIn the video Staff A was resident (Resident #8 hurriedly toward Resinand gestures and potheard telling her sharthere." -In the doorway of the (Staff C), who stood be -Staff A approached Fer forcefully into the shut the bedroom door	pe following another staff nal Care Aide) down the nurriedly towards Resident resident (Resident #10) alking down the hallway ent that was on the floor and e floor. cording the video also ent that was lying on the dy and face view of the floor in the hallway. no one stopped to assist lying on the floor. standing in her bedroom vas seen verbally telling a), as Staff A was walking dent #8, she is seen making binting at Resident #8, and is ply "Get in there, get in				

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DIVISION	n nealth Service Regu	lation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	Υ	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
		HAL034093	B. WING		07/26/20	40	
		HAL034093			07/26/20	19	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
		3150 BUF	RKE MILL ROAD)			
DANBY H	OUSE		SALEM, NC 2				
	OUR MAR DV OT		<u>, , , , , , , , , , , , , , , , , , , </u>				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) MPLETE	
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
				DEFICIENCY)			
D 000	0 " 15	2.1	D 000				
D 338	Continued From page	24	D 338				
	inches further into the	e hallwav.					
	-The video ended.	,					
	1. Review of Residen	t #8's current FL2 dated					
		aled diagnoses of dementia.					
		evel of care was special					
	care unit.						
	-The resident was cor	nstantly disoriented.					
		inclaining allocation to a					
	Review of Resident #	8's Special Care Unit (SCU)					
		ent form dated 06/26/19					
	revealed:						
	-The profile data for o	cognitive impairment					
		t was being constantly					
	disoriented.	it was some constantly					
		at were required by staff					
	included supervision.						
	included supervision.						
	Based on record revie	ew observation and					
		ermined that Resident #8					
	was not interviewable						
	was not interviewable	••					
	2 Review of Residen	t #10's current FL2 dated					
		agnoses included dementia.					
	-The resident was con	-					
		evel of care was SCU.					
	The recommended it	ever or dare was eee.					
	There was no SCU no	rofile and assessment form					
	in Resident #10's reco						
	m redident m red red	ord.					
	Based on record revie	ew observation and					
		ermined that Resident #10					
	was not interviewable						
	Was not interviewable	••					
	Interview with the Det	tective from the local city					
	police department on	-					
	revealed:	07/20/19 αι 2.00μπ					
		ice department received a					
		son desiring to remain					
	priorio can nom a per	oon acoming to remain	1				

Division of Health Service Regulation

anonymous.

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Division (of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			_	71. BOILBING.		
			B. WING			
		HAL034093	B. WING		07/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
		3150 BUF	RKE MILL ROAD)		
DANBY H	OUSE	WINSTO	N SALEM, NC 2	7103		
()(4) ID	QUMMADV QT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 338	Continued From page	25	D 338			
2 000						
	-The caller stated she					
	through social media	messenger that were				
	disturbing.					
	-The videos involved	staff at an assisted living				
	facility and residents	in the SCU.				
	-The caller stated she	e did not work at the assisted				
	living facility and did r	not know the staff at the				
	facility.					
	-The caller stated a fr	riend sent her the video.				
	-The friend told her th	nat she got the video from an				
	employee that worked	d at the assisted living				
	facility.					
	-The caller stated the	incident happened three				
	days prior to her calling	ng the police department.				
	-The Detective went t	to the facility on 06/21/19,				
	06/22/19, and 06/24/	19, and was able to identify				
	the staff and resident	s in Video #2.				
	-The resident on the f	floor in the hallway was				
	identified as Resident	t #10.				
	-The resident that sta	iff pushed in the room,				
	turned the light off, to	ld to go to bed and closed				
	the door was Resider	nt #8.				
	-The staff that pushed	d Resident #8 into the room,				
	turned off the light, to	ld to go to bed and closed				
	the door was Staff A ((PCA).				
	-Staff B (PCA) was th	ne staff who recorded the				
	Video #2.					
		gional Vice President of				
	•	19 at 3:38pm revealed:				
		one video via text message				
	on 06/20/19 after 7:00					
	_	a former employee informed				
		regarding to memory care				
	unit residents fighting					
	_	during a staff meeting she				
	asked all staff about a					
		knowing about the video				
	prior to the police sho					
	-The police detective	came to the facility on				

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Division c	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/26/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 271	103		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 338	Continued From page	= 26	D 338			
	-After watching the set Staff A not to return be -All staff were trained confidentiality and repneglectIt was the facility's poincidents right awayStaff should have repmanager because all were posted for staff to -The facility had investinvolving Resident #8 -During their investigation that was the supervisincidentThe MA denied known Resident #8 into her resident #10 being I addressedNo actions were take she denied having known resident was the supervisincident.	on residents' rights, porting resident abuse and colicy that staff were to report ported the incident to any of their telephone numbers to view. Stigated the incident and Staff A. ation they talked with the MA for on duty the date of the wing Staff A had shoved				
	MA.	vorked in the SCU as the				
	all incidents to herShe was completing pass after 7:00pm an yellingShe also heard staff	sor and staff were to report the evening medication d heard two residents yelling for her to come to				
	put the residents in the -She did not know that	o calm everyone down and neir room. at staff recorded a video. was a video during a staff				

meeting on 06/21/19.

-She had not seen staff recording videos.

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HAL034093 B. WING 07/26/20	019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
3150 BURKE MILL ROAD	
DANBY HOUSE WINSTON SALEM, NC 27103	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338 Continued From page 27 D 338	
It was the facility's policy for staff not to have their cell phones out when on the clock. -She did not know that Staff A had pushed Resident #8 in her room. -She did not know that Resident #10 had been pushed to the floor or had fallen to the floor. Interview with Staff C, PCA on 07/26/19 at 1:40pm revealed: -On 06/19/19, Resident #8 was causing problems with everyone. -Resident #8 pushed Resident #10 down on the floor in the hallway. -Resident #8 was also causing problems with her roommate. -They (Staff A, B and C) had their fill of Resident #8's behaviors. -The MA had told staff to try to keep residents calm and put the residents in their room. -Staff A told Resident #8 to go to her room. -Staff A told wed Resident #8 to her room, turned off the light and shut the door. -She helped Resident #30 off the floor. -She did not know if the MA assessed Resident #10 for bruises or injuries. -Staff B recorded Staff A's actions and Resident #10 for bruises or injuries. -Staff A and Staff B were not available for interviews. The facility failed to protect three residents (Residents #8, #9, and #10) from abuse and neglect. Residents #8, #9, and #10 were residents (Residents #8, #9, and #10) from abuse and neglect. Residents #8, #9, and #10 were residents (Residents #8, #9, and #10) from abuse and neglect. Residents #8, #9, and #10 were residents (Residents #8, #9, and #10) from abuse and neglect. Residents #8, #9, and #10 were residents (Residents #8, #9, and #10) from abuse and neglect. Residents #8, #9, and #10 were residents of the facility's special care unit.	

Division of Health Service Regulation

resident's room while facility staff watched and encouraged the fight, failing to intervene. During

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_ / ii			
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		E MILL ROAD SALEM, NC 27			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	#8 until Resident #8 b Staff C recorded the i video through social r pushed Resident #10 followed Resident #8 yelling at Resident #8 #8 into her room, whil the floor unable to ge A's actions and Resid and later shared the v The failure of the facil of all residents guarar of Residents' Rights v the serious abuse and residents and constituents. The facility provided a 07/26/19 in accordance this violation. CORRECTION DATE	ent #9 strangled Resident became red in the face while ncident and later shared the nedia. After Resident #8 down in the hall, Staff A down to the resident's room, and then shoved Resident e Resident #10 was lying on t up. Staff B recorded Staff ent #10 lying on the floor rideo through social media. ity to assure that the rights nteed under the Declaration were maintained resulted in d serious neglect of utes a Type A1 Violation. a Plan of Protection on ce with G.S. 131D-34 for	D 338			
D 358	(a) An adult care hon preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. WING	_	07/06/2010
NAME OF D		HAL034093		TE 7ID 00DE	07/26/2019
	ROVIDER OR SUPPLIER		ORESS, CITY, STA KE MILL ROAD	•	
DANBY H	OUSE		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 APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page		D 358		
	reviews, the facility far medications as order residents (#1, #2, #4 resident who did not a build up, thyroid horropain, depression, and resident who did not a blood pressure, neurobladder and pain (Redid not receive medic retention and anxiety who did not receive mand Alzheimer's disease who did not receive to depression (Resident orders for Clonidine (pressure) as needed greater than 160 (Resident The findings are:	ns, interviews and record illed to administer ed for 6 of 7 sampled , #5, #6 and #7) including a receive a medication for fluid none deficiency, neuropathic I allergies (Resident #7), a receive medications for high opathic pain, overactive sident #2), a resident who ations for chronic pain, fluid (Resident #1), a resident nedications for depression ase(Resident #5) a resident wo medications for #6); and a resident with used to treat high blood for systolic blood pressures sident #4).			
	05/21/19 revealed a p	t #7's current FL2 dated physician's order for u(used to treat fluid build up)			

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Division of	of Health Service Regu	lation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
	HAL034093		B. WING		07/2	6/2019	
		TIAE034093			1 0112	0/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE			
DANBY H	OUSE	3150 BU	RKE MILL ROAD)			
DANDIII		WINSTO	N SALEM, NC 2	7103			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE	
IAG			IAG	DEFICIENCY)			
D 050	0 " 15		D 050				
D 358	Continued From page	÷ 30	D 358				
	twice daily.						
	Review of Resident	#7's May 2019 electronic					
	Medication Administra	•					
	revealed:	,					
	-An entry for spironola	actone 50 mg, once daily.					
	_	special instructions" take					
	` `	al) by mouth 2 times daily.					
		tation of administration of					
	through 05/31/19.	g once daily from 05/01/19					
	(1110ugii 05/3 1/19.						
	Review of Resident #	7's June 2019 eMAR					
	revealed:						
		actone 50 mg, once daily.					
		plactone included "special					
		e tablet (50 mg total) by					
	mouth 2 times daily.	tation of administration of					
		station of administration of gonce daily on 06/01/19,					
		6/21/19 through 06/30/19.					
		station of spironolactone 50					
		dministered: drug/item					
	, ,	03/19 through 06/20/19.					
		7's July eMAR revealed:					
		actone 50 mg, once daily.					
		plactone included "special					
		e tablet (50 mg total) by					
	mouth 2 times daily.	tation of administration of					
		g once daily from 07/01/19					
	through 07/24/19.	, chee daily item erre in te					
	Observation on 07/25						
		or Resident #7 revealed					
	spironolactone 50 mg	y was available for					
	administration.						
	ir		1	I .			

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Interview with a contracted pharmacy

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIPI E	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION (X1) PROVIDER/SOPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	COMPLETED
	7 501251110.		
HAL034093	B. WING		07/26/2019
NAME OF PROVIDER OR SUPPLIER STR	REET ADDRESS, CITY, STAT	ΓΕ, ZIP CODE	
315	0 BURKE MILL ROAD		
DANBY HOUSE WIN	NSTON SALEM, NC 27	7103	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358 Continued From page 31	D 358		
representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility staff had to request refills for Resident #7The order on file at the pharmacy was spironolactone 50 mg one tablet by mouth 2 times dailyShe did not know why the electronic entry for spironolactone 50 mg included "special instructions" to take one tablet by mouth 2 times daily, which was the same as the orderThe pharmacy sent 30 tablets of spironolactone 50 mg on 05/09/19, 06/20/19, 07/05/19 and 07/23/19. Interview with a Medication Aide (MA) on 07/26/19 at 10:40 am revealed: -She did not know why the spironolactone 50 mg was unavailable for administration for Resident #7 in June 2019She had never noticed the "special instructions" for the spironolactone entry on the eMARs"I guess it should be given twice every day". Interview with Resident #7's physician on 07/26/19 at 12:20 pm revealed: -She expected medications to be administered as orderedShe had ordered the spironolactone 50 mg to be administered twice dailyShe was unaware the spironolactone 50 mg was being administered once daily, instead of twice dailyResident #7 had no adverse effect from receiving the spironolactone once daily, instead of twice dailyResident #7's edema had improved; there was no negative outcome of the spironolactone being administered once daily, instead of twice daily.	s e s		

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Interview with Resident #7 on 07/26/19 at 3:30

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DIVISION	n rieaitii Service Regu		1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
	HAL034093		B. WING		07/2	6/2019
			1		1 0172	0/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BURI	KE MILL ROAD			
DANDIII	0002	WINSTON	SALEM, NC 2	7103		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE	DATE
				, , , , , , , , , , , , , , , , , , ,		
D 358	Continued From page	2 32	D 358			
	pm revealed as far as	she knew the facility				
	administered her med	lications as ordered.				
	Refer to interview with	n the Resident Care				
	Coordinator (RCC) or	n 07/26/19 at 11:35 am.				
		n the Administrator on				
	07/26/19 at 2:15 pm.					
		t #7's current FL2 dated				
	05/21/19 revealed a a					
	•	g (used to treat thyroid				
	hormone deficiency)	daily.				
	Review of Resident #	7's June 2019 eMAR				
	revealed:	7 3 Julie 2019 CIVIAIX				
	-An entry for levothyro	oxine 150 mcg daily				
		ocumented as administered				
	•	ties from 06/01/19 through				
	06/30.	aco nom coro n ro amougn				
		icg was documented as "not				
		m unavailable" for 3 of 30				
	opportunities during the					
	3.					
	Review of Resident #	7's July 2019 eMAR				
	revealed:					
	-An entry for levothyro	oxine 150 mcg daily.				
	-Levothyroxine 150 m	cg was documented as				
	administered for 13 of	f 24 opportunities from				
	07/01/19 through 07/2	24/19.				
		cg was documented as"not				
	administered: drug/ite	m unavailable" for 11 of 24				
	opportunities during the	ne month of July.				
	Observation on 07/25					
		or Resident #7 revealed				
	levothyroxine 150 mc	g was available for				,
	administration.					

Division of Health Service Regulation

Interview with a contracted pharmacy

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING: COMPLETED		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER DANBY HOUSE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 CA4) ID SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCES) TO HEAP PROVIDER'S PLAN OF CORRECTION (EACH OWNER'COME ACTION SHOULD BE DATE OF TAG) D 356 CONTINUED From page 33 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE DATE OF TAG) PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCES. DIENTIFYING INFORMATION) D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE OF TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDED FRO	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
NAME OF PROVIDER OR SUPPLIER DANBY HOUSE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 CA4) ID SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCES) TO HEAP PROVIDER'S PLAN OF CORRECTION (EACH OWNER'COME ACTION SHOULD BE DATE OF TAG) D 356 CONTINUED From page 33 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE DATE OF TAG) PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCES. DIENTIFYING INFORMATION) D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE OF TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER'S PLAN OF CORRECTION SHOULD BE DEFICIENCY. TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDER TAG OR STREET COMES TO THE APPROPRIATE DATE. D 358 CONTINUED FROM PROVIDED FRO							
DANBY HOUSE SUMMARY STATEMENT OF DEFICIENCIES DISTRICT SUMMARY STATEMENT OF DEFICIENCY SUBJECT SUMMARY STATEMENT OF DEFICIENCY DATE D 358			HAL034093	B. WING		07/2	6/2019
(x4) ID PROVIDERS PLAN OF CORRECTION (x4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCISES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 33 representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility staff had to request refills for Resident #7The pharmacy sent 30 tablets of levothyroxine 150 mcg on 04/23/19The pharmacy sent 30 tablets of levothyroxine 150 mcg on 05/06/19, and the facility staff returned it to the pharmacyShe did not know why the facility staff returned the levothyroxine 150 mcg on 07/26/19 at 10:40 am revealed she did not know why the levothyroxine 150 mcg on 07/26/19 at 10:40 am revealed she did not know why the levothyroxine 150 mcg was unavailable for administration for Resident #7 in June and July 2019. Interview with Resident #7's physician on 07/26/19 at 12:20 pm revealed: -Her expectation was medications would be administered as orderedThe facility staff had not informed her of the missed doses of levothyroxine 150 mcg were "unacceptable".	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 33	DANRYH	OUSE	3150 BUR	KE MILL ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 33 representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility staff had to request refills for Resident #7. -The pharmacy sent 30 tablets of levothyroxine 150 mcg on 04/23/19. -The pharmacy sent 30 tablets of levothyroxine 150 mcg on 05/06/19, and the facility staff returned the levothyroxine 150 mg to the pharmacy. -The pharmacy sent 14 tablets of levothyroxine 150 mg on 07/14/19. Interview with a MA on 07/26/19 at 10:40 am revealed she did not know why the levothyroxine 150 mg was unavailable for administration for Resident #7 in June and July 2019. Interview with Resident #7's physician on 07/26/19 at 12:20 pm revealed: -Her expectation was medications would be administered as ordered. -The facility staff had not informed her of the missed doses of levothyroxine 150 mcg for Resident #7. -The missed doses of levothyroxine 150 mcg were "unacceptable".	DANDIR	003E	WINSTON	SALEM, NC 2	7103		
representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility staff had to request refills for Resident #7The pharmacy sent 30 tablets of levothyroxine 150 mcg on 04/23/19The pharmacy sent 30 tablets of levothyroxine 150 mcg on 05/06/19, and the facility staff returned it to the pharmacyShe did not know why the facility staff returned the levothyroxine 150 mg to the pharmacyThe pharmacy sent 14 tablets of levothyroxine 150 mg on 07/14/19. Interview with a MA on 07/26/19 at 10:40 am revealed she did not know why the levothyroxine 150 mg was unavailable for administration for Resident #7 in June and July 2019. Interview with Resident #7's physician on 07/26/19 at 12:20 pm revealed: -Her expectation was medications would be administered as orderedThe facility staff had not informed her of the missed doses of levothyroxine 150 mcg for Resident #7The missed doses of levothyroxine 150 mcg were "unacceptable".	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
-When refills were needed, the facility staff had to request refills for Resident #7. -The pharmacy sent 30 tablets of levothyroxine 150 mcg on 04/23/19. -The pharmacy sent 30 tablets of levothyroxine 150 mcg on 05/06/19, and the facility staff returned it to the pharmacy. -She did not know why the facility staff returned the levothyroxine 150 mg to the pharmacy. -The pharmacy sent 14 tablets of levothyroxine 150 mcg on 07/14/19. Interview with a MA on 07/26/19 at 10:40 am revealed she did not know why the levothyroxine 150 mcg was unavailable for administration for Resident #7 in June and July 2019. Interview with Resident #7's physician on 07/26/19 at 12:20 pm revealed: -Her expectation was medications would be administered as ordered. -The facility staff had not informed her of the missed doses of levothyroxine 150 mcg were "unacceptable".	D 358	Continued From page	e 33	D 358			
-She would order a thyroid stimulating hormone (TSH) lab to be drawn on Resident #7 as soon as possible. Interview with Resident #7 on 07/26/19 at 3:30 pm revealed as far as she knew the facility administered her medications as ordered. Refer to interview with the RCC on 07/26/19 at 11:35 am.		representative on 07/ -When refills were ne request refills for Res -The pharmacy sent 3 150 mcg on 04/23/19 -The pharmacy sent 3 150 mcg on 05/06/19 returned it to the pharmacy sent 3 150 mcg on 07/14/19 -The pharmacy sent 3 150 mcg on 07/14/19 -The pharmacy sent 3 150 mcg on 07/14/19 -The pharmacy sent 3 150 mcg was unavail. Resident #7 in June 3 Interview with Reside 07/26/19 at 12:20 pm -Her expectation was administered as orde -The facility staff had missed doses of levor Resident #7The missed doses of were "unacceptable"She would order a the (TSH) lab to be drawn possible. Interview with Reside pm revealed as far as administered her med Refer to interview with	26/19 at 9:35 am revealed: eded, the facility staff had to ident #7. 30 tablets of levothyroxine , and the facility staff rmacy. by the facility staff returned of mg to the pharmacy. 14 tablets of levothyroxine of 10 mg/26/19 at 10:40 am know why the levothyroxine able for administration for and July 2019. 15 physician on 16 revealed: 17 medications would be 18 red. 19 not informed her of the 19 thyroxine 150 mcg 19 physician on medications are soon as 19 physician on a series and soon as 10 physician on a series and soon as 11 physician on a series and soon as 12 physician on a series and soon as 13 physician on a series and soon as 14 physician on a series and soon as 15 physician on a series and soon as 16 physician on a series and soon as 17 physician on a series and soon as 18 physician on a series and soon as a series and				

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07/26/19 at 2:15 pm.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL034093			07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•		
DANBY H	OUSE		KE MILL 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	34	D 358			
	05/21/19 revealed a plevothyroxine 50 mcg hormone deficiency) Sunday, given with the Review of Resident # revealed: -An entry for levothyrowine 150 mg-Levothyroxine 150 mg-Levothyroxine 50 mg administered on Wed of 9 opportunities from Levothyroxine 50 mg administered: other, 305/05/19 for 1 of 9 opportunities from Chevothyroxine 150 mg levothyroxine 150 mg levothyroxine 150 mg Levothyroxine 150 mg levothyroxine 150 mg administered on Wed of 9 opportunities from Levothyroxine 50 mg administered: drug/ite 06/05/19 and Sunday opportunities from 06-Levothyroxine 50 mg administered: resident re	every Wednesday and e levothyroxine 150 mcg. 7's May 2019 eMAR Dixine 50 mcg on day, along with the daily dose. The grass documented as nesdays and Sundays for 8 m 05/01/19 to 05/31/19. The grass documented as "not bord shift" on Sunday, portunities during the month The daily dose. The grass documented as "not bord shift" on Sunday, portunities during the month The daily dose. The grass documented as "not bord				

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-An entry for levothyroxine 50 mcg on

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DIVISION	or riealiti Service Regu	lation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
					1		
		HAL034093	B. WING		07/26/2	2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
DANDYII	OUGE	3150 BUR	KE MILL ROAD)			
DANBY H	003E	WINSTON	SALEM, NC 2	7103			
	CUMMADV CT	ATEMENT OF DEFICIENCIES	T	DROVIDERIS DI ANI OF CORRECTIO	N.	0.450	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI		DATE	
				DEFICIENCY)			
			+				
D 358	Continued From page	e 35	D 358				
	\\\ - d = d = d \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	alance alaman contra da a					
	Wednesday and Sund	•					
	levothyroxine 150 mg						
	-Levothyroxine 50 mc	g was documented as					
	administered on Wed	nesday 07/03/19 and					
	Wednesday 07/17/19	for 2 of 7 opportunities.					
	-Levothyroxine 50 mc	g was documented as "not					
		em unavailable" on Sunday					
	_	y 07/10/19 and Sunday					
	07/14/19 for 3 of 7 op						
		•					
	_	g was documented as "not					
		omment: duplicate" on					
	Sunday 07/21/19 and	Wednesday 07/24/19 for 2					
	of 7 opportunities.						
	Observation on 07/25	5/19 at 10:00 am of					
	medication on hand for	or Resident #7 revealed					
	levothyroxine 50 mcg						
	administration.						
	administration.						
	Intoniou with a centr	acted pharmacy					
	Interview with a contra						
		26/19 at 9:35 am revealed:					
		eded, the facility staff had to					
	request refills for Res						
		9 tablets of levothyroxine 50					
	mcg on 04/23/19.						
	-The pharmacy sent 5	5 tablets of levothyroxine 50					
	mcg on 07/14/19.						
	Interview with a MA o	n 07/26/19 at 10:40 am					
	revealed:						
	-"Maybe the 3rd shift	gave the medicine" in					
	_	mentation of the missed					
	dose of levothyroxine						
		y the levothyroxine 50 mcg					
		dministration for Resident					
	#7 in June and July 2	019.					
	Interview with Reside	nt #7's physician on					
	07/26/19 at 12:20 pm						

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-Her expectation was medications would be

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/2	6/2019	
NAME OF P	ROVIDER OR SUPPLIER	3150 BUF	DDRESS, CITY, STARKE MILL ROAD				
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
D 358	missed doses of levo Resident #7. -The missed doses of "unacceptable". -She would order a T Resident #7 as soon Interview with Reside pm revealed as far as administered her med Refer to interview wit 11:35 am. Refer to interview wit 07/26/19 at 2:15 pm. d. Review of Resident 95/21/19 revealed a gabapentin 100 mg (upain) two tablets even Review of Resident # revealed: -An entry for gabaper -Gabapentin 100 mg as "not administered: of 30 opportunities do Review of Resident # revealed: -An entry for gabaper -Gabapentin 100 mg as "not administered: of 30 opportunities do Review of Resident # revealed: -An entry for gabaper -Gabapentin 100 mg -Gabapentin 100 mg as "not administered: of 30 opportunities do Review of Resident # revealed: -An entry for gabaper -Gabapentin 100 mg	red. not informed her of the thyroxine 50 mcg for f levothyroxine 50 mcg were SH lab to be drawn on as possible. nt #7 on 07/26/19 at 3:30 s she knew the facility dications as ordered. th the RCC on 07/26/19 at the the Administrator on t #7's current FL2 dated obysician's order for used to treat neuropathic ry evening. T's June 2019 eMAR atin 100 mg two tablets daily. two tablets was documented 5 of 30 opportunities from	D 358				

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07/01/19 to 07/24/19.

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DIVISION	n rieaith Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2.7.2.1.1.0		15211111107111011152111	A. BUILDING: _	A. BUILDING:		
		HAL034093	B. WING		07/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
DANDVIII	01105	3150 BURI	KE MILL ROAD)		
DANBY H	JUSE	WINSTON	SALEM, NC 2	7103		
(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 358	Continued From page	e 37	D 358			
	as "not administered:	two tablets was documented drug/item unavailable" for 5 iring the month of July.				
	Observation on 07/25 medication on hand for gabapentin 100 mg wadministration.	or Resident #7 revealed				
	-When refills were ner request refills for Res -The pharmacy sent 6	26/19 at 9:35 am revealed: eded, the facility staff had to				
	revealed she did not l	n 07/26/19 at 10:40 am know why the gabapentin ble for administration for 5 Resident #7.				
	administered as order -The facility staff had	revealed: medications would be				
	-If the missed doses of	of gabapentin 100 mg had a e negative outcome would complained of pain.				
	pm revealed as far as administered her med	dications as ordered.				
	Refer to interview with	n the RCC on 07/26/19 at	1			1

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11:35 am.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
DANBY H	OUSE		RKE MILL 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 38	D 358		
	07/26/19 at 2:15 pm. e. Review of Residen 05/21/19 revealed a p bupropion HCL 150 n				
	bupropion HCL 150 mg (used to treat depression) daily. Review of Resident #7's May 2019 eMAR revealed: -An entry for bupropion HCL 150 mg daily. -Bupropion HCL 150 mg was documented as administered for 12 of 31 opportunities from 05/01/19 to 05/31/19. -Bupropion HCL 150 mg was documented as "not administered: on hold" for 13 of 31 opportunities from 05/01/19 to 05/31/19. -Bupropion HCL 150 mg was documented as "not administered: drug/item unavailable" for 6 of 31 opportunities.				
	Review of Resident #7's June 2019 eMAR revealed: -An entry for bupropion HCL 150 mgBupropion HCL 150 mg was documented as administered for 10 of 30 opportunities from 06/01/19 to 06/30/19. -Bupropion HCL 150 mg was documented as "not administered: drug/item unavailable" for 20 of 30 opportunities from 06/01/19 to 06/30/19.				
	administered for 16 o 07/01/19 to 07/24/19.	on HCL 150 mg. mg was documented as f 24 opportunities from			

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administered: drug/item unavailable" for 8 of 24

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		HAL034093	B. WING		07/2	6/2019
		TIALUU-1000	<u> </u>		1 0112	0/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BUR	KE MILL ROAD			
DANDIII	J03L	WINSTON	SALEM, NC 2	7103		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE	DAIL
				·		
D 358	Continued From page	e 39	D 358			
	opportunities from 07	/01/19 to 07/24/19.				
	Review of Resident #	7's physician's orders				
		o order to holf bupropion				
	HCL 150 mg.	o order to men supropren				
	Ŭ					
	Observation on 07/25	i/19 at 10:00 am of				
	medication on hand for	or Resident #7 revealed				
	bupropion HCL 150 m	ng was available for				
	administration.					
	Interview with a contra	acted pharmacy				
		26/19 at 9:35 am revealed:				
	•	eded, the facility staff had to				
	request refills for Res	•				
	•	15 tablets of bupropion HCL				
		19 tablets on 05/20/19 and				
	15 tablets 07/04/19 a					
	Interview with a MA o	n 07/26/19 at 10:40 am				
	revealed she did not l	know why the bupropion				
	HCL 150 mg was una	vailable for administration				
	for Resident #7 on so	me dates in May, June or				
	July 2019.					
		sician on 07/26/19 at 12:20				
	pm revealed:	medications would be				
	•	red, and the bupropion HCL				
	150 mg was not on he					
		not informed her of the				
	-	opion HCL 150 mg for				
	Resident #7.	opion 1102 100 mg ioi				
		of bupropion HCL 150 mg				
		me, the negative outcome				
	would be increased d					
	-Resident #7 had not					
	depression.	• •				
	•		1			·

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Interview with Resident #7 on 07/26/19 at 3:30

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			5 4//10			
		HAL034093	B. WING		07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	·		
DANBY H	OUSE		(E MILL ROAD 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 40	D 358			
	pm revealed as far as she knew the facility administered her medications as ordered.					
	Refer to interview with 11:35 am.	h the RCC on 07/26/19 at				
	Refer to interview with the Administrator on 07/26/19 at 2:15 pm.					
	05/21/19 revealed a	#7's current FL2 dated physician's order for ed to treat allergies) twice				
	Review of Resident #7's May 2019 eMAR revealed: -An entry for loratadine 10 mg twice dailyLoratadine 10 mg was documented as administered twice daily for 61 of 62 opportunities from 05/01/19 to 05/31/19. -Loratadine 10 mg was documented as "not administered: drug/item unavailable" for 1 of 62 opportunities from 05/01/19 to 05/31/19.					
	-An entry for loratadir -Loratidine 10 mg was administered twice da from 06/01/19 to 06/3 -Loratadine 10 mg was	s documented as aily for 48 of 60 opportunities 0/19. as documented as "not em unavailable" for 12 of 60				
	-An entry for loratadin -Loratadine 10 mg wa administered twice da from 07/01/19 to 07/2 -Loratadine 10 mg wa	as documented as aily for 44 of 47 opportunities				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 0172	0/2013
			KE MILL ROAD			
DANBY H		WINSTON	SALEM, NC 2	7103		
(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	(X5) COMPLETE DATE
D 358	Continued From page	: 41	D 358			
	opportunities from 07	/01/19 to 07/24/19.				
	Interview with a contri representative on 07/2 -When refills were ne- request refills for Res -The pharmacy sent 6 mg on 05/01/19 and 0	or Resident #7 revealed available for administration. acted pharmacy 26/19 at 9:35 am revealed: eded, the facility staff had to ident #7. 60 tablets of loratadine 10 05/23/19, 30 tablets on 9, 16 tablets on 07/05/19				
	administered as order -The facility staff had missed doses of lorat -If the missed doses of negative outcome, the be increased allergy s	revealed: medications would be red. not informed her of the idine 10 mg for Resident #7. of loratidine 10 mg had a e negative outcome would				
	pm revealed as far as administered her med	_				

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Refer to interview with the Administrator on

STATE FORM 6899 G56611 If continuation sheet 42 of 82

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE C AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION (X3) DATE COMP			
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _	A. BUILDING:	
		HAL034093	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
DANBY H	OUSE	3150 BUF	RKE MILL ROAD		
		WINSTON	I SALEM, NC 27	103	
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 42	D 358		
	07/26/19 at 2:15 pm.				
	05/21/19 revealed dia	at #2's current FL2 dated agnoses included acute es mellitus, hematuria, se, and hypertension.			
	05/21/19 revealed a	sed to treat high blood			
	Review of Resident #2's May 2019 electronic Medication Administration Record (eMAR) revealed:				
	-Amlodipine 10 mg w	25 of 31 opportunities from			
		as documented as "not m not available" for 6 of 31 /01/19 to 05/31/19.			
	Review of Resident # revealed:				
	-Amlodipine 10 mg w				
	06/01/19 to 06/30/19.				
		as documented as "not em unavailable" for 2 of 30			
		/01/19 through 06/31/19.			
	-An entry for amlodiping -Amlodipine 10 mg wadministered for 18 o 07/01/19 through 07/2 -Amlodipine 10 mg was series - Amlodipine 10 mg was series - Amlodip	f 23 opportunities from 23/19. as documented as "not			
	administered: drug/ite	em unavailable" for 5 of 23			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/26	6/2019	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		1 01720	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			KE MILL ROAD				
DANBY H	OUSE		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	Continued From page	e 43	D 358				
	opportunities from 07	/01/19 to 07/23/19.					
	Observation on 07/25 medication on hand for amlodipine 10 mg was administration.	or Resident #2 revealed					
	Review of Resident #2's "Vitals Report" revealed: -Resident #2's blood pressure in May (no date was provided) was 122/72Resident #2's blood pressure on 07/26/19 was 130/78.						
	Interview with a contracted pharmacy representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility staff had to request refills for Resident #2The pharmacy sent 30 tablets of amlodipine 10 mg on 04/17/19, 29 tablets on 05/10/19, 30 tablets 06/04/19 and 07/04/19.						
	why the amlodipine 1	cation Aide (MA) on revealed she did not know 0 mg was unavailable for sident #2 in May, June or					
	administered as order-The facility staff had missed doses of amlow #2. If the missed doses of negative outcome, the be increased blood processed and the staff of the missed doses of the staff of the missed doses of the staff	revealed: medications would be red. not informed her of the odipine 10 mg for Resident of amlodipine 10 mg had a e negative outcome would					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
DANBY H	OUSE		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 44	D 358			
		nt #2 on 07/26/19 at 2:52 not know what medications ed to her.				
	Refer to the interview at 11:35 am.	with the RCC on 07/26/19				
	Refer to the interview 07/26/19 at 2:15 pm.	with the Administrator on				
	05/21/19 revealed a p	t #2's current FL2 dated physician's order for lisinopril nigh blood pressure) every				
	Review of Resident # revealed:	2's May 2019 eMAR				
	05/01/19 to 05/31/19.	documented as f 31 opportunities from				
	opportunities from 05Lisinopril 10 mg was	em unavailable" for 12 of 31 /01/19 to 05/31/19.				
	from 05/01/19 to 05/3					
	Review of Resident # revealed there was no mg.	2's physician's orders o order to hold lisinopril 10				
		i/19 at 10:00 am of or Resident #2 revealed evailable for administration.				
		2's "Vitals Report" revealed: pressure in May (no date 22/72.				

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-Resident #2's blood pressure on 07/26/19 was

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIR CODE	1 0772072019	
			RKE MILL ROAD			
DANBY H	OUSE	WINSTON	SALEM, NC 2	7103		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 45	D 358			
	130/78.					
	-When refills were ne request refills for Res -The pharmacy sent on 05/25/19, 30 table Interview with a MA or revealed she did not Img was unavailable for Resident #2 in May 2 Interview with Reside 07/26/19 at 12:20 pm -Her expectation was	26/19 at 9:35 am revealed: eded, the facility had to ident #2. 14 tablets of lisinopril 10 mg ts on 06/05/19 and 07/04/19. n 07/26/19 at 10:40 am know why the lisinopril 10 or administration for 019. nt #2's physician on revealed: medications would be				
	administered as ordered, and the lisinopril 10 mg was not on hold. -The facility staff had not informed her of the missed doses of lisinopril 10 mg for Resident #2. -If the missed doses of lisinopril 10 mg had a negative outcome, the negative outcome would be increased blood pressure. -Resident #7 had not displayed increased blood pressure.					
	Interview with Resident #2 on 07/26/19 at 2:52 pm revealed she did not know what medications the facility administered to her.					
	Refer to the interview at 11:35 am.	with the RCC on 07/26/19				
	Refer to the interview 07/26/19 at 2:15 pm.	with the Administrator on				
	c. Review of Residen 05/21/19 revealed a p	t #2's current FL2 dated physician's order for				

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gabapentin 300 mg (used to treat neuropathic

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		HAL034093	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	3150 BUR	DRESS, CITY, STA		
(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	dailyGabapentin 300 mg administrated three tile opportunities from 05Gabapentin 300 mg administered: on hold from 05/01/19 to 05/3 Review of Resident # revealed there was not 300 mg. Observation on 07/25 medication on hand for gabapentin 300 mg wadministration. Interview with a contribution representative on 07/2-When refills were ne request refills for Resident #2 in May 2 Interview with a MA or revealed she did not 1300 mg was unavailaded Resident #2 in May 2 Interview with Reside 07/26/19 at 12:20 pm Her expectation was	2's May 2019 eMAR atin 300 mg three times was documented as mes daily for 77 of 93 /01/19 to 05/31/19. was documented as "not " for 16 of 93 opportunities 1/19. 2's physician's orders order to hold gabapentin /19 at 10:00 am of or Resident #2 revealed ras available for acted pharmacy 26/19 at 9:35 am revealed: eded, the facility staff had to ident #2. 00 tablets of gabapentin 300 ablets on 05/23/19, 90 and 90 tablets on 07/05/19. In 07/26/19 at 10:40 am know why the gabapentin ble for administration for 019. Int #2's physician on	D 358		

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mg was not on hold.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/2	6/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		E MILL ROAD			
24.1.15	CHIMMADV CT		SALEM, NC 2			2/5
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	2 47	D 358			
	-The facility staff had missed doses of gaba #2If the missed doses of negative outcome, the be increased painResident #7 had not Interview with Reside pm revealed: -She did not know who administered to herShe denied having in Refer to the interview at 11:35 am. Refer to the interview 07/26/19 at 2:15 pm. d. Review of Residen 05/21/19 revealed a pmyrbetriq 50 mg (use bladder) daily. Review of Resident # revealed: -An entry for myrbetricular -Myrbetriq 50 mg daily administrated for 28 of 05/01/19 to 05/31/19Myrbetriq 50 mg was administered: drug/ite opportunities from 05/00/10 of 17/25/10 of 17/25/	not informed her of the apentin 300 mg for Resident of gabapentin 300 mg had a enegative outcome would complained of pain. Int #2 on 07/26/19 at 2:52 at medications the facility increased pain. With the RCC on 07/26/19 with the Administrator on the H2's current FL2 dated only sician's order for dot treat overactive to treat overactive 2's May 2019 eMAR of 50 mg daily. It is was documented as soff 31 opportunities from the munavailable of 13 of 31 (701/19 to 05/31/19).				
	Observation on 07/25 medication on hand for	/01/19 to 05/31/19.				

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Interview with a contracted pharmacy

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLET	
		HAL034093	B. WING		07/26	/2019
NAME OF P	ROVIDER OR SUPPLIER	3150 BUR	DRESS, CITY, STA KE MILL 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	(X5) COMPLETE DATE
D 358	-When refills were ne request refills for Res -The pharmacy sent 3 mg on 04/17/19, 29 ta tablets on 06/04/19 a Interview with a MA or revealed she did not mg was unavailable from Resident #2 in May 2 Interview with Reside 07/26/19 at 12:20 pm -Her expectation was administered as orde -The facility staff had missed doses of myrth #2If the missed doses of myrth #2If the missed frequent -Resident #7 had not increased frequency of Interview with Reside pm revealed as far as administered her med Refer to the interview at 11:35 am. Refer to the interview 07/26/19 at 2:15 pm. e. Review of Residen 05/21/19 revealed a prevealed as far in the interview of Residen 05/21/19 revealed a prevealed as far in the interview of Residen 05/21/19 revealed a prevealed as far in the interview of Residen 05/21/19 revealed a prevealed as far in the interview of Residen 05/21/19 revealed a prevealed as far in the interview of Residen 05/21/19 revealed a prevent of Residen 05/21/19 revealed a prev	26/19 at 9:35 am revealed: eded, the facility staff had to ident #2. 30 tablets of myrbetriq 50 ablets on 05/10/19, 30 and 07/04/19. In 07/26/19 at 10:40 am know why the myrbetriq 50 or administration for 019. In #2's physician on revealed: medications would be red. Inot informed her of the betriq 50 mg for Resident of myrbetriq 50 mg had a e negative outcome would cy of urination. displayed or complained of of urination. Int #2 on 07/26/19 at 3:30 a she knew the facility dications as ordered. with the RCC on 07/26/19 with the Administrator on It #2's current FL2 dated	D 358			

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STATEMENT OF D	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034093 OF PROVIDER OR SUPPLIER STREE 3150 WINS ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D WING			
		HAL034093	B. WING		07/26/2019
NAME OF PROVID	DER OR SUPPLIER		DDRESS, CITY, STA		
DANBY HOUSE	E		RKE MILL ROAD N SALEM, NC 21		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358 Cor	ntinued From page	49	D 358		
Reviews and time and	view of Resident ## ealed: a entry for tramadol es daily. amadol 50 mg, two s documented as a cortunities from 05/ amadol 50 mg, two s documented as " available" for 34 of 01/19 to 05/31/19. view of Resident ## ealed: a entry for tramadol es daily. amadol 50 mg, two s documented as a cortunities from 06/ amadol 50 mg, two s documented as " available" for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available" for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two s documented as " available for 51 of 01/19 to 06/30/19. amadol 50 mg, two	2's May 2019 eMAR 1 50 mg, two tablets, three 1 tablets, three times daily 1 dministered for 59 of 93 101/19 to 05/31/19. 10 tablets, three times daily 10 not administered: drug/item 10 opportunities from 2's June 2019 eMAR 1 50 mg, two tablets, three 1 tablets, three times daily 1 dministered for 34 of 90 101/19 to 06/30/19. 10 tablets, three times daily 1 not administered: drug/item 1 opportunities from 1 tablets, three times daily 1 not administered: drug/item 2 opportunities from 3 of 90 opportunities 1 of 3 of 9 opportunities 2 of 9 opportunities 3 opportunities 3 opp	D 390		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 PRESTATAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FILL TAG PRESTATAGE D 358 Continued From page 50 Interview with a contracted pharmacy representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility had to request refills for Resident #2The pharmacy sent 180 tablets of tramadol 50 mg was unavailable for administration for Resident #2 in May and June 2019. Interview with Resident #2's physician on 07/26/19 at 12:20 pm revealed: -Her expectation was medications would be administered as orderedThe facility staff had not informed her of the missed doses of tramadol 50 mg for Resident #2If the missed doses of tramadol 50 mg for Resident #2If the missed doses of tramadol 50 mg had a negative outcome, the negative outcome would be increased painResident #2 had not complained of increased painResident #2 had not complained of increased painShe planned to complete an assessment on Resident #2 on the nest office visit day at the facility. Interview on with Resident #2 on 07/26/19 at 2:52 pm revealed: -Interview on with Resident #2 on 07/26/19 at 2:52 pm revealed: -Interview on with Resident #2 on 07/26/19 at 2:52 pm revealed: -Interview on with Resident #2 on 07/26/19 at 2:52 pm revealed: -Interview on with Resident #2 on 07/26/19 at 2:52 pm revealed:		OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI		
DANBY HOUSE CA1)D CA2)D CA3)D CA3,D CA3,D			HAL034093	B. WING		07/2	07/26/2019	
MINSTON SALEM, NC 27103	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MIST BE PRECEDED BY FULL FREEIX TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION COMPLETE TAG PROVIDERS PLAN OF COMPLETE TAG PROVIDERS PLAN OF COMPLETE TAG PROVIDERS PLAN OF CROSS-REFERENCE OF TAG PROVIDERS PLA	DANBY H	OUSE						
Interview with a contracted pharmacy representative on 07/26/19 at 9:35 am revealed: -When refills were needed, the facility had to request refills for Resident #2. -The pharmacy sent 180 tablets of tramadol 50 mg on 04/19/19, 06/19/19 and 07/16/19. Interview with a MA on 07/26/19 at 10:40 am revealed she did not know why the tramadol 50 mg was unavailable for administration for Resident #2 in May and June 2019. Interview with Resident #2's physician on 07/26/19 at 12:20 pm revealed: -Her expectation was medications would be administered as ordered. -The facility staff had not informed her of the missed doses of tramadol 50 mg for Resident #2. -If the missed oses of tramadol 50 mg had a negative outcome, the negative outcome would be increased pain. -Resident #2 had not complained of increased pain. -She planned to complete an assessment on Resident #2 on the next office visit day at the facility. Interview on with Resident #2 on 07/26/19 at 2:52 pm revealed:	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE	
-She did not know what medications the facility administered to herShe denied having increased pain. Refer to interview with the RCC on 07/26/19 at 11:35 am. Refer to interview with the Administrator on 07/26/19 at 2:15 pm.	D 358	Interview with a contrepresentative on 07/-When refills were nerequest refills for Res-The pharmacy sent mg on 04/19/19, 06/1 Interview with a MA or revealed she did not Img was unavailable for Resident #2 in May a Interview with Reside 07/26/19 at 12:20 pm-Her expectation was administered as order-The facility staff had missed doses of tram-If the missed doses of tram-If the missed doses on the increased pain. -Resident #2 had not pain. -She planned to compresident #2 on the negative outcome, the beincreased pain. -Resident #2 on the negative. -She did not know who administered to her. -She denied having in Refer to interview with 11:35 am.	acted pharmacy 26/19 at 9:35 am revealed: eded, the facility had to ident #2. 180 tablets of tramadol 50 9/19 and 07/16/19. n 07/26/19 at 10:40 am know why the tramadol 50 or administration for nd June 2019. nt #2's physician on revealed: medications would be red. not informed her of the adol 50 mg for Resident #2. of tramadol 50 mg had a e negative outcome would complained of increased plete an assessment on ext office visit day at the ident #2 on 07/26/19 at 2:52 that medications the facility increased pain. In the RCC on 07/26/19 at	D 358				

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3. Review of Resident #1's current FL-2 dated

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUI	
		HAL034093	B. WING		07/26	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	FE, ZIP CODE		
DANBY H	OUSE		RKE MILL 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 51	D 358			
		agnoses included chronic y disease, Type II diabetes				
	05/21/19 revealed a phydrocodone acetam	t #1's current FL-2 dated bhysician's order for inophen 7.5-325 mg one hronic pain) three times				
	Medication Administrative revealed: -An entry for hydroco 7.5-325 mg three time-Hydrocodone acetar times daily was docur 71 of 93 opportunities-Hydrocodone acetar times daily was docur administered: drug/ite opportunities from 05-Hydrocodone acetar times daily was docur times daily was docur	done acetaminophen es daily. ninophen 7.5-325 three mented as administered for s from 05/01/19 to 05/31/19. ninophen 7.5-325 mg three mented as "not em unavailable" for 6 of 93 /01/19 to 05/31/19. ninophen 7.5-325 three mented as "not " for 16 of 93 opportunities				
	times daily was docur 55 of 90 opportunities -Hydrocodone acetar times daily was docur administered: drug/ite opportunities from 06	done acetaminophen es daily. ninophen 7.5-325 three mented as administered for s from 06/01/19 to 06/15/19. ninophen 7.5-325 mg three mented as "not em unavailable" for 31 of 90				

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times daily was documented as "not

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		HAL034093	B. WING		07/0	6/2019
		HAL034093			07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BUR	KE MILL ROAD)		
DANDIN	JU3E	WINSTON	SALEM, NC 2	7103		
(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 DATE
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	XIAI E	DAIL
			+	,		
D 358	Continued From page	e 52	D 358			
	administered: on hold	d" for 2 of 90 opportunities				
	from 06/01/19 to 06/3					
	110111 00/0 1/ 19 (0 00/3	10/13.				
	Review of Residents	#1's July eMAR revealed:				
	-An entry for hydrococ					
	7.5-325 mg three time					
	•	ninophen 7.5-325 three				
	-	mented as administered for				
	•	s from 07/01/19 to 07/24/19.				
		ninophen 7.5-325 mg three				
	-	mented as"not administered:				
	•	e" for 23 of 71 opportunities				
	from 07/01/19 to 07/2					
	1					
	Review of Resident #	t1's physician's orders				
	revealed there was no	o order to hold hydrocodone				
	acetaminophen 7.5-3	25 mg				
	1					
	Observation on 7/25/					
		or Resident #1 revealed				
	,	inophen 7.5-325 mg was				
	available for administ	ration.				
		edication Aide (MA) on				
	07/26/19 at 10:40 am					
	-She did not know wh					
	·	25 mg was not ordered.				
	-When the medication was out or was getting low, the MA should fax the request to the pharmacy.					
	THE IVIA SHOULD TAX THE	request to the pharmacy.				
	Interview with the con	atracted pharmacy				
		16/19 at 9:35 am revealed:				
	•	eded, the facility staff had to				
	request refills for Res					
	•	45 tablets of hydrocodone				
		25 on 5/15/19, 45 tablets on				
		n 6/28/19 and 45 tablets				
	7/23/19.	10,20,10 and 10 tablete				
	0, 10.					

Division of Health Service Regulation

Interview with the primary care physician on

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		HAL034093	B. WING		07/	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 27			
	CLIMMADV CT				CTION	0.5
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page 53		D 358			
	07/26/19 at 12:20 pm -The hydrocodone ac was used to treat chro ordered as "hold"She did not know the given as prescribedThe outcome of Res hydrocodone acetam be increased pain. Interview with Reside pm revealed: -She received a lot of -"I'm assuming they a Refer to interview wit 11:35 am.	revealed: retaminophen 7.5-325 mg retaminophen 7.5-325 mg retaminophen and had not been retaminophen medication was not being rident #1 not receiving the rinophen 7.5-325 mg would rent #1 on 07/26/19 at 2:57 redication. regiving me what I need".				
	07/26/19 at 2:15 pm.	with the Administrator on				
	05/21/19 revealed a prosemide 10 mg one (used to treat fluid ref Review of Resident # revealed: -An entry for torsemide -Torsemide 10 mg ev documented as admi opportunities from 05 -Torsemide 10 mg ev documented as "not a unavailable" for 3 of 5/01/19 to 5/31/19Torsemide 10 mg ev	tablet every other day tention). E1's May 2019 eMAR de 10 mg every other day. ery other day was nistered for 7 of 15 //01/19 to 05/31/19. ery other day was administered: drug/item 15 opportunities from ery other day was administered: drug on hold" ies from 05/01/19 to				

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	of Health Service Regu						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AIND PLAIN (ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLE	בובט	
		HAL034093	B. WING		07/2	6/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE ZIP CODE			
AT UNIC OF T			RKE MILL ROAD	,			
DANBY H	OUSE		N SALEM, NC 27				
	OLIMANA DV OT		,		TION		
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
D 358	Continued From page	e 54	D 358				
	1 of 15 opportunities -Torsemide 10 mg ev documented at all for 05/01/19 to 05/31/19. Review of Resident # revealed: -An entry for torsemid -Torsemide 10 mg ev documented as admi opportunities from 06 -Torsemide 10 mg ev documented as "not a unavailable" for 3 of 1 06/01/19 to 06/30/19Torsemide 10 mg ev	de 10 mg every other day. ery other day was nistered for 1 of 15 /01/19 to 06/30/19. ery other day was administered: drug/item 16 opportunities from ery other day was administered: drug on hold"					
	-Torsemide 10 mg ev documented as admi opportunities from 7/0 -Torsemide 10 mg ev documented as "not a for 8 of 12 opportuniti 07/24/19. Review of Resident # revealed the was no emg. Observation on 7/25/	de 10 mg every other day. ery other day was nistered for 4 of 12 01/19 through 7/24/19. ery other day was administered: drug on hold" des from 07/01/19 to et's physician's orders order to hold torsemide 10					
		or Resident #1 revealed savailable for administration.					

Division of Health Service Regulation

STATE FORM 6899 G56611 If continuation sheet 55 of 82

HAL034093 B. WING	/2019
DANBY HOUSE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Interview with the MA on 7/26/19 at 10:40 am revealed: -The facility has not been able to get the torsemide 10 mg for Resident #1. -She did not know why the medication was unavailable, but the medication was out or was getting low, the MA on duty should fax the request to pharmacy. Interview with the contracted pharmacy representative on 7/26/19 at 9:35 am revealed: -When refills were needed, the facility staff had to request refills for Resident #1. -The pharmacy dispensed 8 tablets of torsemide 10 mg on 5/19/19 and 8 tablets of 1/16/19. -The medication was on back order from the medical supplier and the pharmacy was unable to fill the prescription until the middle of July. Interview with the primary care physician on 7/26/19 at 12:20 pm revealed: -Torsemide 10 mg was prescribed to treat edema of the lower extremities. -Resident #1 would sometimes refuse because of the side effects. -She was unaware of the medication not being given as prescribed. -She was concerned Resident #1 was not receiving medications as ordered. -She was not aware the torsemide 10 mg was on back order from the pharmacy. Interview with Resident #1 on 07/26/19 at 2:57 pm revealed she took so many medications and was unsure of what she took.	

Division of Health Service Regulation

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	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1			
		HAL034093	B. WING		07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANDVII	OUSE	3150 BUF	KE MILL ROAD			
DANBY H	OUSE	WINSTON	I SALEM, NC 2	7103		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	Continued From page 56		D 358			
	Refer to interview with the RCC on 07/26/19 at 11:35 am.					
	Refer to interview with the Administrator on 7/26/19 at 2:15 pm.					
	c. Review of Resident #1's current FL-2 dated 05/21/19 revealed a physician's order for lorazepam 1 mg one tablet at bedtime (used to treat anxiety).					
	Review of Resident #1's June 2019 electronic Medication Administration Record (eMAR) revealed: -An entry for lorazepam 1 mg daily at bedtimeLorazepam 1 mg daily at bedtime was documented as administered for 21 of 30 opportunities from 06/01/19 to 06/30/19Lorazepam 1 mg daily at bedtime was documented as "not administered: drug/item unavailable" for 9 of 30 opportunities from 06/01/19 to 06/30/19.					
	-Lorazepam 1 mg dai documented as admii opportunities from 07. -Lorazepam 1 mg dai	am 1 mg daily at bedtime. Ily at bedtime was nistered for 14 of 22 /01/19 to 07/22/19. Ily at bedtime was administered: drug/item 22 opportunities from				
	lorazepam 1 mg was	or Resident #1 revealed available for administration.				
	Interview with the MA	on 7/26/19 at 10:40 am				

Division of Health Service Regulation

revealed:

STATE FORM 6899 G56611 If continuation sheet 57 of 82

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANDYII		3150 BURK	E MILL ROAD			
DANBY H	JUSE	WINSTONS	SALEM, NC 2	7103		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	57	D 358			
	-She did not know wh not ordered. -When the medication the MA should fax the Interview with the con representative on 7/2 -When refills were ne- request refills for Res -The pharmacy sent 1	ny the lorazepam 1 mg was n was out or was getting low, request to pharmacy. htracted pharmacy 6/19 at 9:35 am revealed: eded, the facility staff had to ident #1. 15 tablets of lorazepam 1				
	mg on 5/30/19, 16 tablets on 7/9/19 and 30 tablets on 7/23/19.					
	Interview with Resident #1's primary care physician on 7/26/19 at 12:20 pm revealed: -The medication was prescribed to treat anxietyShe was unaware of the medication not being given as prescribed.					
	pm revealed: -She received a lot of -She had so many me of what she took.	nt #1 on 07/26/19 at 2:57 medication. edications and was unsure are giving me what I need".				
	Refer to interview with 11:35 am.	n the RCC on 07/26/19 at				
	Refer to interview with 7/26/19 at 2:15 pm.	n the Administrator on				
	05/23/19 revealed dia with behaviors, constitution, anemia	t #5's current FL2 dated agnoses included dementia ipation, hyperlipedemia, y Vitamin D deficiency, cy and Type II Diabetes				

Division of Health Service Regulation

a. Review of Resident #5's current FL-2 dated

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Division of	of Health Service Regu	lation				
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	,
		HAL034093	B. WING		07/26/201	9
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STAT			
DANBY H	OUSE		RKE MILL ROAD I SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CON	(X5) MPLETE DATE
D 358	Continued From page	e 58	D 358			
	05/23/19 revealed a ptrazadone 100 mg on treat depression).	physician's order for ne tablet at bedtime (used to				
	Review of Resident #5's May 2019 electronic Medication Administration Record (eMAR) revealed: -An entry for trazadone 100 mg one time daily. -Trazadone 100 mg one time daily was documented as administered for 17 of 31 opportunities from 05/01/19 to 05/31/19. -Trazadone 100 mg one time daily was					
	documented as "not a unavailable" for 7 of 3 05/01/19 to 05/31/19.	administered: drug/item 31 opportunities from				
	-Trazadone 50 mg one time daily was documented as "not administered: on order" for 5 of 31 opportunities for 05/01/19 to 05/31/19Trazadone 50 mg one time daily was not documented at all, the documentation spaces were blank for 2 of 31 opportunities from					
	05/01/19 to 05/31/19.					
	Review of Resident # revealed:	\$5's June 2019 eMAR				
	-Trazadone 100 mg o documented as admir opportunities from 06,	nistered for 23 of 30 6/01/19 to 06/30/19.				
	unavailable" for 1 of 3 06/01/19 to 06/30/19.	administered: drug/item 30 opportunities from				
		one time daily was administered: on order" for 6 om 06/01/19 to 06/30/19.				
	Observation on 7/25/	19 at 10:15 am of				

medication on hand for Resident #5 revealed

trazadone 100 mg was available for

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DIVISION	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL034093	B. WING		07/26/2019	
					1 0112012010	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 2	7103		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
IAG		,	IAG	DEFICIENCY)		
D 0.50						
D 358	Continued From page	2 59	D 358			
	administration.					
	Interview with the con	stracted pharmacy				
	Interview with the cor	6/19 at 9:35 am revealed:				
	•	100 mg for Resident #5				
	were automatic.	Too mg for reoldent no				
		30 tablets of trazadone 100				
	-The pharmacy sent 30 tablets of trazadone 100 mg on 4/9/19, 6/4/19, and 7/4/19.					
	Interview with the Medication Aide (MA) on					
	7/26/19 at 10:40 am r	revealed:				
		y the medication was not				
	available.					
		n was out or was getting low,				
	the MA should fax the	e request to pharmacy.				
	Interview with Reside	nt #5's primary care				
		at 12:20 pm revealed:				
	-She was unaware of	the medication not being				
	given as prescribed.					
	-She was concerned					
	receiving medications	s as ordered.				
	Based on observation	ns, interviews and record				
		nined Resident #5 was not				
	interviewable.					
	Refer to interview with	h the RCC on 07/26/19 at				
	11:35 am.					
		h the Administrator on				
	7/26/19 at 2:15 pm.					
	h Poviou of Posidos	t #5's current FL-2 dated				
	05/23/19 revealed a p					
		ablets daily (used to treat				
	Alzheimer's dementia					
	, well child a define fill a	·/·				

Review of Resident #5's record revealed a physician's order dated 06/17/19 for donepezil 10

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DIVISION	n Health Service Regu	ialion	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	EIED
		HVI 034003	B. WING		07/0	6/2010
		HAL034093			1 0//2	6/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANDY		3150 BUF	KE MILL ROAD	•		
DANBY H	DUSE	WINSTON	SALEM, NC 2	7103		
(X4) ID	SUMMARY STA	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 L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
			1	DEFICIENCY)		
D 358	Continued From page	e 60	D 358			
	. •					
	mg daily.					
	Daview of Decident #	FIG May 2010 aMAD				
	Review of Resident # revealed:	35 Iviay 2019 EIVIAR				
		zil 5 mg two tablets daily.				
	-Donepezil 5 mg two	-				
	documented as admir	-				
	opportunities from 05					
	-Donepezil 5 mg two					
		administered: drug/item				
	unavailable" for 2 of 3					
	05/01/19 to 05/31/19.	• •				
	-Donepezil 5 mg two					
		administered: on order" for 7				
		om 05/01/19 to 05/31/19.				
	or or opportunition in					
	Review of Resident #	5's June 2019 eMAR				
	revealed:					
	-An entry for donepez	zil 5 mg two tablets daily.				
	-Donepezil 5 mg two					
	documented as admir	nistered for 1 of 17				
	opportunities from 06					
	• •	tablets every day was				
	documented as "not a	administered: on order" for				
	16 of 17 opportunities	s from 06/01/19 to 06/17/19.				
		or donepezil 10 mg daily.				
		ly was not documented as				
		f 13 opportunities from				
	06/18/19 to 06/30/19.					
	Review of Resident #	5's July 2019 eMAR				
	revealed:					
		zil 10 mg two tablets daily.				
	-Donepezil 10 mg was					
		of 24 opportunities from				
	07/01/19 to 07/24/19.					
		ly was documented as "not				
		em unavailable/on order" for				
	12 of 24 opportunities	S.				

Division of Health Service Regulation

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STATEMENT	of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/26/201	9
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
DANDVIII	01105	3150 BU	RKE MILL ROAD	•		
DANBY H		WINSTO	N SALEM, NC 2	7103		
(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 COM	X5) IPLETE ATE
D 358	Continued From page	: 61	D 358			
	Observation on 7/25/2 medication on hand for donepezil 10 mg was administration.	or Resident #5 revealed				
	-Refills for donepezil sesident #5 was on a -The medication was for the month of MayThe order changed from tablets daily to doneporthe medication was until 6/17/19.	6/19 at 9:35 am revealed: 5 mg and 10 mg for outomatic refill. not covered by insurance				
	revealed: -She did not know wh been filledWhen the medication	on 7/26/19 at 10:40 am y the donepezil had not was out or was getting low, request to pharmacy.				
	-She was unaware of given as prescribedShe was concerned to receiving medications	at 12:20 pm revealed: the medication not being that Resident #5 was not as ordered. lonepezil 5 mg was not				
		ns, interviews and record ined Resident #5 was not				

Division of Health Service Regulation

11:35 am.

Refer to interview with the RCC on 07/26/19 at

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DIVISION	n nealth Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1			
			P WING			
		HAL034093	B. WING		07/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
			KE MILL ROAD			
DANBY H	OUSE		I SALEM, NC 2			
			J SALEIVI, NC 2			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ - /	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		
IAG			IAG	DEFICIENCY)		
D 358	Continued From page	e 62	D 358			
	Refer to interview with	a the Administrator on				
		Title Administrator on				
	7/26/19 at 2:15 pm.					
	E Davious of Davidon	t #6's current FL-2 dated				
		ignoses included bipolar				
		ia, hypertension, post				
	traumatic stress disor	der, and anxiety disorder.				
	a Daview of Desiden	t #615 accompant EL 2 dated				
		t #6's current FL-2 dated				
	05/29/19 revealed a p					
	-	ne tablet at bedtime (used to				
	treat depression).					
	D : (D :1 \ / //	01.140040				
		6's May 2019 electronic				
	Medication Administra	ation Record (eMAR)				
	revealed:					
		oine 15 mg one time daily at				
	bedtime.					
	-Mirtazapine 15 mg o	-				
	documented as admir					
	opportunities from 05					
		as documented as "not				
		em unavailable" for 12 of 31				
	opportunities from 05	/01/19 to 05/31/19.				
	Review of Resident #	6'S June 2019 eMAR				
	revealed:					
		oine 15 mg one time daily at				
	bedtime.					
	-Mirtazapine 15 mg o					
	documented as admir					
	opportunities from 06					
	-Mirtazapine 15 mg o					
		administered: drug/item				
	unavailable" for 19 op	portunities from 6/1/19				
	through 6/30/19.					
	Observation on 7/25/	19 at 10:15 am of				

Division of Health Service Regulation

medication on hand for Resident #6 revealed

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DIVISION	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			B. WING		
		HAL034093	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
DANBY H	OUSE		RKE MILL ROAD		
		WINSTO	N SALEM, NC 2	7103	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(* /
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
TAG	REGOLATORT OR E	100 IDENTIF TINO INFORMATION	TAG	DEFICIENCY)	WATE
				·	
D 358	Continued From page	e 63	D 358		
	45				
	mirtazapine 15 mg wa	as available for			
	administration.				
	Interview with the cor				
	•	6/19 at 9:35 am revealed:			
		ng for Resident #6 was on			
	automatic refills.				
	-The pharmacy sent 1				
		or the mirtazapine 15 mg for			
	Resident #6 after 6/20	0/19.			
	Interview with the Me	dication Aide (MA) on			
	7/26/19 at 10:40 am r	revealed:			
	-She did not know wh	y the mirtazapine 15 mg			
	had not been filled.				
	-When the medication	n is out or getting low, the			
	MA should fax the red	quest to pharmacy.			
	Interview with the prin	nary care physician on			
	7/26/19 at 12:20 pm r	evealed:			
	-She was unaware of	the medication not being			
	given as prescribed.	•			
	_ ·	that Resident #6 was not			
	receiving medications	s as ordered.			
	Interview with Reside	nt #6 on 07/26/19 at 2:52			
	pm revealed:				
	-She did not know all	of her prescribed			
	medications.	•			
		ons every day, but did not			
		lly morning and bedtime.			
		, ,			
	Refer to interview with	h the RCC on 07/26/19 at			
	11:35 am.				
	Refer to interview with	h the Administrator on			
	07/26/19 at 2:15 pm.				
	3.720/10 dt 2.10 pm.				
	b. Review of Residen	t #6's current FL-2 dated			

05/29/19 revealed a physician's order for

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		ATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		CC	OMPLETED
		HAL034093	B. WING		1	07/26/2019
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AS	DDECC CITY CTA	TE 710 000E		
NAIVIE OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
DANBY H	OUSE		RKE MILL ROAD			
			SALEM, NC 27			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 64	D 358			
	sertraline 50 mg one depression).	tablet daily (used to treat				
	Review of Resident # revealed: -An entry for sertraline-Sertraline 50 mg one as administered for 1: 05/01/19 to 05/31/19Sertraline 50 mg one as "not administered: 31 opportunities from -Sertraline 50 mg one as "not administered: opportunities from 05. Review of Resident # revealed: -An entry for sertraline-Sertraline 50 mg one as "not administered: 30 of 30 opportunities. Review of Resident # revealed: -An entry for sertraline.	e 50 mg one time daily. e time daily was documented 1 of 31 opportunities from e time daily was documented drug/item unavailable" 5 of 05/01/19 to 05/31/19. e time daily was documented on hold for 15 of 31 //01/19 to 05/31/19. 6's June 2019 eMAR e 50 mg one time daily. e time daily was documented drug/item unavailable" for 6 from 6/1/19 to 6/30/19.				
	as "not administered: of 24 opportunities from	drug/item unavailable for 5 om 07/01/19 to 07/24/19.				
	as "not administered: opportunities from 07.					
		6's physician's orders order to hold sertraline 50				
	Observation on 7/25/medication on hand for	19 at 10:15 am of or Resident #6 revealed				

Division of Health Service Regulation

sertraline 50 mg was not available for

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL034093	B. WING		07/26/2019	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANDVIII	2105	3150 BUR	KE MILL ROAD	1		
DANBY H	JUSE	WINSTON	SALEM, NC 2	7103		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ ' '/	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		/E
				DEFICIENCY)		
D 358	Continued From page	÷ 65	D 358			
	administration.					
		on 7/26/19 at 10:40 am				
	revealed: -She did not know wh	y the sertraline 50 mg had				
	not been filled.					
		n was out or getting low, the				
	MA should fax the rec	luest to pnarmacy.				
	Interview with the cor	itracted pharmacy				
	•	6/19 at 9:35 am revealed:				
	-	as sent to the provider in				
	May. -The pharmacy sent 3	30 tablets of sertraline 50				
	mg on 04/09/19.	tubicto of dortraining do				
		mary care physician on				
	7/26/19 at 12:20 pm r -Sertraline 50 mg was					
		the medication not being				
	given as prescribed.					
		that Resident #6 was not				
	receiving medications	as ordered.				
		nt #6 on 07/26/19 at 2:52				
	pm revealed: -She did not know all	of her prescribed				
	medications.	or nor procentica				
		e facility staff to administer				
	her medications as pr	escribed.				
	Refer to interview with 11:35 am.	n the RCC on 07/26/19 at				
	Refer to interview with 2:15 pm.	h Administrator on 7/26/19 at				
	6. Review of Residen	t #4's previous FL2 dated				

01/17/19 revealed:

-Diagnoses included dementia, hypertension,

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SU COMPLE	
			74. 201221110.			
		HAL034093	B. WING		07/20	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE		
DANBY H	OUSE	3150 BUF	RKE MILL ROAD			
DANDIII		WINSTO	SALEM, NC 27	7103		
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 66	D 358			
	stage IV chronic kidne-A physician's order for needed for systolic ble-A physician's order to pressure (BP) daily an Review of signed phy #4 revealed: -A signed physician's with orders to administ needed for systolic ble-160, and an order to pressure daily and researched physician's	pathy, hypoglycemia, and bey disease. For Clonidine 0.3mg daily as sood pressure greater 160. To check the resident's blood and record. Prician's orders for Resident order sheet dated 05/14/19, ster Clonidine 0.3mg daily as sood pressures greater than check Resident #4's blood				
	Medication Administrative revealed: -There was an entry for tablet every day as not pressure greater than administered for systems and the systems of the s	contentation Clonidine was polic blood pressures greater for blood pressures daily popm (no specific time was a documented on the May cumented BPs had systolic or than 160 and in range to as follows: CBP was 186. CBP was 178.				

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL034093	B. WING		07/26/2019
			_		1 0112012010
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
DANBY H	OUSE	3150 BUI	RKE MILL ROAD		
	WINST			7103	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
IAG	REGULATORI GIVE	100 IDENTIFY TING IN CHANATION,	TAG	DEFICIENCY)	WATE
D 358	Continued From page	e 67	D 358		
	Review of Resident #	4's June 2019 eMARs			
	revealed:				
	-There was an entry f	or Clonidine HCI 0.3mg one			
		eeded for systolic blood			
	pressure greater than	160.			
	-There was no docum	entation Clonidine was			
	administered for systo	olic blood pressures greater			
	than 160.				
	-	or blood pressures daily			
		00pm (no specific time was			
	•	/01/19 through 06/19/19.			
		entry for blood pressures			
	twice daily at 8:00am	•			
	June 2019 eMAR.	ht BPs documented on the			
	-Twenty-three of thirty	-eight blood pressures had			
	systolic blood pressur	es that were greater than			
	160 and within range	to administer Clonidine as			
	follows:				
	-On 06/01 the systolic				
	-On 06/02 the systolic				
	-On 06/03 the systolic				
	-On 06/04 the systolic				
	-On 06/05 the systolic				
	-On 06/06 the systolic				
	-On 06/07 the systolic -On 06/09 the systolic				
	-On 06/10 the systolic				
	-On 06/11 the systolic				
	-On 06/15 the systolic				
	-On 06/16 the systolic				
	-On 06/17 the systolic				
		the systolic BP was 182.			
		the systolic BP was 192.			
		the systolic BP was 178.			
	·	the systolic BP was 182.			
		the systolic BP was 186.			

-On 06/26 at 8:00pm the systolic BP was 178. -On 06/27 at 8:00am the systolic BP was 182. -On 06/28 at 8:00am the systolic BP was 194.

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL034093	B. WING		07/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			RKE MILL ROAD			
DANBY H	OUSE		N SALEM, NC 2			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
D 050			D 050			
D 358	Continued From page	: 68	D 358			
	-On 06/29 at 8:00am	the systolic BP was 184.				
	-On 06/30 at 8:00am	the systolic BP was 190.				
	D : (D :1 1"	41. 1.1. 0040. 1445.				
	Review of Resident # revealed:	4's July 2019 eMARS				
		or Clonidine HCI 0.3mg one				
		eeded for systolic blood				
	pressure greater than	-				
		entation Clonidine was				
		olic blood pressures greater				
	than 160.	2 2 p. 2004. 20 g. 24.0.				
		or blood pressures twice				
	daily at 8:00am and 8					
	-	en BPs documented on the				
		07/01/19 through 07/24/19.				
	-Nineteen of the forty-	seven blood pressures had				
		es that were greater than				
	160 and within range	to administer Clonidine as				
	follows:					
		the systolic BP was 162.				
	•	the systolic BP was 173.				
		the systolic BP was 188.				
		the systolic BP was 172.				
		the systolic BP was 166.				
	· · · · · · · · · · · · · · · · · · ·	the systolic BP was 162.				
		the systolic BP was 184.				
		the systolic BP was 161.				
		the systolic BP was 182.				
		the systolic BP was 173.				
		the systolic BP was 174.				
		the systolic BP was 162.				
		the systolic BP was 162.				
		the systolic BP was 202.				
	•	the systolic BP was 167. the systolic BP was 184				

-On 07/22 at 8:00pm the systolic BP was 167. -On 07/23 at 8:00pm the systolic BP was 170. -On 07/23 at 8:00pm the systolic BP was 168.

Interview with Resident #4's Primary Care

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPL	
		HAL034093	B. WING		07/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
DANBY H	OUSE		E MILL ROAD			
		WINSTON S	SALEM, NC 2	7103		
(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 358	Continued From page	e 69	D 358			
D 358	Provider (PCP) on 07 -Resident #4 sometim pressuresShe wanted the resident monitored and Clonidithe resident had a hist-she wanted Clonidin resident's systolic blothan 160She had last seen Reanother issue, but did administered as order. Interview with the first on 07/26/19 at 11:58aShe administered metable administered metable and the employed medication of checked the employed cartShe did not check the clonidine was an astreminders did not popsicheduled medicationBecause the system administeredThe Resident Care Committee and the committee of the employed medication.	dent's blood pressure ine administered because story of strokes. e administered when the od pressures was greater esident #4 in July 2019, for not know Clonidine was not red. It shift Medication Aide (MA) am revealed: edications to Resident #4. as checked daily on her shift. ere was an order for as eart audits weekly and with the medications on the eas needed medications. needed medication, and o-up on the eMAR as the is. did not remind her to ded Clonidine it was not coordinator (RCC) checked he facility had been without	D 358			
	Interview with a secon 6:45pm revealed: -She checked Reside -She did not know the order for Clonidine whan than 160.	nd shift MA on 07/26/19 at nt #4's BP on her shift. e resident had an as needed nen her BPs were greater ne facility since March 2019,				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	1 0772072019
			KE MILL ROAD		
DANBY H	OUSE	WINSTON	SALEM, NC 2	7103	
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 70	D 358		
		ered Clonidine to Resident blood pressure was greater			
	Based on record revieus, it was determined was not interviewable	ermined that Resident #4			
	Refer to interview with 11:35 am.	h the RCC on 07/26/19 at			
	Refer to interview with 2:15 pm.	h Administrator on 7/26/19 at			
	revealed: -MAs were responsib when neededMAs can order media reorder sticker from the and faxing the order scalling the pharmacy -Medication refills should day sprior to the medical audit the medical basis to determine if a ordered, and then ordered, and then ordered pharmacy then if needesometimes a resider	ation carts on a weekly medications need to be der medications from the ded. nt's insurance company fic medication ordered and			
	2:15 pm revealed: -MAs were responsib when needed.	ministrator on 07/26/19 at le for ordering medications refills when 3 to 5 doses of			

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-Medications should be ordered from the

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL034093	B. WING		07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DANBY H	OUSE	3150 BUR	KE MILL ROAD		
DANDIR		WINSTON	SALEM, NC 2	7103	
(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 COMPLETE
D 358	Continued From page	e 71	D 358		
	pharmacy before the medication.	resident ran out of the			
	ordered for 6 of 7 san #5, #6 and #7) includ Resident #7, who had bipolar disorder; blook Resident #2, who had and kidney failure; and to Resident #1, who had an history hypertension. This failure placed the medication mismanage to the health, safety and constitutes a Typ The facility provided a accordance with G.S. this violation. CORRECTION DATE VIOLATION SHALL N	a plan of protection in 131D-34 on 07/26/19 for			
D 464	9, 2019. 10A NCAC 13F.1307 Profile & Care Plan	Special Care Unit Res.	D 464		
	Profile & Care Plan In addition to the requ .0801 and 13F .0802 facility shall assure th (1) Within 30 days of care unit and quarterl	7 Special Care Unit Resident uirements in Rules 13F of this Subchapter, the te following: admission to the special by thereafter, the facility shall dent profile containing			

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	r de desiciencies	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE	CONSTRUCTION	(V2) DATE SI	ID\/EV
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
			D WING			
		HAL034093	B. WING		07/26	5/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		3150 BUF	RKE MILL ROAD			
DANBY H	OUSE		N SALEM, NC 2			
()(1) ID	QUMMADV QT	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 464	Continued From page	e 72	D 464			
		describes the resident's				
		self-help abilities, level of				
	, ,	cial management needs, disabilities, and degree of				
	cognitive impairment.	•				
		plan as required in Rule				
		chapter shall be developed				
		he resident profile and				
		that involves environmental,				
		e strategies to help the				
		ntain the maximum level of				
	functioning possible a	and compensate for lost				
	abilities.	·				
	This Rule is not met	•				
		ews and interviews the				
		lete quarterly Resident				
		dents sampled (Residents				
	#10) in the Special Ca	are Unit (SCU).				
	The Findings are:					
	The Findings are:					
	Review of Resident #	10's current FL2 dated				
		agnoses included dementia				
	and hypertension.	.ggoo molaada admonia				
	-The resident was co	nstantly disoriented.				
		evel of care was Special				
	Care Unit (SCU).					
	, ,					
	Review of Resident #	10's Resident Register				
	revealed the resident	was admitted to the facility				
	on 10/13/16.					
	Review of Resident #					
		and assessment revealed:				
		profile and assessment form.				
	I	arterly review was dated				
	03/31/17.					
	-There were no more	quarterly reviews in				

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STATEMENT	of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S	
			A. BUILDING:			
		HAL034093	B. WING		07/2	6/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		KE MILL ROAD			
			I SALEM, NC 2			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 464	Continued From page	273	D 464			
	Resident #10's record	1 .				
	5:35pm revealed: -Resident #10 had de SCUShe searched their refind a profile and scree Resident #10She was unable to find current than 03/31/17. The document should every ninety daysShe did not know who quarterly assessment assessment and assessment the SCUThe nurse was responsed upon the SCU.	y there were no current s for Resident #10. ssment form should have the resident's admission to ensible for completing the ssment form and the he facility now is not the at the facility 2016.				
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights ave the following rights: d services which are e, and in compliance with state laws and rules and	D912			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
		HAL034093	B. WING		07/26	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANDYII	01105	3150 BURK	E MILL ROAD			
DANBY H	OUSE	WINSTON	SALEM, NC 2	7103		
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D912	Continued From page	e 74	D912			
	reviews, the facility fa had the right to receive are adequate, appropriete and adequate, appropriete and adequate and adequate. The findings are: Based on observation reviews, the facility fa medications as order residents (#1, #2, #4 resident who did not receive medic retention and anxiety who did not receive medic retention and anxiety who did not receive to depression (Resident orders for Clonidine (pressure) as needed	as, interviews and record illed to assure every resident we care and services which priate and in compliance with and rules related to ation. This, interviews and record illed to administer ed for 6 of 7 sampled and the eceive a medication for fluid and edficiency, neuropathic allergies (Resident #7), a receive medications for high popathic pain, overactive eddent #2), a resident who ations for chronic pain, fluid (Resident #1), a resident medications for depression ase(Resident #5) a resident wo medications for essential with used to treat high blood for systolic blood pressures sident #4). [Refer to Tag .1004(a). Medication				
D914	G.S. 131D-21(4) Dec	laration of Residents' Rights	D914			
	Every resident shall h	ration of Residents' Rights lave the following rights: al and physical abuse, ion.				

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AND DI AN OF CORRECTION IDENTIFICATION NUMBER.		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		-	
DANBY H	OUSE		E MILL ROAD SALEM, NC 2			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D914	Continued From page	e 75	D914			
	interviews, the facility were free from physics. The findings are: Based on observation reviews, the facility fa sampled residents (R the Special Care Unit abuse and neglect by and Staff C) encourage each other, resulting is strangled with her fact while staff recorded a social media; a staff (into a room, turned of resident to go to sleep leaving the resident in #8); and a resident be staff recorded a second video through social resident recorded a second resident recorded a second recorded a second recorded a second recorded	as, record reviews and failed to assure all residents all abuse and neglect. as, interviews and record iled to assure 3 of 6 esidents #8, #9 and #10) in (SCU) were free of physical three staff (Staff A, Staff B, ging the residents to fight in one resident being te turning red (Resident #8) and shared the video through Staff A) pushed a resident for the light and yelled to the po, and then closed the door in the dark room (Resident eing left on the floor while and video and shared the media (Resident #10). [Refer C 13F .0909 of Residents'				
D934	G.S. 131D-4.5B. (a) A Requirements	ACH Infection Prevention	D934			
	G.S. 131D-4.5B Adult Prevention Requirement	t Care Home Infection ents				
	Service Regulation sh annual in-service train	12, the Division of Health nall develop a mandatory, ning program for adult care es on infection control, safe				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		71. BOILDING				
		HAL034093	B. WING		07	7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BU	RKE MILL ROAD			
	-	WINSTO	N SALEM, NC 271	03		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D934	during which bleeding glucose monitoring. E successfully complete program shall receive determined by the De	s and any other procedures g typically occurs, and Each medication aide who es the in-service training e partial credit, in an amount epartment, toward the requirements for adult care es established by the	D934			
	facility failed to assure	ews and interviews, the e 2 of 4 staff sampled (Staff pleted the mandatory annual				
	personnel record reverses -Staff C was hired in a -Staff C had complete control training on 03There was no docume completed infection completed infection completed infection completed: -She worked at the fare-She administered means -She admin	January 2008 as a MA. ed the annual infection /25/18. nentation Staff C had ontrol training in 2019. on 07/26/19 at 9:58am acility since 2008 as a MA.				
	and administered eye -She had the infection	e drops. n control training last year,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		A. BOILBING.			
	HAL034093 B. WING			07/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
DANBY H	OUSE	3150 BUI	RKE MILL ROAD		
		WINSTO	N SALEM, NC 2		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D934	Continued From page	e 77	D934		
	but did not have the t	raining this year.			
	5:15pm revealed: -The Business Office responsible to schedulensure training were ensure training were between the BOM should have personnel record to elected.	ule training for all staff and current. We checked Staff C's nsure the training was			
	Interview with the BOM on 07/26/19 at 6:06pm revealed: -She had not scheduled Staff C for the annual infection control trainingShe had not scheduled Staff C for the training because she did not know it was dueThe Administrator and her were responsibility for scheduling staff for training. 2. Review of Staff D's Medication Aide (MA) personnel record revealed: -Staff D was hired on 04/11/18 as a Personal Care AideStaff D was moved into the MA position on 07/09/18There was no documentation Staff D had completed infection control training.				
	revealed: -She had worked at the yearShe had not completed in the year worked as medications such as: sugars, gave insulin in	on 07/26/19 at 11:55am ne facility for a little over one led infection control training. a MA administering checked fingerstick blood njections, and eye drops. ministrator on 07/26/19 at			

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5:15pm revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL034093		B. WING		07/2	6/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
DANBY H	OUSE	3150 BUF	RKE MILL ROAD)			
	T		N SALEM, NC 2				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D934	Continued From page	2 78	D934				
	-She did not know that the required infection -Staff D should have annual infection controurentThe Business Office responsible for ensuricurrentThe BOM should have personnel record to ecompleted. Interview with the BO revealed: -She had not schedul control trainingShe did not have a rescheduled Staff D for scheduled Staff D for 3. Review of Staff E's personnel record reversaff D was hired on -There was document the annual infection control training confile annual infection confile Staff D for scheduled infection confile annual infection confile Staff D for scheduled infection confile BOM should have annual infection confile BUSINESS Office	at Staff D had not completed control training. Deen scheduled for the ol training. Manager (BOM) was ing all staff training's were we checked Staff D's insure the training was. M on 07/26/19 at 6:06pm and the training. Medication Aide (MA) and the training. Medication Aide (MA) and the training on 06/11/15. Insuration Staff E had completed control training on 06/11/15. Insuration Staff E had control training since in Staff E on 07/26/19 at and the staff E had not completed the trol training. We scheduled Staff E for the ol training.					

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-The BOM should have checked Staff E's

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DIVISION	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL034093	B. WING		07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE	
DANDYU	OUSE	3150 BU	RKE MILL ROAD		
DANBY H	002E	WINSTO	N SALEM, NC 27	7103	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D934	Continued From page	e 79	D934		
		nsure the training was			
	Interview with the BOM on 07/26/19 at 6:06pm revealed: -She had not scheduled Staff E for the infection control trainingShe did not have a reason why she had not scheduled Staff E for the infection control training.				
D935	G.S.§ 131D-4.5B(b) A		D935		
	G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.				
	(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which				

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exists.

bleeding occurs or the potential for bleeding

(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.(3) Within 60 days from the date of hire, the individual must have completed the following:

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DIVISION	n nealth Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI.		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
			D MANAG			
		HAL034093	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	TOVIDER OR OUT FEIER					
DANBY H	OUSE		KE MILL ROAD			
		WINSTON	ISALEM, NC 2	7103		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(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 APPROPE DEFICIENCY)	KIATE	DATE
				22.10.2.10.7		
D935	Continued From page	e 80	D935			
	a. An additional 10-ho	0. 0				
	developed by the Dep	partment that includes				
		n in all of the following:				
	1. The key principles	of medication				
	administration.					
	2. The federal Center	s of Disease Control and				
	Prevention guidelines	on infection control and, if				
	applicable, safe inject	tion practices and				
	procedures for monito	oring or testing in which				
	bleeding occurs or the	e potential for bleeding				
	exists.					
	b. An examination de	veloped and administered				
		alth Service Regulation in				
		section (c) of this section.				
		(0) 21 1110 22 2110				
	This Rule is not met	as evidenced by:				
		and record reviews, the				
	•	e 1 of 4 sampled medication				
	. , .	eted the 5, 10 or 15 hour				
	state approved medic	cation aide training.				
	The findings are:					
	D : (0: "=: ::	P				
	Review of Staff F's M					
	personnel record reve					
	-Staff F was hired on					
	-There was documentation Staff F completed the					
	clinical skills checklist	t on 04/01/19.				
	-There was documen	tation Staff F had passed				
		n examination on 03/20/19.				
	-There was no docum	nentation Staff F had				
		or 15 hour MA training.				
	Observation on 07/24	/19 at various times from				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		KE MILL 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	E
D935	Continued From page	e 81	D935			
	3:30 pm through 5:00 -Staff F worked indep cartStaff F administered Attempted interview v 11:47am was unsucce Interview with the Adr 5:15pm revealed: -Staff F worked as a r responsible for admin residentsShe was unaware St required 5, 10, or 15 l -The BOM should hav personnel record to e had been completed. Interview with the BO revealed: -She did not know Sta the medication aide tr -The Administrator an to ensure staff comple -She had not checked	pm revealed: endently on the medication medications to residents. with Staff F on 07/26/19 at essful. ministrator on 07/26/19 at medication aide, and was istering medications to eaff F had not completed the hour MA training. We checked Staff F's insure the required training. M on 07/26/19 at 6:06pm aff F was not scheduled for				

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