PRINTED: 02/04/2020 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD **DANBY HOUSE** WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 Initial Comments D 000 Responses to the cited deficiencies do not constitute an admission or agreement by The Adult Care Licensure Section conducted a the facility of the facts alleged or conclusions complaint investigation on 01/15/20 through set forth in the statement of deficiencies, the 01/17/20. The complaint was initiated on plan of correction is perpared soley as a 12/14/20 by the Forsyth County Department of matter of compliance with the law. Social Services. D 270 10A NCAC 13F .0901(b) Personal Care and D 270 10A NCAC 13F .0901(b) Personal Care Supervision and Supervision 2/17/2020 Facility will ensure staff provide supervision 10A NCAC 13F .0901 Personal Care and Ongoing of residents according to the residents Supervision assessed needs, care plan and current (b) Staff shall provide supervision of residents in symptoms accordance with each resident's assessed needs, care plan and current symptoms. Facility has implemented Manager on Duty (MOD) program which consist of key 2/17/2020 management team memebers, to include Ongoing but not limited to the following: Executive Director (ED), Director of Resident Care (DRC), Memory Care Manager (MCM) Business Office Manager (BOM), and/or Life Enrichment Cooridnator (LEC) Managers On Duty (MOD) are scheduled for This Rule is not met as evidenced by: visits during off peak business hours to assist 2/17/2020 TYPE A1 VIOLATION Ongoing with supervision of residents and assure Resident Rights are upheld Based on record reviews and interviews the facility failed to provide supervision needed for 1 Facility ED, DRC, RCC, MCM and/or other of 5 sampled residents (Resident #1) with a management team members are completeing 2/17/2020 diagnosis of schizophrenia and had destructive facility rounds daily and doing "pop up" visits Ongoing behaviors and injurious to herself. on different shifts to ensure supervision/safety of residents. The findings are: Review of Resident #1's current FL2 dated 12/05/19 revealed: -Diagnoses included schizophrenia, Alzheimer's dementia, diabetes mellitus type II, chronic obstructive pulmonary disease, hepatitis C, thrombocytopenia and osteoarthritis. Division of Health Service Regulation

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

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION (
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
		HAL034093	B. WING	B. WING 01/1		7/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
DANDVIII	OUSE	3150 BUR	KE MILL ROAD				
DANBY H	OUSE	WINSTON	SALEM, NC 27	7103			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
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D 270	Continued From page	e 1	D 270	Continued from page 1			
	-Resident #1 was cor	nstantly disoriented.		Facility has implemented daily stan	d-up		
		nmended level of care was		meetings with all department heads		t ^{2/17/2020}	
	memory care unit (M	CU).		concerns including supervision nee		Ongoing	
	50 0090			health care follow-up needs are dis	cussed		
	Review of Resident #	#1's Care Plan dated	•	daily in meetings.			
	12/31/19 revealed:			All Residents have been assessed	for any		
		d supervision with toileting.		needed In-creased Supervision or			
		d limited assistance with dressing, grooming, and		Mood needs. Assessments were co			
	transfers.	dressing, grooming, and		by Director of Resident Care(LPN)			
	7.50 (S. C. C. C. C. C. S. C.	urious to self and property.		Care Coordinator, Memory Care M			
				along with SeniorArea Director of (SADO)	pertations	5	
		#1's quarterly profile dated					
	01/07/20 revealed:			Facility Resident Care Managers, [
	and the same area of the same and are same at the same	vior pattern was verbally		Director of Clinical Services (DDCS		2/17/2020	
	abusive, with scream			SADO have implemented In-crease		2/11/2020	
		continent and required staff ting needs and hygiene.		Supervision and Behavioral/Mood forms and Binders	racking		
		d limited assistance with		Torris and binders			
	The state of the s	ooming and hygiene, and		In-creased Supervision and Behav	ioral		
	transferring.	ooming and riygiono, and		Binders are reviewed daily by ED,		2/17/2020	
				and MCM to note any needed char		Ongoing	
	Review of Resident #	#1's progress note dated					
		revealed Resident #1 was	1	Shall any noted increased or signif			
	agitated and started	arguing with other residents.		changes in residents behaviors be		2/17/2020	
	200 00 00000000000000000000000000000000			during daily reviews DRC, RCC an will notify Residents Primary Care		Ongoing	
		#1's progress note dated		and/or Mental Health Provider.	Physician		
1151		revealed Resident #1 had a		and/or Mental Fleath Flovider.			
		bowel movement (BM) in the		Facility DRC, RCC and/or MCM w	ill review		
	came out of her.	old staff the rocks and BM		progress notes no less three times	III review	<u></u>	
1	came out of fier.			one month, then weekly for two m	onths and	2/17/2020	
	Review of Resident	#1's Body Evaluation and		randomly there after, to assure an			
		ated 09/19/19 revealed the		documented changes in residents			
	PARTY ACOUNTY CONDUCTOR TO THE CONDUCTOR OF STREET OF STREET CONDUCTOR OF STREET	on the right side of her face.		are reported to residents PCP and			
		nentation how the bruises		Mental Health Provider			
	occurred.						
	Deview of Devident	#41a Dadu Fualustian and					
I	Review of Resident	#1's Body Evaluation and	1	1		1	

Observation sheet dated 09/26/19 revealed the

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		HAL034093	B. WING		01/1	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE		KE MILL ROAD			
		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 2	D 270	Continued from page 2		
	resident had bruises on her face. There was no documentation how the bruises occurred. Review of Resident #1's progress note dated 09/27/19 at 3:35pm revealed Resident #1 became combative and tried to choke staff. The resident was sent to the hospital for mental health evaluation. Review of Resident #1's hospital discharge summary report dated 09/27/19 revealed Resident #1 was seen for aggressive behavior and pain of left lower extremity. Review of an incident report for Resident #1 dated 10/25/19 revealed the resident was			Facility's Area Director of Operations and/or Divisional Director of Clinical Services will follow-up and review In-creased Supervisior and Behavoral/Mood Binders and Progress notes during site visits. Facility DRC, RCC, and/or MCM will review Body Evaluation and Observation forms daily for any noted bruises or changes in skin conditions. Any noted concerns will be discussed durin daily stand up meetings then reviewed and immediately followed-up on by ED and/or DRC. Facility ED, DRC, RCC and MCM		2/17/2020
			•			2/17/2020 Ongoing 2/17/2020
	Review of Resident # summary report date Resident #1 was see hallucinations, agitati resident reported she facility and reacted b room. It was recomme	have implemented "Who am I and who need" forms/binder "Who am I" forms reflect residents need personal care according to residents of plan. "Who am I" Binders will be located at nurses stations and readily available for the care staff.		needs wit ts care at both le for all	2/17/2020	
	hospital. Review of Resident # 10/25/19 at 1:14pm r observed damaging blinds off the wall and bed. The resident tol	#1's progress note dated revealed Resident #1 was items in her room, pulling d pulling the mattress off the d staff her mattress was full . The physician was not		Facility ED, DRC, MCM and/or De update "Who am I" form any time to change in residents care plan. Facility staff have received Training "Who am I", Behavior/Mood Forms In-creased supervision forms. Train conducted by Area Director of Open	here is a on and ing	2/17/2020 Ongoing 2/14/2020
	dated 11/01/19 revea	nt report for Resident #1 aled the resident was in an her resident and was thrown				

T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 March 1980 (1980)	CONSTRUCTION	(X3) DATE SU COMPLE	
	HAL034093	B. WING		01/1	7/2020
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
	3150 BUR	KE MILL ROAD			
OUSE	WINSTON	SALEM, NC 27	7103		
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and was sent to the h contusion of the left h	ospital. The resident had a ip.		following: - Reporting Changes in Status		1/22/2020
11/01/19 at 2:31pm re observed in an alterca and got thrown into the Review of Resident # 11/04/19 at 2:24pm re observed Resident # appeared to have fall wheelchair. The residence hospital. Review of Resident #	1/19 at 2:31pm revealed Resident #1 was erved in an altercation with another resident got thrown into the floor. ew of Resident #1's progress note dated 4/19 at 2:24pm revealed Resident #1 staff erved Resident #1 lying in the floor and eared to have fallen while trying to get into her elchair. The resident did not go out to the bital.		 Increased Supervision Check for Behavioral/Mood Monitoring form Resident Rights Incident/Accident Reporting Behavioral Changes in Residents Managing Residents with Behavi The above trainings were conduct Licensed RN along with a Certified Practitioner Facility Medicaiton staff, Care Ma and Director of Resident Care rectaining on documention and the i 	ms s ors by a d Dementia nagers eived mportance	1/22/2020
observed moving the removing her mattres Review of Resident # 11/15/19 at 3:25pm re	furniture in her room and is. 1's progress note dated evealed Resident #1 family		the Divisional Director of Clinical Licensed RN Facility staff received training on "\ behaviors?" "How to deal with beh Training conducted by Certified De	Services, What are aviors".	2/7/2020
mess. The Director of wrote on the progress moved her room arouthrowing them around sheets off her bed the room. Review of Resident # 11/19/19 at 5:57pm roon her hands, fingers resident continued to	f Resident Care (DRC) s note that Resident #1 und, pulled her clothes out d the room and pulled all the rowing them around the #1's progress note dated evealed Resident #1 had BM s, socks and clothes. The		Facility staff received training on I Sun-downing. Training conducted Geriatric Adult SpecialtyTeam Facility has scheduled Resident F	Rights	2/7/2020
	Continued From page to the floor. The resid and was sent to the h contusion of the left h Review of Resident # 11/01/19 at 2:31pm re observed in an altercand got thrown into the Review of Resident # 11/04/19 at 2:24pm re observed Resident # 11/04/19 at 2:24pm re observed Resident # 11/04/19 at 1:17pm re observed Resident # 11/11/19 at 1:17pm re observed moving the removing her mattres Review of Resident # 11/11/19 at 3:25pm re member arrived, and mess. The Director owrote on the progress moved her room arouthrowing them around sheets off her bed the room. Review of Resident # 11/19/19 at 5:57pm re on her hands, fingers resident continued to were in her rectum. The rectum is the rectum. The rectum is the rectum is the rectum. The rectum is the rectum. The resident continued to were in her rectum. The rectum is the rectum. The rectum is the rectum is the rectum is the rectum. The rectum is the rectum is the rectum is the rectum. The rectum is the rectum is the rectum is the rectum is the rectum. The rectum is	PROVIDER OR SUPPLIER STREET ADD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 to the floor. The resident complained of hip pain and was sent to the hospital. The resident had a contusion of the left hip. Review of Resident #1's progress note dated 11/01/19 at 2:31pm revealed Resident #1 was observed in an altercation with another resident and got thrown into the floor. Review of Resident #1's progress note dated 11/04/19 at 2:24pm revealed Resident #1 staff observed Resident #1 lying in the floor and appeared to have fallen while trying to get into her wheelchair. The resident did not go out to the hospital. Review of Resident #1's progress note dated 11/11/19 at 1:17pm revealed Resident #1 was observed moving the furniture in her room and removing her mattress. Review of Resident #1's progress note dated 11/15/19 at 3:25pm revealed Resident #1 family member arrived, and the resident's room was a mess. The Director of Resident Care (DRC) wrote on the progress note that Resident #1 moved her room around, pulled her clothes out throwing them around the room and pulled all the sheets off her bed throwing them around the room. Review of Resident #1's progress note dated 11/19/19 at 5:57pm revealed Resident #1 had BM on her hands, fingers, socks and clothes. The resident continued to have delusions that things were in her rectum. The resident was placing her	A BUILDING:	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 to the floor. The resident complained of hip pain and was sent to the hospital. The resident and got thrown into the floor. Review of Resident #1's progress note dated 11/04/19 at 2:24pm revealed Resident #1 staff observed Resident #1's progress note dated 11/04/19 at 2:24pm revealed Resident #1 staff observed Resident #1's progress note dated 11/17/19 at 1:17pm revealed Resident #1 staff observed Resident #1's progress note dated 11/17/19 at 3:25pm revealed Resident #1 was observed moving the furniture in her room and removing her mattress. Review of Resident #1's progress note dated 11/17/19 at 3:25pm revealed Resident #1 was observed moving the furniture in her room and removing her mattress. Review of Resident #1's progress note dated 11/17/19 at 3:25pm revealed Resident #1 family member arrived, and the resident's room was a mess. The Director of Resident Care (DRC) wrote on the progress note that Resident #1 moved her room and ound, pulled her clothes out throwing them around the room and pulled all the sheets off her bed throwing them around the room. Review of Resident #1's progress note dated 11/19/19 at 3:25pm revealed Resident #1 family member arrived, and the resident's room was a mess. The Director of Resident Care (DRC) wrote on the progress note that Resident #1 moved her room and pulled all the sheets off her bed throwing them around the room and pulled all the sheets off her bed throwing them around the room and pulled all the sheets off her bed throwing them around the room and pulled all the sheets off her bed throwing them around the room and pulled all the sheets off her bed throwing them around the room and pulled all the sheets off her bed throwing them around the room and pulled all the sheets off her bed throwing them around the room and p	A BUILDING: HALO34093 B. WING

Review of Resident #1's hospital discharge summary report dated 11/20/19 revealed

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL034093	B. WING		01/17	7/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE	3150 BURI	KE MILL ROAD			
DANDIII		WINSTON	SALEM, NC 27	103		
(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 270	Continued From page	e 4	D 270			
	Resident #1 was see and to obtain an amn level was "normal".	n for altered mental status nonia level. The ammonia				
	Provider (MHP) on 0 revealed: -She was notified that more aggressive behthrowing things, and she was aware that ammonia level was health behaviors can behaviorsShe suggested the fithe hospital to have health behaviorsThe ammonia level of Review of Resident # Observation sheet do resident obtained the Review of Resident # Observation sheet do resident had bruises and buttocks. There the resident obtained	t Resident #1 was having aviors, screaming loudly, crying. sometimes when the igh a person with mental exhibit more aggressive acility send Resident #1 to her ammonia level tested. came back normal. #1's Body Evaluation and ated 11/21/19 revealed the n her back and bruises on no documentation how the bruises. #1's Body Evaluation and ated 11/24/19 revealed the purple and red on her arm was no documentation how	•			
	11/26/19 at 3:47pm r pulled her bed apart the room. The DRC onote that Resident # three times per day.	revealed Resident #1 had and trash was thrown about documented on the progress 1 tore the room apart two to				

Division of Health Service Regulation

resident had bruises on her arm and buttocks.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
	HAL034093 B. V		B. WING		01/17/2020
NAME OF PE	ROVIDER OR SUPPLIER	3150 BU	DDRESS, CITY, STATE RKE MILL ROAD IN SALEM, NC 27		
(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
D 270	obtained the bruises. Review of Resident # Observation sheet da resident's bottom was on her back. There we the resident obtained Review of Resident # 12/01/19 at 5:52pm re lying in the floor and was in too much pain Review of Resident # 12/02/19 at 9:15am re items off the counter in in the floors. Review of Resident # 12/03/19 at 12:43pm observed playing in h dirty incontinent brief resident would not all the room or her. Review of an incident revealed Resident #1 pain and was sent to	and ted 11/30/19 revealed the red and she had scratches as no documentation how the scratches on her back. 1's progress note dated evealed Resident #1 was wouldn't get up because she revealed Resident #1 pulled and her bed throwing things 1's progress note dated evealed Resident #1 pulled and her bed throwing things 1's progress note dated revealed Resident #1 was er own feces, wrapped the around her foot. The ow staff to assist in cleaning the report dated 12/11/19 was complaining of back the hospital.	D 270	DEFICIENCY	
	described as falling of #1 had a contusion to region from that fall. Interview with the Me	Il a few days ago that was out of a wheelchair. Resident o her left forehead/temple emory Care Manager (MCM)			
	on 01/16/20 at 4:11p -She was responsible	m revealed: e for monitoring staff to			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034093	B. WING		01/17/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD						
			SALEM, NC 27	103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 270	ensure they were doing to doOn 12/11/19, she see hospital because the	ng what they were supposed	D 270			
	she did not read the constraint of the cause of the resident had ordered the cause of the resident had ordered the cause of the resident had not know who documented the residence.	ders for treatment of a and she assumed that was dent's back pain. It is the hospital report				
	Observation sheet daresident had redness her back and bruises Review of Resident # 12/14/19 at 6:50am r Resident #1's soiled complained about ba Review of Resident # 12/15/19 at 2:15pm r	t1's progress note dated evealed the MA changed bed and the resident ck pain all night long.				
	12/17/19 at 2:38pm r bed with no clothes of the sheets off the bet trash all over the floor	#1's progress note dated revealed the resident was in on. The resident had taken all d and thrown the pillows and				

Division of Health Service Regulation

resident had red "dots" on her chest.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HALO34093

NAME OF PROVIDER OR SUPPLIER

DANBY HOUSE

FORM APPROVED

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:
A. BUILDING:
B. WING
B. WING
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B. WING
WINSTON SALEM, NC 27103

DANBY H	DUSE	KE MILL ROAD I SALEM, NC 27		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 7	D 270		
	Review of Resident #1's hospital report dated 01/11/20 revealed: -Resident #1 was admitted to the hospital due to pneumocystis coli, rectal prolapsed, multiple pelvic and rib fracturesResident #1's multiple rib and pelvic fractures raised potential for clinical concern about neglect or abuseResident #1 had extensive fracturing of the sacrum and associated bilateral pubic rami fractures in various stages of healingIt was likely Resident #1 sustained additional fractures one week ago resulting from a fall reported by the residentThe hospital report documented "there was a concern for potential abuse/assault, and it does seem unlikely that simple falls may result in such extensive old and new injuries"Resident #1 reported she did not want to go back to the facility because staff was mean to her and staff had thrown her down and hit her.	•		
7	Interview with the case manager at local hospital on 01/15/20 at 3:11pm revealed: -When Resident #1 came to the hospital on the morning of 01/11/20, the attending nurse and physician both reported to her they suspected neglect and abuseThe medical staff reported the resident had multiple old and new fractures that were doubtful obtained from simple falls. Interview with a third shift personal care aide			
	(PCA) on 01/15/20 at 2:34pm revealed: -On 01/11/20 around 5:00am, she observed Resident #1 sitting in her wheelchair outside her room doorThe resident asked for her for assistanceShe observed Resident #1's pants and			

Division of	of Health Service Regu	lation				1000100000
	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		01/17/2020	
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
DANBY H	OUSE		KE MILL ROAD			
200000000000000000000000000000000000000	ed negerican	WINSTON	SALEM, NC 27	7103		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
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D 270	Continued From page	e 8	D 270			
	incontinent brief were	on, but only pulled to up				
	midway of the resider	nt's legs.				
	-She took the residen	t back to her room and				
		ood up there was blood all		ð		
	over the pillow that wa					
	-There was also blood	d coming from the resident's				
	rectum.					
		he had been trying to get				
	the tissue out of her r					
		CA that was in another				
	resident's room.					
		e and saw the blood she				
	yelled for the medical					
	-Resident #1 did not	complain of pain.				
	Interview on 01/15/20	at 4:32pm with the third				
		ry care unit (MCU) revealed:				
		walked since November				
		thrown to the floor by another				
	resident.	•		(3)		
	-Since then, Residen	t #1 had complained about				
	being in pain in her re	ectal area and in her				
	abdomen.					
	-Resident #1 was abl	le to express when she was				
	in pain, and when giv	en pain medication, if the		\ \		
	medication did not we	ork the resident would let her				
	know.					
		t #1 complained that the pain				
		ner did not work, but she was				
	The state of the s	medication than what was				
	ordered.					
		e physician when the				
		ned of pain, but "I should				
	have."	ad why the regident always				
	complained about be	ed why the resident always				
I	complained about be	ing in pain.	1	1		

-Prior to the incident in November 2019, when a male resident threw Resident #1 on the floor

-After the incident Resident #1 no longer walked,

Resident #1 was able to walk.

Division C	of Health Service Regu	lation			_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		1141 024002	B. WING		0.414=10000
		HAL034093	B. WING		01/17/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
			RKE MILL ROAD		
DANBY H	OUSE			100	
		WINSTO	N SALEM, NC 27	103	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(,,-)
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D 270	Continued From page	9	D 270		
	but used a wheelchai				
		sident #1 to get herself out			
	of bed.				
		ited and transferred herself			
	most of the time.				
		lent took herself to the			
	bathroom and some	days she asked for staff			
	assistance with going	to the bathroom.			
	-Resident #1 had complained for at least two weeks about something coming out of her rectum.				
	-She had not checke	d to see if there was			
	something coming ou	ut of Resident #1's rectum.			
1		ays "digging" in her rectum			
1	l .	d blood on her hands.			
		bout the resident's "digging"			
	in her rectum.				
	I Bee moved miewelenamen	e physician about Resident			
	1.5	ctum because the MCM did			
1	not give the okay.	otani boodado tilo Mom ala			
	-For the past couple	of months, she had			
		1 always had bruises that			
	BOLDER CONTRACTOR STATES CONTR	m her thighs up to her			
	breasts.	in her anglis up to her			
		the resident's thighs inner			
		mach and covered the whole			
1	front of the resident's				
		r of Resident Care (DRC)			
		이 맛이 어떻게 하나 이에 이렇게 되었다면 하나 사이렇게 나가 됐어요? 이 아이는 사람이 하나 아니라 하다 맛있다면 네			
	Figure 1 of Section 1 and 1 an	it she did not document the			
	bruises anywhere.				(A)
		oruises and possibly the			
	and the same of th	the resident moving her			
	furniture.	70° - 10° -			
		is sitting at the nurse's station			
		the personal care aide (PCA)			
	1	er to come to Resident #1's			
		thing was coming out of the			
1	resident's bottom.				

-When she got Resident #1's room she observed two PCAs in the room and the resident was sitting

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ B. WING_ HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD

DANBY H	OUSE	KE MILL ROAD SALEM, NC 271	103	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 10	D 270		
5 210	down in her wheelchair. -The resident did not have underwear or incontinent brief on. -When the resident stood up, she observed a body part and blood were coming out of the resident's rectum. -The item coming from the resident's rectum was about two inches long and three to four inches wide. -She told the PCAs to assist with putting the resident in the bed on her side. -She instructed staff to not leave the resident and she called emergency medical services (EMS). -Resident #1 was on every thirty-minute checks and would be okay. -Then, when staff went back to see the resident			
	thirty-minutes later Resident #1 had BM everywhere in her room. -No one had discussed about the resident being supervised more frequently then every thirty-minutes.			
	Interview with a second third shift PCA on 01/15/20 at 5:24pm revealed: -Resident #1 was combative and sweetResident #1 quickly changed her personality and stated she was pregnant Resident #1 would talk out of her head and screamed.			
	-Resident #1 was up all night and sometimes sat at the nurse's stationWhen the resident went to her room, she moved her furniture around, and would put the bed in front of the doorResident #1 moved the furniture around every dayShe did not know when the resident moved the furniture and did not hear the resident moving the furnitureResident #1 used to get herself up out of the			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DANBY HOUSE 3150 BURKE MILL ROAD	200
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DANBY HOUSE 3150 BURKE MILL ROAD	200
DANBY HOUSE 3150 BURKE MILL ROAD	J20
DANBY HOUSE	
WINSTON SALEM NC 27403	
WHO TON CALLIN, NO. 27 103	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETE DATE
D 270 Continued From page 11 wheelchair, but after an incident in November 2019, she was no longer able to get up out of the wheelchair and complained that she needed staffs' help going to the bathroom, showering and dressing. -Resident #1 was able to get out of bed without staff assistance and put on her blouseResident #1 was not able to put on her pants and incontinent briefResident #1 was scheduled to be watched every thirty-minutes to know where the resident was because she was always "into something"She had observed Resident #1 moved her furniture around and "played" in her "but a lot." -Vihen she observed Resident #1 "playing" in her "butt" she verbally told the resident to stopShe had to keep plastic bags away from Resident #1 because the resident would BM in a plastic bag and bring it to staffOn 01/11/20 at 3:24am, Resident #1 went to her room and staff told her the resident put the bed in front of the doorThey moved the bed and a little later Resident #1 went to her roomAfter 6:00am a PCA called her for assistance and told her Resident #1's room she observed there was something three to four inches wide coming out of Resident #1's rectumThe resident told her that she had been trying to get tissue out of her "butt." -This was the first time she had observed blood coming from Resident #1Two to three months ago Resident #1 started digging in her rectum saying something was there and she was trying to remove itThe MCM, MAs and all staff knew about Resident #1's "digging," but nothing was doneResident #1 was on thirty-minutechecks due to	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
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D 270	-Resident #1 moved t around in her room. -Moving the furniture	he bed and other furniture	D 270			
	Review of Resident # Sheets from 12/01/19 there was no docume resident as follows: -On 12/01/19 there w thirty-minute checks of -On 12/02/19 there w thirty-minute checks of shiftsOn 12/03/19 there w thirty-minute checks of -On 12/04/19 there w thirty-minute checks of shiftsOn 12/05/19 there w thirty-minute checks of 2:30pm on the first sh -On 12/06/19 there w thirty-minute checks of 2:30pm on the first sh -On 12/07/19 there w thirty-minute checks of -On 12/07/19 there w thirty-minute checks -On 12/10/19 there w thirty-minute checks -On 12/11/19 there w thirty-minute checks -On 12/12/19 there w	through 01/11/20 revealed entation of checking on the as no documentation of on the second shift. as no documentation of on the second and third as no documentation of on the second shift. as no documentation of on the second shift. as no documentation of on the first, second and third as no documentation of from 10:00am through nift. The second shift as no documentation of from 10:00am through nift. The second and third shifts as no documentation of on the first and third shifts. The second and third the second and the second a				

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DANBY H	OUSE		KE MILL ROAD			
			SALEM, NC 27			
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D 270	Continued From page	e 13	D 270			
	thirty-minute checks of thirty-minute checks of shift, no documentation shifts. On 12/16/19 there we thirty-minute checks of	as no documentation of on after 8:30am on the first on on the second and third as no documentation of on the second shift. It is no documentation of on the second shift. It is no documentation of on the second shift. It is no documentation of on the second shift. It is no documentation of on the second shift. It is no documentation of on the second shift. It is no documentation of				

thirty-minute checks on first shift (one-hour checks were documented on the first shift), there was no documentation of checks on second shift.

On 12/25/19 there was no documentation of thirty-minute checks on first shift (one-hour checks were documented on the first shift), there was no documentation of checks on second shift.

On 12/26/19 there was no documentation of thirty-minute checks on first shift (one-hour

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FORM APPROVED ivision of Health Service Regulation

Division of Health Service Regulation						
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	checks were docume	nted on the first shift), there				1
	was no documentatio	n of checks on second and				
	third shifts.					
	-On 12/27/19 there w	as no documentation of				l
	thirty-minute checks of	on first shift (one-hour				
	checks were docume	nted on the first shift), there				
	was no documentatio	on of checks on second and				
	third shifts.					
	-On 12/28/19 there w	as no documentation of				
	thirty-minute checks	on first shift (one-hour				
	Make a ratio of the control of the c	ented on the first shift), there				
		on of checks on second shift.				
		as no documentation of				
		on first shift (one-hour				
		ented on the first shift), there				
	- an anima out read - in France court in a 1 to 1 to 1 to 1	on of checks on second shift.				
		as no documentation of				
		on first shift, second and	1 1			
	third shifts.	on mot ormit, occord and				
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	third shifts	on mot orm, occord and				
		as no documentation of				
		on first shift (one-hour				
	I	ented on the first shift), there				
	III	on of checks on the second				
	shift.	of checks of the second				
		as no documentation of				
		on first shift (one-hour				
		ented on the first shift), there				
		on of checks on the second				
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	0.000-00.000-00.000	vas no documentation of				
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		ented on the first shift), there				
	shift.	on of checks on the second				
	DESCRIPTION OF THE PROPERTY OF	vas no documentation of	1			
		on the first, second and third				
	LITTLY THILLIAGE CHECKS	on the mot second and time	1	I .	1	

Division of	of Health Service Regu	lation				
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NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ideo hii Zandenagas, dispodrzou Kondo		3150 BUR	KE MILL ROAD			
DANBY H	OUSE		SALEM, NC 27			
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	On 01/05/20 there w	as no documentation of				
		on the first, second and third				
	shifts.	on the lirst, second and third				
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		on the first and second				
	shifts.	on the mist and second				
	1 - Contractor Contractor	as no documentation of				
		on the second shift and no				
		een 3:00am and 5:00am on				
	the third shift.	cerr o.oodin and o.oodin on				
		as no documentation of				
	COST IN A STREET CONTRACTOR OF THE STREET CONT	on the first and second				
	shifts.					
		as no documentation of				
	thirty-minute checks					
	Review of Resident #	#1's record, progress notes,				
	hospital discharge re	ports, thirty-minute check				
	sheets and interview	s with staff revealed the				
	resident had increase	ed behaviors from				
		ough January 2020 and there				
	was no documentation	on of increased supervision.				
	L-4	-1-:# MA 04/40/22 -1				
		shift MA on 01/16/20 at				
	8:40am revealed:	hoviers, but they were not				
		haviors, but they were not				
	related to Alzheimer'	s dementia. urious herself, and not to				
	other residents.	unous nersen, and not to				
		#1 had a shower and the				
		oming from the resident's	1			
	rectum.	oning nom the resident's				
	25/20/20/00/00/00/00/00/00/00/00/00/00/00/	duty, so she informed the	1			
	MCM	daty, 30 one informed the				

of her rectum.

-Resident #1 had always tried to pull her BM out

-The resident told her there were rocks, snakes,

Division of Health Service Regulation			T			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
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		HAI 024002	B. WING		04/48/2222	
		HAL034093			01/17/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	TE, ZIP CODE		
Value Section 4.1 1 Section 2.2 And the control		3150 BUR	KE MILL ROAD			
DANBY H	DUSE		SALEM, NC 27			
	SUMMARY ST					
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				DEFICIENCY)		
D 070	0	- 40	D 070			
D 270	Continued From page	9 16	D 270			
	and babies in her rec	tum and she often tried to				
	pull them out.					
		had gotten a lot worse and				
	staff had to constantly					
		ed her bedroom and had BM				
	everywhere.					
		in cups and bags and				
	10.0	and other staff saying they				
l		pirth" and she pulled it out of				
	her.	and one paned it out of				
	1992(05)(01)(01)	o check on Resident #1				
		but the resident needed to				
		quently due to her behaviors.				
		to monitor Resident #1 more				
	frequently than every					
	and the second s	ked sometimes but not that				
	frequently.	ked sometimes but not that				
		evious Executive Director				
		ow Resident #1 destroyed				
		windows and digging in her				
	rectum.	windows and digging in he				
		taff to keep Resident #1 in	1			
		the nurse station to be				
	watched and the inci-					
	tremendously.	delita dell'edaed				
		ity in July 2019, and Resident				
		tched in the activity room or	1			
		n, now the incidents were				
		gain and thirty-minute checks				
	were not enough.	gant and thirty-minute oneons				
	word not enough.					
	Interview with a first	shift MA on 01/16/20 at				
	9:20am revealed:	51.11.1 VIA 011 0 1/ 10/20 at				
	-On a daily basis Res	sident #1 exhibited				
	The second secon	e yelling, screaming out loud				
		out of her wheelchair.				
	The state of the s	imagined that "stuff" like				
1		items were coming out of				
1	Danies and electrical	incins were coming out or	I	I		

Division of Health Service Regulation

-Resident #1 would bring BM to her at least twice

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _

HAL034093

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING_

DANBY HOUSE		KE MILL ROAD SALEM, NC 27	103	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 17	D 270		
	per week. -Resident #1 was combative towards other residents by hitting them, running over residents' feet with her wheelchair and purposely running into residents with her wheelchair. -When she observed Resident #1 hitting resident with her wheelchair and running over residents' feet, she verbally told her to stop, and she would stop but she always did the same thing again. -Resident #1 was thrown to the floor by another resident because she hit the resident with her wheelchair. -Resident #1 was able to get herself out of bed, dress and undress herself. -Resident #1 moved her furniture around in her room. -She had no idea how the resident moved the big items (wardrobe closet and hutch) around in her room because they were three times bigger than the resident and heavy. -Moving the big items around was possibly how the resident sustained fractures. -Resident #1 was supervised every thirty-minutes but it was not often enough because Resident #1 still had time to dig out her BM and move furniture around in her room. Interview with Resident #1's Mental Health Provider (MHP) on 01/16/20 at 10:06am revealed: -Resident #1 had schizophrenia and while at the facility broke out windows and destroyed property. -She saw Resident #1 once per month and staff verbally told her the resident tore up her room and was digging out bowel movement from her rectum using her hands and objects. -The digging possibly contributed to the prolapsed rectum. -Resident #1 had a liver disease that was caused by a diagnosed illness.			

PRINTED: 02/04/2020 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD DANBY HOUSE WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 18 -The psychotropic medications the resident used for years contributed to her failing liver causing the disease to progress. -The resident needed psychotropic medications to help the resident maintain mental stability. -The needed medications were discontinued prior to the resident moving into the facility due to the resident's failing liver function. -She was unable to prescribe stronger doses of the resident's psychotropic medications due to her liver condition. -Due to the resident's mental illness she had auditory behaviors which caused the resident to be disorganized with uncontrolled schizophrenia. -To her knowledge Resident #1's harm was self-inflicting and she did not think Resident #1 harmed other residents. -Resident #1 needed a lot of attention with constant supervision to keep her from destroying property and excavating bowel movement from her rectum. Interview with a first shift MA on 01/16/20 at 10:52am revealed: -Resident #1 had good days and was okay in the morning, but as the day progressed the resident "got ugly." -When Resident #1 got ugly she called other residents "ugly names". -Resident #1 got ugly at least once or twice per -Resident #1 had been digging out her rectum for two months. -When the resident was in her room, she would

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dig out BM.

three times per week.

-Resident #1 would dig out BM at least two to

-Resident #1 hallucinated, and she intentionally rolled over other residents' feet with her wheelchair and backed into residents with her

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD DANBY HOUSE WINSTON SALEM, NC 27103 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 19 wheelchair. -After the altercation with another resident in November 2019, Resident #1 was unable to toilet herself without assistance from staff. -The PCAs checked on Resident #1 every thirty-minutes and reported to the MAs. -She told the MCM that she had reports about Resident #1 digging out her rectum. She also told the PCP. -Resident #1 needed supervision as often as every fifteen-minutes due to behaviors. -No one had told her to put the resident on increased supervision. Interview with Resident #1's Primary Care Provider (PCP) on 01/16/20 at 1:01pm revealed: -She became Resident #1's PCP in April 2019, then another PCP took her place and she did not see the resident again until September 2019. -When she first saw Resident #1 her first impression was the resident belonged in a psychiatric ward due to the resident's schizophrenic paranoia behaviors. -Resident #1 had self-harming behaviors and threw herself over furniture. -The resident previously complained of vaginal pain, which she believed was self-inflicted. -Because Resident #1's mental illness was currently uncontrolled without the necessary medications it was possible over time digging in her rectum with objects may have contributed to the prolapsed rectum. -She was aware of Resident #1's schizophrenia paranoia with increased behaviors.

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medications.

supervision.

-The resident's behaviors were hard to control due to the decrease in doses of psychotropic

-Due to the resident being unable to receive the needed medication the resident needed constant

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01/17/2020

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING_ HAL034093

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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D 270	Continued From page 20	D 270		
	-Recently, she had observed Resident #1 had destroyed her room, and no sheets were on the bed and things were everywhere. Interview with a therapist at the contracted			
	physical therapy office on 01/16/20 at 12:37pm revealed: -He and another therapist provided physical therapy to Resident #1.			
	-He saw Resident #1 two to three times for physical therapyHe observed Resident #1 was physically able to			
	transfer herself but required staff assistance to provide verbal queuing to prevent fallsResident #1 also needed staff supervision and hand support to assist with ambulation and transfers.			
	-Due to Resident #1 cognitive issues she was not mentally aware that she could fall without staff assistance when ambulating and transferring.			
	Interview with a second therapist at the contracted physical therapy office on 01/16/20 at 12:41pm revealed: -He provided physical therapy to Resident #1 five			
	to six times between 12/13/19 and 01/02/20. -He was only able to provide a small amount of therapy due to the resident's cognitive ability. -Resident #1 was emotionally limited to			
	contributing to the therapyResident #1 complained of extreme back pain.			
	Interview with the MCM on 01/16/20 at 4:11pm revealed: -Some days Resident 1 was fine, some days the			
	resident would say things like she was pregnantSome days Resident #1 would act out by sitting in the hallway hollering and screaming out loud.			
Division of Ha	-She had never seen Resident #1 digging out BM from the rectum, but staff had verbally reported to alth Service Regulation			

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 WINSTON SALEM, NC 27103 PREFIX TAG CACH DEFICIENCY AUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 21 her the incidents occurredShe did not document when the incidents were reported the incidents to herShe did not document when the incidents were reported to herShe was aware that Resident #1 messed up her room daily, -Resident #1 would take the sheets off her bed and put them in her wheelchairThe resident would also move her furniture around in her roomShe had not reported the incidents to the resident MIP or the PCPOne and one-half weeks ago she had realized staff did not do thirty-minute checks on Resident #1She talked with staff about the holes in the logs and not documenting the thirty-minute checksNo staff informed her they felt the thirty-minute checksNo staff informed her they fall the thirty-minute checksNo staff informed her fall staff	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
DANBY HOUSE CALID PREPRIX SUMMARY STATEMENT OF DEFICIENCIES DEFECT OF SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY STULL PREPRIX TAG DEFICIENCY ACTION SHOULD BE CROSS-REPERRICED TO THE APPROPRIATE DEFICIENCY			HAL034093	B. WING		01/17/2020
DAYS HOUSE WINSTON SALEM, NC 27103 CAST CAST	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE	
WINSTON SALEM, NC 27/103 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (REGULATORY OR LSS DENTIFYING INFORMATION) D 270 Continued From page 21 her the incidents occurredShe did not report to the resident's PCP each time staff reported the incidents were reported to herShe did not downment when the incidents were reported to herShe was aware that Resident #1 messed up her room dailyResident #1 would take the sheets off her bed and put them in her wheelchairThe sheets would have feces on themThe resident would also move her furniture around in her roomShe had not reported the incidents to the resident MHP or the PCPOne and one-half weeks ago she had realized staff clid not do thirty-minute checksNo staff informed her they fett the thirty-minute checks were not frequent enough for Resident #1 -Vhen increasing checks from thirty-minutes it had to be okayed by the Administrator or the DPCHowever, that was not done for Resident #1 because she was not awareShe saw Resident #1 dight throughout her shift and she was aware the resident messed up her room daily, but she clid not know the resident was diging out BM dailySome days she saw Resident #1 three times daily and some days more often depending on how the resident ff residents "get form, don't bother me." -Resident #1 moving her furniture could have contributed to the residents.	DANRYH	OUSE	3150 BUR	KE MILL ROAD		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 21 her the incidents occurredShe did not report to the resident's PCP each time staff reported the incidents were reported to herShe was aware that Resident #1 messed up her room dailyResident #1 would take the sheets off her bed and put them in her wheelchairThe sheets would have feces on themThe resident would also move her furniture around in her roomShe had not reported the incidents to the resident MHP or the PCPOne and one-half weeks ago she had realized staff did not do thirty-minute checksNo staff informed her they felt the thirty-minute checks were not frequent enough for Resident #1When increasing checks from thirty-minute it had to be okayed by the Administrator or the DRCHowever, that was not done for Resident #1 because she was not awareShe saw Resident #1 daily throughout her shift and she was aware the resident messed up her room daily, but she did not know the resident was digging out BM dailySome days she saw Resident #1 three times daily and some days more often depending on how the resident feltShe had observed Resident #1 yelling and telling Residents' 'get off me, don't bother me.' -Resident #1 moving her furniture could have contributed to the residents resident.	DANDIN	003E	WINSTON	SALEM, NC 271	03	
her the incidents occurred. -She did not report to the resident's PCP each time staff reported the incidents to her. -She did not document when the incidents were reported to her. -She was aware that Resident #1 messed up her room daily. -Resident #1 would take the sheets off her bed and put them in her wheelchair. -The sheets would have feces on them. -The resident would also move her furniture around in her room. -She had not reported the incidents to the resident MHP or the PCP. -One and one-half weeks ago she had realized staff did not do thirty-minute checks on Resident #1. -She talked with staff about the holes in the logs and not documenting the thirty-minute checks. -No staff informed her they felt the thirty-minute checks were not frequent enough for Resident #1. -When increasing checks from thirty-minutes it had to be okayed by the Administrator or the DRC. -However, that was not done for Resident #1 because she was not aware. -She saw Resident #1 daily throughout her shift and she was aware the resident messed up her room daily, but she did not know the resident was digging out BM daily. -Some days she saw Resident #1 three times daily and some days more often depending on how the resident felt. -She had observed Resident #1 yelling and telling Residents' "get off me, don't bother me." -Resident #1 moving her furniture could have contributed to the residents free.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMPLETE
it was not safe for the resident to do that without	D 270	her the incidents occu- She did not report to time staff reported the - She did not documer reported to herShe was aware that room dailyResident #1 would to and put them in her wand to the resident would a around in her roomShe had not reported resident MHP or the language of the common to the common	the resident's PCP each encidents to her. In when the incidents were Resident #1 messed up her ake the sheets off her bed wheelchair. In also move her furniture the incidents to the PCP. It is a seen as a s	D 270		

DIVISION	n nealth Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	IRVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					1	
				E VALUE		
		HAL034093	B. WING		01/17	7/2020
NAME OF B	20,4050 00 01 1001 150	OTDEET AS	DDESS SITY STATE	T. TID 00DE		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE	3150 BUF	RKE MILL ROAD			
DANDIII	003L	WINSTON	SALEM, NC 27	103		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	Contract Con	COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
			1	DEFICIENCY)		
D 070	0 " 15	- 00	D 070			
D 270	Continued From page	e 22	D 270			
	assistance from staff					
		esident #1's care plan and				
	documented the resid					
		ferring and ambulation.				
		ce required staff to be				
	present when the res	ident went to the bathroom				4.
	and provide hands or	n assistance with balance,				
	not physical weight b	earing assistance.				
	',					
	Interview with the MC	CM on 01/17/20 at 12:50pm				
	revealed:	5W 6H 6 H 17726 dt 12.00pm				
		stoff was when they saw				
		staff was when they saw				
		g every day, like Resident #1				
		or spreading BM everywhere				
	they needed to let so	meone know.				
	-It it's not every day b	out at least three days per				
	week events were ha	appening staff need to let her				
	know.	11 0				
	The second of th	fall in December 2019, she				
	No. of the contract of the con	ute checks for seventy-two				
		ne facility's fall policy.				
	I 5	ecks continued but not				
		t destroyed her room or dig				
	BM out of her rectum					
		en Resident #1 had a bad day				
	she tore up her room					
	supervision, but no a	additional supervion was				
	provided. She check	ed on Resident #1 as she				
	had time.					
	Interview with Reside	ent #1's family member on				
	01/17/20 at 9:10am	(C)				
		moved into the facility things				
	CASE SALES SALES SALES IN THE PROPERTY ASSESSMENT ASSES					
		started going bad quickly.				
	The forest in the control of the file of the control of the control	November 2019, Resident				
	#1 was no longer an					
		ssistance with ambulation and				
1	transfers.					
	-Staff should be with	Resident #1 every time she				
		n, but facility staff did not				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	DNSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL034093	B. WING		01/	17/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE	3150 BUF	RKE MILL ROAD			
DANDIR	003E	WINSTON	SALEM, NC 2710	03		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 270	assist the resident wh-Resident #1 resided (MCU) and had to wa staff to assist herShe visited Resident and when she visited soiled and dirty with h-Staff told her that the incontinent briefs all of taking the briefs offShe often found no sand she had to ask staff the facility do attention that she need that the facility do attention that she need to be facility do attention that she need that the facility do attention that she need to be facility do attention that the facility	in the Memory Care Unit it long periods of time for it long periods of time for it last least every other day she often found the resident her room in disarrayed. By gave the resident day and the resident kept of the bed that to make the bed that to make the bed. By the bed that to make the bed that the	D 270			

Division of Health Service Regulation				1 Ortivi	ATTROVED	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10000 20	CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL034093	B. WING		01/1	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DANBY H	OUSE	3150 BUR	KE MILL ROAD			
DANDIH	003E	WINSTON	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 24	D 270			
	helped the resident to					
	needed helpWhen she came to v #1's room would be "	vork at 6:30am Resident				
		here and the resident would				
	-She had reported the	e resident's room being				
	disarrayed to manage done.	ement, but nothing had been				
	(200 F) (200 F	nat Resident #1 had bruises				
		her body all the time.				
	-The bruises ranged guessed the size der	from small to big, sne bended on what the resident				
	got into the day before	re.				
		e bruises and scratch marks eral times and still the second				
	and third shifts did no					
	Interview with the firs on 01/17/20 at 1:53p	st shift medication aide (MA) m revealed:				
	-Resident #1 was on	thirty-minute checks.				
	In November 2019 F	Resident #1 was thrown to				
		s because she had a fall.				
	-Resident #1 frequer moved furniture arou	itly destroyed her room and nd.				
		and shift PCA 01/17/20 at				
	3:40pm revealed:	the facility for four months				
		the facility for four months esident #1 yelling at other				
	residents and called	them names.				
		hit other residents but she				
	always yelled at ther -The residents yelled	n. I back at Resident #1 and				

assistance.

staff had to intervene.

-When she started to work at the facility no one

told her that Resident #1 required staff

A BUILDING: HALO34093 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BUIRKE MILL ROAD WINSTON SALEM, NC 27103 PRETIX GRANI BEFIGENCY MUST BE REFECTED BY PLU. PRETIX RESULATORY OR ISC DENTIFYING INFORMATION) D 270 Continued From page 25 -Resident #1 changed her own clothes and took herself to the bathroom. -The resident barely asked for staff helpShe only assisted Resident #1 with showersOn 01/08/20 she assisted Resident #1 with a shower. -Before getting into the shower the resident had to use the toilet. -The resident barel was light blood on the tissue. -She called for the medication aide (MA) to come and see the bloodThe MA and the MCM came to the bathroomThe MCM stated the resident had hemorrhoids and they were possibly bleedingShe was not sure if the resident's PCP was notified. -Resident #1 always complained that something was stuck inside of her rectum. -She had observed Resident #1 use a wheelchair and did not get out of the wheelchair unless she stood-upWhen Resident #1 did not attempt to stand up that often, but when she stood-up she complained and said," Can't do 1 - I need to sit down." -Resident #1 was unable to stand-up for twenty seconds without needing to sit down. -Resident #1 things in her rectum, so she had to be cautious when giving the resident snacks like a branza.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 (A4) ID PREFIX TAG (CA4) ID PREFIX TAG CONTINUED FROM DESCIDENTEYING INFORMATION) DEFICIENCY) D 270 Continued From page 25 -Resident #1 changed her own clothes and took herself to the bathroomThe resident barely asked for staff helpShe only assisted Resident #1 with a showerBefore getting into the shower the resident had to use the tolletThe resident stood for her to wipe the resident's bottom and she observed there was light blood on the tissueShe called for the medication aide (MA) to come and see the bloodThe MA and the MCM came to the bathroomThe MCM stated the resident had hemorrhoids and they were possibly bleedingShe was not sure if the resident's PCP was notifiedResident #1 always complained that something was stuck inside of her rectumShe had observed Resident #1 use a wheelchair and did not get out of the wheelchair unless she stood-upWhen Resident #1 did not attempt to stand up that often, but when she stood-up she complained and sad, "I can't do it - I need to sit down." -Resident #1 was unable to stand-up for twenty seconds without needing to sit downResident #1 put things in her rectum, so she had to be cautious when giving the resident racks	AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	1044 88		
NAME OF PROVIDER OR SUPPLIER 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 (A4) ID PREFIX TAG (CA4) ID PREFIX TAG CONTINUED FROM DESCIDENTEYING INFORMATION) DEFICIENCY) D 270 Continued From page 25 -Resident #1 changed her own clothes and took herself to the bathroomThe resident barely asked for staff helpShe only assisted Resident #1 with a showerBefore getting into the shower the resident had to use the tolletThe resident stood for her to wipe the resident's bottom and she observed there was light blood on the tissueShe called for the medication aide (MA) to come and see the bloodThe MA and the MCM came to the bathroomThe MCM stated the resident had hemorrhoids and they were possibly bleedingShe was not sure if the resident's PCP was notifiedResident #1 always complained that something was stuck inside of her rectumShe had observed Resident #1 use a wheelchair and did not get out of the wheelchair unless she stood-upWhen Resident #1 did not attempt to stand up that often, but when she stood-up she complained and sad, "I can't do it - I need to sit down." -Resident #1 was unable to stand-up for twenty seconds without needing to sit downResident #1 put things in her rectum, so she had to be cautious when giving the resident racks						
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CALL DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES CAMPETER SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY DEFICIENCY ACTION SHOULD BE COMPLETE DATE	NAME OF PE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	E, ZIP CODE	
(C4) ID SUMMARY STATEMENT OF DEFICIENCIES DE PRECEDED BY FULL RESULTORY OR LISC IDENTIFYING INFORMATION) D PREERY RESULTORY OR LISC IDENTIFYING INFORMATION) D 270 Continued From page 25 -Resident #1 changed her own clothes and took herself to the bathroom. -The resident barely asked for staff help. -She only assisted Resident #1 with showers. -On 01/08/20 she assisted Resident #1 with showers. -Before getting into the shower the resident shot to use the toilet. -The resident stood for her to wipe the resident's bottom and she observed there was light blood on the tissue. -She called for the medication aide (MA) to come and see the blood. -The MCM stated the resident had hemorrhoids and they were possibly bleeding. -She was not sure if the resident's PCP was notified. -Resident #1 always complained that something was stuck inside of her rectum. -She had observed Resident #1 use a wheelchair and did not get out of the wheelchair unless she stood-up. -When Resident #1 did not attempt to stand up that often, but when she stood-up she complained and said, "I can't do it - I need to sit down." -Resident #1 was unable to stand-up for twenty seconds without needing to sit down. -Resident #1 put things in her rectum, so she had to be cautious when giving the resident snacks	DANDVU	OHEE	3150 BUR	KE MILL ROAD		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 25 -Resident #1 changed her own clothes and took herself to the bathroomThe resident barely asked for staff helpShe only assisted Resident #1 with a showerBefore getting into the shower the resident had to use the toiletThe resident stood for her to wipe the resident's bottom and she observed there was light blood on the tissueShe called for the medication aide (MA) to come and see the bloodThe MA and the MCM came to the bathroomThe MCM stated the resident's PCP was notifiedResident #1 always complained that something was stuck inside of her rectumShe had observed Resident #1 use a wheelchair and did not get out of the wheelchair unless she stood-upWhen Resident #1 did not attempt to stand up that often, but when she stood-up she complained and said, "I can't do it -1 need to sit down." -Resident #1 was unable to stand-up for twenty seconds without needing to sit downResident #1 uthings in her rectum, so she had to be cautious when giving the resident snacks	DANDIN	J03E	WINSTON	SALEM, NC 27	103	
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-She had observed Resident #1 frequently putting her hand, up to her wrist in her rectumShe verbally told the resident do not do thatShe did not verbally tell the medication aide (MA) each time she observed Resident #1 stick her	D 270	-Resident #1 changed herself to the bathrood-The resident barely a -She only assisted Re-On 01/08/20 she assishowerBefore getting into the touse the toiletThe resident stood for bottom and she obseon the tissueShe called for the mand see the bloodThe MA and the MCI-The MCM stated the and they were possible. She was not sure if the notifiedResident #1 always was stuck inside of heshe had observed Reand did not get out of stood-upWhen Resident #1 was unseconds without needen Resident #1 put thin to be cautious when like a bananaShe had observed Reand observed Resident #1 put thin to be cautious when like a banana.	d her own clothes and took om. asked for staff help. esident #1 with showers. sisted Resident #1 with a ne shower the resident had or her to wipe the resident's rved there was light blood edication aide (MA) to come M came to the bathroom. Tresident had hemorrhoids only bleeding. The resident's PCP was complained that something er rectum. The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she stood-up she The wheelchair unless she did not attempt to stand up she should up she The wheelchair unless she did not attempt to stand up she The wheelchair unless she did not attempt to stand up she The wheelchair unless she did not attempt to stand up she The wheelchair unless she did not attempt to stand up she The wheelchair unless she did not attempt to stand up she The wheelchair unless she did not attempt to stand up she The wheelchair unless she The wheelchair unless she did not attempt to stand up she The wheelchair unless she The wheel	D 270		

Division of Health Service Regulation

-She thought the MAs were aware the resident frequently stuck her hand in her rectum because

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		01/17/2020	
NAME OF P	ROVIDER OR SUPPLIER	3150 BURI	ORESS, CITY, STAT KE MILL ROAD 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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 270	with bowel movemen Resident #1 often "d getting BM everywhe The BM was on the bed, floor and the res The resident would p with BM and urine on mattress. Every time she chec Resident #1 yelled fo She had not observe falls, if the resident h could have come from around in the room. She did not know ho furniture being she h Resident #1 hallucin the time, like needles Talking to the reside that helped was to ge mattress. Resident #1 would of down the hall to the re- The resident gave th that she had a baby. When staff unrolled in the towel. Staff checked on Re minutes, but she beli to destroy her room needed continual sur Resident #1 needed the resident to stay of able to observe the re Interview with a seco 01/17/20 at 4:40pm She assisted Resident	we the MAs plastic bags filled to (BM) in them. estroyed" her room by re. nightstands, walls, dresser, sident. but the mattress on the floor of the floor and on the leked on Resident #1, then or her to get out of the room. The Resident #1 having any and broken bones it possibly on moving her furniture but the resident moved the lad a difficult time standing. Interest and imagined things all is were on her mattress. Int did not help, the only thing left the resident a new carry a bath towel rolled up hourse station. The towel to staff and told staff the towel there would be BM resident #1 every thirty eved Resident #1 was able within five to ten minutes and pervision. It supervision that required but of her room, so staff were resident frequently.	D 270			

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		2 2	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL034093		B. WING		01/1	7/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
DANBYU	OURE	3150 BUR	KE MILL ROAD				
DANBY H	005E	WINSTON	SALEM, NC 2	7103			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE		
D 270	Continued From page	e 27	D 270				
	of various sizes and of The last time she had Resident #1 was on the She told the MA on the bruises. It was common for Fourniture around in he in front of the door. The cabinets and huwere tall in height an understand how the standerstand	duty Resident #1 had Resident #1 to move the er room often putting the bed Atches in Resident #1's room d wide in length, she did not resident was able to more ne room. The checked every ee checked every ee checked on the resident een minutes especially after seemed to be when the ner room. The essed up her room, she and moved furniture, got					

told her to watch Resident #1 because she put things into her rectum.

touch her.

-Resident #1 mostly stayed in her room and "messed" a lot.

and had observed that Resident #1 had "fits"

-The resident would purposely slide out of her wheelchair because she did not want staff to

-When she first started to work at the facility, staff

when things did not go her way.

-When Resident #1 messed she got BM everywhere, on the walls, furniture and on herself.

-The resident took her incontinent brief off and got BM everywhere in the room.

PRINTED: 02/04/2020 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD DANBY HOUSE WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 28 -The MAs and PCA cleaned up the resident and her room. -This happened almost every day on her shift. -She was sure management knew how often staff had to clean Resident #1's room up due to the BM being everywhere. -Resident #1 also tore up her room and it looked like a tornado hit it. -The bed was moved, the covers were off the bed, the mattress would be on the floor, the furniture like nightstands would be moved, and things would be everywhere. -The resident tore up her room all day every day. -The MCM, DRC and the previous Administrator were both aware how often Resident #1 tore up her room because she and other MAs had made them aware. -The only issue other residents had with Resident #1 was when she rolled backwards in her wheelchair. -Resident #1 liked to roll backwards in her wheelchair and because she was going backwards, she bumped into other residents, they might yell at Resident #1. -No residents complained about pain or getting hurt from being bumped by Resident #1's wheelchair. -She frequently told Resident #1 not to roll backward, but she continued to roll backward. Resident #1 was on thirty-minute checks, but she needed to be on fifteen minutes checks because she was quick to mess up her room.

Alzheimer's or dementia.

schizophrenia and paranoia.

#1.

-No training had been provided how to handle residents with mental health issues like Resident

-Resident #1 had mental health issues with

-She observed Resident #1 was not forgetful and confused, she did not act like a resident with

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	2) MULTIPLE CONSTRUCTION		URVEY
AND PLAN C	LAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		COMPLETED			
		HAL034093	B. WING		04/4	7/0000
		HALU34093			1 01/1	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	E, ZIP CODE		
DANBY H	OHEE	3150 BUR	KE MILL ROAD			
DANDIR	003E	WINSTON	SALEM, NC 27	103		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
	-			DEI IOIENGT)		
D 270	Continued From page	e 29	D 270	8		
		0 0.1 (1.7)00 - 1.4.00				
		C on 01/17/20 at 1:32pm				
	revealed:	20. 0				
		cussions with the previous				
		ng discharging Resident #1				
	from the facility.					
		ecall when that discussion				
	happened.	ada in the regident's room				
		ads in the resident's room,				
		e reported it to management.				
		d to her about bloody pads				
	were seen in Resider					
		thirty-minute checks, but if				
	the resident needed to	•				
	frequently that should	d be discussed with				
	management.					
	Resident #1 was una	vailable for interview from				
	01/11/20 to 01/17/20					
	01/11/2010 01/11/20					
	Interview with the Ad	ministrator on 01/17/20 at	İ			
	5:40pm revealed:	ministrator on on three at				
		19, she had provided staff				
		creased supervision of				
	residents.	accou dupor violori di				
		o keep residents' in the				
1		ICU) busy and to keep an				
	eye on them.	nee, back and to keep an				
		formed management				1
		more supervision than the				
	thirty-minute checks	5/	1			
		the thirty-minute checks				
		effectively supervision the				
	Resident #1 the MAs					
		and the checks should have				
	been increased to ev					
	-The same should ha					
	fifteen-minute checks	A 11 E 10 C				
		ly keep Resident #1 safe,				

Division of Health Service Regulation

then staff should have notified management so

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(3) 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMI		
		HAL034093	B. WING			7/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
DANBY HO	DUSE		E MILL ROAD 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	determination the resident facility. The facility failed to property facility	have been made or the ident was not a good fit at	D 270			
D 273	to meet the routine a of residents. This Rule is not met	2 Health Care assure referral and follow-up nd acute health care needs	D 273	Facility will assure referral and follomeet the routine and acute health of residents. Facility has implemented daily star meetings with all department head health care needs/concerns, upcomappointments and/or needed follow-up are discussed during dail meetings.	ow-up to care needs nd-up s. Residen ming	^t 2/17/2020
	This Rule is not met					

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STATE FORM

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU	
AND PLAN C	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED		
		HAL034093	B. WING		01/1	7/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
DANBY H	OUSE		E MILL ROAD			
			SALEM, NC 27			10,27001 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 31	D 273	Continued from page 31		
	facility failed to assur of 5 sampled residen regarding a resident schizophrenia and ha	nd destructive behaviors and		Facility staff have been in-serviced received training on the importance notification and documentation to help providers.	e of	1/22/2020
		esident #1), and a resident ation with a staff (#2).		Facility DRC, RCC and/or MCM wi progress notes no less three times one month, then weekly for two mo ramdonly there after, to assure any	weekly fo onths and /	2/1//2020
	12/05/19 revealed: -Diagnoses included	nt #1's current FL2 dated schizophrenia, Alzheimer's		documented significant changes in healthcare are reported to resident and/or Mental Health Provider.	ts PCP	
	obstructive pulmonar thrombocytopenia an -Resident #1 was co	nstantly disoriented. Imended level of care was		Any significant changes in residen behaviors and/or health care conc the DRC, RCC and/or MCM will notify Residents Primary Care and/or Mental Health Provider. All Residents have been assessed	erns Physician	2/17/2020
	-Resident #1 require	#1's Care Plan dated d supervision with toileting. d limited assistance with dressing, grooming, and		needed In-creased Supervision or Mood needs. Assessments were of by Director of Resident Care(LPN) Care Coordinator, Memory Care Nalong with SeniorArea Director of ((SADO)	ompleted , Resident lanager	2/1//2020
	-Resident #1 was inj a. Review of Resider 09/03/19 at 2:12pm agitated and started The primary care pro provider (MHP) were	urious to self and property. Int #1's progress note dated revealed Resident #1 was arguing with other residents. Evider (PCP) or mental health e not notified.		Facility ED, ADO and DDCS will resident progress notes randomly documentation of notification to H providers and any needed follow-	for ealth care	
	09/11/19 at 2:47pm vase that had rocks the vase. The reside	revealed Resident #1 had a and Bowel Movement (BM) in ent told staff the rocks and BM e PCP or MHP were not		ger		

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notified.

L3W711

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Sec. 185	CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL034093	B. WING		01/17	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	ΓE, ZIP CODE		
DANBY H	OUSE		E MILL ROAD			3.0
WALID	SUMMARY ST	ATEMENT OF DEFICIENCIES	SALEM, NC 27	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 32	D 273	Continued from page 32		
	09/27/19 at 3:35pm rebecame combative at resident was sent to be evaluation. The PCP Review of Resident # 11/04/19 at 2:24pm re Resident #1 lying in thave fallen while trying The resident did not get PCP or MHP were not	nd tried to choke staff. The the hospital for mental health or MHP were not notified. £1's progress note dated evealed staff observed the floor and appeared to ng to get into her wheelchair. go out to the hospital the ot notified.		Facility staff have received training following: Reporting Changes in Status Improtance of notification to proven the composition of the composi	riders ms ns s iors by a d Dementi	1/22/2020
	11/11/19 at 1:17pm re observed moving the removing her mattres not notified.	#1's progress note dated evealed Resident #1 was furniture in her room and ss. The PCP or MHP were #1's progress note dated		Facility Medicaiton staff, Care Mar and Director of Resident Care rece training on documention, the impo of documention, and notification to care providers. Training was condi the Divisional Director of Clinical S Licensed RN	eived rtance Health ucted by	1/22/2020
	11/15/19 at 3:25pm r member complained "mess." The Resider clothes were thrown	evealed Resident #1 family the resident's room was a at #1's room around, her around the room and sheets at thrown around the room.		Facility staff received training on "Wh behaviors?" "How to deal with behavi Training conducted by Certified Demo	ors".	2/7/2020
	11/19/19 at 5:57pm r on her hands, fingers resident continued to were in her rectum. I fingers in her rectum PCP were not notifie	#1's progress note dated revealed Resident #1 had BM s, socks and clothes. The b have delusions that things The resident was placing her and "digging". The MHP and bd. #1's progress note dated		Facility staff received training on Dem Sun-downing. Training conducted Geriatric Adult SpecialtyTeam Facility has scheduled Resident F training with Ombudsman for first available date 3/6/2020	Rights	2/7/2020
	11/26/19 at 3:47pm i	revealed Resident #1 had and trash was thrown about				

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the room. The Director of Resident Care (DRC)

01/17/2020

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ HAL034093 B. WING _

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

I DANBY HOUSE		KE MILL ROAD SALEM, NC 271	103	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 33 documented the resident tore the room apart two to three times per day. The PCP or MHP were not notified. Review of Resident #1's progress note dated 12/01/19 at 5:52pm revealed Resident #1 was lying in the floor and would not get up because she was in too much pain. The resident got up but no pain medications were offered and the MHP and PCP were not notified. Review of Resident #1's progress note dated 12/02/19 at 9:15am revealed Resident #1 pulled items off the dresser counter and her bed throwing things on the floors. The resident's MHP or PCP were not notified. Review of Resident #1's progress note dated 12/03/19 at 12:43pm revealed Resident #1 was observed playing in her own feces, wrapped the dirty incontinent brief around her foot. The resident would not allow staff to assist in cleaning the room or her. The PCP or MHP were not notified. Review of Resident #1's progress note dated 12/14/19 at 6:50am revealed the MA changed Resident #1's soiled bed and the resident complained about back pain all night long. The PCP and MHP were not notified. Review of Resident #1's progress note dated 12/17/19 at 2:38pm revealed the resident was in bed with no clothes on. The resident had taken all the sheets off the bed and thrown the pillows and trash all over the floor. The PCP and MHP were not notified.	D 273	DEFICIENCY)	
Division of He	Review of Resident #1's progress notes, incident reports and staff interviews there was no ealth Service Regulation			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		01/17/2020	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE	3150 BUR	E MILL ROAD			
DANDIII		WINSTON	SALEM, NC 27	103		
(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	(X5) COMPLETE DATE
D 273	Continued From page	e 34	D 273			
D 273	documentation the Poregarding the resident destroying her room, "ugly" by calling residents feet with her residents with her who were not notified. Interview on 01/15/20 shift medication aide unit (MCU) revealed: -Resident #1 complainter rectal area and in -Resident #1 was ablin pain, and when give medication did not work know. -Most times Resident medication given to hunable to give more nordered. -She did not notify the should have." -No one had assessed complained about be -Resident #1 had con weeks about someth rectum. -Resident #1 was alved and a lot of times had a lot of times had a she told the Memore.	CP and MHP were contacted t's increased behaviors "digging out her BM", acting lents names, rolling over er wheelchair and hitting eelchair. The PCP or MHP O at 4:32pm with the third (MA) in the memory care ined about being in pain in the abdomen. We to tell staff when she was been pain medication, if the bork the resident would let her at #1 complained that the pain ther did not work, but she was medication than what was the physician, but stated "I be why the resident always being in pain. The medication of the medication of the ways "digging" in her rectumed blood on her hands. The properties of	D 273			
	nothing was doneShe did not notify th Resident #1's "diggir MCM did not give he -For the past couple observed Resident #					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034093 B. WING 01/17/2		7/2020		
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE		E MILL ROAD			
	OUR MAN DV OT		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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 35	D 273			
	-The bruises were on and outer, on her stor front of the resident's -She told the Director about the bruises, but bruises anywhereShe suspected the bruises anywhereShe suspected the bractures came from trunitureIf Resident #1's PCF would be documented. Interview with Resident #0:06am revealed: -She saw Resident #1 tore "digging" out bowel musing her hands and -Staff did not tell her those behaviorsShe was aware Resand occasionally broadestroyed property behaviors were frequential this conversation Resident #1 rolled on hit residents using her lift these were Residewanted to know about was unable to consumedicationsShe wanted to know exhibit behaviors on	the resident's thighs inner mach and cover the whole body. of Resident Care (DRC) the she did not document the struises and possibly the the resident moving her and MHP were notified it do in the resident's record. The she was not aware were the she was not aware were other resident #1 had she was not aware were other residents' feet and				
	met at the facility. Interview with Resident: 1:01pm revealed:	ent #1's PCP on 01/16/20 at				

Division of Health Service Regulation

-She was aware Resident #1 had schizophrenia

AND BLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HAL034093			B. WING		01/17	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE		KE MILL ROAD	400		
			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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page	e 36	D 273			
	psychotropic medicat resident to have increadent to have increadent. The sident #1 was "uglicalling them names, in wheelchair and hitting wheelchair. She expected facility resident had behaviorable was not aware as Resident #1 every this resident's behaviors. She was not made as more frequent supersthirty-minutes. Facility staff needed the resident's behaviorable resident #1 was generally was generally was generally resident #1 was general	on she was not aware y" towards other residents rolling over their feet with her g resident with her y staff to let her know if the rs problems daily. staff had to supervise irty-minutes due to the aware the resident needed vision than every to let the MHP know about ors. bserved Resident #1 had and no sheets were on the				
		shift MA on 01/16/20 at				
	other residentsResident #1 had alw of her rectumThe resident told he and babies in her recull them outLately, Resident #1 staff had to constant because she destroy everywhere.	structive to herself, and to vays tried to pull her BM out or there were rocks, snakes, ctum and she often tried to had gotten a lot worse and ly watch the resident yed her bedroom and had BM in cups and bags and		5		

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brought them to her and other staff saying they

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) P

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU		
AND PLAN C	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLE	TED
	HAL034093		B. WING		01/17	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		l
DANBY H	OUSE	3150 BURK	E MILL ROAD			
DANDIII		WINSTON	SALEM, NC 27	103		
(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 273	her. -The MCM, DRC and aware of Resident #1 -The PCP and MHP is she did not know if the incidents occurred. Interview with a first sep:20am revealed: -On a daily basis Resident #1 always babies and electrical her bodyResident #1 would be per weekResident #1 was corresidents' by hitting the feet with her wheelch into residents with her wheelch into residents with her wheelch into resident #1 was the resident #1 had go morning, but was the "got ugly." -When Resident #1 gresidents' ugly name	previous Administrator were 's behaviors. and also been notified, but ey were aware how frequent d. shift MA on 01/16/20 at sident #1 exhibited eyelling, screaming out loud out of her wheelchair. imagined that "stuff" like items were coming out of oring BM to her at least twice mbative towards other hem, running over resident's hair and purposely running er wheelchair. Resident #1 hitting resident and running over resident's did her to stop, and she would did the same again. Fown to the floor by another es hit the resident with her end days and was okay in the end days and was okay in the end ugly she called other	D 273			
	-Resident #1 had be	en digging herself out for two				

Division of	of Health Service Regu	lation			FORIVI	APPROVED
STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE SI COMPLE	
HAL034093		B. WING		01/1	7/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DANDVII	01105	3150 BURI	E MILL ROAD			
DANBY H	003E	WINSTON	SALEM, NC 27	7103		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPL		(X5) COMPLETE DATE
D 273	Continued From page	e 38	D 273			
	dig out BM. -Resident #1 would desident #1 hallucing rolled over other resident wheelchair and backen wheelchair. -After the altercation November 2019, Resident #1 hallucing rolled over other resident wheelchair. -After the altercation November 2019, Resident #1 hallucing rolled the MCM that is a supervision one had told her increased supervision one had told her	ated, and she intentionally dents' feet with her ed into residents with her with another resident in sident #1 was unable to toilet tance from staff. on Resident #1 every ported to the MAs. hat she had reports about She also told the PCP. It supervision as often as a due to behaviors.				

times per day and the resident yelled at other residents, but she did not contact the PCP and

know.

and redirect the resident.
-She had not notified Resident #1's PCP or MHP regarding Resident #1 rolling over resident's feet with her wheelchair and hitting residents with her

wheelchair because she was not aware those

MHP because staff was able to clean the room

something happening every day, like Resident #1 destroying her room or spreading BM everywhere

-If events are not happening every day, but two to three days per week staff still need to let her

-She was aware when Resident #1 had a bad day she tore up her room sometimes two to three

they needed to let someone know.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING: COMPLETED	
HAL034093 B. WING 01/17/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
DANBY HOUSE 3150 BURKE MILL ROAD	
WINSTON SALEM, NC 27103	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY	
D 273 Continued From page 39 D 273	
incidents happened.	
incidents happened.	
Interview with a first shift personal care aide	
(PCA) on 01/17/20 at 12:26pm revealed: -When she came to work at 6:30am Resident	
#1's room would be "disarrayed."	
-Things were everywhere and the resident would	
be on the floorThird shift did not care for Resident #1 and she	
had reported the resident's room being disarrayed	
to management, but nothing had been done.	
-She had observed that Resident #1 had bruises	
and scratch marks on her body all the time. -The bruises ranged from small to big, she	
guessed the size depended on what the resident	
got into the day before.	
-She had reported the bruises and scratch marks to management several times and still the second	
and third shifts did not watch Resident #1.	
Interview with the first shift medication aide (MA) on 01/17/20 at 1:53pm revealed:	
-Resident #1 frequently destroyed her room and moved furniture around.	
-This had been reported many times to the MCM,	
but nothing was been done.	
Interview with a second shift PCA on 01/17/20 at 3:40pm revealed:	
-She had worked at the facility for four months	
and had observed Resident #1 yelling at other	
residents and calling them names like "nger." -Resident #1 did not hit other residents but she	
always yelled at them.	
-The residents yelled back at Resident #1 and	
staff had to interveneOn 01/08/20 she assisted Resident #1 with a	

shower.

to use the toilet.

-Before getting into the shower the resident had

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STATEMENT	OF DEFICIENCIES OF CORRECTION	OPPECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034093	B. WING		01/17	/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE				
BAHBUTT	01105	3150 BUR	E MILL ROAD					
DANBY H	UUSE	WINSTON	SALEM, NC 27	103				
(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 273	Continued From page	e 40	D 273					
	-The resident stood for bottom and she observed in the war and see the bloodThe MA and the MCIThe MCM stated the and they were possibtedResident #1 always was stuck inside of here in the cautious when a like a bananaShe had observed in the hand, up to here were able to that." -She did not verbally each time she observed hand in her rectumShe thought the MA frequently stuck here in the resident #1 often in getting BM everywhed. The BM was on the bed, floor and the resident would and had BM and uring floorEvery time she cheef yelled for her to get concept the getting the time, like needless the state of the part of the concept the she cheef yelled for her to get concept the time, like needless the state of the part of the part of the she cheef yelled for her to get concept the time, like needless the part of the part o	or her to wipe the resident's reved there was light blood edication aide (MA) to come of the bathroom. It is is is is is included in the resident had hemorrhoids of the resident's PCP was complained that something er rectum. It is is in her rectum, so she had giving the resident snacks the sident when the rectum. It is nasty, don't is in her rectum. It is nasty, don't it is in her rectum. It is nasty, don't it is were aware the resident when the rectum because we the MAs plastic bags filled to the the mattress on the floor one on the mattress and on the count of the room. In the rectum the sident was a sident when the sident was a sident when the sident was a sident. It is in the sident was a siden						
		ent did not help, the only thing et the resident a new						

mattress.

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU COMPLE		
ANDILANC	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		IED
HAL034093		B. WING		01/17	7/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
DANBY H	OUSE	3150 BUR	KE MILL ROAD			
DANDIII		WINSTON	SALEM, NC 27	103		
(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 273	Continued From page	e 41	D 273			
D 273	-Sometimes Resident was rolled up down a nurse stationThe resident told statin the towelWhen staff unrolled the towelThe staff did not knoto the bathroom or if the rectum and obtain. Interview with a secono 1/17/20 at 4:40pm re-At least every other of various sizes and co-The last time she hand Resident #1 was on 0When the resident model to the town of the bed all over the room and she always reported duty. Interview with a second 4:08pm revealed: -When she first started.	t #1 carried a bath towel that nd gave it to the MA at the ff that she had a baby was the towel there was BM in w if the resident took herself the resident was digging in ned the BM. Ind, second shift PCA on evealed: week she observed bruises color on the Resident #1. Ind observed bruises on 01/06/20. In essed up her room, she and moved furniture got BM is on her. If the incidents to the MA on on on on the shift MA on 01/17/20 at end to work at the facility staff	D 273			
	things into her rectun	sident #1 because she put n. stayed in her room and				
	-When Resident #1 r everywhere, on the v -The resident took he got BM everywhere i	valls, furniture and on herself. er incontinent brief off and				
	her roomThis happened almo	ost every day on her shift. gement knew how often staff nt #1's room up due the BM				

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034093	HAL034093 B. WING		01/17/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE	, ,,,,,	12020
DANBY H	OUSE	3150 BUR	KE MILL ROAD			
DANDIII			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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 42	D 273			
D 273	-Resident #1 also tord like a tornado hit it. -The bed was moved bed, the mattress wor furniture like nightstarthings would be every. -The resident tore up. -The MCM, DRC and were both aware how her room because shithem aware. -The only issue other #1 was when she roll wheelchair hitting the -Resident #1 liked to wheelchair which cauresidents. The reside hitting them with here. No residents compla hurt from being bump wheelchair. -She frequently told Fibackwards, but she continued in the state of the s	the covers were off the could be on the floor, the code would be moved, and where. The room all day every day. The previous Administrator of often Resident #1 tore up the and other MAs had made. The residents had with Resident the deschwards with her common. The room all day every day. The previous Administrator of often Resident #1 tore up the and other MAs had made. The residents had with Resident the deschwards with her common. The residents had with Resident the deschwards in her common the room of the resident #1 for wheelchair. The resident #1 not to roll the room of the residents in the room of the residents in the room of the residents in the room of the	D 2/3			
	12/05/19 revealed disschizophrenia.	agnoses included				

	E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	IPLETED
HAL034093 B. WNG	1/17/2020
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	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	COMPLETE
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
D 273 Continued From page 43 D 273	
Review of Resident #1's Care Plan dated	
12/31/19 revealed:	
-Resident #1 was injurious to self and property.	
Review of Resident #1's record revealed there	
was no documentation the primary care provider	
(PCP) or mental health provider (MHP) were	
notified regarding seeing bloody items in the	
resident's room and blood on a wipe after	
bathroom use.	
Interview with a first shift personal care aide	
(PCA) on 01/17/20 at 12:40pm revealed: -A week and a half ago she saw two to three used	
incontinent pads that were on Resident #1's floor.	
-She observed the pads were filled with blood.	
-She did not get the pads off the floor, but she	
verbally mentioned the pads to the medication	
aide on duty.	
-She was unable to recall the name of the MA on	
duty and she did not tell anyone else about the	
bloody pads she observed in Resident #1's room.	
Interview with a second shift PCA on 01/17/20 at	
3:40pm revealed:	
-On 01/08/20 she assisted Resident #1 with a	
shower.	
-Before getting into the shower the resident had to use the toilet.	
-The resident stood for her to wipe the resident's	
bottom and she observed there was light blood	
on the tissue.	
-She called for the medication aide (MA) to come	
and see the blood.	
-The MA and the MCM came to the bathroom.	
-The MCM said the resident had hemorrhoids	
and they were possibly bleedingShe was not aware if the MCM called the	
resident's PCP.	

PRINTED: 02/04/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD **DANBY HOUSE** WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) D 273 Continued From page 44 D 273 Interview with Resident #1's Mental Health Provider (MHP) on 01/16/20 at 10:06am revealed: -She saw Resident #1 once per month. -No one from the facility had notified her that they

Interview with Resident #1's PCP on 01/16/20 at 1:01pm revealed:

observed blood in the resident's room or on the

-She felt that was important and she expected staff to let her know when they saw blood coming from the resident, even if they were not sure

where the blood originated.

resident.

- -No one at the facility had made her aware they observed blood in Resident #1's room.
- -Staff should make her and/or the MHP aware of Resident #1's happenings due to the resident's uncontrolled behaviors.

Interview with the MCM on 01/17/20 at 12:50pm revealed:

- -Last Wednesday (01/08/20), the PCA told that she wiped Resident #1 and saw bright red on the wipe.
- -She told the PCA the resident had hemorrhoids and to let her know if the resident continued to bleed.
- -The MA on duty told her the resident had hemorrhoids and the blood was common with hemorrhoids.
- -She also was aware the resident had a test earlier that morning on 01/08/20, and the test could have caused some bleeding.
- -She did not think to notify Resident #1's PCP regarding the bright red blood.

Interview with the Administrator on 01/17/20 at 5:40pm revealed:

-She expected staff to contact the resident's PCP

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILANC	or connection	A. BUILDING:			JOINI ELTED	
	HAL034093 B. WING		01/17/2020			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE	3150 BUR	KE MILL ROAD			
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(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 273	Continued From page	e 45	D 273			
	when the resident's b -When staff realized t were not enough to e resident the staff sho	ehaviors increased. he thirty-minute checks				
	2. Review of Staff G's personnel record revealed: -Staff G was hired as a personal care aide on 03/11/19There was documentation Staff G had a criminal background check on 03/06/19There was documentation Staff G had a health care personnel registry check on 03/11/19.					
	Review of Resident #2's current FL2 dated 12/16/19 revealed: -Diagnoses included dementia, glaucoma, legally blind, essential hypertensionResident #2 was intermittently disoriented.					
	Review of Resident # 06/26/19 revealed: -Resident #2 had a h -Resident #2 was ori and needed reminde	nistory of wandering. ented, but she was forgetful				
	dated 12/31/19 reveal -There was an alterory -Staff G was observed inappropriately restration (There was no addition the incident.) -Resident #2 complation -There was no first at Resident #2 was not room.	ation in a resident's room. ed attempting to ain a combative resident. onal information regarding ained of pain in her neck. ide administered and taken to the emergency ary care provider (PCP) and				

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation							
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034093	B. WING		01/17	7/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE			
DANBY H	OUSE	3150 BUR	KE MILL ROAD				
DANDIII		WINSTON	SALEM, NC 27	103			
(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 273	Continued From page	e 46	D 273				
	4:43pm revealed: -She was working on -She was working wit Staff G talking offensi -Staff G was yelling, ' (expletive) off of me." -She did not know wh she went to the reside the voiceStaff G and Residen another resident who -She did not know wh resident's room with I -When she walked in Resident #2 laying or with Staff G on top of -Staff G was straddlir leg propped on the bi body and his right for -Both of Staff G's har #2's neckShe pulled Staff G o to leave the roomShe took Resident # Memory Care Manag what happenedResident #2 kept as wrong?" -She did not see any Resident #2's neckResident #2 did not and was not sent out -She contacted Resident umber and left a "Fi altercation.	"You better get the "To Staff G was talking to so ent's room where she heard It #2 were in the room of was not present. The Staff G was in the other Resident #2. The room, she found The bed closest to the door Ther. The Resident #2 with his left ted across Resident #2's To was on the floor. The Resident #2 and told him The Resident #2 and told him The Resident #2 and told him The Resident #3 and told him The Resident #4 and told him The Resident					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN C	F CORRECTION	CORRECTION IDENTIFICATION NUMBER:			COMPLET	IED	
		HAL034093	B. WING		01/17	/2020	
NAME OF PE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
DANBY	3150 BURKE MILL ROAD						
DANBY H	JUSE	WINSTON	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 273	Continued From page	e 47	D 273				
	Review of Resident # 12/31/19 revealed: -There was no progre -There was a late ent the MCM on 01/03/19 altercation between a #2The late entry revea to inappropriately res -The medication aide witnessed the incider roomThe MCM assessed no visible bruising, be had pain when the M -Resident #2's PCP a called and notified of	ess note dated 12/31/19. Ery dated 12/31/19 made by which documented an a staff [Staff G] and Resident led the staff was seen trying strain a combative resident. E (MA) supervisor who are removed Staff G from the Resident #2 and there was at Resident #2 stated she ICM touched her neck. End responsible party were the altercation and the Director (ED) was made					
	form dated 12/31/19 noticeable marks on time of evaluation. Based on observation reviews, it was deterinterviewable.	raluation and Observation revealed there were no Resident #2's neck at the resident #2's neck at the resident #2 was not CM on 01/16/20 at 9:24am					
	but she was contact around 9:00pm on 1 an altercation betwe -The MA Supervisor someone yelling "Go the hallway and four	g on the evening of 12/31/19, ed by the MA Supervisor 2/31/19 who notified her of en Staff G and Resident #2. reported to her she heard et off of me" and walked down and Staff G improperly		·			

Division of Health Service Regulation

his hands around her neck.

Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034093	B. WING		01/17/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
		3150 BUR	KE MILL ROAD		
DANBY H	OUSE	WINSTON	SALEM, NC 27	103	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	V /
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D 273	Continued From page	- 48	D 273		
		ility, asked Staff G to leave,			
	what happened.	to write statements about			
	-She did not get a sta	atement from Staff G.			
		lent #2 by touching and			
	asking if her head, fa				
	Resident #2 said yes	to her neck hurting.			
		nsible party and PCP were			
		ent #2 was not sent out to			
	the emergency room				
		ny Resident #2 was not sent			
	to the emergency roo				
	since the altercation	been seen by her PCP			
	Since the altercation	011 12/31/19.			9
	Interview with a Staff revealed:	G on 01/16/20 at 12:03pm			
		second shift on 12/31/19.			
		sident down for bed when he			
		was in another resident's			
		dent #2 out of the other			
		elling her to come out.			
	-Resident #2 told hin				
	-Resident #2 walked	up to him and grabbed him		W.	
	by his wrist and his jan	acket and had a tight grip on			
		ck away from Resident #2			
		going to be aggressive with			
	her.	900 PD			
		d his hands and wrists and			
		ards the bed so he tried to			
		r from falling back, but	1		
	Resident #2 fell back				
		dent #2 to "calm down," but			
	she kept saying "no.	esident #2's neck and did not			
	-He did not touch Ke				

-He left the room and told a MA what happened.
-The MCD came to the facility, told him an

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLE	TED	
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	HAL034093		B. WING		01/17/2020	
		11AE034093			1 01/17	772020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
B A NBV III	0110=	3150 BURI	KE MILL ROAD			
DANBY H	OUSE	WINSTON	SALEM, NC 27	103		1
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	IN I	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 273	Continued From page	e 49	D 273			
		e completed, asked him to				
	leave, and told him n		1			
		few days later and was told	1			
		ecause "something was not	1			
	handled properly," bu	ıt she did not say what it	1			
	was.					
	-He was never asked	I to tell his side of the story to				
1	say what happened.					
	-In November and De	ecember 2019, staff,				
		equired to watch videos on				
	"how to handle reside	ents with dementia and how				
	not to engage in a ho	stile manner with them."				
	-All staff were require	ed to attend the trainings and				
	he attended all require	red trainings.				
		ector of Resident Care				
	(DRC) on 01/16/20 a	t 5:31pm revealed:				
R	-She was not working	g on the evening of 12/31/19)	
	or on 01/01/20, but s	he was told about the				
	altercation between	Staff G and Resident #2 on				
	01/01/20.					
		Resident #2 when she				
	returned to the facilit	y on 01/02/20 or any other			ļ	
	date.					
	-She looked at Resid	lent #2, but she did not asses				
	her.					
	-She did not see any	marks or bruising on				
	Resident #2's neck a					
	TOTAL ON THE STATE OF THE PARTICULAR OF THE STATE OF THE	t #2 if she was in pain, but				
	she did not respond					
		d up with Resident #2's PCP				
	regarding the alterca	ation.				
	Segre pa sign America segreta segreta					
		ent #2's responsible party on	1			
	01/17/20 at 11:18am					
		in December 2019 from				
		old her Resident #2 had an				
1	incident, but staff did	d not tell her what the incident				
	was.					
	-She was told the inc	cident was being investigated				

Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: _ B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD DANBY HOUSE WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 273 Continued From page 50 D 273 and staff just wanted to let her know. -She called the facility on a later date to speak with the MCD to check on Resident #2. -Staff told her to hold on and left the phone off the -While the phone was off the hook she overheard staff say, "(Unnamed person) wouldn't choke Resident #2. Why would (unnamed person) choke Resident #2? -She did not know if staff was talking about another resident or a staff. Interview with Resident #2's PCP on 01/15/20 at 12:48pm revealed: -She did not know about the altercation between Resident #2 and Staff G. -She did not see any notes where staff had called on 12/31/19 and left a message for her. -They may have called the on-call person who may have forgotten to put in a note. -She would have expected to be notified of the altercation and for Resident #2 to be sent out to the hospital if she complained of pain in her neck. The facility failed to assure timely notification to the primary care provider (PCP) and mental health provider (MHP) for Resident #1 who constantly tore up her room, was digging in her rectum, rolled over residents' feet with her wheelchair, hit residents with her wheelchair and talked "ugly" to residents, and Resident #2 who was in an altercation with a staff [Staff G]. This failure detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.

Division of Health Service Regulation

this violation.

The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/16/20 for

Division of	Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HAL034093	B. WING		01/17	7/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE				
DANBY H	OURE	3150 BURI	KE MILL ROAD					
DANGTH		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 273	Continued From page	e 51	D 273					
	THE CORRECTION	DATE FOR THE TYPE B NOT EXCEED MARCH 2,						
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276	10A NCAC 13F .0902(c) (3-4) Hea	lth care			
	10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.			Facility Managers will assure documentation of the following in t resident's record: Written procedures, treatments or from a physician or other licensed professional and implementation or procedures, treatments or orders Facility has implemented daily stan	orders health f	2/17/2020		
				meetings with all department heads health care needs/concerns, upcor appointments and/or needed follow-up are discussed during dail meetings.	s. Resider ning			
	This Rule is not met			Facility has implemented the Buck System for processing orders. Fac Care Managers will process, appro- follow-up and assure implementati residents orders.	ility ove,	2/17/2020 Ongoing		
	Based on interviews and record reviews, the facility failed to assure implementation of physician's orders for 1 of 5 sampled residents (Resident #1) with orders for daily skin checks and a back brace.		Facility Director of Resident Care (I will review and/or audit the Bucket System daily to assure all written p treatments or physicians orders are process and/or followed-up on.	List rocedures	2/17/2020			
	12/05/19 revealed:	nt #1's current FL2 dated Alzheimer's dementia,		Area Director and/or Divisiona Direction Clinical Services will check and revenue Bucket List System during site visit	view .	02/17/2020		

diabetes mellitus II, chronic obstructive pulmonary disease, schizophrenia, hepatitis C,

thrombocytopenia, and osteoarthritis.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	120 000	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 201221110.			
		HAL034093	B. WING		01/1	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	E, ZIP CODE		
DANBY H	OUSE		E MILL ROAD	402		
/VA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	SALEM, NC 27	PROVIDER'S PLAN OF CORRECTION	J	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
D 276	Continued From page	e 52	D 276	Continued from page 52		
	(used to treat schizordailyThere was an order body once resident stream of Resident # revealed:	for Lamictal (lamotrigine) chrenia) 25mg 2 tablets twice for daily skin check of entire tarted Lamictal on 10/08/19. t1's physician's orders written by a mental health		Facility Medicaiton staff, Care Manand Director of Resident Care recetraining on documention and the imof documention, notifications to heaproviders, and health care referral follow- up. Training was conducted the Divisional Director of Clinical Schicensed RN.	ived nportance althcare and by ervices,	1/22/2020
	provider dated 10/07. 1 tablet twice daily fo increase to 2 tablets -There was an order	/19 for Lamictal 25mg tablets r 14 days and after 14 days twice daily thereafter. written by a mental health /19 to do daily skin checks		Facility DRC, RCC, MCM and ED I received training on Bucket List Sy Training conducted by ADO and DDCS (RN)		2/14/2020
	Administration Recorrevealed: -There was an entry twice daily at 9:00am with a start date of 10-Lamotrigine was do for 27 of 28 opportur 10/20/19There was a second 2 tablets twice a dail a start date of 10/21/-Lamotrigine was do for 20 of 22 opportur 10/31/19There was an entry body once resident solution. There was documel body was checked fir 10/31/19 with the extended.	cumented as administered lities from 10/07/19 through dentry for lamotrigine 25mg by at 9:00am and 9:00pm with 19. Cumented as administered lities from 10/21/19 through for daily skin check of entire starts Lamictal on 10/08/19. Intation Resident #1's entire from 10/08/19 through				

Division of Health Service Regulation

Review of Resident #1's eMAR for November

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLET	
		HAL034093	B. WING		01/17	/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
DANBY H	DUSE		KE MILL ROAD SALEM, NC 27	103		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
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D 276	Continued From page	e 53	D 276			
	2019 revealed:					
		for lamotrigine 25mg 2				
	tablets twice daily at	9:00am and 9:00pm. cumented as administered				
	_	ities from 11/01/19 through				
	11/21/19.					
		l entry for lamotrigine 25mg				
	2 tablets twice daily at 9:00am and 9:00pmLamotrigine was documented as administered					
	for 39 of 40 opportunities from 11/21/19 through					
	11/30/19.					
	The state of a point with the state of the s	ntation Resident #1's entire om 11/01/19 through				
	11/30/19 with the exc					
		mentation of the condition of				
	Resident #1's skin.					
	Review of Resident and 2019 revealed:	#1's eMAR for December				
		for lamotrigine 25mg 2				
		9:00am and 9:00pm. cumented as administered				
	_	nities from 11/01/19 through				
	I .	d entry for lamotrigine 25mg				
		9:00am and 9:00pm. cumented as administered				
		nities from 11/20/19 through				
	11/30/19.					
		ntation Resident #1's entire				
	body was checked to through 12/31/19.	wice daily from 12/01/19				
		mentation of the condition of				
	Resident #1's skin.					
1		#1's progress notes revealed				
		nentation from 10/01/19				
		a skin assessment of body or the condition of				

Division of Health Service Regulation

Resident #1's skin.

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 (X4) ID PREFIX TAG COntinued From page 54 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 ID PROVIDER'S PLAN OF A CEACH CORRECTIVE ACT IN TAG CROSS-REFERENCED TO	01/17/2020
DANBY HOUSE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG 150 BURKE MILL ROAD PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTIVE ACT	
(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) WINSTON SALEM, NC 27103 WINSTON SALEM, NC 27103 ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTIVE ACTI	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIVE ACTIV	
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D 276 Continued From page 54 D 276	ION SHOULD BE COMPLETE THE APPROPRIATE DATE
Interview with a medication aide (MA) on 01/17/20 at 12:25pm revealed: -She knew Resident #1 had physician's orders for daily skin checksShe tried to assess Resident #1's skin daily when she workedPersonal care aides (PCA) assessed Resident #1's skin three times a week when they assisted her with a showerShe documented she completed skin assessments on the MAR, but she did not document whether Resident #1's skin was clear or if there was a rashShe had not been told to document the condition of Resident #1's skin after a skin assessmentShe did not remember seeing a rash on Resident #1's skin. Interview with the Director of Resident Care (DRC) on 01/17/20 at 12:48pm revealed: -She knew Resident #1 had a physician's order for daily skin assessmentsThe MAs were responsible for completing the daily skin assessment and documenting the results of the skin assessmentMAs should have documented the results of the skin assessment in the progress notesStaff had not reported to her any rashes on Resident #1's skinWhat she considered a rash and what staff considered a rash might be different.	
Interview with a PCA on 01/17/20 at 1:18pm revealed: -She assessed Resident #1 when she gave her a shower and completed a body evaluation and observation form to document the condition of residents' skinShe did not document anywhere else.	

Division	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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		HAL034093	D. WIIVO		01/17	//2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E. ZIP CODE		
			RKE MILL ROAD			
DANBY H	OUSE					
		WINSTOR	SALEM, NC 27	103		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	983	(X5)
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				·		
D 276	Continued From page	e 55	D 276			
		on Resident #1's coccyx in				
		let the MA on duty know, but				
	she did not remembe					
		ed to document the rash in				
	Resident #1's progre	ss notes and let the Memory				
	Care Manager (MCM) and DRC know.				
	-She did not know if t	the MAs were completing a				
	total body assessme	nt daily for Resident #1.				
	3					
	Interview with the MC	CM on 01/17/20 at 1:29pm				
	revealed:	**************************************				
	-She did not know ab	out the order for daily skin				
		#1 because it was in place				
	prior to her working a	[1] : [1] [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1]				
		ally seen nor had staff told				
		s on Resident #1's skin.				
	-She had reviewed th					
		As in December 2019 and				
		ocumented a rash on				
	Resident #1's skin.	ocumentou a rasir on				
		ssess the rash, it was gone.				
	L.	ompleted daily skin checks				
	for Resident #1.	ompleted daily skill checks				
		hat instructions were given to				
l		e daily skin checks were				
		coming to work at the facility.				
		ner responsibility, but she had				
		checks were completed daily				
	and results documer	ntea.				
1						
1		on, interview, and record				
1	TO SEAT (CONSTRUCTORS OF A DISTRICT OF A DIS	ined Resident #1 was not				
	available for intervie	w.				
		with the prescribing mental				
		2/17/20 at 12:37pm was				
	unsuccessful.					
1						

12/05/19 revealed:

2. Review of Resident #1's current FL2 dated

PRINTED: 02/04/2020 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HAL034093 01/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD **DANBY HOUSE** WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (FACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 276 Continued From page 56 D 276 -Diagnoses included schizophrenia, Alzheimer's dementia, diabetes mellitus type II, chronic obstructive pulmonary disease, hepatitis C, thrombocytopenia and osteoarthritis. -Resident #1 was constantly disoriented. -Resident #1's recommended level of care was memory care unit (MCU). Review of a physician's order dated 12/12/19 revealed the mental health provider (MHP) wrote an order documenting Resident #1 "needs a back brace." Review of Resident #1's progress note dated 12/12/19 at 3:08pm revealed the Memory Care Manager (MCM) documented Resident #1 was ordered a back brace. Review of Resident #1's record revealed there was no documentation a back brace was obtained for Resident #1. Interview with Resident #1's MHP on 01/16/20 at

Division of Health Service Regulation

asked her.

order for therapy.

10:06am revealed:

-She ordered the back brace for Resident #1 because the resident complained of back pain. -The resident's family member said she previously had a back brace, so she ordered physical therapy and the back brace. -She expected the facility to obtain the back

-If facility staff were not sure who was responsible for obtaining the back brace, they should have

Interview with Resident #1's primary care provider

(PCP) on 01/16/20 at 1:01pm revealed: -She gave a verbal order for physical therapy, being unaware the MHP had already given an

Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		HAL034093	B. WING		01/1	7/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE		
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DANBY H	DUSE		N SALEM, NC 27	103		
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D 070	0 " 15		D 276			
D 276	Continued From page	9 57	D 276			
	-She did not know the	ere was an order for a back				
	brace.					
		see the back brace, they				
	The state of the s	ed the physician that wrote				
	the order.					
	Interview with the offi	ce manager at the contract				
-	- resilience discussibility assessed no reconstruction of the	e on 01/16/20 at 1:28pm				
	revealed:	pag derodes, 24 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				
	-The physical therapy	y office never received an				
	order for a back brac					
		charged from physical				
	1000	ecline in function related to				
	dementia.					
	Interview with the MC	CM on 01/16/20 at 4:11pm				
	revealed:	:•3				
	1	e faxed an order for physical				
		nd the back brace to the				
	1 5 5 5	as unable to recall the exact				
	-She was unable to le	rder to physical therapy.				
		ne order to physical therapy				
	regarding the back b					
		he for order a back brace				
	The state of the s	ler for physical therapy.				
	-She assumed the pe	erson providing physical				
2	therapy would get the					
		nothing was done about				
	getting the resident a					
		e for following-up to ensure				
	the back brace was of think to ask about the	obtained, but she did not				
	unink to ask about the	e Dack Drace.				
	Interview with the DF	RC on 01/17/20 at 1:32pm				
	revealed:					
	-She did not review t	the order for a back brace for				

Resident #1.

by the MCM.

-She did not review orders that were processed

### PROVIDERS UPPLIES ON THE PROVIDER SUPPLIES OF THE PROVIDE SUPPLIES OF THE PROVIDER SUPPLIES	Division of	Division of Health Service Regulation						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JP CODE 3159 BURKE MILL ROAD WINSTON SALEM, NC 27103 PROVIDER'S ALM OF CORRECTION (EACH OPERIODIN'S MINT BE PROCEDED BY PULL) (EACH OPERIODING OF THE APPROPRIATE DEFINITION OF THE APPROPRIATE DEFIN	STATEMENT OF DEFICIENCIES (X1) PRO				IULTIPLE CONSTRUCTION			
DANEY HOUSE SITEET ADDRESS. CITY, STATE_ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103 PREFIX TAG PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL TAG PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE D 276 Continued From page 58 -The MCM was supposed to follow through with the order to ensure the order was implemented. Interview with Resident #1's family member on 01/17/20 at 91:0am revealed: -Resident #1 continually complained of back painShe asked the MHP if Resident #1 could get a back braceShe had never saw Resident #1 in a back brace and did not know if one was ever ordered. Interview with the Administrator on 01/17/20 at 5:40pm revealed: -She expected staff to follow-up on orders written, like Resident #1's back braceIf there was continuous or regarding who was responsible for obtaining the back brace staff should have followed-up with the provider that wrote the order. D914 G.S. 131D-21(4) Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and review of documentation, the facility failed to assure residents were protected from abuse and neglect stream of provider that with Seniorary and preview of documentation, the facility failed to assure residents were protected from abuse and neglect	AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
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-Resident #1 continually complained of back painShe asked the MHP if Resident #1 could get a back braceShe had never saw Resident #1 in a back brace and did not know if one was ever ordered. Interview with the Administrator on 01/17/20 at 5:40pm revealed: -She expected staff to follow-up on orders written, like Resident #1's back braceIf there was confusion regarding who was responsible for obtaining the back brace staff should have followed-up with the provider that wrote the order. D914 G.S. 131D-21(4) Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and review of documentation, the facility failed to assure residents were protected from abuse and neglect -Resident #1 could get a back brace and with a pack brace and did not know if one was ever ordered. G.S. 131D-21(4) Declaration of Residents' Rights Rights G.S. 131D-21(4) Declaration of Residents' Rights Every resident shall have the following rights: A. To be free of mental and physical abuse, neglect, and exploitation. All Residents have been assessed for any needed In-creased Supervision or Behavioral Mood needs. Assessments were completed by Director of Resident Care(LPN), Resident Care Coordinator, Memory Care Manager along with SeniorArea Director of Opertations		Interview with Reside	ent #1's family member on					
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Based on observations, interviews, and review of documentation, the facility failed to assure residents were protected from abuse and neglect by Director of Resident Care(LPN), Resident Care Coordinator, Memory Care Manager along with SeniorArea Director of Opertations		This Rule is not met	as evidenced by:		Mood needs. Assessments were	completed	2/17/2020	
residents were protected from abuse and neglect along with SeniorArea Director of Opertations		Based on observation	ns, interviews, and review of		by Director of Resident Care(LPN), Residen	t	
(0.50)							ns	
as related to Personal Care and Supervision, and (SADO)			_		(SADO)	- portation		
Health Care.			e 50 °					
The findings are: Facility has scheduled Resident Rights training with Ombudsman, for first		The findings are:						

1. Based on record reviews and interviews the

available date 3/6/2020

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 3	(X2) MULTIPLE CONSTRUCTION (X3)		
			A. BUILDING:		COMPLE	
		HAL034093 B. WNG 01/17/2		7/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D914	of 5 sampled resident diagnosis of schizoph behaviors and injurior 0270 NCAC 13F .090 Supervision (Type A12. Based on interview facility failed to assur of 5 sampled resident regarding a resident schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and hainjurious to herself (Rwho was in an altercate of the schizophrenia and the schizophrenia an	de supervision needed for 1 ts (Resident #1) with a brenia and had destructive us to herself. [Refer to Tag 01(b) Personal Care and Violation)]. Violation and record reviews, the e physician notification for 2 ts (Residents #1 and #2)	D914	Continued from page 59 Facility staff have received training following: - Reporting Changes in Status - Improtance of notification to prov - Increased Supervision Check for Behavioral/Mood Monitoring form Resident Rights - Incident/Accident Reporting - Behavioral Changes in Residents - Managing Residents with Behavi The above trainings were conduct Licensed RN along with a Certified Practitioner Facility Medicaiton staff, Care Mar and Director of Resident Care received and commentation and the information of the state of the stat	iders ms is ors by a I Dementia	1/22/2020
	(Type D Treatment)			of documention. Training was con- the Divisional Director of Clinical S Licensed RN Facility staff received training on "\	ducted by Services, What are	2/7/2020
				behaviors?" "How to deal with beh Training conducted by Certified De Practitioner	ementia	2///2020
				Facility staff received training on I Sun-downing. Training conducted Geriatric Adult SpecialtyTeam		2/7/2020