	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL034098	B. WING			6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR) SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licensure Section conducted a follow-up survey on 05/05/22 to 05/06/22.					
{D 270}	10A NCAC 13F .0901(b) Personal Care and Supervision		{D 270}			
	10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.					
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide supervision for 1 of 5 sampled residents (#5) with a diagnosis of dementia and a history of behaviors including paranoia, agitation and anxiety.					
	The findings are:					
	01/24/22 revealed: -Diagnoses include disorder.	#5's current FL2 dated d dementia and anxiety ntermittently disoriented and				
	(MHP) psychiatry p revealed: -Resident #5 had a paranoia and agitat changes. -Resident #5 had a scheduled anti-anxi	#5's mental health provider's rogress note dated 03/09/22 history of behaviors including ion and staff reported no history of anxiety, had a ety medication, and an as medication, and there were				

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

(X6) DATE TITLE

	NT OF DEFICIENCIES		(V2) MI II TIDI	E CONSTRUCTION	(X3) DATE	SLIDVEV
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		LETED
			A. DOILDING.			
		1141 00 4000	B WING		F	
		HAL034098	B. W		05/0	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR			
WINSTON		SALEM, NO	27127			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 270}	Continued From page 1		{D 270}			
	no changes recommended.					
	progress note dated -Resident #5 had a medication prescribincluding paranoia a-Resident #5 had a scheduled anti-anxineeded anti-anxineeded anti-anxineeded anti-anxineeded anti-anxiety Review of the Resid April 2022 revealed -There was no docu 04/26/22On 04/27/22, the Staff, and then went altercation with a restaff, and then went Special Care Unit (sverbal altercation with a restaff, and then went Special Care Unit (sverbal altercation with a resident #5 was restored to her room; she reseveningThere was no documented interventions nor incomplete was no documented to her room; she reseveningThere was no documented to her room; she resevening.	history of anxiety, had a ety medication, and an as medication. dent #5's progress notes for : umentation of an incident on special Care Unit Coordinator ed Resident #5 was in an esident, was redirected by the down the 400 hall in the SCU) and started another ith another resident. Edirected again and then went ested for the rest of the				
	and then decided to residents.	rguing with two other residents o get physical with both				
	 -A second shift staff or during the incide 	f member was present before nt.				
		#5's record revealed there tion of interventions put in				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.		F	2
		HAL034098	B. WING			6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
{D 270}	Continued From pa	ge 2	{D 270}			
	place by the facility nor any increase in supervision for Resident #5 after the incident on 04/26/22.					
	Attempted telephone interview with the second shift staff member on 05/06/22 at 2:02pm was unsuccessful.					
	The medication aide (MA) who completed the report on 04/26/22 was no longer employed at the facility.					
	revealed: -Resident #5 was s the family room in t personal care aide -Resident #5 held h as residents entere block them from en -The PCA told Resi residents from ente arm downA resident entered #5 had her arm out enteringAs the resident ent pushed Resident #8 Resident #5 hit the Interview with the P revealed: -Resident #5 was p	dent #5 she could not block ring and asked her to put her the family room and Resident in attempt to block her from tered the family room, she 5's arm out of her way and resident twice on her back. CA on 05/05/22 at 3:58pm hysically aggressive with				
	aggressive with res on his shift, but he differently for Resid -He observed Resid	ent #5 being physically idents to the MA who worked was not told to do anything				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(VO) MUUTIDI	E CONCEDUCTION	(VO) DATE	CLIDVEV	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	LETED
			A. BUILDING:			
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		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2609 OLD	SALISBUR	Y ROAD		
SALEM	TERRACE		SALEM, NO			
(V4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IOIEIVOT)		
{D 270}	Continued From pa	ge 3	{D 270}			
	#5's physical alterca	ation with two other residents				
	on 04/26/22.					
		ole to complete the interview				
	due to him needing	to assist residents.				
	Davious of Posidont	: #5's record revealed there				
		tion of interventions put in				
	place by the facility					
		ident #5 after the incident on				
	05/05/22.					
		residents' 15-minute check				
		were no 15-minute check logs				
	for Resident #5.					
	Interview with a PC	A on 05/06/22 at 9:08am				
	revealed:					
		arted having behaviors within				
	the last 2 to 3 week					
	-She had been gett					
		Resident #5 was currently on				
	checks due to her b	or had been on 15-minute				
	checks due to her t	Deriaviors.				
	Interview with a MA	on 05/06/22 at 9:16am				
	revealed:					
		lesident #5 be physically				
	aggressive with oth					
		agitated, she would go to her				
	room and lay down.					
		ng when the incident occurred				
		noever completed the behavior #5 on that date should have				
		15-minute checks for				
	behaviors.					
		whether or not Resident #5				
		15-minute checks.				
	•					
		A on 05/06/22 at 9:24am				
	revealed:					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL034098	B. WING		05/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	SALEM TERRACE 2609 OLD					
			SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{D 270}	Continued From page 4		{D 270}			
	#5 had with two oth know the details of -She did not know i 15-minute checks a two residents.	physical altercation Resident er residents, but she did not the altercation. f Resident #5 was put on after the altercation with the				
	revealed: -She was not made took place on 04/26 other residents unti-She had no further behavior report and no longer worked a -After she became Resident #5 and the not contact Resider -The standard proto a 15-minute checks and fallsResident #5 was n checks after the ph-The MA on duty or Resident #5 on 15-after the incident or No one reported R resident on yesterd-If she had known F resident on 05/05/2 Resident #5 an as a agitation if available hospital, followed u and placed her on 25/25/2 Resident #5 an as a gitation if available hospital, followed u and placed her on 25/25/26/26/26/26/26/26/26/26/26/26/26/26/26/	a aware of the incident that 6/22 with Resident #5 and two I a couple days later. If details than what was in the I the MA who wrote the report it the facility. I aware of the altercation with the two other residents, she did not #5's MHP. I wood was to place residents on the for 72 hours for behaviors of placed on 15-minute system altercation on 04/26/22. In 04/26/22 should have started minute checks immediately courred for 72 hours. I would have given the series would				
	12:54pm revealed: -She knew about th	e physical altercation between o other residents on 04/26/22,				

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but she did not know about Resident #5 hitting

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
		HAL034098	B. WING			6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM 1	ERRACE		SALISBURY			
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES	SALEM, NO	PROVIDER'S PLAN OF CORRECTION	N.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 270}	Continued From pa	ge 5	{D 270}			
/D 273\	15-minute checks a -Anytime there was residents, the resident on 15-minute checkmore closelyShe would have expesident #5's ment there were any recovered Resident #5 or any Resident #5's mediant #5'	ent #5 was placed on after the incident on 04/26/22. an incident between ent was automatically placed as for 72 hours to monitor expected staff to contact all health provider to see if ommendations to redirect needs for changes in cations.	/D 273\			
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.		{D 273}			
	This Rule is not me FOLLOW-UP TO T Based on these find Violation was not al	YPE B VIOLATION dings, the previous Type B				
	Based on observati reviews, the facility follow-up to meet th healthcare needs for (#3, #5) related to a leg wraps and whose trimmed (#3) and a of dementia, a history	ons, interviews, and record failed to ensure referral and he routine and acute or 2 of 5 sampled residents a resident who had loosened se toenails needed to be resident who had a diagnosis bry of behaviors, and was in s with other residents (#5).				

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		egulation	1		1	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL034098	B. WING		R 05/06/2022	
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY O	STATE ZID CODE		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 6	{D 273}			
	09/21/21 revealed of	ent #3's current FL2 dated diagnoses included dementia, ease, hyperlipidemia, and				
	provider's (PCP) en revealed: -The PCP saw Res request of facility st management of dia (swelling in the arm blockage in the lym-Resident #3 had a he had been nonco therapyResident #3 was n wraps followed by t (TED) hose.	history of lymphedema, but mpliant with compression ot willing to try compression hromboembolic deterrent				
	revealed there was skilled nursing for a bandage applied to insufficiencies) or w discontinuing wraps	an's order dated 04/20/22 an order for home health in unna boot (a compression the lower legs to treat venous graps for 3 weeks then, before s, measure for and apply TED hing and off at bedtime.				
	8:22am revealed: -Resident #3 had w from his feet to mid -There was bunchir the ankle to the top wraps to have the a -Resident #3 had so right leg was more	raps on both lower extremities -calf. Ing that extended from below of the wraps causing the appearance of slouch socks. Welling in both legs, but his swollen than his left leg.				

reveled:
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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					F	2	
		HAL034098	B. WING			6/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SALEM	SALEM TERRACE 2609 OLD						
WINSTON			SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
{D 273}	Continued From pa	ge 7	{D 273}				
	due to swelling in h	on his legs for a week or so is legs. de of the facility came to wrap					
	at 11:37am reveale -The nurse came to twice and each time walkedThe nurse wrappe	with Resident #3 on 05/05/22 d: the facility to wrap his legs the wraps fell down as he d his legs tight, but not too					
	-He had not told an	r move the wraps himself. yone at the facility his wraps no staff had looked at the					
	05/05/22 at 8:50am -She did not think F legs and no one fro facility to wrap his le -She thought Resid	Resident #3 had wraps on his m home health came to the					
	#3's home health as revealed: -Resident #3 was a need for changing a dressing for edema -There was an order health skilled nursing boots or wraps for a measure for TED health service frequency of twice a -Resident #3's legs	ces started on 04/25/22 with a					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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		HAL034098	B. WING		05/0	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
				,		
SALEM	TERRACE		SALISBUR			
		WINSTON	I SALEM, NO	: 27127		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	`	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
{D 273}	Continued From pa	ae 8	{D 273}			
(= =: 0)	oonanada i rom pa	900	(2 2. 0)			
	-On 04/25/22, Resi	dent #3 had 2+ pitting edema				
	on his bilateral extre	emities and positive petal				
	pulse.	•				
	On 05/03/22. Resi	dent #3's edema had				
		dema for his left lower				
	•	r his right lower extremity.				
		ne wrap to be fitting on				
	Resident #3's legs					
	-There was no documentation the facility called to notify the home health agency Resident #3's wraps were sagging on his legs.					
		ontacted home health, a nurse				
		ack to rewrap his legs.				
		practice for the home health				
		th facility staff that they could				
		ealth agency 24/7 with any				
	issues.					
		sonal care aide (PCA) on				
	05/05/22 at 11:30ar					
		why Resident #3 had wraps on				
	his legs.					
	-Resident #3 did no	t need assistance with bathing				
	or dressing so she	had not checked or noticed				
	any issues with his	wraps.				
	-If she had noticed	issues with Resident #3's				
		ave told the MA on duty.				
	,	,				
	Interview with a sec	cond PCA on 05/05/22 at				
	11:34am revealed:	· · · · · · · · · · · · · · · · · · ·				
		when the nurse from the home				
		e to wrap Resident #3's legs.				
		Resident #3's leg wraps since				
		ced by the home health nurse.				
	uie wiaps weie pia	bed by the nome nealth nurse.				
	Intonvious with the O	poolal Caro Unit Coardinates				
		Special Care Unit Coordinator				
		2 at 3:42pm revealed:				
		Resident #3 had wraps on				
	both of his legs.					
	-Resident #3's leg v	vraps should not have been				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL034098		B. WING		05/0	R 6/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	OIZOZZ
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	health if there were wraps. Interview with a sec 4:18pm revealed: -She did not know FlegsResident #3 was in dressing, but PCAs Resident #3's skin, daysIf there was a prob the PCA should have assessment form a -The MAs were to r #3's wraps to the Schome health agence. Telephone interview care physician (PCI revealed: -He wrote an order Resident #3's legs of the word and the word and the word have expended that he would have expended that he word have expended that he word have expended that they were sagging. Interview with the A 12:54pm revealed: -She did not know Finat they were sagging.	I his legs. Insible for notifying home I issues with Resident #3's leg Frond MA on 05/05/22 at Resident #3 had wraps on his Independent with bathing and I should have checked I including wraps, on his bath I lem with Resident #3's wraps, I ive documented it on the skin I ind told a MA. I eport any issues with Resident I CUC who would contact the I ive with Resident #3's primary I ive on 05/06/22 at 11:18am I ive of the facility to wraps I ive of the facility to contact I ive of the facil	{D 273}			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL034098	B. WING		05/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	ERRACE		SALISBURY			
			SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 10	{D 273}			
	March, April, and M -There were showe 03/07/22, 03/14/22, and 03/30/22; there regarding Resident -There were showe 04/08/22, 04/11/22, documentation rega -There was a show there was document toenails. Observation of Res 3:48pm revealed: -Resident #3 was la off. -The toenails of bot	r sheets dated 03/02/22, 03/16/22, 03/21/22, 03/25/22, was no documentation				
	revealed: -His toenails were letrimmed.	dent #3 on 05/05/22 at 4:17pm ong, thick, and needed to be s own toenails, but it has been				
	podiatrist had not tr but he did not know					
	but he did not know how long. -He would like to have his toenails trimmed. Interview with the Special Care Unit Coordinator (SCUC) on 05/05/22 at 3:49pm revealed: -She did not know Resident #3's toenails on both feet were long and needed to be trimmed. -The personal care aides (PCA) should have been looking at Resident #3's toenails on bath days, but she did not know often.					

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DIVISION	Of Fleatill Service IN	guiation	т		1	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		HAL034098	B. WING			6/2022
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
041 544	FEDDAGE	2609 OLD	SALISBUR	Y ROAD		
SALEIVI	ΓERRACE	WINSTON	I SALEM, NO	27127		
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX	_	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
{D 273}	Continued From pa	ne 11	{D 273}			
(= = : 0)	, -		(= =: 0)			
		when Resident #3 last got his				
	toenails trimmed by	∕ a podiatrist.				
		A on 05/05/22 at 3:58pm				
	revealed:					
		nt #3's toenails were long on				
	04/18/22, but he did					
		MAs should be looking at the				
	residents' toenailsHe did not know who was responsible for					
		#3's toenails were clipped by a				
	podiatrist.					
	Interview with a me	dication aide (MA) on				
	05/05/22 at 4:18pm					
		Resident #3's toenails were				
	long and needed to					
		complained or unless staff saw				
		toenails, they were not seen				
	by podiatry.	tochails, they were not seen				
		e facility every 3 to 4 months.				
		ere not allowed to clip any				
	residents' toenails.	ne not anowed to one arry				
	residents techans.					
	Interview with a PC	A on 05/06/22 at 9:24am				
	revealed:	-				
		ndependent with bathing and				
	dressing.					
	-She assisted him b	by standing by the door when				
	he took a bath.					
		eek of 04/17/22, Resident #5's				
	,	ong and told the MA working				
	on her shift.					
		uch any resident's toenails to				
	trim them.					
		who was responsible for				
		rist to trim Resident #3's				
	toenails.					
	Interview with the M	Medical Records Coordinator				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SALEM TERRACE 2699 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X41) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 273) Continued From page 12 on 05/06/22 at 11:16am revealed: -She found documentation Resident #3 was seen by podiatry for for tot care follow-up on 10/20/21There was no other documentation Resident #3 was seen by podiatry for for tot care follow-up on 10/20/21There was no other documentation Resident #3 was seen they visited the facilityShe did not know when the podiatrist was last in the facility, but it was usually every 3 monthsShe did not know Resident #3's toenails were long and thickPCAs should assess residents' toenails on shower days and document that toenails needed to be trimmed. Attempted interview with the facility contracted podiatrist on 05/06/22 at 11:42am was unsuccessful. 2. Review of Resident #5's current FL2 dated 01/24/22 revealed: -Diagnoses included dementia without behavioral disturbance and anxiety disorderResident #5 was intermittently disoriented and had a history of wandering.		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCE) IN TAG (EACH DEFICIENCY) (D 273) Continued From page 12 on 05/06/22 at 11:16am revealed: -She found documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21There was no other documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21. Interview with the Administrator on 05/06/22 at 12:54pm revealed: -Podiatry trimmed all residents' toenails when they visited the facility, but it was usually every 3 monthsShe did not know when the podiatrist was last in the facility, but it was usually every 3 monthsShe did not know Resident #3's toenails were long and thickPCAs should assess residents' toenails on shower days and document that toenails needed to be trimmed. Attempted interview with the facility contracted podiatrist on 05/06/22 at 11:42am was unsuccessful. 2. Review of Resident #5's current FL2 dated 01/24/22 revealed: -Diagnoses included dementia without behavioral disturbance and anxiety disorderResident #5 was intermittently disoriented and							
SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 CAPID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (D 273) Continued From page 12 (D 273) On 05/06/22 at 11:16am revealed: -She found documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21There was no other documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21. Interview with the Administrator on 05/06/22 at 12:54pm revealed: -Podiatry trimmed all residents' toenails when they visited the facilityShe did not know when the podiatrist was last in the facility, but it was usually every 3 monthsShe did not know Resident #3's toenails were long and thickPCAs should assess residents' toenails on shower days and document that toenails needed to be trimmed. Attempted interview with the facility contracted podiatrist on 05/06/22 at 11:42am was unsuccessful. 2. Review of Resident #5's current FL2 dated 01/24/22 revealed: -Diagnoses included dementia without behavioral disturbance and anxiety disorderResident #5 was intermittently disoriented and			HAL034098	B. WING		05/0	6/2022
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### (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ### (D 273) ### (D 273) ### (D 273) ### (Continued From page 12 on 05/06/22 at 11:16am revealed: -She found documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21There was no other documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21There was no other documentation Resident #3 was seen by podiatry firmed all residents' toenails when they visited the facilityShe did not know when the podiatrist was last in the facility, but it was usually every 3 monthsShe did not know Resident #3's toenails were long and thickPCAs should assess residents' toenails on shower days and document that toenails needed to be trimmed. #### Attempted interview with the facility contracted podiatrist on 05/06/22 at 11:42am was unsuccessful. ### 2. Review of Resident #5's current FL2 dated 01/24/22 revealed: -Diagnoses included dementia without behavioral disturbance and anxiety disorderResident #5 was intermittently disoriented and	SALEM	TERRACE					
on 05/06/22 at 11:16am revealed: -She found documentation Resident #3 was seen by podiatry for foot care follow-up on 10/20/21There was no other documentation Resident #3 was seen by podiatry after 10/20/21. Interview with the Administrator on 05/06/22 at 12:54pm revealed: -Podiatry trimmed all residents' toenails when they visited the facilityShe did not know when the podiatrist was last in the facility, but it was usually every 3 monthsShe did not know Resident #3's toenails were long and thickPCAs should assess residents' toenails on shower days and document that toenails needed to be trimmed. Attempted interview with the facility contracted podiatrist on 05/06/22 at 11:42am was unsuccessful. 2. Review of Resident #5's current FL2 dated 01/24/22 revealed: -Diagnoses included dementia without behavioral disturbance and anxiety disorderResident #5 was intermittently disoriented and	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
Review of Resident #5's care plan dated 01/12/22 revealed Resident #5 had a history of wandering, was currently receiving medications for mental illness/behavior and was currently being seen by a mental health provider. Review of Resident #5's mental health provider's (MHP) psychiatry progress note dated 03/09/22	{D 273}	on 05/06/22 at 11:1 -She found docume by podiatry for foot -There was no othe was seen by podiat Interview with the A 12:54pm revealed: -Podiatry trimmed a they visited the faci -She did not know the facility, but it wa -She did not know the facility, but it wa -She did not know the facility, but it wa -She did not know the facility of the facilit	6am revealed: entation Resident #3 was seen care follow-up on 10/20/21. er documentation Resident #3 ry after 10/20/21. dministrator on 05/06/22 at all residents' toenails when lity. when the podiatrist was last in as usually every 3 months. Resident #3's toenails were ss residents' toenails on ocument that toenails needed with the facility contracted 22 at 11:42am was ent #5's current FL2 dated dementia without behavioral xiety disorder. Intermittently disoriented and indering. E #5's care plan dated 01/12/22 #5 had a history of wandering, ving medications for mental dispersion was currently being seen by vider. E #5's mental health provider's	{D 273}			

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paranoia and agitation.

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(VO) MUUTIDI	E CONSTRUCTION	(V2) DATE	CLIDVEV
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
					F	
-		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
TO AVIL OF I	NOVIBER OR SOLVER		SALISBUR			
SALEM	ΓERRACE		SALISBUR SALEM, NO			
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{D 273}	Continued From pa	ge 13	{D 273}			
	scheduled anti-anxi	history of anxiety, had a lety medication, and an as medication, and there were				
	Review of Resident #5's MHP's psychiatry progress note dated 04/06/22 revealed: -Resident #5 had a scheduled psychotropic medication prescribed for a history of behaviors including paranoia and agitationResident #5 had a history of anxiety, had a scheduled anti-anxiety medication, and an as needed anti-anxiety medicationThere were no new orders. Review of the Resident #5's progress notes for April and May 2022 revealed: -There was no documentation of an incident on 04/26/22On 04/27/22, the SCUC documented Resident #5 was in an altercation with a resident, was redirected by staff, and then went down the 400 hall in the SCU and started another verbal altercationResident #5 was redirected again and then went to her room; she rested for the rest of the evening.					
	Report dated 04/26 -Resident #5 was ir involved verbal and other residents on 0 -Resident #5 was a and then decided to residents.	rguing with two other resident o get physical with both sonal care aide (PCA) was				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL034098	B. WING		F 05/0	R 6/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	05/0	0/2022
			SALISBUR)			
SALEM	TERRACE		SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 14	{D 273}			
		te interview with the second : 2:02pm was unsuccessful.				
	The MA who completed the report on 04/26/22 was no longer employed at the facility.					
	05/05/22 at 3:27pm -Resident #5 was s the family room in t personal care aide -Resident #5 held h as residents entere block them from en -The PCA told Resi residents from ente arm downA resident entered #5 had her arm out enteringAs the resident ent pushed Resident #8 Resident #5 hit the	tanding inside the doorway of he SCU and there was a (PCA) standing near her. Her arm straight out to the side of the family room to try to tering. He dent #5 she could not block ring and asked her to put her the family room and Resident in attempt to block her from the family room, she 5's arm out of her way and resident twice on her back. He do Resident #5 away from the				
	revealed: -Resident #5 was p residents almost ev -He reported Resid aggressive with res on his shift, but he v differentlyHe observed Resid today, but it was no #5's physical altered on 04/26/22.	ent #5 being physically idents to the MA who worked was not told to do anything dent #5 hit another resident thing compared to Resident ation with two other residents ole to complete the interview				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL034098	B. WING			6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM -	TERRACE		SALISBURY SALEM, NO			
(Y4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	COMPLETE DATE
{D 273}	Continued From pa	ge 15	{D 273}			
	revealed: -Resident #5 just st the last 2 to 3 week -She became agitat residents.	ted easily around other				
	Interview with a second PCA on 05/06/22 at 9:24am revealed: -She had not been told to do anything differently for Resident #5Resident #5 bickered back and forth with other residents, but she had not seen her be physically aggressive.					
	Interview with the Special Care Unit Coordinator (SCUC) on 05/06/22 at 9:34am revealed: -She did not notice a lot of behaviors with Resident #5Resident #5 had sundowning episodes and would get agitated, but she would try to diffuse the agitation when she saw itShe was not made aware of the incident that took place on 04/26/22 with Resident #5 and two other residents until a couple days laterShe had no further details than what was in the behavior report and the medication aide who wrote the report no longer worked at the facilityAfter she became aware of the altercation with Resident #5 and the two other residents, she did not contact Resident #5's MHPShe was responsible for making contact with Resident #5's MHP, but she did not contact the MHP because she was new to the facility and still learning the processes.					
	care physician (PCI	v with Resident #5's primary P) on 05/06/22 at 11:18am ot familiar with Resident #5 or				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	2
		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 16	{D 273}			
	the physical alterca	tion that occurred on 04/26/22.				
	on 05/06/22 at 12:4 -She was not notified physical altercation -Resident #5 was considered that as Resident #5's POPCP) and MHP regulatories with the Anterview with	ed by the facility of any is involving Resident #5. Invertently being seen by a MHP. Facility to contact her as well CP (the facility contracted arding the physical altercation. In Indiana I				
	to meet health care to not notifying the with leg wraps and visit for trimming of about one-half inch Resident #5 related health provider of b incidents of physica within a two week p detrimental to the h residents and const Violation.	ensure referral and follow-up needs for Resident #3 related home health provider of issues not scheduling a podiatrist toenails that were thick and long on both feet, and for I to not notifying the mental ehaviors resulting in two all altercations with residents period (#5). This failure was ealth, safety, and welfare of titutes an unabated Type B				
		d a plan of correction in S. 131D-34 on 05/06/22 for				

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Division of Health Service Regulation STATE FORM

this violation.

	INT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL034098	B. WING			尺 06/2022
	PROVIDER OR SUPPLIER	2609 OLD	DRESS, CITY, S SALISBURY I SALEM, NO		·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
(D 358)	(a) An adult care h preparation and adi prescription and no by staff are in accord (1) orders by a lice which are maintains (2) rules in this Sec and procedures. This Rule is not me TYPE B VIOLATION Based on observation reviews, the facility medications as orderesidents (#6 and # morning and noon nomission of a blood and a medication used to a medication used to medication for circula medication (#4); a reflux and a medication (#4); a reflux and a medication (#2). The findings are: 1. The medication and and a medication used to medication (#2).	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies et as evidenced by: N on, interview, and record failed to administer ered for 2 of 3 sampled 8) observed during the medication pass, including a pressure medication (#6); or diabetes and depression sampled residents (#2, #4 and w including errors with treat elevated blood pressure, to treat high cholesterol, a	{D 358}			

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Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON	PRI IER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			on of Health Service Regulation	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X2) MULTIPL			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX MUST BE PRECEDED BY FULL PREFIX MUST BY THE PREFIX BY THE PREFIX	R				
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{D 358} Continued From page 18 {D 358}	{D 358}	{D 358}	ge 18	Continued From pa	{D 358}
opportunities during the 8:00am medication pass on 05/05/22.	dication pass	,		opportunities during	
a. Review of Resident #6's current FL-2 dated 06/24/21 revealed: -Diagnoses included vascular dementia, diabetes mellitus 2, hyperlipidemia, hypertension, anxiety, hypo-magnesium, depression, anemia, rheumatoid arthritis and allergic rhinitisThere was an order for amlodipine (used to treat blood pressure) 10mg daily. Review of Resident #6's signed physician's orders dated 12/01/22 revealed an order for amlodipine 10mg daily. Observation of the medications administered during the medication pass on 05/05/22 at 8:00am revealed: -The medication naide (MA) prepared 5 pills for administration to Resident #6The MA prepared sertraline 100mg, haloperidol 1mg, loratadine 10mg, aspirin 81mg and magnesium oxide 400mg for administration to Resident #6The MA removed the 5 pills from individual bubble packs into a medication cupShe placed the 5 pills in a small, clear bag and crushed themShe poured the crushed medication into the medication cup and added two teaspoonfuls of apple sauceShe administered the 5 crushed medications in applesauce to Resident #6 followed by a cup of waterThe MA did not prepare amlodipine 10mg for administration to Resident #6.	entia, diabetes sion, anxiety, mia, nitis. (used to treat sician's order for ninistered 5/22 at d 5 pills for g, haloperidol g and istration to adividual . ear bag and in into the epoonfuls of edications in I by a cup of		d vascular dementia, diabetes demia, hypertension, anxiety, depression, anemia, and allergic rhinitis. For for amlodipine (used to treating daily. #6's signed physician's //22 revealed an order for aily. #6's on 05/05/22 at de (MA) prepared 5 pills for esident #6. #6 sertraline 100mg, haloperidoling, aspirin 81mg and 100mg for administration to he 5 pills from individual a medication cup. #6 sills from individual and the medication cup. #6 sills in a small, clear bag and 10 ushed medication into the 10 added two teaspoonfuls of the 5 crushed medications in dent #6 followed by a cup of epare amlodipine 10mg for	o6/24/21 revealed: -Diagnoses include mellitus 2, hyperlipin hypo-magnesium, or rheumatoid arthritis -There was an order blood pressure) 10rd Review of Resident orders dated 12/01/2 amlodipine 10mg d. Observation of the during the medication aid administration to Re-The MA prepared some 10rd and 10rd magnesium oxide 4 Resident #6The MA removed the bubble packs into a she placed the 5 procrushed themShe poured the crumedication cup and apple sauceShe administered sapplesauce to ResiliwaterThe MA did not president in the same control of the crumedication cup and apple sauce.	

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revealed:
Division of Health Service Regulation
STATE FORM

DIVISION	of Fleatill Service IN	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
					R	<u> </u>
		HAL034098	B. WING			6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY S	STATE, ZIP CODE		
			SALISBUR			
SALEM 1	TERRACE		SALEM, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
{D 358}	Continued From pa	ge 19	{D 358}			
(D 336)	-She pulled medical checked the medical eMAR, removed the medication cup and medication to Resident 8:00am medication -She signed the eMadministeredShe thought she gramlodipine as order Review of Resident medication administered and the emailing to be administrevealed: -There was an entry daily to be administred and administered and A second interview 12:08pm revealed shows a dministered and 12:07pm revealed shows a bubble the overflow drawer. The bubble pack how remaining with a disconditional control of the shows o	tion from the medication cart, ation three times against the emedication into the then administered the dent #6. If then administered the dent #6. If a pills to Resident #6 at the pass. IAR for all the medications she ave Resident #6 her red. If a way 2022 electronic tration record (eMAR) If a way 2022 ele	{D 330}			
	142/68.	with a representative for the				

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Division of Health Service Regulation STATE FORM

facility's contracted pharmacy on 05/05/22 at

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SALEM TERRACE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A. BUILDING: R R 05/06/2022 STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETED) COMPLETED R 05/06/2022	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED ACTION SHOULD BE		
SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETED TO THE APPROPRIATE DATE		
SALEM TERRACE WINSTON SALEM, NC 27127 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SU	
(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 COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SALEM TERRACE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE		
	PREFIX (EACH DEF	
{D 358} Continued From page 20 {D 358}	{D 358} Continued Fr	
(D 358) Continued From page 20 1:45pm revealed: -Resident #6 had an order for amlodipine 10mg daily dated 08/18/21Amlodipine was used to treat elevated blood pressureThe pharmacy dispensed 30 amlodipine 10mg tablets on 04/10/22The facility had not reordered amlodipine 10mg since 04/10/22. Based on eMAR documentation, medications dispensed and medications on hand between 04/10/22 to 05/05/22, there should have been 5 tablets of amlodipine available to be administered and there were 30 tablets remaining Interview with the Special Care Coordinator (SCC) on 05/05/22 at 12:25pm revealed: -The MAs should follow the six rights of medication administrations that was taught in the medication administration shat was taught in the medication administration shat was taught in the eMAR, once the medication was verified, the MA would place the medication into a medication cup, then click on the order in the eMAR for the medication and a green check would appearThe green check indicated the medication was prepared for administrationThe MA should count the medication in the medication cup prior to administrationThe MA should count the medication in the medication to the prior to administration and compare them to the green checks on the eMAR; the number for each should be the sameOnce the MA administered the medication, she would return to the eMAR and click on "given" and the MAs initials would automatically be signed onto the eMARA medication could be signed on the eMAR as administered when it actually was not	1:45pm reveal-Resident #6 daily dated 0 -Amlodipine of pressureThe pharmatablets on 04 -The facility hasince 04/10/2 Based on eMidispensed ar 04/10/22 to 0 tablets of aminand there we linterview with (SCC) on 05/2-The MAs shipped medication and the embedding and the medication and the medication and the medication and the medication compare the the number for embedding to the only of the medication of	

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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEPARTMENT OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		` '	E CONSTRUCTION		SURVEY PLETED
			A. BUILDING.			R
		HAL034098	B. WING			06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR' I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 21	{D 358}			
		ons, interviews, and record rmined Resident #6 was not				
		ne interview with Resident #6's der (PCP) on 05/05/22 at 2:24				
	Refer to the intervie 05/06/22 at 10:19ar	ew with the Administrator on mand 12:50pm.				
	 b. Review of Resident #8's current FL-2 dated 08/08/21 revealed: -Diagnoses included cognitive deficits, hypertension, diabetes mellitus 2, congestive heart failure, neuropathy and skin ulcer. -There was an order for Jardiance (used to lower blood sugar) 10mg daily. 					
		ent #8's signed physician's /22 revealed an order for ily.				
	during the medicatin 8:00am revealed: -The medication aid administration to Re-The MA prepared 300mg, losartan po 50mg, aspirin 81mg 200mg, vitamin B c and vitamin B-12 for #8The MA removed the bubble packs into a she administered a cup of water.	Tradjenta 5mg, gabapentin tassium 25mg, metoprolol g, folic acid 400mg, torsemide omplex, amlodipine 10mg, or administration to Resident the 10 pills from individual medication cup. the 10 pills to Resident #8 with epare Jardiance 10mg for				

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(VO) MILITIDI	F CONCEDUCTION	(V2) DATE	CLIDVEV
AND PLAN OF		IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	LETED
			A. BUILDING:		_	
		HAL034098	B. WING		05/0	R 6/2022
NAME OF PRO	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM TER	DACE	2609 OLD	SALISBUR	Y ROAD		
SALEW IER	RACE	WINSTON	I SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358} Co	ontinued From pa	ge 22	{D 358}			
Interest of the service of the servi	edication administrated: here was an entry illy to be administrated and entry as administered and entry wealed: he did not give Redered because it redication cart. he signed the eM coservation of Res observation of Res obs	entation that Jardiance 10mg t 8:00am on 05/05/22. IA on 05/05/22 at 12:06am esident # 8 her Jardiance as was not available in the AR by accident. ident #8's medication on hand 7pm revealed: e pack of Jardiance 10mg e of 04/10/22 for 15 tablets. ad 2 of 15 Jardiance tablets bible pack. with the MA on 05/05/22 at e pack with 2 of 30 Jardiance ble for administration to rdiance when she was looking edication for administration. Resident #8's May 2022 revealed: or for fingerstick blood sugar ore meals and at bedtime. S readings for May 2022 were 1:30am 378-539; 4:30pm				

Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) [AT JACK CONTINUED FROM LSC DENTIFYING INFORMATION) [AT JACK CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) [AT JACK CROSS-REFERENCED TO THE APPROPRIATE [AT JACK CROSS-REFERENCED TO		TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE 2699 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 23 contracted pharmacy on 05/05/22 at 1:48pm revealed: -Jardiance was used to lower blood sugar in people with diabetesThe pharmacy dispensed a 2 week supply of 15 Jardiance tablets on 04/10/22. Telephone interview with the Primary Care Provider (PCP) on 05/05/22 at 1:4.3pm revealed resident #8 took Jardiance to help control her blood sugar. Interview with the Special Care Unit Coordinator (SCUC) on 05/05/22 at 1:2.25pm revealed: -The MAs should follow the six rights of medication administrations that was taught in the medication administration classThe MA should compare the medication with the eMAR, once the medication into a medication cup, then click on the order in the eMAR for the medication and a green check would appearThe green check indicates that the medication in the medication on the medication in the medication on the proper or administrationThe MA should count the medication in the medication on the the MAR and click on "given" and the MAs initials would automatically be signed onto the eMARA medication could be signed on the eMAR as				A. BUILDING.		[
SALEM TERRACE CAN D			HAL034098	B. WING			
CALL	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CALL DEPTICE SUMMARY STATEMENT OF DEFICIENCIES DEPTICE PROFITE P	SALEM	ΓERRACE					
contracted pharmacy on 05/05/22 at 1:48pm revealed: -Jardiance was used to lower blood sugar in people with diabetes. -The pharmacy dispensed a 2 week supply of 15 Jardiance tablets on 04/10/22. Telephone interview with the Primary Care Provider (PCP) on 05/05/22 at 3:43pm revealed resident #8 took Jardiance to help control her blood sugar. Interview with the Special Care Unit Coordinator (SCUC) on 05/05/22 at 12:25pm revealed: -The MAs should follow the six rights of medication administrations that was taught in the medication administration classThe MAs should compare the medication with the eMAR, once the medication was verified, the MA would place the medication into a medication cup, then click on the order in the eMAR for the medication and a green check would appearThe green check indicates that the medication had been prepared for administrationThe MA should count the medications in the medication cup prior to administrationThe MA should count the medications in the medication cup prior to administration and compare them to the green checks on the eMAR; the number for each should be the sameOnce the MA administered the medication, she would return to the eMAR and click on "given" and the MAs initials would automatically be signed onto the eMARA medication could be signed on the eMAR as	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
administered when it detains was not administered. Interview with the Administrator on 05/06/22 at 10:19am and 12:50pm revealed: -Observation of the medication administration	{D 358}	contracted pharmar revealed: -Jardiance was use people with diabete -The pharmacy disp Jardiance tablets of Telephone interview Provider (PCP) on resident #8 took Jablood sugar. Interview with the Stablood sugar. Interview of the method sugar and the MAs should comedication and a graph of the method sugar. Interview of the method sugar and the MAs initials signed onto the employed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed onto the employed sugar and the MAs initials signed sugar and	cy on 05/05/22 at 1:48pm ed to lower blood sugar in its. Densed a 2 week supply of 15 in 04/10/22. It with the Primary Care 05/05/22 at 3:43pm revealed reliance to help control her Epecial Care Unit Coordinator 2 at 12:25pm revealed: Decial Care Unit Coordinator 2 at 12:25pm revealed: Decial Care Unit Coordinator 3 at 12:25pm revealed: Decial Care Unit Coordinator 4 at 12:25pm revealed: Decial Care Unit Coordinator 5 at 12:25pm revealed: Decial Care Unit Coordinator 6 at 12:25pm revealed: Decial Care Unit Coordinator 7 at 12:25pm revealed: Decial Care Unit Coordinator 8 at 12:25pm revealed: Decial Care Unit Coordinator 9 at 12:25pm revealed: Decial Care Unit Care 9 at 12:25pm revealed:	{D 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
					F	?
		HAL034098	B. WING			6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CALEM	FEDRACE	2609 OLD	SALISBUR	Y ROAD		
SALEM TERRACE WINSTON		WINSTON	SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 24		{D 358}			
{D 358}	be initiatedThe Special Care I would be responsib auditsShe was concerne administering medicache was concerne documented as administering medicache was concerned documented as administering was determined by the second of the interview was determined by the second of the sec	Unit Coordinator (SCUC) le for weekly medication cart d that the MAs were not cations as ordered. d that medications were being ministered when they were not. ons, interviews, and record rmined Resident #6 was not ew with the Administrator on m and 12:50pm. ent #8's signed physician's /22 revealed an order for reat depression) 25mg daily. medications administered on pass on 05/05/22 at de (MA) prepared 10 pills for esident #8. Tradjenta 5mg, gabapentin tassium 25mg, metoprolol g, folic acid 400mg, torsemide omplex, amlodipine 10mg, or administration to Resident the 10 pills from individual medication cup. the 10 pills to Resident #8 with epare sertraline 25mg for	{D 358}			
		#'s May 2022 electronic tration record (eMAR)				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
HAL034098		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	SALEM TERRACE 2609 OLI					
240.15	CUIMMA DV CTA		SALEM, NO		ON.	(2/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 25	{D 358}			
	daily to be administ -There was no doct was administered a	umentation sertraline 25mg t 8:00am on 05/05/22.				
	Interview with the MA on 05/05/22 at 12:13pm revealed: -Resident #8's sertraline 25mg was not available during the 8:00am medication passSertraline 25mg was a new order and the					
	medication had not been delivered to the facility from the pharmacy. -New medication orders would take 12 to 24 hours to be delivered to the facility.					
	Interview with a representative from the facility's contracted pharmacy on 05/05/22 at 1:48pm revealed: -The pharmacy received a new order for sertraline 25mg on 05/04/22. -The order was faxed to the pharmacy by the facility. -The pharmacy dispensed 30 sertraline 25mg tablets on 05/04/22. -The medication was delivered to the facility on the evening of 05/04/22 and was available for					
	Observation of med at 12:07pm reveale -There was a bubbl the overflow drawer -The bubble pack h remaining with a distance A second interview 12:13pm revealed:	e pack of sertraline 25mg in				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL034098	B. WING		05/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(V4) ID	SLIMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)NI	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	COMPLETE DATE
{D 358}	Continued From pa	ge 26	{D 358}			
	Resident's schedule	should be placed with the ed medications in the en it arrives to the facility, not er.				
	Provider (PCP) on 0 -Resident #8 was o week by the Mental	w with the Primary Care 05/05/22 at 3:43pm revealed: rdered sertraline 25mg this Health Provider. IAs to administer medications				
	(SCUC) on 05/05/2 -She or the Resider verified new orders -Once an order was eMARThe new orders was medication was availf the order was on have known the meadministrationThe MA should have telephoned the phallocate the medicationThe pharmacy delissame day if the new pharmacy by 4:30p -New medications is	ere not verified until the ailable for administration. In the eMAR, the MA should edication was in the facility for oversed new medications the vorder was received in the multiple of the resident's scheduled.				
	10:19am and 12:50 -When a medication administration, the SCUC or call the ph -Observation of the	n is not available for MA needs to speak to the				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		 F	2
		HAL034098	B. WING			6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR' SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPRIES OF THE APPROPRIES OF	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 27	{D 358}			
	be initiatedShe was concerne administering media	d that the MAs were not cations as ordered.				
		ons, interviews, and record rmined Resident #6 was not				
		ne interview with the Mental 05/06/22 at 11:00am was				
	Refer to the intervie 05/06/22 at 10:19ar	ew with the Administrator on mand 12:50pm.				
	2. Review of Resident #6's current FL-2 dated 06/24/21 revealed diagnoses included vascular dementia, diabetes mellitus 2, hyperlipidemia, hypertension, anxiety, hypo-magnesium, depression, anemia, rheumatoid arthritis and allergic rhinitis.					
		ent #6's current FL-2 dated an order for amlodipine 10mg				
		#6's physician's orders dated an order for amlodipine 10mg				
	medication administrevealed: -There was an entry with a scheduled action administered daily a 02/28/22.	#6's February 2022 electronic tration record (eMAR) y for amlodipine 10mg daily dministration time of 8:00am. entation that amlodipine was at 8:00am from 02/01/22 to y to check blood pressure				

Division of Health Service Regulation

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL034098	B. WING		05/0	≷ 6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
			SALISBUR	,		
SALEM TERRACE		I SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 28	{D 358}			
	pressure was taker	entation Resident #6's blood n every other day. e readings ranged from				
	revealed: -There was an entry with a scheduled ac -There was docume administered daily a 03/31/22.	y for amlodipine 10mg daily dministration time of 8:00am. entation that amlodipine was at 8:00am from 03/01/22 to				
	-There was docume pressure was taker	entation Resident #6's blood				
	revealed: -There was an entry with a scheduled ac -There was docume administered daily a 04/30/22There was an entry three times a week -There was docume pressure was taken	entation Resident #6's blood				
	revealed: -There was an entry with a scheduled ac -There was docume	y for amlodipine 10mg daily dministration time of 8:00am.				

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05/05/22. Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	3guiation					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		₽ 05/0	≷ 6/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, §	STATE, ZIP CODE			
			SALISBUR				
SALEM	TERRACE	WINSTON	I SALEM, NO	27127			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ige 29	{D 358}				
	-There was an entry three times a week -There were blood plocumented on 05/05/04/22 of 144/74. Observation of Reson 05/05/05/22 at 4:06 bubble pack labeled tablets. Telephone interview the facility's contract 1:45pm revealed: -Resident #6 had a daily with an order or -Amlodipine was us pressure. -The pharmacy dispandodipine 10mg or -The pharmacy dispandodipine and medical to 10mg in January 20mg in	ry to check blood pressure pressure readings /02/22 of 157/93 and on sident #6's medication on hand from revealed there was a d amlodipine 10mg with 30 w with a representative from cted pharmacy on 05/05/22 at an order for amlodipine 10mg date of 08/18/21. sed to treat elevated blood pensed 30 tablets of on 12/21/21. pensed 30 tablets of on 03/02/22. pensed 30 tablets of on 04/10/22. not dispense amlodipine 022 or February 2022. coumentation, medications dications on hand between here would have been no le to be administered from and 04/02/22-04/09/22 when a reordered, and from based on documentation there to tablets remaining and there naining.					
	Interview with a me 05/06/22 at 9:25am	edications aide (MA) on n revealed:					

-She did not know why Resident #6 had an entire

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL034098		B. WING		05/0	R 6/2022
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 03/0	0/2022
SALEM	TERRACE		SALISBUR			
			SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 30	{D 358}			
	bubble pack of 30 a on the medication of hospitalizedIf Resident #6 had was not receiving hardere was a medic posted for the medication weekly; the MAs we audit the medication -She did not look at of medications and of pills remaining to as part of her audit. Interview with the S (SCUC) on 05/06/2 -The pharmacy sen medication at a time	amlodipine 10mg remaining cart unless she was not left the facility then she er medications as ordered. Cation cart audit schedule cation cart to be audited ere assigned specific days to n carts. The pharmacy dispense dates compare them to the number see if the count was accurate pecial Care Unit Coordinator 2 at 09:07am revealed: t a month's supply of e.				
	cycle unless the rest the medication was -No medications we from an outside pharacteristic -Resident #6's medications as ordered -The MAs were expressed administered as ordered -She was concerned getting their medications as ordered their medicatio	ere brought into the facility armacy. ications were not dered. bected to administer the ered by the PCP. d that the residents were not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					ı	₹
		HAL034098	B. WING		05/0	06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		O SALISBURY N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 31	{D 358}			
	was unsuccessful.					
	Refer to the intervie 05/06/22 at 10:19ar	ew with the Administrator on mand 12:50pm.				
		ent #6's current FL-2 dated an order for aspirin (used to) 81mg daily.				
		#6's physician's orders dated an order for aspirin 81mg daily.				
	Review of Resident #6's February 2022 electronic medication administration record (eMAR) revealed: -There was an entry for aspirin 81mg daily with a scheduled administration time of 8:00am. -There was documentation that aspirin was administered daily at 8:00am from 02/01/22 to 02/28/22.					
	revealed: -There was an entry scheduled administ -There was docume	#6's March 2022 eMAR y for aspirin 81mg daily with a ration time of 8:00am. entation that aspirin was at 8:00am from 03/01/22 to				
	revealed: -There was an entry scheduled administ -There was docume	#6's April 2022 eMAR y for aspirin 81mg daily with a ration time of 8:00am. entation that aspirin was at 8:00am from 04/01/22 to				
	revealed:	#6's May 2022 eMAR y for aspirin 81mg daily with a				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						2
		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	SALEM TERRACE 2609 OLI WINSTOI					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 32	{D 358}			
	-There was docume	erration time of 8:00am. Entation that aspirin 81mg was at 8:00am from 05/01/22 to				
	Observation of Resident #6's medication on hand on 05/05/22 at 4:06pm revealed there was a bubble pack labeled aspirin with 27 tablets.					
	the facility's contract 1:45pm revealed: -Resident #6 had a with an order date of -The pharmacy disp 81mg on 12/21/21The pharmacy disp 81mg on 03/02/22.	w with a representative from sted pharmacy on 05/05/22 at an order for aspirin 81mg daily of 07/28/21. Deensed 30 tablets of aspirin beensed 30 tablets of aspirin beensed 30 tablets of aspirin				
	dispensed and med 12/21/21-05/5/22, the aspirin available to 01/02/22-03/01/22 at the medication was 04/21/22-05/05/22 b	dications on hand between there would have been no be administered from and 04/02/22-04/20/22 when reordered, and from based on documentation there to tablets remaining and there naining.				
	05/06/22 at 9:25am -She did not know we remaining in the me hospitalizedIf Resident #6 had was not receiving hard-order was a medical method.	dications aide (MA) on revealed: why Resident #6 had extra pills edication cart unless she was not left the facility then she er medications as ordered. cation cart audit schedule ication cart to be audited				

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Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			5.250.		F	{
	HAL034098		B. WING			6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM 1	ERRACE		SALISBURY SALEM, NO			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
{D 358}	Continued From pa	ge 33	{D 358}			
	medication cartShe did not look at of medications and of pills remaining to as part of her audit. Interview with the S (SCUC) on 05/06/2 -The pharmacy semmedication at a time. There should be no cycle unless the rest the medication was -No medications we from an outside phase. Resident #6's medications as order. The MAs were expendications as order. She was concerned getting their medications.	special Care Unit Coordinator 2 at 09:07am revealed: at a month's supply of e. o extra pills after the 30-day sident was in the hospital or not administered. Ere brought into the facility armacy. Ilications were not dered. Dected to administer the ered by the PCP. In the detect of the detect of the process of the proces				
		rmined Resident #8 was not				
		ne interview with a second MA am and 10:30am was				
	Attempted telephone interview with Resident #6's Primary Care Provider (PCP) on 05/05/22 at 2:24 was unsuccessful.					
	Refer to the intervie 05/06/22 at 10:19a	ew with the Administrator on mand 12:50pm.				
	c Review of Reside	ent #6's current FI -2 dated				

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06/24/21 revealed an order for magnesium oxide

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	2
		HAL034098	B. WING			6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR' SALEM, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ,	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 358}	Continued From pa	ge 34	{D 358}			
	(used as a supplem	nent) 400mg twice daily.				
	Review of Resident #6's physician's orders dated 12/01/21 revealed an order for magnesium oxide 400mg twice daily. Review of Resident #6's February 2022 electronic medication administration record (eMAR) revealed: -There was an entry for magnesium oxide 400mg twice daily with a scheduled administration time of 8:00am and 8:00pm -There was documentation that magnesium oxide was administered twice daily at 8:00am and 8:00pm from 02/01/22 to 02/28/22.					
	Review of Resident revealed:	#6's March 2022 eMAR				
		y for magnesium oxide 400mg cheduled administration time of				
	-There was docume	entation that magnesium oxide wice daily at 8:00am and				
	Review of Resident revealed:	#6's April 2022 eMAR				
	twice daily with a so 8:00am and 8:00pn					
		entation that magnesium oxide wice daily at 8:00am and /22 to 04/30/22.				
	revealed:	: #6's May 2022 eMAR				
	twice daily with a so 8:00am and 8:00pn	y for magnesium oxide 400mg cheduled administration time of n entation that magnesium oxide				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING		05/0	R 06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	,	
SALEM	TERRACE	2609 OLD	SALISBURY	Y ROAD		
OALLIN	IERRAGE	WINSTON	SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 35	{D 358}			
	was administered to 8:00pm from 05/01/	vice daily at 8:00am and /22 to 05/05/22.				
	on 05/05/22 at 4:05	ident #6's medication on hand pm revealed there was a d magnesium oxide 400mg				
	Telephone interview with a representative from the facility's contracted pharmacy on 05/05/22 at 1:45pm revealed: -Resident #6 had an order for magnesium oxide 400mg twice daily with an order date of 08/18/21Magnesium oxide 400mg was used as a supplementThe pharmacy dispensed 60 tablets of magnesium oxide 400mg on 02/02/22The pharmacy dispensed 60 tablets of magnesium oxide 400mg on 03/24/22The pharmacy dispensed 60 tablets of magnesium oxide 400mg on 04/21/22.					
	dispensed and med 12/21/21-05/5/22, the magnesium oxide of from 03/05/22-03/20 reordered, and from documentation ther	icumentation, medications lications on hand between here would have been no available to be administered 3/22 when the medication was n 04/24/22-05/05/22 based on e should have been 49 tablets e were 59 tablets remaining.				
	O5/06/22 at 9:25am -She did not know we remaining in the methospitalizedIf Resident #6 had was not receiving harmonic receiv	dications aide (MA) on revealed: why Resident #6 had extra pills edication cart unless she was not left the facility then she er medications as ordered. cation cart audit schedule cation cart to be audited				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		F	R	
		HAL034098	B. WING		05/06/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SALEM	TERRACE		SALISBURY SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIEM OF THE APP	ULD BE	(X5) COMPLETE DATE	
{D 358}	medication care we- She did not look at of medications and of pills remaining to as part of her audit. Interview with the S (SCUC) on 05/06/2 -The pharmacy sen medication at a time -There should be ne cycle unless the res the medication was -No medications we from an outside pha -Resident #6's med administered as ord -The MAs were exp medications as ord -She was concerne getting their medicate Based on observatire reviews it was deter interviewable. Attempted telephon on 05/06/22 at 9:04 unsuccessful. Attempted telephon Primary Care Proviewas unsuccessful. Refer to the interviewo5/06/22 at 10:19an	ere scheduled to audit the bekly. It the pharmacy dispense dates compare them to the number of see if the count was accurate as pecial Care Unit Coordinator 2 at 09:07am revealed: It a month's supply of e. It is a month's after the 30-day sident was in the hospital or not administered. It is brought into the facility farmacy. It is a month's ere not dered. It is a month's ere not dered. It is a month's armacy. It is a month's after the accility farmacy. It is a month's ere not dered. It is a	{D 358}				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING		05/0	≷ 06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY			
OALLIII		WINSTON	SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 37	{D 358}			
	methotrexate (used 2.5mg, 7 tablets, we	to decrease inflammation) eekly on Sunday.				
	medication adminis record (eMAR) reversition record (eMAR) reversition time. There was documed methotrexate were 02/06/22, 02/13/22, 9:00am. Review of Resident revealed: -There was an entry tablets, weekly on administration time. There was documed methotrexate were 03/06/22, 03/13/22,	ealed: y for methotrexate 2.5mg, 7 Sunday with a scheduled of 9:00am. entation that 7 tablets of administered weekly on 02/20/22 and 02/27/22 at #6's March 2022 eMAR y for methotrexate 2.5mg, 7 Sunday with a scheduled				
	revealed: -There was an entry tablets, weekly on Sadministration time -There was docume methotrexate were 02/06/22, 02/13/22, 9:00am. Review of Resident revealed: -There was an entry tablets, weekly on Sadministration time	entation that 7 tablets of administered weekly on 02/20/22 and 02/27/22 at #6's May 2022 eMAR y for methotrexate 2.5mg, 7 Sunday with a scheduled				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	7. Bollbino		R	
		HAL034098	B. WING			6/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SALEM	TERRACE		SALISBURY SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 38	{D 358}				
	methotrexate were administered on 05/01/22 at 9:00am.						
	Observation of Resident #6's medication on hand on 05/05/22 at 4:06pm revealed there was a bubble pack labeled methotrexate 2.5mg with 59 tablets.						
	Telephone interview with a representative from the facility's contracted pharmacy on 05/05/22 at 1:45pm revealed: -There was an order for Resident #6 for methotrexate 2.5mg, 7 tablets every week on Sunday, with an order date of 08/30/21Methotrexate was used for inflammationThe pharmacy dispensed 28 tablets of methotrexate 2.5 mg on 11/07/21The pharmacy dispensed 28 tablets of methotrexate 2.5mg on 03/02/21The pharmacy dispensed 28 tablets of methotrexate 2.5mg on 04/10/22.						
	dispensed and med 11/07/21-05/5/22, th methotrexate avail 12/05/21-03/05/22 the medication was 04/10/22-05/05/22 l	dications on hand between here would have been no able to be administered from and 03/28/22-04/09/22 when reordered, and from based on documentation there of tablets remaining and there naining.					
	05/06/22 at 9:25am -She did not know v remaining in the me hospitalizedIf Resident #6 had was not receiving h	dications aide (MA) on revealed: why Resident #6 had extra pills edication cart unless she was not left the facility then she er medications as ordered. cation cart audit schedule					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING			R 06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	posted for the medi weekly; the MAs we medication cart wee-She did not look at of medications and of pills remaining to as part of her audit. Interview with the S (SCUC) on 05/06/2-The pharmacy sen medication at a time-There should be no cycle unless the rest the medication was-No medications we from an outside pharmacy sen medications as ordered administered as ordered administered as ordered administered as ordered at the medications as ordered at the medications as ordered at the medication and the medication as ordered at the m	ication cart to be audited bre scheduled to audit the bekly. It the pharmacy dispense dates compare them to the number of see if the count was accurate a special Care Unit Coordinator 2 at 09:07am revealed: It a month's supply of see. It a month's supply of see. It a month's after the 30-day sident was in the hospital or a not administered. It administered brought into the facility farmacy. It is not administer the sered by the PCP. It do not a dition as ordered. It is not a dition as ordered are interview with a second MA and and 10:30am was a die interview with Resident #6's der (PCP) on 05/05/22 at 2:24 and the with the Administrator on a die interview with the Admi	{D 358}			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING		R 05/06/2022	
	SALEM TERRACE 2609 OLD		DRESS, CITY, S SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	dated 12/01/21 reversions of 9:00am, 3:00pm -There was an entry times daily with a so of 9:00am, 3:00pm -There was docume administered three and 9:00pm from 02 Review of Resident revealed: -There was an entry times daily with a so of 9:00am, 3:00pm -There was docume administered three and 9:00pm from 02 Review of Resident revealed: -There was an entry times daily with a so of 9:00am, 3:00pm -There was an entry times daily with a so of 9:00am, 3:00pm -There was docume administered three and 9:00pm from 04 Review of Resident revealed: -There was an entry times daily with a so of 9:00am, 3:00pm -There was an entry times daily with a so of 9:00am, 3:00pm -There was an entry times daily with a so of 9:00am, 3:00pm -There was docume administered three	ealed an order for haloperidol viors) 1mg three times daily. #6's February 2022 electronic tration saled: y for haloperidol 1mg three cheduled administration time and 9:00pm entation that haloperidol was times daily at 9:00am, 3:00pm 2/01/22 to 02/28/22. #6's March 2022 eMAR y for haloperidol 1mg three cheduled administration time and 9:00pm entation that haloperidol was times daily at 9:00am, 3:00pm 3/01/22 to 03/31/22. #6's April 2022 eMAR y for haloperidol 1mg three cheduled administration time and 9:00pm entation that haloperidol was times daily at 9:00am, 3:00pm 4/01/22 to 04/30/22. #6's May 2022 eMAR y for haloperidol 1mg three cheduled administration time and 9:00pm entation that haloperidol was times daily at 9:00am, 3:00pm 4/01/22 to 04/30/22. #6's May 2022 eMAR	{D 358}			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
		HAL034098	B. WING		05/06/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	SALEM TERRACE 2609 OLI WINSTO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	on 05/05/22 at 4:05 bubble pack labeled tablets. Telephone interview the facility's contract 1:45pm revealed: -Resident #6 had athree times daily with Haloperidol was usen the pharmacy disphaloperidol 1mg on the medication of the pharmacy disphaloperidol 1mg on the medication of the pharmacy disphaloperidol 1mg on the medication of the pharmacy disphaloperidol 1mg on the pharmacy dispha	dident #6's medication on hand apm revealed there was a dighaloperidol 1mg with 56 with a representative from sted pharmacy on 05/05/22 at an order for haloperidol 1mg than order date of 08/25/21. Seed to manage behaviors. Seensed 90 tablets of 12/12/21. Seensed 90 tablets of 02/16/22. Seensed 90 tablets of 04/12/22.	{D 358}			
	weekly; the MAs we medication cart weekly	cation cart to be audited ere scheduled to audit the ekly. the pharmacy dispense dates				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			,
		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR'SALEM, NO			
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 42	{D 358}			
	of medications and compare them to the number of pills remaining to see if the count was accurate as part of her audit. Interview with the Special Care Unit Coordinator (SCUC) on 05/06/22 at 09:07am revealed: -The pharmacy sent a month's supply of medication at a timeThere should be no extra pills after the 30-day cycle unless the resident was in the hospital or the medication was not administeredNo medications were brought into the facility from an outside pharmacyResident #6's medications were not					
	-Resident #6's medications were not administered as orderedThe MAs were expected to administer the medications as ordered by the PCPShe was concerned that the residents were not getting their medication as ordered.					
		ons, interviews, and record rmined Resident #6 was not				
		e interview with a second MA am and 10:30am was				
		e interview with Resident #6's der (PCP) on 05/05/22 at 2:24				
	Refer to the intervie 05/06/22 at 10:19ar	ew with the Administrator on and 12:50pm.				
		nt #6's physician's order dated an order for sertraline 25mg				

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Division of Health Service Regulation STATE FORM

Review of Resident #6's February 2022 electronic

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 [XO) ID PREFIX EACH ORPHICIPATOR WAS THE PRECEDED BY PILL PREFIX EACH ORPHICIPATOR WAS THE P	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 (X4) ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSE DEMTIFYING NYORMATION) PREFIX TAG CONTINUED From page 43 medication administration record (eMAR) revealed: -There was an entry for sertraline 25mg daily with a scheduled administration that sertraline was administered daily at 8:00am from 03/01/22 to 03/31/22. Review of Resident #6's March 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration that sertraline was administered daily at 8:00am from 03/01/22 to 03/31/22. Review of Resident #6's April 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 03/01/22 to 03/31/22. Review of Resident #6's April 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 04/01/22 to 04/30/22. Review of Resident #6's May 2022 eMAR revealed: -There was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was documentation that sertraline was administration time of 8:00amThere was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was an entry for sertraline 25mg daily with a scheduled adminis				D WING			
SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 2712						05/0	6/2022
(D 358) (D	NAME OF	PROVIDER OR SUPPLIER			,		
(EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG CROSS-REFERENCY ACTION SHOULD BE CROSS-REFERENCY) (D 358) Continued From page 43 medication administration record (eMAR) revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 02/01/22 to 02/28/22. Review of Resident #6's March 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 03/01/22 to 03/31/22. Review of Resident #6's April 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 04/01/22 to 04/30/22. Review of Resident #6's May 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 05/01/22 to 04/30/22. Review of Resident #6's May 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 05/01/22 to 05/05/22. Observation of Resident #6's medication on hand on 06/05/22 at 4:05pm revealed there was a bubble pack labeled sertraline 25mg with 27 tablets.	SALEM	TERRACE					
medication administration record (eMAR) revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 02/01/22 to 02/28/22. Review of Resident #6's March 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 03/01/22 to 03/31/22. Review of Resident #6's April 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 04/01/22 to 04/30/22. Review of Resident #6's May 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was a commentation that sertraline was administered daily at 8:00am from 04/01/22 to 04/30/22. Review of Resident #6's May 2022 eMAR revealed: -There was an entry for sertraline 25mg daily with a scheduled administration time of 8:00amThere was documentation that sertraline was administered daily at 8:00am from 05/01/22 to 05/05/22. Observation of Resident #6's medication on hand on 05/05/22 at 4:05pm revealed there was a bubble pack labeled sertraline 25mg with 27 tablets.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
the facility's contracted pharmacy on 05/05/22 at	{D 358}	medication administrecord (eMAR) reversal eduled administered daily a 02/28/22. Review of Resident revealed: -There was an entry a scheduled administered daily a 03/31/22. Review of Resident revealed: -There was docume administered daily a 03/31/22. Review of Resident revealed: -There was an entry a scheduled administered daily a 04/30/22. Review of Resident revealed: -There was docume administered daily a 04/30/22. Review of Resident revealed: -There was an entry a scheduled administered daily a 05/05/22. Observation of Reson 05/05/22 at 4:05 bubble pack labeled tablets. Telephone interview	tration ealed: y for sertraline 25mg daily with stration time of 8:00am. entation that sertraline was at 8:00am from 02/01/22 to #6's March 2022 eMAR y for sertraline 25mg daily with stration time of 8:00am. entation that sertraline was at 8:00am from 03/01/22 to #6's April 2022 eMAR y for sertraline 25mg daily with stration time of 8:00am. entation that sertraline was at 8:00am from 04/01/22 to #6's May 2022 eMAR y for sertraline 25mg daily with stration that sertraline was at 8:00am from 04/01/22 to #6's May 2022 eMAR y for sertraline 25mg daily with stration time of 8:00am. entation that sertraline was at 8:00am from 05/01/22 to ident #6's medication on hand pm revealed there was a disertraline 25mg with 27	{D 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
	HAL034098	B. WING	<u></u>		6/2022
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM TERRACE		SALISBUR'SALEM, NO			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
daily with an order of Sertraline 25mg with an order of Sertraline 25mg with an order of Sertraline 25mg on 12/21/21. The pharmacy disp 25mg on 03/02/22. The pharmacy disp 25mg on 04/21/22. Based on eMAR do dispensed and med 12/21/21-05/5/22, it sertraline 25mg ava 01/21/22-03/01/22 the medication was 04/21/22-05/05/22 should have been 1 were 27 tablets rem were 27 tablets rem 1 were 27 tablets rem 1 hospitalized. If Resident #6 had was not receiving hospitalized. If Resident #6 had was not receiving hosted for the medication cart. She did not look at of medications and of pills remaining to as part of her audit. Interview with the S (SCUC) on 05/06/2	n order for sertraline 25mg date of 07/14/21. as used to treat depression. pensed 30 tablets of sertraline pensed 40 tablets of sertraline pensed 40 tablets of sertraline pensed 40 pen	{D 358}			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				R		
	HAL034098	B. WING			6/2022	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SALEM TERRACE		SALISBURY SALEM, NO				
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
cycle unless the reside the medication was not -No medications were from an outside pharm -Resident #6's medical administered as order -The MAs were expect medications as ordered -She was concerned to getting their medications as determinate in the resident was determinate. Attempted telephone in Primary Care Provided was unsuccessful. Refer to the interview 05/06/22 at 10:19am and 3. Review of Residen 05/19/21 revealed: -Diagnoses included of hypoglycemia, vitaminate in the resident was an order for	extra pills after the 30-day lent was in the hospital or ot administered. e brought into the facility macy. ations were not red. eted to administer the ed by the PCP. that the residents were not on as ordered. es, interviews, and record fined Resident #6 was not interview with a second MA m and 10:30am was interview with Resident #6's er (PCP) on 05/05/22 at 2:24 ewith the Administrator on and 12:50pm. In the Hall of the H	{D 358}				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
					R		
		HAL034098	B. WING			6/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SALEM	TERRACE		SALISBUR) I SALEM, NO				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE	
{D 358}	Continued From pa	ge 46	{D 358}				
	capful) in 8 ounces of liquid of choice with a scheduled administration time of 8:00am. -There was documentation Miralax was administered at 8:00am from 02/01/22-02/28/22. -There were no exceptions documented. Review of Resident #4's March 2022 eMAR revealed: -There was an entry for Miralax 17 grams (1 capful) in 8 ounces of water with a scheduled administration time of 8:00am. -There was documentation Miralax was administered at 8:00am from 03/02/01/22-03/31/22. -There were no exceptions documented. Review of Resident #4's April 2022 eMAR revealed: -There was an entry for Miralax 17 grams (1 capful) in 8 ounces of liquid of choice with a scheduled administration time of 8:00am. -There was documentation Miralax was administered at 8:00am from 04/01/22-04/30/22. -There were no exceptions documented.						
	revealed: -There was an entricapful) in 8 ounces scheduled administ -There was docume administered at 8:0	#4's May 2022 eMAR y for Miralax 17 grams (1 of liquid of choice with a ration time of 8:00am. entation Miralax was 0am from 05/01/22-05/05/22. eeptions documented					
	hand on 04/05/22 a -There was an oper dispensed on 01/22 -The bottle contained	ned bottle of Miralax					

Division of Health Service Regulation				1		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		HAL034098	B. WING			6/2022
					1 00.0	0.2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR			
· · · · · · · · · · · · · · · · · · ·		WINSTON	I SALEM, NO	27127		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
(D. 050)	0 1 5	47	(D 050)			
{D 358}	Continued From pa	ige 47	{D 358}			
	Telephone interviev	v with a pharmacist at the				
		pharmacy on 05/06/22 at				
	8:18am revealed:					
		ispensed a bottle of Miralax				
	that contained 510 01/22/22.	grams, a thirty-day supply, on				
		ispensed a bottle of Miralax				
		grams, a fourteen-day supply,				
	on 11/10/21 and 08					
	-There was no othe	er dispensing of Miralax for				
	Resident #4's.	. •				
		llax was not automatically				
		ould need to be requested by				
	the medication aide					
		llax was ordered to treat				
	constipation.					
	Attempted telephor	ne interview with Resident #4's				
		ler (PCP) on 05/06/22 at				
	11:43am was unsu					
	Interview with a me	dication aide (MA) on				
	05/06/22 at 8:47am	revealed she administered				
	Resident #4's Miral	ax when she worked.				
		1 1 114 05 100 100 100 5				
		dent #4 on 05/06/22 at 9:00am				
	revealed:	ovement (BM) "about three				
	days ago."	overnent (bivi) about tillee				
		looked milky some days, but				
	 -He took water that looked milky some days, but not every day. 					
		with constipation once in a				
	while, but it was no					
		d a hard time passing a BM.				
	-He had not told an	yone he was constipated, and				
	no one had asked.					
	1					
		Special Care Unit Coordinator				
	(SCUC) on 05/06/2	2 at 8:37am revealed:				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL034098	B. WING			6/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR) SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
	expected the MA to medication cart for medication to the e medication was cor medication. -She had not comp started working for lf a medication was expect the medication was linterview with the A 11:01am revealed the audit services.	s scheduled, she would not ion to be remaining in the cart as dispensed in January 2022. dministrator on 05/06/22 at he pharmacy provided cart the interview with Resident #4's				
	primary care provid 11:43am was unsuch 11:43am was	er (PCP) on 05/06/22 at ccessful. ew with the Administrator on m and 12:50pm. ent #2's current FL-2 dated diagnoses included reflux disease (GERD), chronic ary disease, and hypertension. ent #2's current FL-2 dated an order for Omeprazole 20mg razole is used to treat GERD). #2's February 2022 on administration record y for Omeprazole 20mg with a cration time of 8:00am. entation Omeprazole was 0am from 02/01/22-02/28/22.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL034098	B. WING		F 05/0	R 6/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 03/0	OIZOZZ
SALEM	TERRACE		SALISBUR			
	OLIMANA DV. OTA		SALEM, NO			0.5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 49	{D 358}			
	documented as adrexceptions docume	ninistered; there were no nted.				
	Review of Resident revealed:	#2's March 2022 eMAR				
	scheduled administ	y for Omeprazole 20mg with a ration time of 8:00am.				
	 -There was documentation Omeprazole was administered at 8:00am from 03/02/01/22-03/31/22. -There were 31 doses of Omeprazole documented as administered; there were no exceptions documented. 					
	revealed: -There was an entry scheduled administ -There was docume administered at 8:0 -There were 30 dos	ninistered; there were no				
	revealed: -There was an entry scheduled administ -There was docume administered at 8:0 -There were 5 dose	#2's May 2022 eMAR y for Omeprazole 20mg with a ration time of 8:00am. entation Omeprazole was 0am from 05/01/22-05/05/22. es of Omeprazole documented ere were no exceptions				
	hand on 05/05/22 a -There was a bubbl Omeprazole 20mg.	neprazole 20mg were				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	
		HAL034098	D. WING		05/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM TERRACE			SALISBUR' SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 50	{D 358}			
	-There were 16 of 3 administered.	30 tablets available to be				
	facility's contracted 1:49pm revealed: -Resident #2 was d Omeprazole 20mg 02/16/22Resident #2's Omerefilled, and refills w the medication aide -Resident #2's OmerefluxResident #2 could day of the Omeprazher reflux was. Based on eMAR de dispensing record, Resident #2's Omereflux was.	be affected if she missed one cole depending on how severe occumentation, medication and medications on hand, eprazole 20mg was not mes since the medication was				
	revealed: -She was not admir -She was supposed the morning" and sl few days." -Her primary care p her reflux.	dent #2 on 05/05/22 at 9:04am nistered her medication today. It to take a pill "really early in he had missed it for "quite a provider had ordered the pill for bing a lot and it hurt to burp.				
	9:04am-9:15am rev stomach, burping, a					
	Second interview w	ith Resident #2 on 05/05/22 at				

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1:58pm revealed:

	of Fleatiff Service IN					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AIND LEAIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	3
		HAL034098	B. WING			6/2022
NAME OF	PROVIDER OR SUPPLIER	STPEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIL OI	FROVIDER OR SUFFLIER					
SALEM TERRACE		SALISBUR				
	T		SALEM, NO			T.
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ge 51	{D 358}			
(D 000)	-		(D 330)			
		ent Care Coordinator (RCC)				
		her Omeprazole today,				
	05/05/22.					
		er Omeprazole a couple of				
		she was burping so bad.				
		day taking her Omeprazole				
	sne would nurt in ne	er stomach and burp a lot.				
	Interview with the R	CC on 05/06/22 at 9:36am				
	revealed:	100 011 03/00/22 at 3.30am				
		passed Resident #2's				
		se it was scheduled for				
	6:30am.	oo k waa aanaanaa la.				
		was running behind and not				
		edication, she would let the				
		so the medication could be				
	administered.					
	-She administered	7:00am medications				
	yesterday, 05/05/22					
	-She did not admini					
	•	se the MA had not reported to				
		ot able to administer the				
	medication.					
		usually tell someone if she				
	missed a pill.	AA-II II - II - II II II				
		t tell anyone she had missed				
	her Omeprazole.					
	Attempted telephon	e interview on 05/06/22 at				
		nird shift MA who documented				
		dent #2's Omeprazole on				
	05/05/22 was unsu	•				
		·				
	Telephone interviev	wwith another third shift MA on				
	05/06/22 at 10:54ar					
	-She had administe	red Resident #2's				
	Omeprazole before	when she worked.				
		he last time she administered				
	Resident #2's Ome					
	-There had been 2-	3 times when she was not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING			R 06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
SALEM	TERRACE		O SALISBURY N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	able to complete he and she would tell to supposed to then a Refer to the intervier 05/06/22 at 10:19ard b. Review of Resider 02/08/22 revealed a capsule once a wee a vitamin deficiency. Review of Resident electronic medication (eMAR) revealed: -There was an entry weekly with a scheen 8:00am. -There was docume administered at 8:002/19/22, and 02/26. -There were 4 dose administered: - There was an entry scheduled administered at 8:003/19/22, and 03/26. -There was docume administered at 8:003/19/22, and 03/26. -There was docume administered at 8:003/19/22, and 03/26. -There were 4 dose administered; there documented. Review of Resident revealed: - Review of Resident revealed: - Review of Resident revealed:	er morning medication pass he first shift MA who was dminister the medication. ew with the Administrator on m and 12:50pm. ent #2's current FL-2 dated an order for Vitamin D 50,000u ek. (Vitamin D is used to treat //). #2's February 2022 on administration record y for Vitamin D 50,000u duled administration time of entation Vitamin D was 0am on 02/05/22, 02/12/22, 6/22. es of Vitamin D documented as were no exceptions #2's March 2022 eMAR ery for Vitamin D 50,000u with a ration time of 8:00am. entation Vitamin D was 0am on 03/05/22, 03/12/22, 6/22. es of Vitamin D documented as were no exceptions #2's April 2022 eMAR				
		y for Vitamin D 50,000u with a ration time of 8:00am.				

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STATE FORM 6899 63ET12 If continuation sheet 53 of 71

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	}
		HAL034098	B. WING			6/2022
NAME OF I	PROVIDER OR SUPPLIER	QTDEET ADI	DRESS CITY S	STATE, ZIP CODE		
NAME OF I	-KOVIDER OR SUPPLIER					
SALEM 7	TERRACE		SALISBUR) SALEM, NO			
			1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 53	{D 358}	· · · · · · · · · · · · · · · · · · ·		
	administered at 8:0 04/16/22, 04/23/22, -There were 5 dose administered; there documented. Observation of Res	s of Vitamin D documented as were no exceptions ident #2's medications on				
	-There was a bubbl 50,000u. -Four tablets of Vita 04/01/22.	t 10:47am revealed: e pack labeled for Vitamin D min D were dispensed on tablets available to be				
	facility's contracted 1:49pm revealed: -Resident #2 was d Vitamin D on 04/01, -Resident #2's Vitar refilled, and refills w the medication aide	min D was not automatically rould need to be requested by (MA). min D was not requested to be				
	dispensing record,	cumentation, medication and medications on hand, I 2 doses of her weekly				
	05/05/22 at 4:22pm -He did not recall th was prescribed for the original prescrib usually prescribed f Vitamin D level.	with Resident #2's PCP on revealed: e reason Vitamin D 50,000u Resident #2, as he was not per, but the medication was for someone who had a low Resident #2's Vitamin D level				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		F	
		HAL034098	B. WING			6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 54	{D 358}			
	was therapeutic or	not.				
	Interview with Resident revealed: -She did not know a -She knew she tool pill in the resident's how often she took -She did not know wher PCP wrote a proposition wanted her to take Interview with the Frevealed: -Resident #2 received weekResident #2 received weekResident #2 had not vitamin D. Telephone interview 10:23am revealed: -She had administed when she workedShe did not know with the A 10:19am and 12:50The MAs should be to the eMARThe MA should cliemedication has been she workedIf medications were would be an exception.	dent #2 on 05/06/22 at 9:28am all the medications she took. It a little green pill (Vitamin D bubble pack) but did not know it. Why she took Vitamin D but if escription for it, he must have it. RCC on 05/06/22 at 9:36am and the vertical density of the second of the with a MA on 05/06/22 at the end and 12:50pm. Administrator on 05/06/22 at the end administered, there it is noted on the eMAR.				
		ensure medications were dered for 2-residents observed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	₹
		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM	SALEM TERRACE			/ ROAD ; 27127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 358}	a blood pressure m had experienced bl 92/77 to 157/93 and administered her m blood sugar reading medication for depr residents for record who experienced pl and was not admin as ordered and who supplement and Readministered a medinflammation, depre facility's failure to a ordered was detrim welfare of the resid B Violation.	on pass including omission of redication for Resident #6 who redication for Resident #6 who redication for diabetes with redication for diabetes with resident #2 and 2 of 6 sampled review including Resident #2 ainful symptoms of acid reflux resident #6 who was not redication to treat behaviors, resident #6 who was not redication as rental to the health, safety, and rents which constitutes a Type	{D 358}			
	accordance with G. this violation. CORRECTION DA	d a plan of protection in S. 131D-34 on 05/06/22 for TE FOR THE TYPE B NOT EXCEED JUNE 20,				
D 371	Administration 10A NCAC 13F .10 (n) The facility sha administered in accomeasures that help and transmission ocross-contaminatio	04 Medication Administration II assure that medications are cordance with infection control to prevent the development of disease or infection, prevent n and provide a safe and the for staff and residents.	D 371			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED
		A. BUILDING.			R
	HAL034098	B. WING			06/2022
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM TERRACE		SALISBURY			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
failed to ensure infe implemented as evic (MA), who performe (FSBS) and insulin in hands; and failed to and water and befor insulin administration. The findings are: Review of the facility revealed: -Standard precaution occur to any bodily follows were worn and and washing was to with bodily fluidsEffective handwash antibacterial soap, a rubbing all aspects of the fingers and arou Fingernails for 20 se shake off excess was with a paper towel. Observation of the modern	ons and interview, the facility oction control measures were denced by a medication aide at a fingerstick blood sugar injection with ungloved, bare wash her hands with soap re and after FSBS check and on. by's infection control policy ons apply when contact may fluid. when touching body fluids. wed and effective or be completed after contact on the hand including between and the econds, rinse thoroughly, atter and dry hands thoroughly of the hand including between and the econds, rinse thoroughly, atter and dry hands thoroughly of the hand including between and the econds, rinse thoroughly of the hand including between and the econds, rinse thoroughly of the hand including between and the econds, rinse thoroughly of the hand including between and the econds, rinse thoroughly of the hand including between and the econds, rinse thoroughly of the hand including between and the econds, rinse thoroughly of the hand including between and dry hands thoroughly of the hand including between a revealed: le (MA) initiated preparing to athering a glucometer, a rip and an alcohol wipe. glucometer on and placed the meter. ed a resident, cleaned her right hand, pricked the finger placed a drop of blood on the	D 371			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			R	
HAL034098	B. WING			6/2022
NAME OF PROVIDER OR SUPPLIER STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM TERRACE	SALISBURY SALEM, NO			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
hand sanitizer to clean her handsShe retrieved the residents insulin pen, pen needle and an alcohol swab; she placed the needle on the insulin penShe administered the insulin as ordered to the residentShe returned to the medication cart, placed the insulin pen in the top drawer of the medication cart, then sanitized her hands with hand sanitizerThe MA did not don gloves while obtaining the FSBS or administration of the insulin to the residentThe MA did not wash her hands as stated in the policy when coming in contact with bodily fluids may occur. Interview with a MA on 05/06/22 at 10:56am revealed: -She would don gloves before she retrieved the supplies for a FSBSShe would obtain the FSBS and place the glucose strip in the red box on the medication cartShe would clean the glucometer and place on the medication cart, then wash her handsShe would retrieve the insulin pen and administer the medication. Interview with the Special Care Unit Coordinator (SCUC) on 05/06/22 at 8:09am revealed:	D 371			
-The MAs should wash their hands thoroughly before donning and doffing glovesGloves should be worn when performing FSBS checks and administration of insulinThe MAs were expected to wear gloves and wash their hands when appropriate. Interview with the Administrator on 05/06/22 at				

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-The MAs should wash their hands with soap and

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAI 024009	B. WING	B. WING		6/2022
NAME OF 1		HAL034098			05/0	6/2022
	PROVIDER OR SUPPLIER		SALISBUR	CTATE, ZIP CODE (ROAD		
SALEM	TERRACE		SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 371	Continued From pa	ge 58	D 371			
	checkThe MAs should w water once gloves v -All staff have infec -The MAs were exp	tion control training annually. Dected to wear gloves and hen there was a potential for				
{D 612}	10A NCAC 13F .18 Control Program (te	01 (c) Infection Prevention & emp)	{D 612}			
	(c) When a commubeen identified at the emerging infectious disease threat, the implementation of t policies and proced published guidance if guidance or direct communicable diseoutbreak or emerginave been issued in local health	O CONTROL PROGRAM nicable disease outbreak has he facility or there is an facility shall ensure he facility 's IPCP, related lures, and issued by the CDC; however, tives specific to the hase he ing infectious disease threat he writing by the NCDHHS or hecific guidance or directives				
	facility failed to ensiguidance established Control (CDC), and Department of Head DHHS) were impler provide protection to	views, and interviews, the ure recommendations and ed by the Centers for Disease				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	,
		HAL034098	B. WING			6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
SALEM	ΓERRACE		SALISBURY SALEM, NO			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 612}	Continued From pa	ige 59	{D 612}			
	related to the scree of facemasks by st	ening of residents and the use aff.				
	The findings are:					
	and Control Recom SARs-CoV-2 sprea 02/22/22 revealed in daily for symptoms monitor residents for Review of the NC I	DC Interim Infection Prevention amendations to prevent ad in Nursing Homes dated residents should be evaluated of COVID-19 and actively or fever. DHHS COVID-19 Post Acute fon Control Assessment and				
	Response (ICAR) t the staff and reside	ool dated 10/2021 revealed ents should be actively ever, signs, and symptoms of				
	dated 05/01/17 revolution of the covid of th	e for the protocol related to tor residents daily for signs of				
	2022, and May 202 administration reco	sidents' March 2022, April 2 electronic medication rds (eMARs) revealed there tion of daily temperature				
	05/06/22 revealed: -One resident had I checked, but "not e-Another resident c temperature was cl-A third resident had	ould not recall the last time his				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.		F	,
		HAL034098	B. WING			6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM 1	ERRACE		SALISBUR			
	0.10.40.40.70.4.074		SALEM, NO		011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 612}	Continued From pa	ge 60	{D 612}			
{D 612}	appointment but no -Two residents coultemperature was chear a sixth resident han "sometimes" but not the last time her terstaff. Interview with the Staff. Interview with all residents had the temperatures were were not document. Interview with a MA revealed: -Resident temperatures takenAll residents had the pandemic first stakenAll residents had the pandemic first stakenAll residents had the pandemic first stakenShe thought reside COVID-19 were the their temperatures she did not know the their temperatures not have their temperatures. Interview with the A 12:54pm revealed:	It by the facility staff. Id not recall the last time their necked. Id her temperature checked of often; she could not recall mperature was checked by Ispecial Care Unit Coordinator 2 at 9:34am revealed: atures should be taken daily in the eMARs. Sident temperatures were explace residents' being documented if they ed on the eMAR. Is on 05/06/22 at 10:16am attrees were taken during her idents got their temperatures when exarted. The ents who were diagnosed with exones who were still getting	{D 612}			
	check residents' ter -She did not know a	mperatures at least once daily. all residents' temperatures cked at least once daily.				

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Division of Health Service Regulation STATE FORM

2. Review of the CDC Interim Infection Prevention

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ,			LETED
			25.25.110.		_	,
		HAL034098	B. WING		05/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER		1 1858 CITV (STATE, ZIP CODE	, 30,0	
INAIVIE OF I	NOVIDEN ON SUFFLIER		SALISBUR			
SALEM	TERRACE		SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 612}	and Control Recompersonnel (HCP) Dupdated 02/02/22 re-Source control meimplemented for He-Source control referacemasks to cover to prevent the spreawhen the person was neezing, or coughi-Fully vaccinated He when they were in a could encounter resultities dated 02/2 residents, families, the core principles of prevention to mitigate potential exposure. Review of the facilities dated 05/01/17 revention to mitigate potential exposure. Review of the facilities dated 05/01/17 revention to mitigate potential exposure. Review of the facilities dated 05/01/17 revention to mitigate potential exposure. Review of the facilities dated 05/01/17 revention to mitigate potential exposure. Review of the facilities dated 05/01/17 revention to mitigate potential exposure.	mendations for Healthcare uring the COVID-19 Pandemic evealed: asures were to be ealth Care Personnel (HCP). Erred to the use of well-fitting a person's mouth and nose ad of respiratory secretions as breathing, talking, ing. CP should wear source control areas of the facility where they sidents. OHHS COVID-19 Infection are for Long-Term Care 10/22 revealed facilities, and visitors were to adhere to of COVID-19 infection are risk associated with	{D 612}	DEFICIENCY)		
	protectedFacemasks were r or stored in scrubs residentsFacemask loops w	not to be worn under the chin pockets between care of vere to be secured by hooking tely around the ears.				
		ne outside of the facilty prior to				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUITIPI	E CONSTRUCTION	(X3) DATE	SURVFY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			00			,
		HAL034098	B. WING		05/0	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
		2609 OLD	SALISBURY	Y ROAD		
SALEM	TERRACE	WINSTON	SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 612}	Continued From pa	ge 62	{D 612}			
	entering the facility revealed: -Two staff were see in the the Special Cresidents were sear-The two staff were Observation of the 7:57am revealed a facemask. Observation in the 8:04am and 8:47an-A medication aide that only covered he-The MA pulled her three times to spearobservation of the living unit on 05/05/	on 05/05/22 at 7:56am en, through a window, standing tare Unit (SCU) dining hall and ted around them. not wearing facemasks. nurse's station on 05/05/22 at female staff without a SCU on 05/05/22 between revealed: (MA) was wearing a facemask er mouth. mask down below her chink to residents and other staff. nurses station in the assisted 22 between 10:51am and e medical records personnel				
	8:12am to 9:20am in -One resident state wear facemasksAnother resident state facemasks, but not -A third resident state facemasksA fourth resident state facemasksA fifth resident state facemasks every downs in the building, -A sixth resident state facemasks even the	d staff sometimes forgot to tated some staff wore				

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DIVISION	of Health Service Re	guiation	•			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	{
		HAL034098	B. WING			6/2022
NAME OF I	PROVIDER OR SUPPLIER	STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAME OF I	-KOVIDER OR SUPPLIER			,		
SALEM 7	TERRACE		SALISBUR			
			SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 612}	Continued From pa	ge 63	{D 612}			
	-An eighth resident facemasks all the ti	stated some staff wore me, but not all.				
	-On 05/05/22, a sta masks on but did no -They always wore matter to them. -No one had told the facemask every day	their facemask, so it did not em they had to wear a				
	(RCC) on 05/06/22 -Staff had been instead from the time they exited the facilityFacemasks were leand staff knew whee-She was not wearing at the nurse's station because she was eeshe did not know wearing a facemasted facemasted to pure-She had not had to	ng her facemask while sitting n on the morning of 05/05/22, ating at the nurse's station. why another staff was not k. without a facemask, they				
	05/05/22 at 1:48pm -All staff usually wo their shiftStaff occasionally p below their nose to	re a facemask throughout bulled the facemask down breath, but they always pulled ut of place- this is about				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAI 024000	B. WING		R 05/06/2022	
		HAL034098	<u> </u>		J 05/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM T	ERRACE		SALISBURY I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 612}	Continued From pa	ge 64	{D 612}			
	revealed all staff we daily, but they all hat today. Observation of a per 05/06/22 at 8:10am - She was not wearing - The SCC called the room and gave her linterview with the Property of the state of the front down and the state of the building - She forgot to get a building and started - No one had spokely	ersonal care aide (PCA) on revealed: ng a face mask. e PCA into the medication a mask. CA at 8:11am revealed: er mask on before she oor. mask to don before she j. mask after she came into the				
	3:08pm revealed: -Staff should wear to facilityIf a staff was in a recould take their faceStaff usually had the was in the facilityFacemasks should and the mouth.	neir facemasks on when she I be worn to cover the nose I to remind staff to wear their				
{D911}	G.S. 131D-21(1) De	eclaration of Residents' Rights	{D911}			
		aration of Resident's Rights I have the following rights:				

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DIVISION	of Health Service Re	guiation	•			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	₹
		HAL034098	B. WING	<u> </u>		6/2022
NAME OF 5	200/4050 00 01/00/450	070557.40		TATE TIP CORE		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM 1	TERRACE		SALISBUR			
		WINSTON	SALEM, NO	27127		T
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
				DEFICIENCY)		
{D911}	Continued From pa	go 65	{D911}			
{Dall}	Continued From pa	ge 65	(Dall)			
		th respect, consideration,				
		ognition of his or her				
	individuality and rigl	ht to privacy.				
	This Dula is not yes	at an avidonacid by				
	This Rule is not me	ons, interviews, and record				
		failed to ensure all residents				
		espect and dignity related to a				
		onal care aide (PCA), yelling				
		disrespectful towards residents				
	including Resident					
	ŭ					
	The findings are:					
	Davious of Posidont	:#7's current FL2 dated				
		diagnoses included decubitus				
		ain, multiple falls, weakness of				
		d mobility and activities of daily				
		n thrombosis of the femoral				
	vein of the left lowe					
		hallway on 05/05/21 at				
		velling was heard coming from				
	tne dining hall, but i	t was indistinguishable.				
	Observation of the	dining hall on 05/05/21 at				
	11:52am revealed:	uning namon 03/03/21 at				
		ated in the dining hall and				
	beverages had bee					
		de (PCA), Staff E, was				
		le with a trash can tilted				
		7 who was sitting at a nearby				
	table.	-				
		at a Resident #7, "Get the				
	rotten milk out of th					
	-	ted several times, "I dare you				
	to say that."	silly partona from the telele				
		nilk cartons from the table				
	where she was star	nding and angrily threw the				

STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			B. WING		F	
		HAL034098	B. WING		05/0	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D911}	Continued From pa	ge 66	{D911}			
	cartons in the trash	can.				
	revealed: -She was in the diniversidents were beingShe had not receive for milkStaff E yelled her sand if she wanted it the trash canIt made her feel de her"The staff are mean. Interview with Staff revealed: -The cartons of milk residents would not the residents would not the residents coreshe was just trying her the milk because. She was not yelling because she was discretized.	E, on 05/05/22 at 1:48pm It were rotten, and the give the milk to her. Were dated 05/09/22, but some inplained it was rotten. It to tell the residents to give they were going to get sick. By she had a loud voice they were of her ears. The knew of had complained				
	11:58am revealed: -A resident walked wanted her to be he confront another residents' room and resident confronted her, and accused her told the resident to the resi	hallway on 05/05/21 at up to Staff E and told her she er witness so she could sident. In the resident to the other I stood in the doorway as the the other resident, cursed at er of stealing from her. inished the confrontation, Staff o go to tell the Administrator was stealing from her room.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	,
		HAL034098	B. WING	<u></u>		6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM TERRACE			SALISBURY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D911}	Continued From pa	ge 67	{D911}			
	Interview with a res revealed: -Staff E was a little -He heard Staff E s ago, "If you can't do to help you"Staff E was disrest in the dining hall and down and shut yourIt made him feel urThey (staff) need Interview with a sec 2:10pm revealed: -Staff E yelled at rearoundStaff E treated rest and like they were second	disrespectful and hateful. ay to a resident a few weeks o it yourself, then I'm not going pectful to him a few days ago d told him, "You need to sit mouth." neasy and he did not like it. to respect us." cond resident on 05/05/22 at sidents and ordered residents idents like they were children stupid. y, Staff E was taking residents'				
	3:01pm revealed:	sidents a lot, said rude things,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING			R 06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SALEM	TERRACE		D SALISBURY N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D911}	and gave residents -He heard Staff E y Interview with a fifth 3:08pm revealed: -He went to the res residents usually co -One of the biggest that they did not ha the least little thing. Interview with a sixt 3:11pm revealed: -Some of the staff of the residentsThey could tone it -Staff was confronta the residents did not Interview with a sex 3:32pm revealed: -Staff E yelled all th -"I think she is a bu -She heard Staff E years oldStaff E had not be she developed an a loud. Interview with the R (RCC) on 05/05/22 residents complained disrespectful or yell Interview with an ei- 5:22pm revealed so to residents.	a hard time elling more in the dining hall. In resident on 05/05/22 at ident council meetings and emplained about the staff. Complaints about staff was we patience and got mad at the resident on 05/05/22 at did not know how to speak to down. At a to do something. The resident on 05/05/22 at etime and was very rude. The sident on 05/05/22 at etime and was very rude. The sident if she was 4 and the facility that long, but attitude real fast and she was desident Care Coordinator at 4:32pm revealed no end to her about staff being	{D911}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE	SURVEY LETED
			A. BUILDING:			
		HAL034098	B. WING		05/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPRIES OF THE APPROPRIES OF	D BE	(X5) COMPLETE DATE
{D911}	·	ge 69 sonal care assistant (PCA)	{D911}			
	raise her voice at re	esidents. ould get mad at you when you				
	12:54pm revealed: -Staff E usually spo	dministrator on 05/06/22 at ke loudly and she could hear				
	her in the hallways from her officeShe had not heard staff E speak inappropriately to any residents and no residents had ever complained to her about Staff E being rude or yelling.					
	-She addressed any issues with staff imi	y known residents' rights mediately.				
{D912}	G.S. 131D-21(2) De	eclaration of Residents' Rights	{D912}			
	Every resident shall 2. To receive care a adequate, appropria	laration of Residents' Rights I have the following rights: and services which are ate, and in compliance with I state laws and rules and				
	interview, the facility received care and s appropriate and in o	on, record review, and y failed to assure all residents services which were adequate, compliance with relevant ws and rules and regulations				
	The findings are:					
		ations, interviews, and record failed to ensure referral and				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
					F	
		HAL034098	B. WING		05/0	6/2022
NAME OF P	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SALEM T	ERRACE		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D912}	healthcare needs for (#3, #5) related to a leg wraps and whost trimmed (#3) and a of dementia, a histor physical altercation: [Refer to Tag 273, 1 Health Care (Unabare 2. Based on observation reviews, the facility medications as orderesidents (#6 and # morning and noon romission of a blood and a medication for (#8); and for 3 of 6 #6) for record review medication used to a medication used to medication used to medication for circular medication for circular medication (#4); a reflux and a medication deficiency (#2). [Reflux for the state of the	ne routine and acute or 2 of 5 sampled residents a resident who had loosened se toenails needed to be resident who had a diagnosis ory of behaviors, and was in s with other residents (#5). 10A NCAC 13F .0902(b) ated Type B Violation)]. Tation, interview, and record failed to administer ered for 2 of 3 sampled (8) observed during the medication pass, including a pressure medication (#6); or diabetes and depression sampled residents (#2, #4 and w including errors with treat elevated blood pressure, to treat high cholesterol, a	{D912}			

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