

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments  The Adult Care Licensure Section and the Forsyth County Department of Social Services conducted a follow-up survey and complaint investigation on July 16-19, 2019 with an exit conference via telephone on July 19, 2019. The complaint investigation was initiated by the Forsyth County Department of Social Services on July 13, 2019.	{D 000}		
{D 273}	10A NCAC 13F .0902(b) Health Care  10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.  This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION  Based on these findings, the previous Type B Violation was not abated.  Based on observations, interviews and record reviews the facility failed to assure referral and follow up to medical providers for 2 of 7 sampled residents (Residents #3, and #6) in regard to orders for heart and blood pressure medication not administered on dialysis days (#3), and refusals of fingerstick blood sugar checks and medications, including blood pressure medications and a blood thinner (#6).	{D 273}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 1</p> <p>The findings are:</p> <p>1. Review of Resident #3's current FL-2 dated 06/19/19 revealed diagnoses included chronic diastolic congestive heart failure, hypertensive heart and heart failure with stage 5 chronic kidney disease.</p> <p>Review of a hospital discharge summary for Resident #3 dated 06/17/19 revealed: -The resident was admitted to a local hospital on 06/14/19 with the diagnoses of hemodialysis associated hypotension, supraventricular tachycardia (a serious cardiac arrhythmia) and cardiomyopathy (a condition which makes it hard for the heart to deliver blood to the body). -The resident was discharged back to the facility on 06/17/19.</p> <p>Review of a Medication Review Form dated 06/19/19 and signed by the facility's primary care provider (PCP) revealed ordered medications included amiodarone HCL 200mg (used to restore regular heart rhythm and maintain a regular, steady heartbeat) take 2 tablets daily, isosorbide ER 30mg (a long acting medication used to prevent chest pain caused by heart disease) daily, and metoprolol ER 50mg (a long acting medication used to treat chest pain and high blood pressure) daily.</p> <p>Review of Resident #3's record revealed there was a physician's order dated 03/13/19 with instructions as follows: -Hold medications during dialysis days except Advair 250/50 (used to treat difficult breathing), and loperamide (used to treat diarrhea). -Upon return give allopurinol (used to treat gout), amiodarone, metoprolol, montelukast (used to treat allergies), and omeprazole (used to treat</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 2</p> <p>acid reflux).</p> <p>Continued review of Resident #3's record revealed no physician's order after 06/19/19 regarding the order to hold Resident #3's medications on dialysis days.</p> <p>Review of Resident #3's electronic Medication Administration Record (eMAR) for May 2019 revealed:</p> <ul style="list-style-type: none"> <li>-There was a physician's order dated 03/20/19 with instructions to hold medications during dialysis days except Advair 250/50, and loperamide. Upon return give amiodarone, and metoprolol.</li> <li>-There was an electronic generated entry for amiodarone 400mg scheduled to be administered daily at 9:00am.</li> <li>-Documentation indicated amiodarone 400mg was not administered as ordered on dialysis days of Monday, Wednesday, and Friday for 05/01/19, 05/03/19, 05/06/19, 05/08/19, 05/13/19, 05/15/19, 05/17/19, 05/20/19, 05/22-24/19, 05/27/19, 05/29/19 and 05/31/19 because resident was out of the facility at "dialysis".</li> <li>-There was an electronic generated entry for metoprolol ER 25mg scheduled to be administered daily at 9:00am.</li> <li>-Documentation indicated metoprolol ER 25mg was not administered as ordered on dialysis days of Monday, Wednesday, and Friday for 05/01/19, 05/03/19, 05/06/19, 05/08/19, 05/13/19, 05/15/19, 05/17/19, 05/20/19, 05/22-24/19, 05/27/19, 05/29/19 and 05/31/19 because resident was out of the facility at "dialysis".</li> </ul> <p>Review of Resident #3's eMAR for June 2019 revealed:</p> <ul style="list-style-type: none"> <li>-There was an dated 03/20/19 (but not included on the current discharge summary dated</li> </ul>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 3</p> <p>06/19/19) with instructions to hold medications during dialysis days except Advair 250/50, and loperamide. Upon return give amiodarone, and metoprolol.</p> <p>-There was an electronic generated entry for amiodarone 400mg scheduled to be administered daily at 9:00am.</p> <p>-Documentation indicated amiodarone 400mg was not administered as ordered on dialysis days of Monday, Wednesday, and Friday for 06/03/19, 06/05/19, 06/07/19, 06/10/19, 06/12-13/19, 06/19/19, 06/21/19, 06/24/19 and 06/26/19 because the resident was out of the facility at "dialysis".</p> <p>-Documentation indicated Resident #3 was not administered amiodarone 400mg on 06/15/19 and 06/16/19 because the resident was in the hospital.</p> <p>-There was an electronic generated entry for Metoprolol ER 25mg scheduled to be administered daily at 9:00pm.</p> <p>-Documentation indicated that metoprolol ER 25mg was administered as ordered on 06/01-13/19.</p> <p>-There was an electronic generated entry dated 06/13/19 for metoprolol ER 50mg scheduled to be administered daily at 9:00am.</p> <p>-Documentation indicated that metoprolol ER 50mg was not administered on 06/15/19 and 06/16/19 because the resident was in the hospital.</p> <p>-Documentation indicated metoprolol ER 50mg was not administered on dialysis days of Monday, Wednesday, and Friday for 06/19/19, 06/21/19, 06/24/19 and 06/26/19 because the resident was out of the facility at "dialysis".</p> <p>-There was an electronic generated entry dated 06/13/19 for isosorbide ER 30mg scheduled to be administered daily at 9:00am.</p> <p>-Documentation indicated that isosorbide ER</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 4</p> <p>30mg was not administered on 06/15/19 and 06/16/19 because the resident was in the hospital.</p> <p>-Documentation indicated that isosorbide ER 30 mg was not administered on dialysis days of Monday, Wednesday, and Friday for 06/19/19, 06/21/19, 06/24/19 and 06/26/19 because the resident was out of the facility at dialysis.</p> <p>Review of Resident #3 eMAR for July 2019 revealed:</p> <p>-There was an dated 03/20/19 (but not included on the current discharge summary dated 06/19/19) with instructions to hold medications during dialysis days except Advair 250/50, and loperamide. Upon return give amiodarone, and metoprolol.</p> <p>-There was an electronic generated entry for amiodarone 400mg scheduled to be administered daily at 9:00am.</p> <p>-Documentation indicated amiodarone 400mg was not administrated on dialysis days of Monday, Wednesday, and Friday for 07/01/19, 07/03/19, 07/05/19, 07/08/19, 07/10/19, 07/12/19 and 07/15/19 because the resident was out of the facility at "dialysis".</p> <p>-There was an electronic generated entry for Metoprolol ER 50mg scheduled to be administered daily at 9:00am.</p> <p>-Documentation indicated Metoprolol ER 50mg was not administered on dialysis days of Monday, Wednesday, and Friday for 07/01/19, 07/03/19, 07/05/19, 07/08/19, 07/10/19, 07/12/19 and 07/15/19 because the resident had been out of the facility at "dialysis".</p> <p>-There was an electronic generated entry for isosorbide ER 30mg scheduled to be administered daily at 9:00am.</p> <p>-Documentation indicated isosorbide ER 30mg was not administered on dialysis days of Monday,</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 5</p> <p>Wednesday, and Friday for 07/01/19, 07/03/19, 07/05/19, 07/08/19, 07/10/19, 07/12/19 and 07/15/19 because the resident had been out of the facility at "dialysis".</p> <p>Interview with Resident #3 on 07/16/19 at 1:50pm revealed: -She went to dialysis on Mondays, Wednesdays and Fridays. -She left the facility at 6:00am and usually returned around 12:30pm. -She was not given morning medications before she left the facility. -She was not sure about receiving evening medications.</p> <p>Interview with a nurse at a local dialysis facility on 07/16/19 at 2:18pm revealed that dialysis patients are not given routine medication while at the dialysis facility.</p> <p>Interview with a triage nurse at a local cardiologist office on 07/16/19 at 2:22pm revealed: -The cardiologist was not aware that Resident #3 was not administered her amiodarone, isosorbide and metoprolol on dialysis days. -A PCP should not write orders that changed medications ordered by a cardiologist. -The PCP had not notified the cardiologist about the need to change administration times of the medications. -The facility had not notified the cardiologist there was a conflict with dialysis and medication administration times. -The resident could experience dangerous cardiac arrhythmias, chest pain and heart failure if she did not receive her medications as they were ordered by the cardiologist. -Since the medications were ordered once a day either they should be given once the resident</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 6</p> <p>returned to the facility or change the time of administration.</p> <p>Interview with the Administrator on 07/18/19 at 6:45pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware Resident #3 was not receiving her amiodarone, isosorbide and metoprolol as ordered on dialysis days.</li> <li>-An audit of the medication carts was done 3 times a week by the Special Care Coordinator (SCC) or a lead MA.</li> <li>-The Administrator assumed that the PCP would have discussed holding the medications on dialysis days with the cardiologist.</li> </ul> <p>2. Review of Resident #6's current FL2 dated 05/01/19 revealed diagnoses included dementia, anemia unspecified, noninfective gastroenteritis and colitis, and saddle emboli of pulmonary artery without acute corpulmonale.</p> <p>a. Review of Resident #6's record revealed there was a physician's order dated 05/01/19 for fingerstick blood sugar (FSBS) checks 4 times a day, before meals and at bedtime.</p> <p>Review of Resident #6's May 2019 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for check FSBS before meals and at bedtime and scheduled for 6:30am, 11:30am, 4:30pm, and 8:00pm daily.</li> <li>-Documented FSBS values ranged from 102 to 263.</li> <li>-There was documentation Resident #6 refused FSBS checks 67 out 124 opportunities indicated by initials circled and exceptions noted as "Patient Refused".</li> <li>-Examples included on 05/01/19 at 4:30pm and 8:00pm; on 05/03/19 at 6:30am, 11:30am,</li> </ul>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 7</p> <p>4:30pm, and 8:00pm; on 05/09/19 at 6:30am, 11:30am, 4:30pm, and 8:00pm; on 05/17/19 at 11:30am and 8:00pm; at 6:30am on 05/19/19-05/25/19, 05/28/19, and 05/29/19.</p> <p>-There was a physician notification form completed and faxed for the resident's refusing FSBS checks on 05/04/19 at 8:00am and 2:00pm, and on 05/05/19 at 8:00am.</p> <p>-There was no additional documentation the physician was notified the resident refused FSBS checks.</p> <p>Review of Resident #6's June 2019 eMAR revealed:</p> <p>-There was an entry for check FSBS before meals and at bedtime and scheduled for 6:30am, 11:30am, 4:30pm, and 8:00pm daily.</p> <p>-Documented FSBS values ranged from 72 to 218.</p> <p>-There was documentation Resident #6 refused FSBS checks 77 out 120 opportunities indicated by initials circled and exceptions noted as "Patient Refused".</p> <p>-Examples included on 06/01/19 at 11:30am, 4:30pm and 8:00pm; on 06/02/19 at 11:30am, 4:30pm, and 8:00pm; on 06/08/19 at 6:30am, 11:30am, and 4:30pm; on 06/17/19 at 6:30am; at 6:30am on 06/25/19-06/28/19 and on 06/30/19.</p> <p>-There was no documentation the physician was notified the resident refused FSBS checks.</p> <p>Review of Resident #6's July 2019 eMAR revealed:</p> <p>-There was an entry for check FSBS before meals and at bedtime listed and scheduled for 6:30am, 11:30am, 4:30pm, and 8:00pm daily.</p> <p>-Documented FSBS values ranged from 68 to 199.</p> <p>-There was documentation Resident #6 refused FSBS checks 6 out 62 opportunities from</p>	{D 273}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 8</p> <p>07/01/19 to 07/16/19 indicated by initials circled and exceptions noted as "Patient Refused".</p> <ul style="list-style-type: none"> <li>-Examples included refused FSBS checks at 6:30am on 07/01/19, 07/03/19-07/05/19, and 07/14/19.</li> <li>-There was no documentation the physician was notified the resident refused FSBS checks.</li> </ul> <p>Interview with the Special Care Coordinator (SCC) on 07/18/19 at 11:05 revealed:</p> <ul style="list-style-type: none"> <li>-The facility had a form to complete and fax to the physician to notify the physician when residents refused medications and treatments like FSBS.</li> <li>-The form should be completed by the medication aide (MA) with each missed medication or FSBS check.</li> <li>-There was documentation for physician notification for refused medications and FSBS checks on 05/04/19 and 05/05/19.</li> <li>-There was no additional documentation for physician notification regarding Resident #6 refusing medications and fingerstick checks.</li> <li>-She did not have a system in place to audit the residents' eMARs for documentation of physician notification of refusals.</li> </ul> <p>Interview with a MA in the Special Care Unit (SCU) on 07/18/19 at 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She routinely worked the day shift (7:00am to 3:00pm) in the SCU.</li> <li>-Resident #6 refused medications including FSBS checks a lot.</li> <li>-Resident #6 refused medications and FSBS checks more when she first moved into the facility, but had gotten better now.</li> <li>-She had not completed a medication refusal form for medications or FSBS checks for Resident #6.</li> </ul> <p>Interview with a second MA in the SCU on</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 9</p> <p>07/18/19 at 3:20pm revealed: -She worked evening shift and night shift in the SCU. -Resident #6 refused medications, including FSBS often. -Resident #6 refused FSBS checks every time she tried to obtain. -She had completed medication refusal forms on several occasions and left them with the oncoming MA to give to the SCC for faxing to the physician regarding medication and FSBS refusals.</p> <p>Telephone interview with Resident #6's Primary Care Physician (PCP) on 07/18/19 at 3:30pm revealed: -He knew Resident #6 had problems with adjusting to staff and the facility when she first came. -He knew she refused medications, but did not know the resident refused FSBS checks so many times. -He signed her admission orders, but there was some difficulty with getting the resident assigned to his practice's care. -He followed the resident during the transition. -The facility staff usually informed him during his weekly or bi-weekly visits and often called his cell number to inform if residents refused medications. -The facility should document refusals for his review when he visited the facility.</p> <p>Interview with the Administrator on 07/18/19 at 6:40pm revealed: -The facility had a form for physician notification of refusals for medications or treatments. -The MA staff should fill out the form and fax to the physician for documentation of notification. -The SCC for the SCU would be responsible to</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 10</p> <p>assure physician notifications for refusals of FSBS checks were completed. -She did not know the refusal form was not being used.</p> <p>b. Review of Resident #6's current FL2 and medication verification dated 05/01/19 revealed: -There was an order for clopidogrel 75mg (used for circulation) once daily. -There was an order for Dexilant DR 30mg (used to treat acid reflux) once daily. -There was an order for docusate sodium 100mg (a stool softener) once daily. -There was an order for donepezil 5 mg (used to treat confusion related to dementia) once daily. -There was an order for escitalopram 10mg (used to treat anxiety and depression) once daily. -There was an order for ferrous sulfate 325 mg (used to treat iron anemia) once daily. -There was an order for furosemide 20mg (used to treat fluid retention and blood pressure) once daily. -There was an order for glipizide 5 mg (used to treat diabetes) one tablet in the morning and glipizide 2.5 mg daily in the evening. -There was an order for metoprolol succinate 25mg (used to treat high blood pressure or control heart rate) once daily. -There was an order for Eliquis 5 mg (used to thin blood) two times a day. -There was an order for levetiracetam 1000mg (used to treat seizures or mental disorders) one tablet in the morning and one tablet in the evening. -There was an order for levetiracetam 250mg in the evening with 1000mg tablet. -There was an order for Mag-Tab 84mg (used to supplement magnesium) once daily at bedtime. -There was an order for metformin 500mg (used to treat diabetes) twice a day.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-There was an order for morphine sulfate extended release 15mg (used to treat pain) twice a day.</li> <li>-There was an order for potassium chloride extended release 20 meq (used to supplement potassium) twice a day.</li> <li>-There was an order for Crestor 5 mg (used to treat high cholesterol) once in the evening.</li> <li>-There was an order for topiramate 25 mg (used to treat migraines, mental and neurological disorders) twice a day.</li> </ul> <p>Review of Resident #6's May 2019 electronic medication administration record revealed (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for clopidogrel 75mg once daily scheduled for 8:00am and documented as refused 10 of 31 opportunities.</li> <li>-There was an entry for Dexilant DR 30mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for docusate sodium 100mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for donepezil 5 mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for escitalopram 10mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for ferrous sulfate 325 mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for furosemide 20mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for glipizide 5 mg one tablet in the morning scheduled for 8:00am and documented as refused 8 of 31 opportunities.</li> <li>-There was an entry for metoprolol succinate</li> </ul>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 12</p> <p>25mg once daily scheduled for 8:00am and documented as refused 8 of 31 opportunities.</p> <p>-There was an entry for Eliquis 5 mg two times a day scheduled for 8:00am and 8:00pm and documented as refused for 23 of 62 opportunities.</p> <p>-There was an entry for glipizide 2.5mg daily in the evening scheduled for 5:00pm and documented as refused for 16 of 31 opportunities.</p> <p>-There was an entry for levetiracetam 1000mg one tablet in the morning and one tablet in the evening scheduled for 8:00am and 5:00pm and documented as refused for 20 of 62 opportunities.</p> <p>-There was an entry for levetiracetam 250mg in the evening with 1000mg tablet scheduled for 5:00pm and documented as refused for 16 of 31 opportunities.</p> <p>-There was an entry for Mag-Tab 84mg once daily at bedtime scheduled at 8:00pm and documented as refused for 16 of 31 opportunities.</p> <p>-There was an entry for metformin 500mg twice a day scheduled for 8:00am and 8:00pm and documented as refused 25 of 62 opportunities.</p> <p>-There was an entry for morphine sulfate extended release 15mg twice a day scheduled at 8:00am and 8:00pm daily and documented as refused 25 of 62 opportunities.</p> <p>-There was an entry for potassium chloride extended release 20 meq twice a day scheduled at 8:00am and 8:00pm and documented as refused 23 of 62 opportunities.</p> <p>-There was an entry for Crestor 5 mg once in the evening scheduled at 6:00pm and documented as refused 16 of 31 opportunities.</p> <p>-There was an entry for topiramate 25 mg twice a day scheduled at 8:00am and 8:00pm and documented as refused 24 of 62 opportunities.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 13</p> <p>Review of Resident #6's June 2019 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for clopidogrel 75mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for Dexilant DR 30mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for docusate sodium 100mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for donepezil 5 mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for escitalopram 10mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for ferrous sulfate 325 mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for furosemide 20mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for glipizide 5 mg one tablet in the morning scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for metoprolol succinate 25mg once daily scheduled for 8:00am and documented as refused 1 of 30 opportunities.</li> <li>-There was an entry for Eliquis 5 mg two times a day scheduled for 8:00am and 8:00pm and documented as refused for 3 of 60 opportunities.</li> <li>-There was an entry for glipizide 2.5mg daily in the evening scheduled for 5:00pm and documented as refused for 5 of 30 opportunities.</li> <li>-There was an entry for levetiracetam 1000mg one tablet in the morning and one tablet in the evening scheduled for 8:00am and 5:00pm and documented as refused for 6 of 60 opportunities.</li> <li>-There was an entry for levetiracetam 250mg in</li> </ul>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 14</p> <p>the evening with 1000mg tablet scheduled for 5:00pm and documented as refused for 5 of 30 opportunities.</p> <p>-There was an entry for Mag-Tab 84mg once daily at bedtime scheduled at 8:00pm and documented as refused for 2 of 30 opportunities.</p> <p>-There was an entry for metformin 500mg twice a day scheduled for 8:00am and 8:00pm and documented as refused 3 of 60 opportunities.</p> <p>-There was an entry for morphine sulfate extended release 15mg twice a day scheduled at 8:00am and 8:00pm daily and documented as refused 3 of 60 opportunities.</p> <p>-There was an entry for potassium chloride extended release 20 meq twice a day scheduled at 8:00am and 8:00pm and documented as refused 3 of 60 opportunities.</p> <p>-There was an entry for Crestor 5 mg once in the evening scheduled at 6:00pm and documented as refused 5 of 30 opportunities.</p> <p>-There was an entry for topiramate 25 mg twice a day scheduled at 8:00am and 8:00pm and documented as refused 5 of 60 opportunities.</p> <p>Interview with the Special Care Coordinator (SCC) on 07/18/19 at 11:05 revealed:</p> <p>-The facility had a form to complete and fax to the physician to notify the physician when residents refused medications.</p> <p>-She did not have a system in place to audit the residents' eMARs for documentation of physician notification of refusals of medications.</p> <p>-The form should be completed by the medication aide (MA) with each missed medication.</p> <p>-There was documentation for physician notification for refused medication on 05/04/19 and 05/05/19.</p> <p>-There was no additional documentation for physician notification regarding Resident #6 refusing medications in shift notes or the</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 15</p> <p>computer notes section.</p> <p>-Staff had not left completed physician notification forms for her to fax.</p> <p>Interview with a MA in the Special Care Unit (SCU) on 07/18/19 at 12:30pm revealed:</p> <p>-She routinely worked the day shift (7:00am to 3:00pm) in the SCU.</p> <p>-Resident #6 refused medications a lot.</p> <p>-Resident #6 refused medications more when she first moved into the facility, but had gotten better now.</p> <p>-She had not completed a medication refusal form for Resident #6, but should have.</p> <p>Interview with a second MA in the SCU on 07/18/19 at 3:20pm revealed:</p> <p>-She worked evening shift and night shift in the SCU.</p> <p>-Resident #6 refused medications often.</p> <p>-She had completed medication refusal forms on several occasions and left them with the oncoming MA to give to the SCC for faxing to the physician regarding medication refusals.</p> <p>-She did not follow-up to see if the physician was notified.</p> <p>Telephone interview with Resident #6's Primary Care Physician (PCP) on 07/18/19 at 3:30pm revealed:</p> <p>-He knew Resident #6 had problems with adjusting to staff and the facility when she first came.</p> <p>-He knew she refused medications when she came, but did not know how many medications or how many times.</p> <p>-He signed her admission orders but there was some difficulty with getting the resident assigned to his practice's care.</p> <p>-He followed the resident during the transition.</p>	{D 273}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 16</p> <p>-The facility staff usually informed him during his weekly or bi-weekly visits and often called his cell number to inform if resident's refuse medications. -The facility should document refusals for his review when he visited the facility.</p> <p>Interview with the Administrator on 07/18/19 at 6:40pm revealed: -The facility had a form for physician notification of refusals for medications or treatments. -The MA staff should fill out the form and fax to the physician for documentation of notification. -The SCC for the SCU would be responsible to assure physician notification for refusals was completed. -She did not know the refusal form was not being used or physicians not notified for refused medications and FSBS checks.</p> <p>The facility failed to assure physician notification for 2 of 7 sampled residents including Resident #3 who had a visit to the hospital for cardiac symptoms with missed cardiac medications (amlodipine, isosorbide, and metoprolol) while at dialysis placing the resident at risk for dangerous cardiac arrhythmias, chest pain and heart failure; Resident #6 with medication and FSBS checks refusals placing the resident at risk for hypoglycemia or hyperglycemia and worsening disease processes. The facility's failure to contact the primary care provider and health care specialist was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a Plan of Protection on 07/17/19 in accordance with G. S. 131D-34.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 344}	Continued From page 17	{D 344}		
{D 344}	<p>10A NCAC 13F .1002(a) Medication Orders</p> <p>10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure contact with the prescribing physician for clarification of medication orders for 1 of 7 sampled residents (Resident #7) regarding an order for a topical cream.</p> <p>The findings are:  Review of Resident #7's current FL2 dated 04/24/19 revealed diagnoses included end stage renal disease, type 2 diabetes, status post bilateral leg amputation, and chronic back pain.</p> <p>Review of Resident #7's Resident Register</p>	{D 344}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 344}	<p>Continued From page 18</p> <p>revealed an admission date of 02/05/18.</p> <p>Observation of medication administration on 07/17/19 at 8:00am revealed Resident #7 was administered 6 oral medication, and 2 insulin injections. The medication aide informed the surveyor that Resident #7 had a topical cream scheduled that she wanted to wait until she went back into her room to have applied.</p> <p>Observation of Resident #7 on 07/17/19 at 10:20am revealed zinc oxide was applied to the right buttock area.</p> <p>Review of Resident #7's hospital discharge summary dated 04/18/19 revealed an order for zinc oxide 20% (percent) apply to right buttocks 3 times a day. (Zinc oxide is a protective barrier cream used to protect from skin breakdown).</p> <p>Review of Resident #7's current FL2 and medication verification sheet dated 04/24/19 revealed zinc oxide 20% was not ordered on the FL2 or verification sheet.</p> <p>Review of Resident #7's July 2019 electronic medication administration record (eMAR) revealed: -There was an entry for zinc oxide 20% ointment apply to right buttocks 3 times a day. -Zinc oxide 20% was scheduled 8:00am to 10:00am, 2:00pm to 4:00pm, and 8:00pm to 10:00pm.</p> <p>Interview with Resident #7 on 07/17/19 at 10:20am revealed: -She had been receiving zinc oxide 20% routinely 3 times a day. -She had been using zinc oxide to prevent sores on her buttock for several months.</p>	{D 344}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 344}	<p>Continued From page 19</p> <p>Interview with the Pharmacy Manager of the facility's contracted Pharmacy on 07/18/19 at 10:00am revealed:</p> <ul style="list-style-type: none"> <li>-The facility was responsible to send all orders, including FL2s, to the pharmacy for entering into the eMAR system.</li> <li>-The pharmacy sometimes called providers to get medication authorizations when orders were not clear of left off the current orders.</li> <li>-There was no information regarding clarification of Resident #7's zinc oxide 20% 3 times a day not being on the FL2 but on the discharge summary.</li> <li>-The facility was responsible for assuring medications on the FL2 matched medications on the eMAR.</li> </ul> <p>Telephone interview with the Resident Care Coordinator (RCC) on 07/19/19 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible to check the FL2 when a resident is admitted, or when a resident did not have a current FL2 upon admission.</li> <li>-The Medical Record Clerk (MRC) was responsible to verify return medications for short hospital stays, renew FL2s for yearly updates or readmissions.</li> <li>-There currently was not a system in place to double check medication orders on residents' FL2s compared to discharge orders, except the paperwork was supposed to be faxed to the pharmacy for review and entering on the eMAR.</li> <li>-Residents' new orders and verifications were placed in the Doctor's box for review and sign off.</li> <li>-Resident #7 had been using zinc oxide 20% ointment for a long time.</li> <li>-The MRC or the contract pharmacy should have gotten the zinc oxide 20% order clarified.</li> </ul> <p>Interview with the Administrator on 07/18/19 at</p>	{D 344}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 344}	Continued From page 20  6:58 revealed the RCC, MRC, and the contract pharmacy were responsible to clarify orders when not clear.	{D 344}		
{D 358}	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered and in accordance with the facility's policies for 3 of 4 residents (#8,#9, and #10) observed during the medication pass including errors with a nasal spray (#10), a medication for benign prostatic hypertrophy (#8), and an insulin injection (#9); and for 3 of 7 sampled residents related to a pain medication (#5), a resident who had a visit to the hospital for</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 21</p> <p>cardiac symptoms with missed routine medications (allopurinol, Advair, loperamide, omeprazole, montelukast) and cardiac medications (amiodarone, isosorbide, and metoprolol) while at dialysis (#3), and a resident with sliding scale Novolog insulin administered incorrectly (#2).</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Review of a hospital discharge summary for Resident #3 dated 06/17/19 and FL2 dated 06/19/19 revealed: <ul style="list-style-type: none"> <li>-The resident was admitted to a local hospital on 06/14/19 with the diagnoses of hemodialysis associated hypotension, supraventricular tachycardia (a serious cardiac arrhythmia), end stage renal disease, and cardiomyopathy (a condition which makes it hard for the heart to deliver blood to the body).</li> <li>-The resident was discharged back to the facility on 06/17/19.</li> <li>-There was an order for allopurinol 100 mg (used to treat gout) daily.</li> <li>-There was an order for amiodarone HCL 200mg (used to restore regular heart rhythm and maintain a regular, steady heartbeat) take 2 tablets daily.</li> <li>-There was an order for metoprolol ER 50mg (a long acting medication used to treat chest pain and high blood pressure) once daily.</li> <li>-There was an order for isosorbide ER 30mg (a long acting medication used to prevent chest pain caused by heart disease) once daily.</li> <li>-There was an order for Advair 250/50 (used to treat difficult breathing) one puff into the lungs 2 times daily.</li> <li>-There was an order for omeprazole 20mg (used to treat acid reflux) daily.</li> <li>-There was an order for montelukast 10mg (used</li> </ul> </li> </ol>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 22</p> <p>to treat allergies) daily.</p> <p>-There was an order for loperamide 2mg (used to treat diarrhea) take one before dialysis.</p> <p>Review of Resident #3's record revealed there was a physician's order dated 03/13/19 with instructions as follows:</p> <p>-Hold medications during dialysis days except Advair 250/50, and loperamide.</p> <p>-Upon return give allopurinol, amiodarone, metoprolol, montelukast, and omeprazole (used to treat acid reflux).</p> <p>Review of Resident #3's record revealed no subsequent physician's after the hospitalization and new FL2 order to hold medications on dialysis days.</p> <p>Interview with Resident #3 on 07/16/19 at 1:50pm revealed:</p> <p>-She went to dialysis on Mondays, Wednesdays and Fridays.</p> <p>-She left the facility at 6:00am and usually returned around 12:30pm.</p> <p>-She was not given medications before she left the facility.</p> <p>-She did not receive morning medications when she returned from dialysis.</p> <p>Interview with a nurse at a local dialysis facility on 07/16/19 at 2:18pm revealed that dialysis patients are not given routine medication while at the dialysis facility.</p> <p>Interview with a triage nurse at a local cardiologist office on 07/16/19 at 2:22pm revealed:</p> <p>-The cardiologist was not aware that Resident #3 was not administered amiodarone, isosorbide and metoprolol on dialysis days (Monday, Wednesday, and Friday).</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 23</p> <p>-Since the medications were ordered once a day either they should be given once the resident returned to the facility or change the time of administration.</p> <p>-The resident could experience dangerous cardiac arrhythmia, chest pain and heart failure if she did not receive her medications as they were ordered by the cardiologist.</p> <p>Interview with the Resident Care Coordinator (RCC) on 07/17/19 at 5:00pm revealed:</p> <p>-She was responsible to assure medications were administered as ordered.</p> <p>-The MAs were responsible for reading the eMAR and administering medications as ordered.</p> <p>-She was not aware Resident #3 was not receiving medications as ordered since the order to hold medications on dialysis days was not current.</p> <p>Based on observation, interview and record review amiodarone 400mg, isosorbide ER 30mg, allopurinol 100mg, montelukast 10mg, omeprazole 20mg, and metoprolol ER 50mg were not administered 5 of 12 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19. Loperamide 2 mg was administered incorrectly 8 times and 4 missed doses from 06/16/19 to 06/30/19; and administered incorrectly 9 times and doses missed 7 times from 07/01/19 to 07/16/19. Advair 250/50 was not administered at 9:00am for 4 of 16 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>a. Review of the June 2019 and July 2019 eMARs revealed:</p> <p>-There was an electronic entry for Amiodarone 400mg daily scheduled at 9:00am.</p> <p>-There was a physician's order dated 03/13/19</p>	{D 358}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 24</p> <p>with instructions to hold medications during dialysis days except Advair 250/50, and loperamide: Upon return give amiodarone.</p> <p>-Amiodarone 400mg was documented administered for 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/17/19 to 06/30/19. (June 18, 20, 22, 23, 25, 27, 29 and 30).</p> <p>-Amiodarone 400mg daily was documented for not administered 12 of 12 opportunities on Monday, Wednesday, and Friday from 06/17/19 to 06/30/19 because resident was out of the facility at dialysis (June 17, 19, 21, 24, 26 and 28).</p> <p>-There was an electronic entry on the July 2019 eMAR for amiodarone 400mg daily scheduled for administration at 9:00am daily.</p> <p>-Amiodarone 400mg was documented as administered for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</p> <p>-Amiodarone 400mg was documented as not administered for 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/17/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Based on interview and record review amiodarone 400mg, was not administered 5 of 12 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>b. Review of the June 2019 and July 2019 eMARs revealed:</p> <p>-There was an electronic entry for metoprolol ER 25mg daily scheduled at 9:00pm.</p> <p>-Metoprolol ER 25mg had been documented as</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 25</p> <p>administered daily from 06/01/19 to 06/13/19.</p> <p>-There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide; Upon return give metoprolol.</p> <p>-There was an electronic entry dated 06/13/19 for metoprolol ER 50mg daily scheduled at 9:00am.</p> <p>-Metoprolol ER 50mg was documented as not administered on 06/15/19 and 6/16/19 because the resident was in the hospital.</p> <p>-Metoprolol ER 50mg was documented as administered 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/17/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).</p> <p>-Metoprolol ER 50mg was documented for not administered 4 of 6 opportunities on Monday, Wednesday, and Friday (June 19, 21, 24 and 26) because the resident was out of the facility at dialysis. Monday 06/17/19 and Friday 06/28/19, were documented for administration of metoprolol ER 50mg but the resident was at dialysis at the scheduled time.</p> <p>-There was an entry for metoprolol ER 50mg on the July 2019 eMAR scheduled at 9:00am.</p> <p>-Metoprolol ER 50mg was documented as administered for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</p> <p>-Metoprolol ER 50mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Interview with the Administrator on 07/18/19 at 6:45pm revealed she assumed that the PCP would have discussed holding the medications on dialysis days with the cardiologist.</p> <p>Refer to interview with the Administrator on</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 26</p> <p>07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review metoprolol ER 50mg was not administered 5 of 12 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>c. Review of the June 2019 and July 2019 eMARs revealed:</p> <ul style="list-style-type: none"> <li>-There was an electronic entry dated 06/13/19 for isosorbide ER 30mg daily scheduled at 9:00am.</li> <li>-There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide; Upon return give allopurinol, amiodarone, metoprolol, montelukast, and omeprazole. There was no information regarding isosorbide ER 30mg.</li> <li>-Isosorbide ER 30mg was documented as administered 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).</li> <li>-Isosorbide ER 30mg was documented as not administered 4 of 4 opportunities on Monday, Wednesday, and Friday on June 19, 21, 24 and 26 because the resident was out of the facility at dialysis. Monday 06/17/19 and Friday 06/28/19 were documented for administration of isosorbide ER 30mg, but the resident was at dialysis at the scheduled time.</li> <li>-There was an electronic entry on the July 2019 eMAR for isosorbide ER 30mg to be administered daily at 9:00am.</li> <li>-Isosorbide ER 30mg was documented as administered for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</li> <li>-Isosorbide ER 30mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 27</p> <p>07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Interview with the Administrator on 07/18/19 at 6:45pm revealed she assumed that the PCP would have discussed holding the medications on dialysis days with the cardiologist.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review isosorbide ER 30mg was not administered 5 of 12 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>d. Review of the June 2019 and July 2019 eMARs revealed:</p> <ul style="list-style-type: none"> <li>-There was an electronic entry for loperamide 2mg take one hour prior to dialysis scheduled for 9:00am.</li> <li>-There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide.</li> <li>-Loperamide 2mg was documented as administered on non-dialysis days 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).</li> <li>-Loperamide 2mg was documented as not administered 4 of 4 opportunities on Monday, Wednesday, and Friday on June 19, 21, 24 and 26 because the resident was out of the facility at dialysis. Monday 06/17/19 and Friday 06/28/19 were documented for administration of loperamide 2mg, but the resident was at dialysis at the scheduled time.</li> <li>-There was an electronic entry on the July 2019 eMAR loperamide 2mg take one hour prior to</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 28</p> <p>dialysis scheduled for 9:00am.</p> <p>-Loperamide 2mg was documented as administered incorrectly for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</p> <p>-Loperamide 2mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Interview with the Administrator on 07/18/19 at 6:45pm revealed she assumed that the PCP would have discussed holding the medications on dialysis days with the cardiologist.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review loperamide 2 mg was administered incorrectly 8 times and doses missed 4 times from 06/16/19 to 06/30/19; and administered incorrectly 9 times and doses missed 7 times from 01/01/19 to 07/16/19.</p> <p>e. Review of the June 2019 and July 2019 eMARs revealed:</p> <p>-There was an electronic entry for allopurinol 100mg daily scheduled at 9:00am.</p> <p>-There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide; Upon return give allopurinol.</p> <p>-Allopurinol 100mg was documented as administered 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).</p> <p>-Allopurinol 100mg was documented as not</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 29</p> <p>administered 4 of 4 opportunities on Monday, Wednesday, and Friday on June 19, 21, 24 and 26 because the resident was out of the facility at dialysis. Monday 06/17/19 and Friday 06/28/19 were documented for administration of allopurinol 100mg, but the resident was at dialysis at the scheduled time.</p> <p>-There was an electronic entry on the July 2019 eMAR for allopurinol 100mg to be administered daily at 9:00am.</p> <p>-Allopurinol 100mg was documented as administered for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</p> <p>-Allopurinol 100mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review allopurinol 100mg was not administered 5 of 12 opportunities from 06/17/19 to 06/30/19, and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>f. Review of the June 2019 and July 2019 eMARs revealed:</p> <p>-There was an electronic entry for montelukast 10mg daily scheduled at 9:00am.</p> <p>-There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide; Upon return give montelukast.</p> <p>-Montelukast 10mg was documented as administered 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 30</p> <p>06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30). -Montelukast 10mg was documented as not administered 4 of 4 opportunities on Monday, Wednesday, and Friday on June 19, 21, 24 and 26 because the resident was out of the facility at dialysis. Monday 06/17/19 and Friday 06/28/19 were documented for administration of montelukast 10mg, but the resident was at dialysis at the scheduled time. -There was an electronic entry on the July 2019 eMAR for montelukast 10mg to be administered daily at 9:00am. -Montelukast 10mg was documented as administered for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16). -Montelukast 10mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review montelukast 10mg was not administered 5 of 12 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>g. Review of the June 2019 and July 2019 eMARs revealed: -There was an electronic entry for omeprazole 20mg daily scheduled at 9:00am. -There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide; Upon return give omeprazole. -Omeprazole 20mg was documented as not administered on 06/15/19 and 06/16/19 because</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 31</p> <p>the resident was in the hospital.</p> <p>-Omeprazole 20mg was documented as administered 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).</p> <p>-Omeprazole 20mg was documented as not administered 4 of 4 opportunities on Monday, Wednesday, and Friday on June 19, 21, 24 and 26 because the resident was out of the facility at dialysis. Monday 06/17/19 and Friday 06/28/19 were documented for administration of omeprazole 20mg, but the resident was at dialysis at the scheduled time.</p> <p>-There was an electronic entry on the July 2019 eMAR for omeprazole 20mg to be administered daily at 9:00am.</p> <p>-Omeprazole 20mg was documented as administered for 9 of 9 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</p> <p>-Omeprazole 20mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review omeprazole 20mg was not administered 5 of 12 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>h. Review of the June 2019 and July 2019 eMARs revealed:</p> <p>-There was an electronic entry dated 06/13/19 for Advair 250/50 (Wixela 250-50 is generic) one puff into the lungs 2 times daily scheduled at 9:00am and 9:00pm daily.</p>	{D 358}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

{D 358}	<p>Continued From page 32</p> <p>-There was a physician's order dated 03/13/19 with instruction to hold medications during dialysis days except Advair 250/50, and loperamide.</p> <p>-Advair 250/50 was documented as administered at 9:00am for 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).</p> <p>-Advair 250/50 was documented as not administered at 9:00am for 4 of 4 opportunities on Monday, Wednesday, and Friday on June 19, 21, 24 and 26 because the resident was out of the facility at dialysis. There was documentation for administration at 9:00am on Friday 06/28/19 of Advair 250/50, but the resident was at dialysis at the scheduled time.</p> <p>-There was an electronic entry on the July 2019 eMAR for Advair 250/50 to be administered daily at 9:00am.</p> <p>-Advair 250/50 was documented as administered at 9:00am and 9:00pm for 18 of 18 opportunities on Tuesday, Thursday, Saturday and Sunday from 07/01/19 to 07/17/19 (July 2, 4, 6, 7, 9, 11, 13, 14 and 16).</p> <p>-Advair 250/50 was documented as not administered at 9:00am for 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to 07/16/19 (July 1, 3, 5, 8, 10, 12 and 15) because the resident was out of the facility at dialysis.</p> <p>Refer to interview with the Administrator on 07/18/19 at 6:45pm.</p> <p>Based on observation, interview and record review Advair 250/50 was not administered at 9:00am for 4 of 16 opportunities from 06/17/19 to 06/30/19 and 7 of 16 opportunities from 07/01/19 to 07/16/19.</p> <p>Interview with the Administrator on 07/18/19 at</p>	{D 358}		
---------	---	---------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 33</p> <p>6:15pm revealed: -MA staff were trained to administer medications according to the directions on the eMAR. -The RCC was responsible to assure medications were administered as ordered. -She was not aware Resident #3 was not receiving medications as ordered since the order to hold medications on dialysis days was not current.</p> <p>2. The medication error rate was 9% (percent) as evidenced by the observation of 3 errors of 31 opportunities during the 8:00am medication pass on 07/17/19.</p> <p>a. Review of Resident #10's current FL2 dated 02/14/19 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD) and Type 2 diabetes. -There was an order for fluticasone propionate 50 micrograms (mcg) nasal spray 2 sprays in each nostril daily. (Fluticasone is a steroid nasal spray used to treat allergies).</p> <p>Observation of medication administration to Resident #10 on 07/17/19 at 7:40am revealed: -The morning medication aide (MA) prepared 4 oral medications, one inhalant, and fluticasone for administration. -The MA put on a pair of nitrile gloves, shook the fluticasone bottle back and forth several times, and administered one spray in each nostril. -The MA immediately administered 2 puffs of an oral inhalant, allowing 30 to 45 seconds between inhalations.</p> <p>Review of Resident #10's July 2019 electronic medication administration record (eMAR)</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 34</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for fluticasone propionate 50 mcg use 2 sprays in each nostril once daily at 8:00am for allergic rhinitis.</li> <li>-Fluticasone was documented as administered 2 sprays in each nostril at 8:00am on 07/17/19.</li> </ul> <p>Interview with the medication aide (MA) administering Resident #10's medications during the morning medication pass on 07/17/19 at 1:45pm revealed:</p> <ul style="list-style-type: none"> <li>-She recalled administering Resident #10's fluticasone earlier today (07/17/19).</li> <li>-She thought she administered 2 sprays to each nostril for Resident #10 fluticasone propionate according to the directions on the eMAR.</li> <li>-Resident #10 routinely received 2 sprays in each nostril.</li> <li>-If she administered one spray in each nostril it was an oversight.</li> </ul> <p>Interview with Resident #10 on 07/17/19 at 1:55pm revealed:</p> <ul style="list-style-type: none"> <li>-She routinely received 2 sprays in each nostril of her fluticasone propionate.</li> <li>-She was fairly certain she received 2 sprays in each nostril this morning.</li> <li>-She would not be able to tell if she only received one dose regarding if she was breathing clearly through her nose.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 07/17/19 at 5:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible to assure medications were administered as ordered.</li> <li>-The MAs were responsible for reading the eMAR and administering medications as ordered.</li> <li>-If Resident #10 only received a single spray of fluticasone it would have been an oversight by the MA.</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 35</p> <p>Interview with the Administrator on 07/19/19 at 6:15pm revealed: -MA staff were trained to administer medications according to the directions on the eMAR. -The RCC was responsible to assure medications were administered as ordered.</p> <p>b. Review of Resident #8's current FL2 dated 04/10/19 revealed: -Diagnoses included hypertension, pre-glaucoma, and Huntington's Disease. -There was an order for tamsulosin hydrochloride (HCL) 0.4mg one at bedtime for benign prostatic hyperplasia (BPH). (Tamsulosin is used to treat male BPH and high blood pressure).</p> <p>Observation of medication administration to Resident #8 on 07/17/19 at 8:30am revealed: -A second morning medication aide (MA) prepared 6 oral medications for administration to Resident #8, including one tamsulosin 0.4mg. -The MA administered the 6 medications and documented administration on the eMAR.</p> <p>Interview with the second MA on 07/17/19 at 8:30am revealed: -Medications started appearing on the eMAR screen one hour before the scheduled time of administration and remained for one hour after the scheduled time for administration. -She administered medications according to the time the medication appeared. -The directions displayed on the electronic medication administration record (eMAR) were to administer the medication at bedtime. -The time scheduled in the eMAR system for tamsulosin was 8:00am. -She thought the order was changed, but did not know when.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 36</p> <p>Review of Resident #8's July 2019 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for tamsulosin hydrochloride (HCL) 0.4mg one capsule at bedtime,</li> <li>-Tamsulosin was scheduled at 8:00am.</li> <li>-Tamsulosin was documented as administered at 8:00am from 07/01/19 to 07/17/19.</li> </ul> <p>Second interview with the second MA on 07/17/19 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She was aware Resident #8's tamsulosin 0.4mg was scheduled at 8:00am, but the instructions said to administer at bedtime.</li> <li>-She informed a staff member in Administration that the medication time for administering did not match the directions on the eMAR. (Did not remember which staff she informed).</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 07/17/19 at 5:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She expected MAs to administer medications according to the eMAR.</li> <li>-She expected the MA to tell a supervisor, the RCC, or the Medical Records Clerk if they had questions about an order.</li> <li>-She did realize the time of administration had been changed from 8:00pm to 8:00am for Resident #8's tamsulosin.</li> </ul> <p>Interview with a representative from the contracted pharmacy on 07/17/19 at 4:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy was responsible for entering orders into the MAR.</li> <li>-Resident #8's time for administration of tamsulosin was changed by the pharmacy on 05/24/19. According to the computer records, a contract pharmacy representative reviewed the</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 37</p> <p>eMAR entry for tamsulosin on 05/24/19, added a diagnosis for the medication and for some reason clicked on 8:00am instead of 8:00pm for time of administration.</p> <p>-The facility was responsible to verify medication changes prior to the medication appearing for MAs to administer.</p> <p>-A time change would not have to be approved and released by the facility staff.</p> <p>Interview with the Administrator on 07/18/19 at 6:58pm revealed:</p> <p>-She expected the MA's to follow the order on the MAR.</p> <p>-The pharmacy made an error on the time change for Resident #8's tamsulosin.</p> <p>c. Review of Resident #9's current FL2 dated 05/01/19 revealed:</p> <p>-Diagnoses included vascular dementia, schizoaffective disorder.</p> <p>-There was an order to check fingerstick blood sugar (FSBS) twice a day.</p> <p>-There was an order for Humalog 100unit/ml inject per sliding scale. (Humalog is a rapid acting insulin used to lower blood sugar levels).</p> <p>Review of Resident #9's physician orders dated 04/29/19 revealed:</p> <p>-There was an order dated 04/29/19 for FSBS before meals and at bedtime.</p> <p>-There was an order dated 04/29/19 for Humalog sliding scale insulin (SSI) with parameters 151-200= 2 units, 201-250= 4 units, 251-300= 6 units, 301-350= 8 units, 351-400=10 units.</p> <p>Observation of medication administration to Resident #9 on 07/17/19 at 9:02am revealed:</p> <p>-Resident #9 was standing at the medication cart outside the Special Care Unit dining hall.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 38</p> <ul style="list-style-type: none"> <li>-Residents had completed eating breakfast, including Resident #9.</li> <li>-The medication aide (MA) for the Special Care Unit stated the resident's FSBS was documented as 274 when the FSBS was documented at 6:30am.</li> <li>-The MA administered 6 units of Humalog insulin to the resident's left deltoid.</li> </ul> <p>Review of Resident #9's electronic medication administration record (eMAR) for July 2019 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for check FSBS before meals and at bedtime scheduled for 6:30am, 11:30am, 4:30pm and at 8:00pm.</li> <li>-There was an entry for Humalog Kwikpen (a form of measuring and injecting insulin) sliding scale parameters 151-200= 2 units, 201-250= 4 units, 251-300= 6 units, 301-350= 8 units, 351-400=10 units scheduled for administration at 7:30am, 11:30am, 4:30pm, and 8:00pm.</li> <li>-There was an entry for FSBS value 274 documented for 07/17/19 at 6:30am.</li> <li>-There was documentation for administration of 6 units of Humalog insulin documented for 07/17/19 at 7:30am.</li> </ul> <p>Interview with the (MA) for the Special Care Unit (SCU) on 07/17/19 at 9:04am revealed:</p> <ul style="list-style-type: none"> <li>-Breakfast was routinely served from 7:30am to 8:30am in the SCU.</li> <li>-She routinely administered Resident #9's Humalog insulin prior to the resident eating breakfast.</li> <li>-Resident #9 went to breakfast before the MA administered the resident's morning Humalog insulin.</li> <li>-She did not want the resident to go without his insulin since his blood sugar was 274 earlier in the morning.</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 39</p> <p>-She administered Resident #9's SSI Humalog based on the FSBS obtained at 6:30am and documented administration of the insulin immediately following administration.</p> <p>Interview with the Special Care Coordinator (SCC) on 07/17/19 at 1:15pm revealed:</p> <p>-The MAs should administer medications, including insulin at scheduled on the eMAR.</p> <p>-The night shift (night) obtained FSBS values before leaving at 7:00am.</p> <p>-The day shift MA routinely gave and insulin shots due to residents as soon as they came in to start their shift.</p> <p>-She knew the MA gave Resident #9's morning Humalog insulin after breakfast instead of before breakfast as ordered because the MA reported to her.</p> <p>Interview with the Administrator on 07/18/19 at 6:58pm revealed:</p> <p>-The SCC was responsible to assure medications were administered as ordered in the Special Care Unit.</p> <p>-She expected the MAs to follow the order on the MAR.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #9 was not interviewable.</p> <p>3. Review of Resident #5's current FL2 dated 02/14/19 revealed:</p> <p>-Diagnoses included Alzheimer's dementia, hypertension with chronic kidney disease(CKD) and end stage renal failure.</p> <p>-There was an order for tramadol (used to treat mild to moderate pain) hydrochloride 50mg take one-half (1/2) tablet before dialysis, Monday, Wednesday, and Friday.</p>	{D 358}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 40</p> <p>Review of Resident #5's record revealed a physician's order dated 02/20/19 for tramadol 50 mg one tablet every Monday, Wednesday, and Friday prior to dialysis.</p> <p>Observation of medication on hand for administration for Resident #5 on 07/18/19 revealed a bingo punch card with a quantity of 12 one-half tablets remaining with directions to take one-half tablet on Monday, Wednesday, and Friday prior to dialysis. The card was dispensed on 07/17/19 for 12 one-half tablets.</p> <p>Review of Resident #5's May 2019 electronic medication administration record (eMAR) revealed:                      -There was an entry for tramadol 50 mg one-half (1/2) tablet before dialysis on Monday, Wednesday, and Friday.                      -Tramadol 50mg one-half tablet was documented on 14 occasions (Monday, Wednesday, and Friday prior to dialysis) from 05/01/19 to 05/31/19.                      -There was no entry for tramadol 50 mg one tablet on Monday, Wednesday, and Friday prior to dialysis.</p> <p>Review of Resident #5's June 2019 eMAR revealed:                      -There was an entry for tramadol 50 mg one-half (1/2) tablet before dialysis on Monday, Wednesday, and Friday.                      -Tramadol 50mg one-half tablet was documented on 12 occasions (Monday, Wednesday, and Friday prior to dialysis) from 06/01/19 to 06/30/19.                      -There was no entry for tramadol 50 mg one tablet on Monday, Wednesday, and Friday prior to dialysis.</p> <p>Review of Resident #5's July 2019 eMAR</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 41</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for tramadol 50 mg one-half (1/2) tablet before dialysis on Monday, Wednesday, and Friday.</li> <li>-Tramadol 50mg one-half tablet was documented on 7 occasions (Monday, Wednesday, and Friday prior to dialysis) from 07/01/19 to 07/15/19.</li> <li>-There was no entry for tramadol 50 mg one tablet on Monday, Wednesday, and Friday prior to dialysis.</li> </ul> <p>Interview with the Pharmacy Manager for the facility's contracted Pharmacy on 07/17/19 at 4:44pm revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy was responsible for entering orders into the MAR.</li> <li>-Facility staff had to approve each individual order and release.</li> <li>-There was no documentation the pharmacy received Resident #5's order dated 02/20/19 for tramadol 50 mg one tablet prior to dialysis on Monday, Wednesday, and Friday.</li> <li>-The pharmacy had the order for tramadol dated 02/14/19 as the current order.</li> </ul> <p>Telephone interview with the Primary Care Provider (PCP) on 07/18/19 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-He had increased tramadol to 50mg prior to dialysis for Resident #5 because she had to sit still for hours on the dialysis machine, had complained of discomfort, and tramadol would help with the discomfort.</li> <li>-He expected facility staff to administer medications as ordered.</li> <li>-He was not aware Resident #5 had not been receiving tramadol 50 mg one tablet prior to dialysis.</li> </ul> <p>Interview with the Administrator on 07/18/19 at 6:58pm revealed:</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 42</p> <ul style="list-style-type: none"> <li>-She expected the MA's to follow the order on the MAR.</li> <li>-The pharmacy made an error on the time change.</li> <li>-The Resident Care Coordinator (RCC) or the Special Care Coordinator (SCC) were responsible to assure medication orders were sent to the pharmacy.</li> </ul> <p>Telephone interview with the Special Care Coordinator (SCC) on 07/19/19 at 9:18am revealed:</p> <ul style="list-style-type: none"> <li>-The order for Resident #5's tramadol 50 mg was reviewed and faxed to the contract pharmacy by the SCC on 02/20/19 because it had her initials and the date.</li> <li>-The pharmacy should have changed Resident #5's tramadol on the eMAR and sent the correct medication.</li> <li>-She was responsible to assure medications were administered as ordered in the SCU.</li> <li>-She overlooked Resident #5 still being administered tramadol 50 mg one-half tablet instead of one tablet before dialysis.</li> </ul> <p>4. Review of Resident #2's current FL-2 dated 06/19/19 revealed diagnoses included combined systolic diastolic heart failure, pulmonary hypertension, type II diabetes, hypothyroidism, chronic hepatitis B, polysubstance abuse, constipation, neuropathy, major depressive disorder, insomnia anxiety, gastro-esophageal reflux disease, and pancreatic insufficiency pain.</p> <p>Review of Resident #2's physician order dated 06/18/19 revealed an order for Novolog 100 unit/ml inject (0 units to 4 units dose) into the skin three times daily with meals per sliding scale; 200 or less=0 unit, 201-250=1 unit, 251-300=2 units, 301-350=3 units, 351-400=4 units, greater than</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 43</p> <p>400=4 units and call primary care provider (PCP). (Novolog is a fast acting insulin usually administered at meals).</p> <p>Review of Resident #2's June 2019 and July 2019 electronic Medication Administration Records (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was a computer generated entry for Novolog sliding scale daily scheduled at 6:00am, 12:00pm and 5:00pm.</li> <li>-There was documentation Novolog was administered per sliding scale at 6:00am, 12:00pm and 5:00pm daily from 06/19/19 through 06/24/19.</li> <li>-There was documentation Novolog was administered per sliding scale at 7:00am, 4:30pm and 11:30pm daily from 06/25/19 through 07/17/19.</li> <li>-Novolog was not documented at administered at the noontime meal per PCP order on 06/25/19 through 07/17/19.</li> </ul> <p>Review of Resident #2's June 2019 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry to check Finger Stick Blood Sugar (FSBS) before meals and at bedtime.</li> <li>-There were 5 out of 6 times when Resident #2's FSBS from 06/25/19 through 06/30/19 at 11:30am was greater than two-hundred when the FSBS was checked and no insulin was administered.</li> </ul> <p>Review of Resident #2's July 2019 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry to check FSBS before meals and at bedtime.</li> <li>-There were 12 out of 14 times when Resident #2's FSBS from 07/01/19 through 07/16/19 at 11:30am was greater than two-hundred when the FSBS was checked and no insulin was</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 44</p> <p>administered.</p> <p>Observation of medications on hand on 07/18/19 at 2:00pm revealed a Novolog pen dispensed on 06/18/19 with directions to administer per sliding scale.</p> <p>Interview with the Pharmacy Manager with the facility's contracted pharmacy on 07/17/19 at 1:58pm revealed:</p> <ul style="list-style-type: none"> <li>-Novolog was ordered to be administered with meals.</li> <li>-The pharmacy was responsible for putting orders into the eMAR system.</li> <li>-A medication aide (MA) called the pharmacy and asked for the administration time to be changed by 30 minutes for each dose.</li> <li>-The 12:00pm dose was supposed to be changed to 11:30am but the am and pm was not changed so it was on the eMAR for 11:30pm; it was a pharmacy error.</li> </ul> <p>Interview with a MA on 07/17/19 at 2:10pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had a FSBS and her insulin was administered at lunch.</li> <li>-Sometime after Resident #2 came back from the hospital the order changed and Resident #2 only had a FSBS at lunch and received insulin at 11:30pm. (Resident #2 was hospitalized 06/17/19-06/18/19).</li> <li>-She thought it was odd for Resident #2 to be administered insulin at 11:30pm as no one else received insulin at that time of night.</li> <li>-She mentioned the change in Resident #2's insulin administration time to another MA who said they would check with the pharmacy; she did not hear anything back from the MA about changing it.</li> <li>-She mentioned it to a second MA who said they</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 45</p> <p>would check with the pharmacy and since she did not hear anything back from either MA she thought it must have been correct.</p> <p>Interview with a second MA on 07/18/19 at 4:25pm revealed: -She thought it was odd Resident #2 had an order to administer Novolog insulin at 11:30pm. -She mentioned it to someone; she did not recall who she mentioned it to. -She never heard back that the time should be different. -She had not been back on the cart since then.</p> <p>Interview with Resident #2 on 07/18/19 at 4:34pm revealed: -The MA's checked her FSBS at breakfast, lunch and dinner and about 8:00pm. -If her FSBS was up, she would be given insulin based on the sliding scale. -She used to get Novolog at lunch; she did not know the time had changed to 11:30pm. -No one had given her Novolog at 11:30pm, they always checked her FSBS around 8:00pm and gave her insulin at that time if she needed it -She had never taken medication on third shift.</p> <p>Interview with a third MA on 07/18/19 at 4:38pm revealed: -Resident #2 was a brittle diabetic and the last couple of months her FSBS had been fluctuating so Resident #2's PCP had been adjusting her diabetic medication so she was not surprised Resident #2 had an order to administer insulin at night. -She had checked Resident #2's FSBS and administered Novolog for the scheduled dose of 11:30pm. -She did not know why Resident #2 would say her insulin was administered at 8:00pm; "maybe at</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 46</p> <p>10:00 or 10:30 at the earliest." -Resident #2's FSBS and Novolog would be administered by the second shift MA because they had an hour before the 11:30 pm administration time that the medication could be administered; it was usually administered before 11:00pm.</p> <p>Interview with a fourth MA on 07/18/19 at 4:54pm revealed: -She only had a couple of residents that received any type of medication that time of night, so she thought it was odd Resident #2 had an order for Novolog at 11:30pm. -She had never mentioned it to anyone. -She followed what was on the eMAR.</p> <p>Second interview with the Pharmacy Manager with the facility's contracted pharmacy on 07/17/19 at 4:44pm revealed: -The pharmacy was responsible for entering orders into the eMAR. -Facility staff had to approve each individual order and release. -A time change would not have to be approved and released by the facility staff.</p> <p>Interview with the Resident Care Coordinator (RCC) on 07/18/19 at 6:21pm revealed: -MA's followed the orders that were entered on the eMAR. -The Medical Records Clerk was the acting RCC from 05/04/19 through 07/08/19. -She expected the MA to tell a supervisor or the Medical Records Clerk if they had questions about an order.</p> <p>Interview with the Administrator on 07/18/19 at 6:58pm revealed: -She expected the MA's to follow the order on the</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 47</p> <p>eMAR. -The pharmacy made an error on the time change.</p> <p>Telephone interview with the Medical Assistant at the PCP office on 07/19/19 at 1:59pm revealed: -He expected Resident #2's orders for Novolog to be administered as ordered. -Novolog should only be administered with a meal.</p> <p>Another telephone interview with the Medical Assistant at the PCP office revealed: -He was concerned Resident #2 not receiving Novolog at 11:30am would lead to Resident #2 having elevated blood sugar throughout the afternoon. -Resident #2 receiving a dose of Novolog at 11:30pm was very dangerous, since it had the potential to cause overnight hypoglycemia.</p> <p>The facility failed to assure medications were administered as ordered for 3 of 7 sampled residents (#2, #3, and #5) related to a resident who had a visit to the hospital for cardiac symptoms with missed cardiac medications (amlodipine, isosorbide, and metoprolol) while at dialysis and placing the resident at risk for dangerous cardiac arrhythmias, chest pain and heart failure and missed routine medications for breathing, gout, acid reflux, and allergies placing the resident at risk for unnecessary discomfort and disease therapy failure (#3), not administering a pain medication for a resident with chronic back pain that had to be sitting still for hours at dialysis(#5), and sliding scale Novolog insulin administered at 11:30pm when ordered at 11:30am which could lead to hypoglycemia due to the length of time before the next meal (#2); and for 3 of 4 residents (#8, #9,</p>	{D 358}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 48  and #10) observed during the medication pass including errors with a nasal spray (#10), a medication for benign prostatic hypertrophy which could cause the resident discomfort from urinary retention (#8), and an insulin injection (#9) administered one hour after scheduled time which could cause hypoglycemia. The facility's failure to administer medications as ordered placed the residents at substantial risk for serious physical harm and constitutes a Type A2 Violation.  The facility provided a Plan of Protection on 07/17/19 in accordance with G. S. 131D-34.  THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 18, 2019.	{D 358}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration  10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 49</p> <p>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the electronic medication administration records (eMARs) were accurate and complete for 4 of 7 sampled residents (Resident #2, #5, #7, and #8).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL-2 dated 06/19/19 revealed diagnosis included combined systolic diastolic heart failure, pulmonary hypertension, type II diabetes, hypothyroidism, chronic hepatitis B, polysubstance abuse, constipation, neuropathy, major depressive disorder, insomnia anxiety, gastro-esophageal reflux disease, pancreatic insufficiency pain.</p> <p>Review of Resident #2's physician order dated 06/18/19 revealed an order for Chantix 0.5mg daily for 3 days then twice a day. (Chantix is a smoking cessation aid used to help people stop smoking).</p> <p>Review of Resident #2's June 2019 electronic Medication Administration Records (eMAR) revealed: -There was a computer-generated entry for</p>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 50</p> <p>Chantix once daily for 3 days with an administration time of 9:00am.</p> <p>-There was documentation Chantix was administered daily at 9:00am from 06/27/19 through 06/29/19.</p> <p>-There was a second computer-generated entry for Chantix twice daily with an administration time of 9:00am and 9:00pm.</p> <p>-Chantix was documented as administered at 9:00am on 06/27/19 through 06/30/19.</p> <p>-Chantix was documented as administered at 9:00pm on 06/29/19.</p> <p>-Chantix was documented as an exception on 06/30/19 at 9:30pm with a reason of waiting on the pharmacy.</p> <p>Review of Resident #2's July 2019 eMAR revealed:</p> <p>-There was a computer-generated entry for Chantix twice daily with an administration time of 9:00am and 9:00pm.</p> <p>-Chantix was documented as administered at 9:00am for 9 of 16 opportunities; 7 of 16 opportunities was documented as exceptions with a reason of waiting on pharmacy or medication unavailable.</p> <p>-Chantix was documented as administered at 9:00am for 13 of 15 opportunities; 2 of 15 opportunities was documented as exceptions with a reason of waiting on pharmacy or medication unavailable.</p> <p>Interview with the contracted Pharmacy Consultant at the facility's contracted pharmacy on 07/17/19 at 12:44pm revealed:</p> <p>-The pharmacy dispensed (3) Chantix tablets for a three-day supply; there were no other dispensing dates for Chantix for Resident #2.</p> <p>-They had attempted to refill Chantix three times; Resident #2's insurance had denied coverage.</p>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 51</p> <p>-The PCP and the facility were both notified Resident #2's Chantix had not been approved for coverage.</p> <p>Interview with Resident #2 on 07/18/19 at 11:51am revealed: -Her PCP had ordered Chantix to help her stop smoking. -She took Chantix every day; she did not know what pills she took but no one had told her she was not taking Chantix. -She trusted the MA gave her what her PCP ordered.</p> <p>Interview with a medication aide (MA) on 07/17/19 at 4:52pm revealed: -She had never administered Chantix to Resident #2. -She did not know why she documented she had administered Chantix; she should have documented an exception of the eMAR.</p> <p>Interview with the Resident Care Coordinator on 07/18/19 at 6:21pm revealed: -She expected the MA's to document on the eMAR when a medication was administered. -She expected the MA to document an exception when a medication was not administered. -Cart audits were completed by the Supervisor. -Cart audits consisted of eMAR to cart audits and cart to chart audits. -She was concerned Chantix was documented as administered when there was none available to be administered.</p> <p>Interview with the Administrator on 07/18/19 at 6:58pm revealed: -She expected the MA's to follow the eMAR to administer medication and to document what was administered.</p>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 52</p> <ul style="list-style-type: none"> <li>-The MA should not document administering a medication if it was not administered.</li> <li>-The Suerpvisor was responsible for cart audits.</li> <li>-If the MA had to borrow a medication for another resident it should have been documented; the MA's were not supposed to borrow medication for other residents.</li> </ul> <p>2. Review of Resident #7's current FL-2 dated 04/24/19 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnosis included end-stage renal disease, diabetes mellitus II, hypertension, status post bilateral leg amputee, neurogenic bladder, left arm paresis, colostomy, and chronic back pain.</li> <li>-There was an order for Melatonin 3mg administer two tablets as needed at bedtime. (Melatonin is used as a sleep aid).</li> </ul> <p>Interview with Resident #7 on 07/17/19 at 9:42am revealed:</p> <ul style="list-style-type: none"> <li>-She was given Melatonin even though she did not want to take it.</li> <li>-She had never asked to take Melatonin because she did not like how it made her feel; she felt groggy the next day.</li> <li>-She had refused to take it before; she thought they threw the pills away when she refused to take it.</li> <li>-She did not recall when she last took the Melatonin or when the pills were thrown away.</li> </ul> <p>Review of Resident #7's May 2019-July 2019 Medication Administration Records (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was a computer-generated entry for Melatonin 3mg as needed.</li> <li>-There was no documentation Melatonin was administered from 05/01/19 through 07/17/19 (8:00am).</li> </ul>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 53</p> <p>Observation of Resident #7's medication on hand on 07/18/19 at 11:42am revealed: -There was a punch card for Melatonin 3mg take (2) tablets as needed dispensed on 07/09/19 for 30 tablets. -Fifteen Melatonin had been punched from the card; 15 Melatonin were available to be administered.</p> <p>Interview with the Pharmacy Consultant from the facility's contracted pharmacy on 07/18/19 at 3:00pm revealed: -Melatonin was documented as administered 07/17/19; there had been no other documented administration for a while. -Melatonin was dispensed in April 2019 and July 2019.</p> <p>Interview with Resident #7 on 07/18/19 at 3:31pm revealed: -She was administered Melatonin last night, 07/17/19. -She did not ask for Melatonin; she did not know why they gave her the Melatonin.</p> <p>Interview with a second shift medication aide (MA) on 07/18/19 at 4:30pm revealed: -Resident #7 asked for Melatonin last night, 07/17/19; she documented the administration of the pm dose on 07/17/19. -She did not recall if she had administered Melatonin to Resident #2 any other time; if she had administered Melatonin to Resident #7 she would have documented it.</p> <p>Interview with the Resident Care Coordinator on 07/18/19 at 6:21pm and 7:25pm revealed: -She expected MA's to document when they administer a medication. -If a medication was not administered, she would</p>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 54</p> <p>expect an exception to be documented. -If Resident #7 was administered Melatonin it should have been documented.</p> <p>Interview with the Administrator on 07/18/19 at 6:58pm revealed she expected the MA's to follow the eMAR to administer medication and to document what was administered.</p> <p>3. Review of Resident #5's current FL2 dated 02/14/19 revealed: -Diagnoses included Alzheimer's dementia, hypertension with chronic kidney disease (CKD) and end stage renal failure. -There was an order "Patient is to lie down in bed for at least 20 minutes after lunch.</p> <p>Review of Resident #5's May 2019, June 2019, and July 2019 electronic medication administration records (eMARs) revealed: -There was an entry for "patient to lie down in bed for at least 20 minutes after lunch" with scheduled time 7:00am to 2:59pm. -Resident #5 was documented as laying down for 14 of 14 opportunities (Monday, Wednesday, or Friday) from 05/01/19 to 05/31/19 when the resident was at dialysis during and after lunch until 4:00pm or later. -Resident #5 was documented as laying down for 12 of 12 opportunities (Monday, Wednesday, or Friday) from 06/01/19 to 06/30/19 when the resident was at dialysis during and after lunch until 4:00pm or later. -Resident #5 was documented as laying down for 7 of 7 opportunities (Monday, Wednesday, or Friday) from 07/01/19 to 07/16/19 when the resident was at dialysis during and after lunch until 4:00pm or later.</p> <p>Interview with the Special Care Coordinator</p>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 55</p> <p>(SCU) on 07/17/19 at 10:00am revealed: -Resident #5 resided in the Special Care Unit (SCU). -The lunch meal was served at 11:30am to 12:00 noon daily. -Resident #5 went to dialysis on Monday, Wednesday, and Friday leaving around 11:00am to 11:30am and returning around 4:00pm -She thought staff, including herself, were documenting Resident #5's order to lay down for 20 minutes after lunch because she routinely lay down after lunch when she was in the facility. (Not actually checking on the resident in bed). -Documenting Resident #5 laying down on dialysis days was an oversight on the part of the medication aides. -The facility did not currently have a system in place to audit eMARs except for looking at the exceptions.</p> <p>Interview with a morning medication aide (MA) in the Special Care Unit on 07/18/19 at 12:30pm revealed: -Resident #5 goes to dialysis on Monday, Wednesday, and Friday. -Resident #5 does not lay down after lunch on Monday, Wednesday, and Friday for 20 minutes because she is gone before lunch is served at the facility. -Resident #5 does lay down after lunch on days she is in the facility. -The entry continued to be on the eMAR computer screen from 6:00am to 4:00pm unless staff click on the administration. -She had clicked on the documentation improperly on several occasions intending to document exception for "at dialysis". -She had not corrected the improper entries.</p> <p>Interview with the Administrator on 07/18/19 at</p>	{D 367}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALEM TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2609 OLD SALISBURY ROAD</b> <b>WINSTON SALEM, NC 27127</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 56</p> <p>6:58pm revealed she expected the MA's to follow the MAR to administer medication or treatments and to document what was administered accurately.</p> <p>4. Review of Resident #8's current FL2 dated 04/10/19 revealed: -Diagnoses included hypertension, pre-glaucoma, and Huntington's Disease. -There was an order for tamsulosin hydrochloride (HCL) 0.4mg one at bedtime for benign prostatic hyperplasia (BPH). (Tamsulosin is used to treat male BPH and high blood pressure).</p> <p>Observation of medication administration to Resident #8 on 07/17/19 at 8:30am revealed: -A second morning medication aide (MA) prepared 6 oral medications for administration to Resident #8, including one tamsulosin 0.4mg. -The MA administered the 6 medications and documented administration on the eMAR.</p> <p>Interview with the second MA on 07/17/19 at 8:30am revealed: -Medications started appearing on the eMAR screen one hour before the scheduled time of administration and remained for one hour after the scheduled time for administration. -She administered medications according to the time the medication appeared. -The directions displayed on the electronic medication administration record (eMAR) were to administer the medication at bedtime. -The time scheduled in the eMAR system for tamsulosin was 8:00am. -She thought the order was changed, but did not know when.</p> <p>Review of Resident #8's July 2019 electronic medication administration record (eMAR)</p>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	<p>Continued From page 57</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for tamsulosin hydrochloride (HCL) 0.4mg one capsule at bedtime,</li> <li>-Tamsulosin was scheduled at 8:00am.</li> <li>-Tamsulosin was documented as administered at 8:00am from 07/01/19 to 07/17/19.</li> </ul> <p>Second interview with the second MA on 07/17/19 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She was aware Resident #8's tamsulosin 0.4mg was scheduled at 8:00am, but the instructions said to administer at bedtime.</li> <li>-She informed a staff member in Administration that the medication time for administering did not match the directions on the eMAR. (Did not remember which staff she informed).</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 07/17/19 at 5:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She expected MAs to administer medications according to the eMAR.</li> <li>-She expected the MA to tell a supervisor, the RCC, or the Medical Records Clerk if they had questions about an order.</li> <li>-She did realize the time of administration had been changed from 8:00pm to 8:00am for Resident #8's tamsulosin.</li> </ul> <p>Interview with a representative from the contracted pharmacy on 07/17/19 at 4:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy was responsible for entering orders into the MAR.</li> <li>-Resident #8's time for administration of tamsulosin was changed by the pharmacy on 05/24/19. According to the computer records, a contract pharmacy representative reviewed the eMAR entry for tamsulosin on 05/24/19, added a diagnosis for the medication and for some reason clicked on 8:00am instead of 8:00pm for time of</li> </ul>	{D 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 367}	Continued From page 58  administration. -The facility was responsible to verify medication changes prior to the medication appearing for MAs to administer. -A time change would not have to be approved and released by the facility staff.  Interview with the Administrator on 07/18/19 at 6:58pm revealed: -She expected the MA's to follow the order on the MAR. -The pharmacy made an error on the time change for Resident #8's tamsulosin.	{D 367}		
D 465	10A NCAC 13F .1308(a) Special Care Unit Staff  10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on record reviews and interviews, the facility failed to assure the minimum number of staff were present to meet the needs of the residents in the Special Care Unit (SCU) on the third shift for 21 of 21 third shifts sampled days from June 24, 2019 to July 15, 2019.	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 59</p> <p>The findings are:</p> <p>Review of the facility's 2019 license from the Division of Health Service Regulation revealed the facility had a licensed capacity of 142 with 62 Special Care Unit beds.</p> <p>Review of the facility resident census dated 06/24/19 revealed: -There was a SCU census of 41 residents, which required 32.08 staff hours on third shift. -Review of individual time cards dated 06/24/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16.08 hours.</p> <p>Review of the facility resident census dated 06/25/19 revealed: -There was a SCU census of 41 residents, which required 32.08 staff hours on third shift. Review of individual time cards dated 06/25/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16.08 staff hours.</p> <p>Review of the facility resident census dated 06/26/19 revealed: -There was a SCU census of 41 residents, which required 32.08 staff hours on third shift. -Review of individual time cards dated 06/26/19 revealed 16 staff hours were provided on third shift, leaving the shift short by 16.08 staff hours.</p> <p>Review of the facility resident census dated 06/27/19 revealed: -There was a resident census of 41 residents, which required 32.08 staff hours on third shift. -Review of individual time cards dated 06/27/19 revealed 16 staff hours were provided on third shift, leaving the shift short by 16.08 staff hours.</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 60</p> <p>Review of the facility resident census dated 06/28/19 revealed: -There was a SCU census of 40 residents, which required 32 staff hours on third shift. -Review of individual time cards dated 02/09/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16 staff hours.</p> <p>Review of the facility resident census dated 06/29/19 revealed: -There was a SCU census of 40 residents, which required 32 staff hours on third shift. -Review of individual time cards dated 06/29/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16 staff hours.</p> <p>Review of the facility resident census dated 06/30/19 revealed: -There was a SCU census of 40 residents, which required 32 staff hours on third shift. -Review of individual time cards dated 06/30/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16 staff hours.</p> <p>Review of the facility resident census dated 07/01/19 revealed: -There was a SCU census of 40 residents, which required 32 staff hours on third shift. -Review of individual time cards dated 07/01/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16 staff hours.</p> <p>Review of the facility resident census dated 07/02/19 revealed: -There was a SCU census of 40 residents, which required 32 staff hours on third shift. -Review of individual time cards dated 07/02/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16 staff hours.</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 61</p> <p>Review of the facility resident census dated 07/03/19 revealed: -There was a SCU census of 40 residents, which required 32 staff hours on third shift. -Review of individual time cards dated 07/03/19 revealed 16 staff hours were provided on third shift, leaving the shift short 16 staff hours.</p> <p>Review of the facility resident census dated 07/04/19 revealed: -There was a SCU census of 39 residents which required 31.8 staff hours on the third shift. -Review of individual time cards dated 07/04/19 revealed 16 hours were provided on the third shift leaving the shift short 15.8 staff hours.</p> <p>Review of the facility resident census dated 07/05/19 revealed: -There was a SCU census of 40 residents which required 32 staff hours on third shift. -Review of individual time cards dated 07/05/19 revealed 16 hours were provided for the third shift leaving the shift short 15.8 staff hours.</p> <p>Review of the facility resident census dated 07/06/19 revealed: -There was a SCU census of 40 residents which required 32 staff hours on third shift. -Review of individual time card dated 07/06/19 revealed 16 hours were provided for the third shift, leaving the shift short 15.8 staff hours.</p> <p>Review of the facility resident census dated 07/07/19 revealed: -There was a SCU census of 40 residents which required 32 staff hours on the third shift. -Review of individual time card dated 07/07/19 revealed 16 hours were provided for the third shift, leaving the shift short 15.8 staff hours.</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 62</p> <p>Review of the facility resident census dated 07/08/19 revealed: -There was SCU census of 41 residents which required 32.8 staff hours on the third shift. -Review of individual time card dated 07/08/19 revealed 16 hours were provided for the third shift, leaving the shift short of 16.8 staff hours.</p> <p>Review of the facility resident census dated 07/09/19 revealed: -There was a SCU census of 41 residents which required 32.8 staff hours on the third shift. -Review of individual time card dated 07/09/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p> <p>Review of facility resident census dated 07/10/19 revealed: -There was a SCU census of 41 residents which required 32.8 staff hours on the third shift. -Review of individual time card dated 07/10/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p> <p>Review of facility resident census dated 07/11/19 revealed: -There was a SCU census of 41 residents which require 32.8 staff hours on the third shift. -Review of individual time card dated 07/11/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hour.</p> <p>Review of the facility resident census dated 07/12/19 revealed: -There was a SCU census of 41 resident which require 32.8 staff hours for the third shift. -Review of individual time cared dated 07/11/19 revealed 1 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 63</p> <p>Review of the facility resident census dated 07/12/19 revealed: -There was SCU census of 41 residents which require 32.8 of staff hours for the third shift. -Review of individual time card dated 07/12/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p> <p>Review of the facility resident census dated 07/13/19 revealed: -There was a SCU census of 41 residents which require 32.8 staff hours for the third shift. -Review of individual time care dated 07/13/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p> <p>Review of the facility resident census dated 07/14/19 revealed: -There was a SCU census of 41 residents which require 32.8 staff hours for the third shift. -Review of individual time care dated 07/14/19 revealed 16 hours staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p> <p>Review of the facility resident census dated 07/15/19 revealed: -There was a SCU census of 41 residents which require 32.8 staff hours for the third shift. -Review of individual time card dated 07/14/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p> <p>Review of the facility resident census dated 07/16/19 revealed: -There was a SCU census of 41 residents which require 32.8 staff hours for the third shift. -Review of individual time card dated 07/16/19 revealed 16 staff hours were provided for the third shift, leaving a short of 16.8 staff hours.</p>	D 465		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 64</p> <p>Interview with a personal care aide (PCA) on 07/13/19 at 11:40pm revealed: -She started working on the Special Care Unit (SCU) about 3 months ago. -There were always only two aides working on the SCU from 11:00pm to 7:00am. -She and the other staff member worked together to make sure the residents were properly cared for. -The staff from the Assisted Living Unit (ALU) rarely came to the SCU.</p> <p>Interview with a personal care aide on 07/13/19 at 11:50pm revealed: -He had worked in the facility for the past two years on third shift in the SCU. -There used to be at least three staff at all time on the third shift in the SCU. -He did not know why the staffing changed to only two aides. -There were only two aides scheduled to work on third shift in the SCU. -There were only four staff who have been hired to work in the SCU on third shift. -There had been a few occasions when the RCC had stayed over but not for the entire shift. -It was the responsibility of the RCC on the ALU to notify the SCC on the SCU about any call outs. -The two staff had worked a system that allows each to take a short break when needed without disrupting the care of the residents. -There had been a time where he has worked alone on the SCU on third shift (not sure of the date). No one was called in to cover the call out. The RCC on the ALU stated she would assist him if he needed some help. He remained on the floor for the duration of the third shift alone.</p> <p>Interview with the Special Care Coordinator (SCC) on 07/17/19 at 3:55pm revealed:</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 65</p> <ul style="list-style-type: none"> <li>-The SCC was responsible for the schedule for the SCU third shift.</li> <li>-There had been several staff that quit in the past several months.</li> <li>-There were only four staff that were available for the third shift..</li> <li>-She was told by the previous Director of Nursing (DON) that when the census had 5% or less of the residents are fall risk, you schedule light.</li> <li>-When the census is 5 percent (%) more of the residents are high fall risk, then you schedule high.</li> <li>-She had always scheduled the third shift with only two staff based on what was told to her by the previous DON.</li> <li>-She had never worked a SCU before and was only doing what was instructed to do by the previous DON.</li> <li>-She helped out on the floor when they were short staffed if she was able to do so.</li> </ul> <p>Interview with the Administrator on 07/17/19 at 5:10pm revealed:</p> <ul style="list-style-type: none"> <li>-The previous DON was responsible for over seeing the direct care staffing for the facility.</li> <li>-The DON informed the SCC the staffing for the SCU on the third shift was based on the percentage of residents that were fall risk.</li> <li>-If the shift had 5% or less of the residents at a low fall risk, the staffing would be low, two staff for the third shift.</li> <li>-If the fall risk was over 5%, the staffing would be high, at least four staff.</li> <li>-There was no reason to doubt the DON staffing requirements.</li> <li>-When there was a shortage of staff, the SCC covered or someone from another shift would cover.</li> <li>-There was one occasion when she stayed and worked the SCU on third shift.</li> </ul>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465	<p>Continued From page 66</p> <p>_____</p> <p>The facility failed to assure the minimum number of staff were present at all times on the third shift to meet the needs of residents residing in the Special Care Unit (SCU) for 21 of the 21 third shifts sampled for 21 days from June 24, 2019 to July 15, 2019. The facility's failure to provide sufficient staffing to meet the needs of the residents in the SCU was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/17/19 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 2, 2019.</p>	D 465		
{D912}	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant</p>	{D912}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D912}	<p>Continued From page 67</p> <p>federal and state laws and rules and regulations related to health care, medication administration, and special care unit staffing.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Based on observations, interviews and record reviews the facility failed to assure referral and follow up to medical providers for 2 of 7 sampled residents (Residents #3, and #6) in regard to orders for heart and blood pressure medication not administered on dialysis days (#3), and refusals of fingerstick blood sugar checks and medications, including blood pressure medications and a blood thinner (#6). [Refer to Tag D0273 10A NCAC 13F .0902(b) Health Care (Unabated Type B Violation).]</li> <li>2. Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered and in accordance with the facility's policies for 3 of 4 residents (#8,#9, and #10) observed during the medication pass including errors with a nasal spray (#10), a medication for benign prostatic hypertrophy (#8), and an insulin injection (#9); and for 3 of 7 sampled residents related to a pain medication (#5), a resident who had a visit to the hospital for cardiac symptoms with missed routine medications (allopurinol, Advair, loperamide, omeprazole, montelukast) and cardiac medications (amiodarone, isosorbide, and metoprolol) while at dialysis (#3), and a resident with sliding scale Novolog insulin administered incorrectly (#2). [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation).]</li> <li>3. Based on record reviews and interviews, the facility failed to assure the minimum number of</li> </ol>	{D912}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/19/2019</b>
--	--	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D912}	Continued From page 68  staff were present to meet the needs of the residents in the Special Care Unit (SCU) on the third shift for 21 of 21 third shifts sampled days from June 24, 2019 to July 15, 2019. [Refer to Tag D0465, 10A NCAC 13F .1308(a) Special Care Unit Staff (Type B Violation).]	{D912}		