PRINTED: 08/12/2019 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
			7 11 3012311101 _		R
		HAL034098	B. WING		07/19/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
SALEM TE	RRACE		) SALISBURY RO N SALEM, NC 27		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
{D 000}	Initial Comments		{D 000}		
/D 273\	conducted a follow-up investigation on July conference via teleph complaint investigatio Forsyth County Depa July 13, 2019.	rtment of Social Services o survey and complaint 16-19, 2019 with an exit one on July 19, 2019. The n was initiated by the rtment of Social Services on	/D 273\		
{D 273}	10A NCAC 13F .0902	(b) Health Care	{D 273}		
	· ·	Health Care assure referral and follow-up ad acute health care needs			
	This Rule is not met a FOLLOW-UP TO TYPE				
	Based on these findin Violation was not aba	gs, the previous Type B ted.			
	reviews the facility fai follow up to medical p residents (Residents a orders for heart and b not administered on d	blood sugar checks and g blood pressure			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		HAL034098	B. WING		07	R <b>//19/2019</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	<u> </u>	7.10/2010
SALEM T	ERRACE		D SALISBURY ROA			
0(4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	N SALEM, NC 271	PROVIDER'S PLAN OF	COPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 273}	Continued From page	e 1	{D 273}			
	The findings are:					
	06/19/19 revealed dia diastolic congestive h	nt #3's current FL-2 dated agnoses included chronic neart failure, hypertensive e with stage 5 chronic kidney				
	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.					
	06/19/19 and signed provider (PCP) revea included amiodarone restore regular heart regular, steady heartl isosorbide ER 30mg used to prevent ches disease) daily, and m	rhythm and maintain a beat) take 2 tablets daily, (a long acting medication t pain caused by heart letoprolol ER 50mg (a long led to treat chest pain and				
	was a physician's ord instructions as follows: -Hold medications du Advair 250/50 (used and loperamide (used -Upon return give allo amiodarone, metopro	ring dialysis days except to treat difficult breathing),				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL034098	B. WING		07/1	9/2019
NAME OF D			DDEEC CITY CTA	TE ZID CODE	1 0771	3/2013
NAIVIE OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA D SALISBURY R			
SALEM TI	ERRACE		SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 273}	Continued From page	e 2	{D 273}			
	acid reflux).					
	acia reliax).					
	Continued review of F	Resident #3's record				
		n's order after 06/19/19				
	regarding the order to medications on dialys					
	medications on dialys	sis days.				
	Review of Resident #	3's electronic Medication				
		d (eMAR) for May 2019				
	revealed:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		an's order dated 03/20/19 old medications during				
	dialysis days except	•				
		urn give amiodarone, and				
	metoprolol.	-				
		onic generated entry for				
	_	cheduled to be administered				
	daily at 9:00am.	ated amiodarone 400mg				
		l as ordered on dialysis days				
		lay, and Friday for 05/01/19,				
		5/08/19, 05/13/19, 05/15/19,				
		5/22-24/19, 05/27/19,				
		9 because resident was out				
	of the facility at "dialy	onic generated entry for				
	metoprolol ER 25mg					
	administered daily at					
		ated metoprolol ER 25mg				
		as ordered on dialysis days				
	,	lay, and Friday for 05/01/19, 05/08/19, 05/13/19, 05/15/19,				
	05/03/19, 05/06/19, 0					
		9 because resident was out				
	of the facility at "dialy					
	Review of Resident #	3's eMAR for June 2019				
	revealed:					
	-There was an dated	03/20/19 (but not included				

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on the current discharge summary dated

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Division of	of Health Service Regu	ılation			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL034098	B. WING		07/19/2019
		HAL034096			07/19/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
041 514 71		2609 OLD	SALISBURY RO	OAD	
SALEM TE	ERRACE	WINSTON	SALEM, NC 27	7127	
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PRÉFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				22.10.2.10.1	
{D 273}	Continued From page	e 3	{D 273}		
	06/10/10) with instruc	otions to hold modications			
		ctions to hold medications			
		except Advair 250/50, and			
		turn give amiodarone, and			
	metoprolol.	ania ganaratad antry for			
		onic generated entry for			
	daily at 9:00am.	scheduled to be administered			
		cated amiodarone 400mg			
		l as ordered on dialysis days			
		day, and Friday for 06/03/19,			
	-	16/10/19, 06/12-13/19,			
	06/19/19, 06/21/19, 0				
		was out of the facility at			
	"dialysis".	was out of the facility at			
		cated Resident #3 was not			
		rone 400mg on 06/15/19			
		e the resident was in the			
	hospital.	o the resident was in the			
	-	onic generated entry for			
	Metoprolol ER 25mg				
	administered daily at				
		cated that metoprolol ER			
	25mg was administer	•			
	06/01-13/19.				
	-There was an electro	onic generated entry dated			
		lol ER 50mg scheduled to			
	be administered daily	v at 9:00am.			
	-Documentation indic	ated that metoprolol ER			
	50mg was not admini	istered on 06/15/19 and			
	06/16/19 because the	e resident was in the			
	hospital.				
	-Documentation indic	ated metoprolol ER 50mg			
		l on dialysis days of Monday,			
	Wednesday, and Frid	day for 06/19/19, 06/21/19,			
	06/24/19 and 06/26/1	9 because the resident was			
	out of the facility at "d	lialysis".			
	-There was an electro	onic generated entry dated			
	06/13/19 for isosorbic	de ER 30mg scheduled to be			

administered daily at 9:00am.

-Documentation indicated that isosorbide ER

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
,		.52	A. BUILDING: _			
			D MINO		R	
		HAL034098	B. WING		07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SALEM TI	EDDACE	2609 OLD	SALISBURY R	OAD		
JALLINI II	INNACE	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 273}	Continued From page 4		{D 273}			
(1) 21 3)	30mg was not admini 06/16/19 because the hospitalDocumentation indic mg was not administe Monday, Wednesday 06/21/19, 06/24/19 ar resident was out of the Review of Resident # revealed: -There was an dated on the current dischard 06/19/19) with instruction during dialysis days eloperamide. Upon retimetoprololThere was an electroamiodarone 400mg sidally at 9:00amDocumentation indic was not administrated Monday, Wednesday 07/03/19, 07/05/19, 0 and 07/15/19 because facility at "dialysis"There was an electro Metoprolol ER 50mg administered daily at -Documentation indic was not administered Wednesday, and Frid 07/05/19, 07/08/19, 0 07/15/19 because the facility at "dialysis".	stered on 06/15/19 and e resident was in the ated that isosorbide ER 30 ered on dialysis days of and Friday for 06/19/19, and 06/26/19 because the e facility at dialysis.  3 eMAR for July 2019  03/20/19 (but not included rege summary dated tions to hold medications except Advair 250/50, and turn give amiodarone, and turn give amiodarone, and to onic generated entry for cheduled to be administered ated amiodarone 400mg d on dialysis days of and Friday for 07/01/19, 07/12/19 the resident was out of the enic generated entry for scheduled to be 9:00am. ated Metoprolol ER 50mg on dialysis days of Monday, and for 07/01/19, 07/03/19, 07/01/19, 07/03/19, 07/10/19, 07/12/19 and the resident had been out of " onic generated entry for scheduled to be out of end of the enic generated entry for scheduled to be 9:00am.	(D 273)			
	07/15/19 because the the facility at "dialysis -There was an electro isosorbide ER 30mg sadministered daily at	e resident had been out of ". onic generated entry for scheduled to be				

Division of Health Service Regulation

was not administered on dialysis days of Monday,

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Division of	of Health Service Regu	lation				
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	≣TED
					l R	2
		HAL034098	B. WING		1	9/2019
						<u></u>
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	,		
SALEM TE	ERRACE		D SALISBURY RO			
-		WINSTO	N SALEM, NC 27	127		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
=		•		DEFICIENCY)		
{D 273}	Continued From page 5		{D 273}			
(0 210)	Continued From page	3 5	10 210			
		day for 07/01/19, 07/03/19,				ı <b>!</b>
		07/10/19, 07/12/19 and				ı <b>!</b>
		e resident had been out of				ı <b>!</b>
	the facility at "dialysis	)".				
	l-tarriam with Dooids					
	revealed:	ent #3 on 07/16/19 at 1:50pm				ı
		on Mondays, Wednesdays				ı
	and Fridays.	On Mondays, Wednesdays				ı
	-She left the facility at	t 6:00am and usually				
	returned around 12:3	<del>_</del>				ı
		norning medications before				ı
	she left the facility.	<del>v</del>				ı
		out receiving evening				ı
	medications.					
	Interview with a nurse	e at a local dialysis facility on				
		evealed that dialysis patients				
	are not given routine	medication while at the				ı
	dialysis facility.					
		C. C. Handlelania				
		e nurse at a local cardiologist				ı
	office on 07/16/19 at	•				
		s not aware that Resident #3 I her amiodarone, isosorbide				ı
	and metoprolol on dia					ı
		rite orders that changed				ı
	medications ordered					
		tified the cardiologist about				ı
		dministration times of the				ı
	medications.					
	-The facility had not r	notified the cardiologist there				
	was a conflict with dia	alysis and medication				ı
	administration times.					1
	-The resident could e	xperience dangerous				1
		hest pain and heart failure if				1
	she did not receive he	er medications as they were				ı

ordered by the cardiologist.

-Since the medications were ordered once a day either they should be given once the resident

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL034098	B. WING		07/19/2019
		Incoros			1 0771372013
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
SALEM T	FRRACE	2609 OL	D SALISBURY R	OAD	
OALLIN 11	INVAOL	WINSTO	N SALEM, NC 2	7127	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATORT OR I	130 IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	WAIL SALE
	2 11 15				
{D 273}	Continued From page	e 6	{D 273}		
	returned to the facility or change the time of administration.				
	Interview with the Adr	ministrator on 07/18/19 at			
	6:45pm revealed:				
	-She was not aware F	Resident #3 was not			
	receiving her amiodal	rone, isosorbide and			
	metoprolol as ordered	•			
		cation carts was done 3			
	_	Special Care Coordinator			
	(SCC) or a lead MA.				
		sumed that the PCP would			
		ng the medications on			
	dialysis days with the	cardiologist.			
	2 Poviow of Posidor	nt #6's current FL2 dated			
		agnoses included dementia,			
		noninfective gastroenteritis			
	•	e emboli of pulmonary artery			
	without acute corpuln				
	a. Review of Residen	t #6's record revealed there			
	was a physician's ord	er dated 05/01/19 for			
	fingerstick blood suga	ar (FSBS) checks 4 times a			
	day, before meals and	d at bedtime.			
		6's May 2019 electronic			
	medication administra	ation record (eMAR)			
	revealed:				
	_	for check FSBS before			
		e and scheduled for 6:30am,			
	11:30am, 4:30pm, an				
	263.	alues ranged from 102 to			
		tation Resident #6 refused			
		124 opportunities indicated			
		exceptions noted as "Patient			
	Refused".	satisfaction notice do i ducint			

-Examples included on 05/01/19 at 4:30pm and 8:00pm; on 05/03/19 at 6:30am, 11:30am,

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DIVISION C	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	≣TED
					_	
		1141 00 4000	B. WING		R	
		HAL034098			07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TE	ERRACE		SALEM, NC 2			
			JALLIN, NO 2			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
1710		,	1,7,0	DEFICIENCY)		
			+			
{D 273}	Continued From page	<del>?</del> 7	{D 273}			
	4:30nm and 8:00nm	on 05/09/19 at 6:30am,				
		d 8:00pm; on 05/17/19 at				
						ı
	11:30am and 8:00pm					
		5/28/19, and 05/29/19.				
	-There was a physicia					
	I	for the resident's refusing				
	FSBS checks on 05/0					
	2:00pm, and on 05/05					
		onal documentation the				
		d the resident refused FSBS				
	checks.					
	I					
	Review of Resident #	6's June 2019 eMAR				
	revealed:					
	-There was an entry f	for check FSBS before				
	meals and at bedtime	e and scheduled for 6:30am,				
	11:30am, 4:30pm, and	d 8:00pm daily.				
	-Documented FSBS \	values ranged from 72 to				
	218.	-				
	-There was documen	tation Resident #6 refused				
	FSBS checks 77 out	120 opportunities indicated				
	by initials circled and	exceptions noted as "Patient				
	Refused".	•				
		on 06/01/19 at 11:30am,				
	· ·	on 06/02/19 at 11:30am,				
	' '	on 06/08/19 at 6:30am,				
		n; on 06/17/19 at 6:30am; at				
		06/28/19 and on 06/30/19.				
		nentation the physician was				
	notified the resident re	• •				
		ciuscu i obo ciicono.				
	Review of Resident #	6's July 2019 eMAR				ı
	revealed:	03 daily 2013 civil at				ı
		for check FSBS before				
		e listed and scheduled for				
		30pm, and 8:00pm daily.				
		values ranged from 68 to				
	199.					

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-There was documentation Resident #6 refused FSBS checks 6 out 62 opportunities from

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	
			D WING		F	
		HAL034098	B. WING		07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
SALEM TE	RRACE		SALISBURY R			
		WINSTON	SALEM, NC 2	/12/		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	JAIE	DAIL
				,		
{D 273}	Continued From page	e 8	{D 273}			
		indicated by initials circled				
		as "Patient Refused".				
	•	efused FSBS checks at				
	6:30am on 07/01/19,	07/03/19-07/05/19, and				
	07/14/19.					
	-There was no docum	nentation the physician was				
	notified the resident re	efused FSBS checks.				
	Interview with the Spe	ecial Care Coordinator				
	(SCC) on 07/18/19 at	11:05 revealed:				
	-The facility had a fori	m to complete and fax to the				
	-	physician when residents				
		and treatments like FSBS.				
	-The form should be o	completed by the medication				
		nissed medication or FSBS				
	check.					
	-There was document	tation for physician				
		d medications and FSBS				
	checks on 05/04/19 a					
		onal documentation for				
		regarding Resident #6				
	~	and fingerstick checks.				
		ystem in place to audit the				
		documentation of physician				
	notification of refusals	5.				
	1. (					
		the Special Care Unit				
	(SCU) on 07/18/19 at	•				
		I the day shift (7:00am to				
	3:00pm) in the SCU.					
		medications including FSBS				
	checks a lot.					
		medications and FSBS				
	checks more when sh	ne first moved into the				
	facility, but had gotter					
	-She had not complet	ed a medication refusal				
	form for medications					
	Resident #6.					
			1			I

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Interview with a second MA in the SCU on

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Division of	<u>of Health Service Regu</u>	lation			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL034098	B. WING		07/19/2019
		TIALOUTOUS			1 07/13/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE	
SALEM TE	FRRACE	2609 OL	D SALISBURY R	OAD	
OALLINITE	INIAOL	WINSTO	ON SALEM, NC 2	7127	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	
IAG		200 IDENTIFY THE INTERNATION	TAG	DEFICIENCY)	WILL
{D 273}	Continued From page 9		{D 273}		
	07/18/19 at 3:20pm re	evealed:			
		shift and night shift in the			
	SCU.	<u> </u>			
	-Resident #6 refused	medications, including			
	FSBS often.				
		FSBS checks every time			
	she tried to obtain.				
		medication refusal forms on			
	several occasions and				
		to the SCC for faxing to the			
	physician regarding n	nedication and FSBS			
	refusals.				
	Telenhone interview v	with Resident #6's Primary			
		) on 07/18/19 at 3:30pm			
	revealed:	) on on 10 at 3.35p			
	-He knew Resident #6	6 had problems with			
		the facility when she first			
	came.	•			
		d medications, but did not			
	know the resident refe	used FSBS checks so many			
	times.				
	_	ssion orders, but there was			
		etting the resident assigned			
	to his practice's care.				
		dent during the transition.  ally informed him during his			
	_	risits and often called his cell			
	number to inform if re				
	medications.	Siderita refused			
		ocument refusals for his			
	review when he visite				
		•			
	Interview with the Adr	ministrator on 07/18/19 at			
	6:40pm revealed:				
		m for physician notification			
	of refusals for medica	ations 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

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Division of	Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		1141 024000	B. WING		R	
		HAL034098			07/18	9/2019
NAME OF PRO	OVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		2609 OLI	SALISBURY R	OAD		
SALEM TER	RRACE	WINSTOR	N SALEM, NC 2	7127		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				,		
{D 273}	3) Continued From page 10		{D 273}			
	accura physician nati	fications for refusals of				
	FSBS checks were co	fications for refusals of				
<b>I</b>		•				
		e refusal form was not being				
	used.					
	h Poviow of Posidor	nt #6's current FL2 and				
		n dated 05/01/19 revealed:				
		for clopidogrel 75mg (used				
	for circulation) once d					
		for Dexilant DR 30mg (used				
	to treat acid reflux) or					
	•	for docusate sodium 100mg				
<b>I</b>	(a stool softener) once					
	•	for donepezil 5 mg (used to				
		d to dementia) once daily.				
		for escitalopram 10mg (used				
		epression) once daily.				
	-	for ferrous sulfate 325 mg				
	(used to treat iron and	•				
		for furosemide 20mg (used				
		and blood pressure) once				
<b>I</b>	daily.	and blood pressure) once				
	-There was an order f	for glipizide 5 mg (used to				
1	treat diabetes) one ta	blet in the morning and				
	glipizide 2.5 mg daily	in the evening.				
	-There was an order f	for metoprolol succinate				
:	25mg (used to treat h	igh blood pressure or				
	control heart rate) one	ce daily.				
-	-There was an order f	for Eliquis 5 mg (used to thin				
	blood) two times a da	y.				
	-There was an order f	for levetiracetam 1000mg				
	(used to treat seizure	s or mental disorders) one				
1	tablet in the morning	and one tablet in the				
<b>I</b>	evening.					
.	-There was an order f	for levetiracetam 250mg in				
	the evening with 1000					
		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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL034098	B. WING	B. WING		R <b>07/19/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	2609 OLD	DRESS, CITY, STA SALISBURY RO SALEM, NC 2	OAD	,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE		
{D 273}	a day.  -There was an order extended release 20 potassium) twice a day.  -There was an order treat high cholesteroly.  -There was an order to treat migraines, medisorders) twice a day.  Review of Resident # medication administrate (eMAR) revealed:  -There was an entry for daily scheduled for 8: refused 10 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for daily scheduled for 8: refused 8 of 31 opporthere was an entry for	for morphine sulfate ing (used to treat pain) twice for potassium chloride meq (used to supplement ay. for Crestor 5 mg (used to ) once in the evening. for topiramate 25 mg (used ental and neurological y. fo's May 2019 electronic ation record revealed for clopidogrel 75mg once 00am and documented as ortunities. for Dexilant DR 30mg once 00am and documented as tunities. for docusate sodium 100mg for 8:00am and ed 8 of 31 opportunities. for escitalopram 10mg once 00am and documented as tunities. for escitalopram 10mg once 00am and documented as tunities. for ferrous sulfate 325 mg for 8:00am and ed 8 of 31 opportunities. for ferrous sulfate 325 mg for 8:00am and ed 8 of 31 opportunities. for ferrous sulfate 325 mg for 8:00am and ed 8 of 31 opportunities. for furosemide 20mg once 00am and documented as tunities. for furosemide 20mg once 00am and documented as tunities.	{D 273}				

Division of Health Service Regulation

-There was an entry for metoprolol succinate

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONTROL	BENTH TO WIENT HOMBER.	A. BUILDING: _		001111 EE		
				R		
	HAL034098	B. WING		07/19	9/2019	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
041 514 7500405	2609 OLD	SALISBURY R	OAD			
SALEM TERRACE	WINSTON	I SALEM, NC 2	7127			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
{D 273} Continued From pag	e 12	{D 273}				
25mg once daily sch documented as refus opportunitiesThere was an entry the evening scheduled documented as refus opportunitiesThere was an entry the evening scheduled documented as refus opportunitiesThere was an entry one tablet in the mor evening scheduled for documented as refus opportunitiesThere was an entry the evening with 100 5:00pm and docume opportunitiesThere was an entry at bedtime scheduled as refused for 16 of 3 -There was an entry day scheduled for 8:0 documented as refus documented as refus -There was an entry extended release 15:8:00am and 8:00pm refused 25 of 62 opp -There was an entry extended release 20 at 8:00am and 8:00pr refused 23 of 62 opp -There was an entry evening scheduled a as refused 16 of 31 of -There was an entry	eduled for 8:00am and sed 8 of 31 opportunities. for Eliquis 5 mg two times a 20am and 8:00pm and sed for 23 of 62  for glipizide 2.5mg daily in sed for 5:00pm and sed for 16 of 31  for levetiracetam 1000mg ning and one tablet in the part 8:00am and 5:00pm and sed for 20 of 62  for levetiracetam 250mg in 00mg tablet scheduled for nited as refused for 16 of 31  for Mag-Tab 84mg once daily dat 8:00pm and documented 81 opportunities. for metformin 500mg twice a 200am and 8:00pm and sed 25 of 62 opportunities. for morphine sulfate mg twice a day scheduled at daily and documented as ortunities. for potassium chloride meq twice a day scheduled m and documented as ortunities. for Crestor 5 mg once in the t 6:00pm and documented					

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL034098	B. WING		07/19/2019
					1 0771072010
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
SALEM TE	ERRACE		O SALISBURY R		
		WINSTO	N SALEM, NC 2	7127	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DETIGIENCY)	
{D 273}	Continued From page	e 13	{D 273}		
	Review of Resident #	#6's June 2019 eMAR			
	revealed:				
		or clopidogrel 75mg once			
	-	00am and documented as			
	refused 1 of 30 oppor				
		or Dexilant DR 30mg once			
	_	00am and documented as			
	refused 1 of 30 oppor	funities. for docusate sodium 100mg			
	once daily scheduled				
	_	ed 1 of 30 opportunities.			
		or donepezil 5 mg once			
	_	00am and documented as			
	refused 1 of 30 oppor				
		or escitalopram 10mg once			
	daily scheduled for 8:	00am and documented as			
	refused 1 of 30 oppor				
		or ferrous sulfate 325 mg			
	once daily scheduled				
		ed 1 of 30 opportunities.			
		or furosemide 20mg once			
	_	00am and documented as			
	refused 1 of 30 oppor	or glipizide 5 mg one tablet			
	in the morning schedu				
	_	ed 1 of 30 opportunities.			
		or metoprolol succinate			
	_	eduled for 8:00am and			
		ed 1 of 30 opportunities.			
		or Eliquis 5 mg two times a			
	day scheduled for 8:0				
		ed for 3 of 60 opportunities.			
		or glipizide 2.5mg daily in			
	the evening schedule	•			
		ed for 5 of 30 opportunities.			<b> </b>
		or levetiracetam 1000mg			<b> </b>
		ning and one tablet in the			
		r 8:00am and 5:00pm and			
	documented as refuse	ed for 6 of 60 opportunities.			

-There was an entry for levetiracetam 250mg in

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			B. WING		R	
		HAL034098	D. W		07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM T	ERRACE		SALEM, NC 2			
			1			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D. 070)			(D. 070)			
{D 273}	Continued From page	e 14	{D 273}			
	the evening with 1000	Omg tablet scheduled for				
		nted as refused for 5 of 30				
	opportunities.					
		or Mag-Tab 84mg once daily				
		at 8:00pm and documented				
	as refused for 2 of 30	•				
		for metformin 500mg twice a				
	day scheduled for 8:0	•				
	,	ed 3 of 60 opportunities.				
	-There was an entry f					
	_	ng twice a day scheduled at				
		daily and documented as				
	refused 3 of 60 oppor	-				
		or potassium chloride				
		meq twice a day scheduled				
		n and documented as				
	refused 3 of 60 oppor					
		or Crestor 5 mg once in the				
	-	6:00pm and documented				
	as refused 5 of 30 op	•				
	_ ·	or topiramate 25 mg twice a				
	day scheduled at 8:00					
	_	ed 5 of 60 opportunities.				
		• •				
	Interview with the Spe	ecial Care Coordinator				
	(SCC) on 07/18/19 at	: 11:05 revealed:				
	-The facility had a for	m to complete and fax to the				
	physician to notify the	physician when residents				
	refused medications.					
	-She did not have a s	ystem in place to audit the				
	residents' eMARs for	documentation of physician				
	notification of refusals	s of medications.				
		completed by the medication				
	aide (MA) with each r	missed medication.				
	-There was documen	tation for physician				
	notification for refused	d medication on 05/04/19				
	and 05/05/19.					
	-There was no addition	onal documentation for				
	physician notification	regarding Resident #6				
	refusing medications	in shift notes or the				

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Division of	of Health Service Regul	lation			FORINI APPROVEL	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		R <b>07/19/2019</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
SALEM TE	EDDACE	2609 OLI	O SALISBURY R	OAD		
SALEIVI IE	ERRACE	WINSTO	N SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 273}	Continued From page	: 15	{D 273}			
	computer notes section—Staff had not left comforms for her to fax.	on. opleted physician notification				
	(SCU) on 07/18/19 at -She routinely worked 3:00pm) in the SCUResident #6 refused -Resident #6 refused first moved into the fa now.	medications a lot. medications more when she cility, but had gotten better ed a medication refusal but should have.				
	07/18/19 at 3:20pm re					
	SCUResident #6 refused -She had completed r several occasions and oncoming MA to give physician regarding m	medications often. nedication refusal forms on d left them with the to the SCC for faxing to the				
	Care Physician (PCP) revealed: -He knew Resident #6 adjusting to staff and came.	with Resident #6's Primary on 07/18/19 at 3:30pm had problems with the facility when she first medications when she				

how many times.

to his practice's care.

came, but did not know how many medications or

-He signed her admission orders but there was some difficulty with getting the resident assigned

-He followed the resident during the transition.

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	of Health Service Regu				I	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LEAN			A. BUILDING: _			
					R	
		HAL034098	B. WING		07/19/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE. ZIP CODE		
			SALISBURY R			
SALEM TE	ERRACE		N SALEM, NC 2			
	CLIMMA DV CT					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 273}	Continued From page	e 16	{D 273}			
	weekly or bi-weekly v number to inform if re -The facility should do review when he visite Interview with the Adr 6:40pm revealed: -The facility had a for of refusals for medica -The MA staff should the physician for docu -The SCC for the SCU assure physician notic completed. -She did not know the used or physicians not medications and FSB The facility failed to a for 2 of 7 sampled res #3 who had a visit to symptoms with misse (amiolodipine, isosorta at dialysis placing the	ministrator on 07/18/19 at m for physician notification ations or treatments. fill out the form and fax to umentation of notification. U would be responsible to fication for refusals was e refusal form was not being ot notified for refused es checks.  ssure physician notification sidents including Resident the hospital for cardiac ad cardiac medications oide, and metoprolol) while				
	heart failure; Residen	t #6 with medication and splacing the resident at risk				
	for hypoglycemia or h worsening disease pr	nyperglycemia and occesses. The facility's				
	health care specialist	primary care provider and was detrimental to the lfare of the residents and Violation.				
	The facility provided a	a Plan of Protection on ce with G. S. 131D-34.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or doring of the state of the s	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL034098	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SALEM T	ERRACE		SALISBURY R SALEM, NC 2			
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N ove	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPI	LETE
{D 344}	Continued From page	e 17	{D 344}			
{D 344}	10A NCAC 13F .1002	2(a) Medication Orders	{D 344}			
	the resident's physicial for verification or clari medications and treat (1) if orders for admission admission or readmission or readmissions are not the sam The facility shall ensured.	ne shall ensure contact with an or prescribing practitioner fication of orders for timents: sion or readmission of the d and signed within 24 hours nission to the facility; ear or complete; or on forms are received upon sion and orders on the				
	reviews, the facility fa the prescribing physic medication orders for	ns, interviews, and record iled to ensure contact with				
	The findings are:					
	renal disease, type 2	ignoses included end stage				
	Review of Resident #	7's Resident Register				

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Division of	<u>of Health Service Regu</u>	ılation			
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL034098	B. WING		07/19/2019
NAME OF B		OTDEET AS	DDEGG OITY OTA	TE 7/D 00DE	•
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,	
SALEM TE	ERRACE		SALISBURY RO		
			SALEM, NC 27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 344}	Continued From page	= 18	{D 344}		
	revealed an admissio	on date of 02/05/18.			
	Observation of medic	cation administration on			
		evealed Resident #7 was			
		nedication, and 2 insulin			
		cation aide informed the			
	1	nt #7 had a topical cream			
	scheduled that she was back into her room to	vanted to wait until she went			
	Dack IIIto Her 100III to	nave applicu.			
		lent #7 on 07/17/19 at			
		nc oxide was applied to the			
	right buttock area.				
	Review of Resident #	7's hospital discharge			
		8/19 revealed an order for			
	zinc oxide 20% (perce	ent) apply to right buttocks 3			
		ide is a protective barrier			
	cream used to protec	et from skin breakdown).			
	Review of Resident #	<sup>‡</sup> 7's current FL2 and			
		on sheet dated 04/24/19			
		20% was not ordered on the			
	FL2 or verification she	eet.			
	Paview of Resident #	7's July 2019 electronic			
	medication administra				
	revealed:	20011100014 (011), 1. 1,			
		for zinc oxide 20% ointment			
	apply to right buttocks	s 3 times a day.			
		scheduled 8:00am to			
		4:00pm, and 8:00pm to			
	10:00pm.				
	Interview with Reside	ent #7 on 07/17/19 at			
	10:20am revealed:				
		ring zinc oxide 20% routinely			
	3 times a day.				
	i -She had been using	zinc oxide to prevent sores			

on her buttock for several months.

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL034098	B. WING		R   <b>07/1</b>	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SALEM TI	ERRACE		SALISBURY R			
	T		SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 344}	Continued From page	÷ 19	{D 344}			
	facility's contracted P 10:00am revealed: -The facility was resp including FL2s, to the the eMAR systemThe pharmacy some medication authorizat clear of left off the cur -There was no inform of Resident #7's zinc being on the FL2 but -The facility was resp medications on the FI the eMAR.  Telephone interview w Coordinator (RCC) or revealed: -She was responsible resident is admitted, of have a current FL2 up -The Medical Record responsible to verify r hospital stays, renew readmissionsThere currently was double check medica FL2s compared to dis paperwork was support pharmacy for review of -Residents' new orde placed in the Doctor's -Resident #7 had bee ointment for a long time	ation regarding clarification oxide 20% 3 times a day not on the discharge summary. onsible for assuring L2 matched medications on with the Resident Care n 07/19/19 at 12:15pm  At to check the FL2 when a for when a resident did not pon admission.  Clerk (MRC) was return medications for short FL2s for yearly updates or not a system in place to tion orders on residents' scharge orders, except the based to be faxed to the and entering on the eMAR. It is and verifications were so box for review and sign off. It is not a system in place to the and entering on the eMAR. It is and verifications were so box for review and sign off. It is not a system in place to the and entering on the eMAR. It is and verifications were so box for review and sign off. It is not a system in place to the and entering on the eMAR. It is and verifications were so box for review and sign off. It is not a system in place to the and entering on the eMAR. It is not a system in place to the and entering on the eMAR. It is not a system in place to the and entering on the eMAR. It is not a system in place to the and entering on the eMAR. It is not a system in place to the and entering on the eMAR. It is not a system in place to the and entering on the eMAR. It is not a system in place to the and entering on the emand entering				

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Interview with the Administrator on 07/18/19 at

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF DEFICIENCIES  OF CORRECTION	IDENTIFICATION NUMBER:	1 1		COMPLETED
			A. BUILDING: _		
			B. WING		R
		HAL034098	B. WING		07/19/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
SALEM TE	ERRACE		SALISBURY RO		
		WINSTON	I SALEM, NC 27	127	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 344}	Continued From page	20	{D 344}		
		C, MRC, and the contract onsible to clarify orders when			
{D 358}	10A NCAC 13F .1004 Administration	(a) Medication	{D 358}		
	(a) An adult care hon preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met a TYPE A2 VIOLATION	i			
	reviews, the facility fa were administered as with the facility's polic (#8,#9, and #10) obse pass including errors medication for benign and an insulin injection	is, interviews, and record iled to ensure medications ordered and in accordance ies for 3 of 4 residents erved during the medication with a nasal spray (#10), a prostatic hypertrophy (#8), in (#9); and for 3 of 7 ated to a pain medication			

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(#5), a resident who had a visit to the hospital for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		_		 	,
	HAL034098	B. WING		1	9/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SALEM TERRACE		SALISBURY RO			
	WINSTON	SALEM, NC 27	7127		
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358} Continued From page	21	{D 358}			
cardiac symptoms with medications (allopurin omeprazole, monteluk medications (amiodaro metoprolol) while at di	h missed routine ol, Advair, loperamide, cast) and cardiac				
The findings are:					
Resident #3 dated 06/ 06/19/19 revealed: -The resident was adm 06/14/19 with the diag associated hypotensic tachycardia (a serious stage renal disease, a condition which makes deliver blood to the bo -The resident was disc on 06/17/19There was an order fo to treat gout) dailyThere was an order fo (used to restore regula maintain a regular, ste tablets dailyThere was an order fo long acting medication and high blood pressu -There was an order fo long acting medication caused by heart disea -There was an order fo treat difficult breathing times daily.	mitted to a local hospital on gnoses of hemodialysis on, supraventricular acardiac arrhythmia), end and cardiomyopathy (as it hard for the heart to ody).  Incharged back to the facility or allopurinol 100 mg (used or amiodarone HCL 200mg ar heart rhythm and eady heartbeat) take 2  Incompany the state of				

Division of Health Service Regulation

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Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLE	
		HAL034098	B. WING		07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•	
SALEM TE	ERRACE		SALISBURY RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Review of Resident # was a physician's ord instructions as follows -Hold medications dur. Advair 250/50, and lo -Upon return give allo metoprolol, montelukato treat acid reflux).  Review of Resident # subsequent physician and new FL2 order to dialysis days.  Interview with Reside revealed: -She went to dialysis and FridaysShe left the facility at returned around 12:30 -She was not given methofacilityShe did not receive method in the returned from dialysis facility.  Interview with a nurse o7/16/19 at 2:18pm reare not given routine in dialysis facility.  Interview with a triage office on 07/16/19 at 2:18pm reare not given routine in dialysis facility.	for loperamide 2mg (used to ne before dialysis.  3's record revealed there er dated 03/13/19 with string dialysis days except peramide. purinol, amiodarone, ast, and omeprazole (used 3's record revealed no string attention and medications on hold medications on hold medications on hold medications on hold medications before she left morning medications when lysis.  at a local dialysis facility on evealed that dialysis patients medication while at the nurse at a local cardiologist 2:22pm revealed:	{D 358}			
	office on 07/16/19 at 2 -The cardiologist was					

metoprolol on dialysis days (Monday, Wednesday, and Friday).

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	or riealth Service Regu					
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	EIED
					F	>
		HAL034098	B. WING		1	9/2019
		11AE034030			0771	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TI	ERRACE		SALEM, NC 2			
			TALLIN, ITO 1			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
1710		,	17.0	DEFICIENCY)		
{D 358}	Continued From page	e 23	{D 358}			
	Since the medication	ns were ordered once a day				
		given once the resident				
	_	_				
	administration.	or change the time of				
		vnoriones dengarous				
	-The resident could e	· ·				
		hest pain and heart failure if				
		er medications as they were				
	ordered by the cardio	ologist.				
		sident Care Coordinator				
	(RCC) on 07/17/19 at					
	-	e to assure medications were				
	administered as orde					
		onsible for reading the eMAR				
	and administering me	edications as ordered.				
	-She was not aware F	Resident #3 was not				
	receiving medications	s as ordered since the order				
	to hold medications o	n dialysis days was not				
	current.					
	Based on observation	n, interview and record				
	review amiodarone 4	00mg, isosorbide ER 30mg,				
	allopurinol 100mg, me	ontelukast 10mg,				
	omeprazole 20mg, ar	nd metoprolol ER 50mg				
		d 5 of 12 opportunities from				
		and 7 of 16 opportunities				
		6/19. Loperamide 2 mg was				
		ctly 8 times and 4 missed				
	doses from 06/16/19	•				
		ctly 9 times and doses				
		07/01/19 to 07/16/19. Advair				
		nistered at 9:00am for 4 of				
		06/17/19 to 06/30/19 and 7				
		om 07/01/19 to 07/16/19.				
		JIII 07/01/19 t0 07/10/19.				
	a Boylow of the live	o 2010 and luly 2010				
		e 2019 and July 2019				
	eMARs revealed:	nnia ambou fau Ausia danasa				
		onic entry for Amiodarone				
	400mg daily schedule					
	-There was a physicia	an's order dated 03/13/19				1

Division of Health Service Regulation

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Division	of Health Service Regu	lation			FOF	RM APPROVED
STATEMEN <sup>*</sup>	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		SURVEY PLETED
		HAL034098	B. WING	<del></del>	R 07/19/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
SALEM T	FRRACE	2609 OL	D SALISBURY R	OAD		
OALLIN II	LINUAGE	WINSTO	N SALEM, NC 2	7127		
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
{D 358}	Continued From page	24	{D 358}			
	with instructions to ho dialysis days except A loperamide: Upon retiration administered for 8 of Thursday, Saturday a 06/30/19. (June 18, 2 30).  -Amiodarone 400mg on administered 12 of Monday, Wednesday to 06/30/19 because of facility at dialysis (June 28).  -There was an electron eMAR for amiodarone administration at 9:00 administered for 9 of Thursday, Saturday a 07/17/19 (July 2, 4, 6, -Amiodarone 400mg of Mednesday, and Frid 07/17/19 (July 1, 3, 5, the resident was out of Based on interview and amiodarone 400mg, we will be seed to have a seed on interview and amiodarone 400mg, we will be seed to have a seed on interview and amiodarone 400mg, we will be seed to have a	and medications during advair 250/50, and arn give amiodarone. Was documented 8 opportunities on Tuesday, and Sunday from 06/17/19 to 0, 22, 23, 25, 27, 29 and daily was documented for and Friday from 06/17/19 resident was out of the set 17, 19, 21, 24, 26 and daily. Was documented as 9 opportunities on Tuesday, and Sunday from 07/01/19 to 17, 9, 11, 13, 14 and 16). Was documented as not 7 opportunities on Monday, ay from 07/01/19 to 8, 10, 12 and 15) because of the facility at dialysis. Indirector of the Administrator on the Ad				

eMARs revealed:

-There was an electronic entry for metoprolol ER

-Metoprolol ER 25mg had been documented as

25mg daily scheduled at 9:00pm.

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Division of	Division of Health Service Regulation						
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	Y	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			_		_		
			D WING		R		
		HAL034098	B. WING		07/19/20	19	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
			D SALISBURY R				
SALEM TE	ERRACE						
			N SALEM, NC 27				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		MPLETE DATE	
IAG	TREGGE TOTAL OILE	200 ID EIVTII TIIVO IIVI OTVIIIVITTOTV	TAG	DEFICIENCY)	W. (1) C		
			+	·			
{D 358}	Continued From page	e 25	{D 358}				
		00/04/40 4 00/40/40					
ļ		om 06/01/19 to 06/13/19.					
ļ	1	an's order dated 03/13/19					
ļ		d medications during dialysis					
		50/50, and loperamide; Upon					
	return give metoprolo	ol.					
	-There was an electro	onic entry dated 06/13/19 for				ļ	
		daily scheduled at 9:00am.					
	-	was documented as not					
		5/19 and 6/16/19 because					
	the resident was in th						
	-Metoprolol ER 50mg						
		pportunities on Tuesday,					
		and Sunday from 06/17/19 to					
		•					
		0, 22, 23, 25, 27, 29 and 30).					
		was documented for not					
		pportunities on Monday,					
	_	day (June 19, 21, 24 and 26)					
		was out of the facility at					
		17/19 and Friday 06/28/19,					
		administration of metoprolol					
	ER 50mg but the resi	ident was at dialysis at the					
	scheduled time.						
	-There was an entry f	for metoprolol ER 50mg on					
	the July 2019 eMAR	scheduled at 9:00am.					
	-Metoprolol ER 50mg	was documented as					
		9 opportunities on Tuesday,					
		and Sunday from 07/01/19 to					
ļ		, 7, 9, 11, 13, 14 and 16).					
		y was documented as not					
		pportunities on Monday,					
	Wednesday, and Frid	• •					
	· ·	-					
		6, 8, 10, 12 and 15) because					
	the resident was out of	of the facility at dialysis.					
		ministrator on 07/18/19 at					
		assumed that the PCP					
ļ	would have discussed	d holding the medications on					
ľ	dialysis days with the	cardiologist.					

Refer to interview with the Administrator on

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		R <b>07/19/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
041 514 55		2609 OLD	SALISBURY R	OAD		
SALEM TE	ERRACE	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	≣
{D 358}	Continued From page	26	{D 358}			
	07/18/19 at 6:45pm.					
	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.					
	c. Review of the June 2019 and July 2019 eMARs revealed:  -There was an electronic entry dated 06/13/19 for isosorbide ER 30mg 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 allopurinol, amiodarone, metoprolol, montelukast, and omeprazole. There was no information regarding isosorbide ER 30mgIsosorbide 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)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					
		enic entry on the July 2019 ER 30mg to be administered 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). -Isosorbide ER 30mg was documented as not administered 7 of 7 opportunities on Monday, Wednesday, and Friday from 07/01/19 to

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DIVISION	or riealin Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
						_
			P WING		F	
		HAL034098	B. WING		07/1	19/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
			SALISBURY R			
SALEM TE	SALEM TERRACE					
		WINSTON	SALEM, NC 2	1 121		1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
1,10		,	17.0	DEFICIENCY)		
			1			
{D 358}	Continued From page	e 27	{D 358}			
	07/16/19 (July 1, 3, 5	, 8, 10, 12 and 15) because				
		of the facility at dialysis.				
		or and recoming our areas, ever				
	Interview with the Adr	ministrator on 07/18/19 at				
		assumed that the PCP				
		d holding the medications on				
	dialysis days with the					
	Refer to interview with	h the Administrator on				
	07/18/19 at 6:45pm.	Transfer on				
	077 107 10 at 0. 10pm.					
	Based on observation	n, interview and record				
		30mg was not administered				
		from 06/17/19 to 06/30/19				
	and 7 of 16 opportuni					
	07/16/19.	1103 110111 0770 1713 10				
	07710/19.					
	d. Review of the June	e 2019 and July 2019				
	eMARs revealed:	5				
		onic entry for loperamide				
		ior to dialysis scheduled for				
	9:00am.	ior to didiyolo conodulou lor				
		an's order dated 03/13/19				
		d medications during dialysis				
		50/50, and loperamide.				
	-Loperamide 2mg wa	•				
	administered on non-					
		sday, Thursday, Saturday				
		16/19 to 06/30/19 (June 18,				
	20, 22, 23, 25, 27, 29	•				
		The state of the s				
	-Loperamide 2mg wa	pportunities on Monday,				
		· ·				
		lay on June 19, 21, 24 and				
		ent was out of the facility at				
		7/19 and Friday 06/28/19				
	were documented for					
		the resident was at dialysis				
	at the scheduled time					
	-There was an electro	onic entry on the July 2019				

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eMAR loperamide 2mg take one hour prior to

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Division of	of Health Service Regu	lation				
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
/ III	or connection	DEITH IO. W.O. T. T.	A. BUILDING:	<del></del>	001111	
		HAL034098	B. WING		R <b>07/19/2019</b>	
NAME OF P	PROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE	1	
			SALISBURY RO			
SALEM TI	ERRACE		N SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	Continued From page 28				
	dialysis scheduled for -Loperamide 2mg wa administered incorrect on Tuesday, Thursda from 07/01/19 to 07/1 13, 14 and 16)Loperamide 2mg wa administered 7 of 7 of Wednesday, and Frid 07/16/19 (July 1, 3, 5) the resident was out of Interview with the Adr 6:45pm revealed she would have discussed dialysis days with the Refer to interview with 07/18/19 at 6:45pm.  Based on observation review loperamide 2 incorrectly 8 times an from 06/16/19 to 06/3 incorrectly 9 times an from 01/01/19 to 07/1  e. Review of the June eMARs revealed: -There was an electron 100mg daily schedule -There was a physicia with instruction to hold days except Advair 25 return give allopurinor -Allopurinol 100mg wadministered 8 of 8 of Thursday, Saturday as a distributed in the structury of	r 9:00am. s documented as citly for 9 of 9 opportunities by, Saturday and Sunday 17/19 (July 2, 4, 6, 7, 9, 11, 19) s documented as not poportunities on Monday, 19, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				

-Allopurinol 100mg was documented as not

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Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		HAL034098	B. WING		R 07/19/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STAT	E, ZIP CODE	
SALEM TE	EDDACE	2609 OLD	SALISBURY RO	PAD	
JALEIVI II	:RRAGE	WINSTON	SALEM, NC 27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 29	{D 358}		
	Wednesday, and Frid 26 because the reside dialysis. Monday 06/1 were documented for 100mg, but the reside scheduled time.  -There was an electron eMAR for allopurinol daily at 9:00am.  -Allopurinol 100mg wadministered for 9 of Thursday, Saturday at 07/17/19 (July 2, 4, 6) -Allopurinol 100mg wadministered 7 of 7 of Wednesday, and Frid 07/16/19 (July 1, 3, 5) the resident was out of the resident was out of the series and 5 of 16 opportunities from 12 opportunities from 12 opportunities from 12 opportunities from 13 of 16 opportunities from 14 of 16 opportunities from 15 opportunities from 16 opportunities from 17 of 16 opportunities from 18 opportunities from 19 oppor	9 opportunities on Tuesday, and Sunday from 07/01/19 to 6, 7, 9, 11, 13, 14 and 16), as documented as not apportunities on Monday, day from 07/01/19 to 6, 8, 10, 12 and 15) because of the facility at dialysis. The Administrator on an interview and record and was not administered 5 and 06/17/19 to 06/30/19, ities from 07/01/19 to 06/30/19, ities from 07/01/19 to 06/30/19 and July 2019 and dialysis 50/50, and loperamide; Upon ast.			

administered 8 of 8 opportunities on Tuesday, Thursday, Saturday and Sunday from 06/16/19 to

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DIVISION	of Health Service Regu	lation	_			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL034098	B. WING		07/19/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
041 514 5		2609 OLD	SALISBURY R	OAD		
SALEM T	ERRACE	WINSTON	SALEM, NC 2	7127		
	011111111111111111111111111111111111111					—
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(710)	_
PREFIX TAG		C IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		-
IAG		,	IAG	DEFICIENCY)		
			+			$\dashv$
{D 358}	Continued From page	e 30	{D 358}			
	. •					
		), 22, 23, 25, 27, 29 and 30).				
	-Montelukast 10mg w	as documented as not				
	administered 4 of 4 o	pportunities on Monday,				
		ay on June 19, 21, 24 and				
		ent was out of the facility at				
		7/19 and Friday 06/28/19				
	were documented for					
	montelukast 10mg, bu					
	dialysis at the schedu					
		onic entry on the July 2019				
	eMAR for montelukas	st 10mg to be administered				
	daily at 9:00am.					
	-Montelukast 10mg w	as documented as				
		9 opportunities on Tuesday,				
		and Sunday from 07/01/19 to				
		, 7, 9, 11, 13, 14 and 16).				
		as documented as not				
		pportunities on Monday,				
	Wednesday, and Frid	=				
	07/16/19 (July 1, 3, 5	, 8, 10, 12 and 15) because				
	the resident was out of	of the facility at dialysis.				
	Refer to interview with	n the Administrator on				
	07/18/19 at 6:45pm.					
	Raced on observation	n, interview and record				
		Omg was not administered 5				
		om 06/17/19 to 06/30/19 and				
	/ of 16 opportunities	from 07/01/19 to 07/16/19.				
	g. Review of the June	e 2019 and July 2019				
	eMARs revealed:					
	-There was an electro	onic entry for omeprazole				
	20mg daily scheduled	•				
		an's order dated 03/13/19				ļ
						J
		d medications during dialysis				J
		50/50, and loperamide; Upon				
	return give omeprazo	le.				

Division of Health Service Regulation

-Omeprazole 20mg was documented as not administered on 06/15/19 and 06/16/19 because

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Division of	of Health Service Regu	ılation			FORM	1 APPROVED	
STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	COMPLETED	
					R	₹	
		HAL034098	B. WING		1	9/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STA	TE, ZIP CODE			
2609 OL		2609 OLD	SALISBURY R	OAD			
SALEM TE	RRACE	WINSTON	N SALEM, NC 2	7127			
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPL		(X5) COMPLETE DATE	
{D 358}	Continued From page	e 31	{D 358}				
	the resident was in th	e hospital.					
	-Omeprazole 20mg w						
		pportunities on Tuesday,					
	Thursday, Saturday and Sunday from 06/16/19 to 06/30/19 (June 18, 20, 22, 23, 25, 27, 29 and 30).						
	,	vas documented as not					
		pportunities on Monday,					
		lay on June 19, 21, 24 and					
		ent was out of the facility at					
		17/19 and Friday 06/28/19					
	were documented for omeprazole 20mg, bu						
	dialysis at the schedu						
	-There was an electro	onic entry on the July 2019					
	· · · · · · · · · · · · · · · · · · ·	e 20mg to be administered					
	daily at 9:00am.	d					
	-Omeprazole 20mg w	as documented as 9 opportunities on Tuesday,					
		and Sunday from 07/01/19 to					
	,	, 7, 9, 11, 13, 14 and 16).					
		vas documented as not					
	I -	pportunities on Monday,					
	Wednesday, and Frid	•					
		, 8, 10, 12 and 15) because of the facility at dialysis.					
	the resident was out (	of the facility at diarysis.					
	Refer to interview witl	h the Administrator on					
	07/10/10 10 15		1	I .		1	

07/18/19 at 6:45pm.

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.

h. Review of the June 2019 and July 2019 eMARs revealed:

-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.

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL034098		B. WING		R 07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TI	ERRACE	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	: 32	{D 358}			
	-There was a physicia with instruction to hold days except Advair 250/50 was dat 9:00am for 8 of 8 of Thursday, Saturday a 06/30/19 (June 18, 20-Advair 250/50 was dadministered at 9:00a on Monday, Wedneso 21, 24 and 26 because the facility at dialysis. for administration at 9 of Advair 250/50, but at the scheduled time -There was an electroe eMAR for Advair 250/50 was dat 9:00amAdvair 250/50 was dat 9:00am and 9:00pr on Tuesday, Thursda from 07/01/19 to 07/1 13, 14 and 16)Advair 250/50 was dadministered at 9:00a on Monday, Wedneso 07/01/19 to 07/16/19 15) because the resid dialysis.  Refer to interview with 07/18/19 at 6:45pm.  Based on observation review Advair 250/50 9:00am for 4 of 16 op	In's order dated 03/13/19 di medications during dialysis 50/50, and loperamide. Documented as administered pportunities on Tuesday, and Sunday from 06/16/19 to 10, 22, 23, 25, 27, 29 and 30). Documented as not a for 4 of 4 opportunities alay, and Friday on June 19, are the resident was out of There was documentation and the resident was at dialysis the resident was at dialysis and the resident was administered and for 18 of 18 opportunities and Sunday 7/19 (July 2, 4, 6, 7, 9, 11, pocumented as not and for 7 of 7 opportunities alay, and Friday from (July 1, 3, 5, 8, 10, 12 and the ent was out of the facility at				

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Interview with the Administrator on 07/18/19 at

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DIVISION	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
						,
		1141 004000	B. WING		R	
		HAL034098	B. W(0		07/1	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		2609 OL	SALISBURY R	OAD		
SALEM TE	SALEM TERRACE		N SALEM, NC 2			
			·			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(5, 050)	0 " 1 =		(5.050)			
{D 358}	Continued From page	e 33	{D 358}			
	6:15pm revealed:					
	•	d to administer medications				
	according to the direct					
	9	nsible to assure medications				
	were administered as					
	-She was not aware F					
		s as ordered since the order				
	-	n dialysis days was not				
	current.	Training days was not				
	odiront.					
	2 The medication er	ror rate was 9% (percent) as				
		ervation of 3 errors of 31				
	•	he 8:00am medication pass				
	on 07/17/19.	ne otodani medication paco				
	011 077 177 10.					
	a Review of Resider	nt #10's current FL2 dated				
	02/14/19 revealed:	it in to a carroin the dated				
		hypertension, chronic				
		y disease (COPD) and Type				
	2 diabetes.	y alcoade (66. 2) and Type				
		for fluticasone propionate 50				
		sal spray 2 sprays in each				
		one is a steroid nasal spray				
	used to treat allergies					
	acca to treat and give	.,,				
	Observation of medic	ation administration to				
		7/19 at 7:40am revealed:				
		tion aide (MA) prepared 4				
		inhalant, and fluticasone for				
	administration.					
		r of nitrile aloves shook the				
	-The MA put on a pair of nitrile gloves, shook the fluticasone bottle back and forth several times,					
		e spray in each nostril.				
		administered 2 puffs of an				
		30 to 45 seconds between				
	inhalations.	1 00 to 40 30001103 DELWEETI				
	ii ii iaiaii0113.					
	Review of Resident #	10's July 2019 electronic				
	medication administra					
			1			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING	B. WING		9/2019
SALEM TERRACE 2609 OLD			RESS, CITY, STA SALISBURY RO SALEM, NC 2	OAD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	mcg use 2 sprays in e 8:00am for allergic rhi -Fluticasone was door sprays in each nostril Interview with the me administering Resider the morning medication 1:45pm revealed: -She recalled administifuticasone earlier tod -She thought she administril for Resident #1 according to the direct -Resident #10 routine nostrilIf she administered towas an oversight.  Interview with Reside 1:55pm revealed: -She routinely receive her fluticasone propiorable was fairly certain each nostril this morn -She would not be abone dose regarding if through her nose.  Interview with the Resident #10 on 07/17/19 at -She was responsible administered as order -The MAs were responsible administering me -If Resident #10 only	or fluticasone propionate 50 each nostril once daily at initis.  umented as administered 2 at 8:00am on 07/17/19.  dication aide (MA)  nt #10's medications during on pass on 07/17/19 at  stering Resident #10's ay (07/17/19). ninistered 2 sprays to each 10 fluticasone propionate tions on the eMAR. Ity received 2 sprays in each one spray in each nostril it  at #10 on 07/17/19 at  at 2 sprays in each nostril of inate. In she received 2 sprays in ing. Ite to tell if she only received she was breathing clearly  sident Care Coordinator 15:00pm revealed: It to assure medications were red. Insible for reading the eMAR	{D 358}			

MA.
Division of Health Service Regulation

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Division of	<u>of Health Service Regu</u>	lation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED	
		HAL034098	B. WING	B. WING		R 07/19/2019	
			<b>I</b>		01710	72010	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA				
SALEM TE	ERRACE		D SALISBURY R				
		WINSTO	N SALEM, NC 2	7127			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE	
1710		,		DEFICIENCY)			
{D 358}	Continued From page	25	{D 358}				
{D 330}	Continued From page 35		{D 336}				
		ministrator on 07/19/19 at					
	6:15pm revealed:						
		d to administer medications					
	according to the direc						
	were administered as	nsible to assure medications					
	were aurillistered as	ordered.					
	b. Review of Resident #8's current FL2 dated 04/10/19 revealed:						
	-Diagnoses included	hypertension, pre-glaucoma,					
	and Huntington's Dise						
		for tamsulosin hydrochloride					
	, , ,	pedtime for benign prostatic					
		Tamsulosin is used to treat					
	male BPH and high b	lood pressure).					
	Observation of modic	ation administration to					
		7/19 at 8:30am revealed:					
	-A second morning m						
		cations for administration to					
		g one tamsulosin 0.4mg.					
		d the 6 medications and					
	documented administ	tration on the eMAR.					
		cond MA on 07/17/19 at					
	8:30am revealed:	anna anima an tha antan					
		appearing on the eMAR are the scheduled time of					
		mained for one hour after					
	the scheduled time fo						
		edications according to the					
	time the medication a	<u> </u>					
	-The directions displa	• •					
		ation record (eMAR) were to					
	administer the medica	· ·					
	-The time scheduled	in the eMAR system for					
tamsulosin was 8:00am.							

know when.

-She thought the order was changed, but did not

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLI	=160
		HAL034098	B. WING		07/1	?  9/2019
NAME OF F					1 07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA D SALISBURY R	,		
SALEM T	ERRACE		N SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 36	{D 358}			
	medication administrative revealed:  -There was an entry of (HCL) 0.4mg one capallar and on	for tamsulosin hydrochloride psule at bedtime, eduled at 8:00am. The second MA on 07/17/19 on the second MA on 07/17/19 of the second MA on 07/17/19 at 4:30pm of the second MA on 07/17/19 at 4:30p				

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contract pharmacy representative reviewed the

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Division of	of Health Service Regu	ilation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPLI	
			A. BUILDING:		_	
		HAL034098	B. WING		07/1	₹  9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STAT	E, ZIP CODE		
SALEM TE	EDDACE	2609 OLD	SALISBURY RO	)AD		
SALEIVI II	IRRAGE	WINSTON	SALEM, NC 27	127		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 37	{D 358}			
	diagnosis for the med clicked on 8:00am instadministration.  -The facility was respondanges prior to the representation of the respondent	ministrator on 07/18/19 at  A's to follow the order on the  e an error on the time #8's tamsulosin.  Int #9's current FL2 dated  vascular dementia, der. to check fingerstick blood a day. for Humalog 100unit/ml e. (Humalog is a rapid acting blood sugar levels).  #9's physician orders dated  dated 04/29/19 for FSBS bedtime. dated 04/29/19 for Humalog SSI) with parameters 1-250= 4 units, 251-300= 6 its, 351-400=10 units.				
		7/19 at 9:02am revealed:				

-Resident #9 was standing at the medication cart outside the Special Care Unit dining hall.

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Division of Health Service Regulation						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE S COMPLI	
					R	<b>}</b>
		HAL034098	B. WING		1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SALEM TI	ERRACE		SALISBURY RO			
	Г	WINSTON	SALEM, NC 2	/12/		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 38	{D 358}			
	-Residents had compincluding Resident #9 -The medication aide Unit stated the reside as 274 when the FSB 6:30amThe MA administered to the resident's left d  Review of Resident # administration record revealed: -There was an entry f meals and at bedtime 11:30am, 4:30pm and -There was an entry f form of measuring an scale parameters 151 units, 251-300= 6 uni 351-400=10 units sch 7:30am, 11:30am, 4:3 -There was an entry f documented for 07/17 -There was documen units of Humalog insulat 7:30am.  Interview with the (MA (SCU) on 07/17/19 at -Breakfast was routin 8:30am in the SCUShe routinely admini Humalog insulin prior breakfastResident #9 went to	leted eating breakfast,  (MA) for the Special Care nt's FSBS was documented S was documented at d 6 units of Humalog insulin eltoid.  9's electronic medication (eMAR) for July 2019  or check FSBS before scheduled for 6:30am, I at 8:00pm. or Humalog Kwikpen (a d injecting insulin) sliding -200= 2 units, 201-250= 4 ts, 301-350= 8 units, reduled for administration at 30pm, and 8:00pm. or FSBS value 274 7/19 at 6:30am. tation for administration of 6 din documented for 07/17/19  A) for the Special Care Unit 9:04am revealed: ely served from 7:30am to				

the morning.

-She did not want the resident to go without his insulin since his blood sugar was 274 earlier in

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Division c	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					R	<b>)</b>
		HAL034098	B. WING		1	9/2019
		TIAL004030			01/1	3/2013
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
OAL EM TE		2609 OLD	SALISBURY RO	OAD		
SALEM TE	:RRACE	WINSTON	SALEM, NC 27	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIAIE	DATE
	<del> </del>			22,		
{D 358}	Continued From page	e 39	{D 358}			
	Oha administered De					
		esident #9's SSI Humalog				
		obtained at 6:30am and				
	documented administ					
	immediately following	administration.				
	Intonuiow with the Sn	ecial Care Coordinator				
	(SCC) on 07/17/19 at					
	-The MAs should adn	•				
		cheduled on the eMAR.				
	_	i) obtained FSBS values				
	before leaving at 7:00					
		utinely gave and insulin shots				
	_	oon as they came in to start				
	their shift.	John as they came in to start				
		ave Resident #9's morning				
	_	breakfast instead of before				
		because the MA reported to				
	her.	bedause the Mir (Toported to				
	Interview with the Adr	ministrator on 07/18/19 at				
	6:58pm revealed:					
		nsible to assure medications				
	· ·	s ordered in the Special Care				
	Unit.	, <b>0.40</b>				
		As to follow the order on the				
	MAR.					
	Based on observation	ns, interviews, and record				
		mined Resident #9 was not				
	interviewable.					
		nt #5's current FL2 dated				
	02/14/19 revealed:					
	-Diagnoses included	Alzheimer's dementia,				
	hypertension with chr	ronic kidney disease(CKD)				
	and end stage renal f	ailure.				
	-There was an order f	for tramadol (used to treat				
	mild to moderate pair	n) hydrochloride 50mg take				

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Wednesday, and Friday.

one-half (1/2) tablet before dialysis, Monday,

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DIVISION	n nealth Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	= IED
					l R	,
		UAL 024009	B. WING		1	
		HAL034098			07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM T	ERRACE		SALEM, NC 2			
			JALEIN, NC 2	1121		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
iAG		,	IAG	DEFICIENCY)		
{D 358}	Continued From page	e 40	{D 358}			
	Daview of Decident #					
	Review of Resident #					
		ed 02/20/19 for tramadol 50				
	•	Monday, Wednesday, and				
	Friday prior to dialysis	5.				
	Observation of medic					
	administration for Res					
		ch card with a quantity of 12				
		ining with directions to take				
		nday, Wednesday, and				
	Friday prior to dialysis	s. The card was dispensed				
	on 07/17/19 for 12 on	e-half tablets.				
	Review of Resident #	5's May 2019 electronic				
	medication administra	ation record (eMAR)				
	revealed:					
	-There was an entry f	or tramadol 50 mg one-half				
	(1/2) tablet before dia	lysis on Monday,				
	Wednesday, and Frid	ay.				
	_	half tablet was documented				
	•	nday, Wednesday, and				
		s) from 05/01/19 to 05/31/19.				
	• .	or tramadol 50 mg one				
	_	ednesday, and Friday prior				
	to dialysis.	,,,				
	<b>,</b>					
	Review of Resident #	5's June 2019 eMAR				
	revealed:					
	-There was an entry f	or tramadol 50 mg one-half				
	(1/2) tablet before dia					
	Wednesday, and Frid					
	•	-half tablet was documented				
	•	nday, Wednesday, and				
		s) from 06/01/19 to 06/30/19.				
		or tramadol 50 mg one				
	_	ednesday, and Friday prior				
	to dialysis.					

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Review of Resident #5's July 2019 eMAR

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
					R	
		HAL034098	B. WING		07/1	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SALEM TE	ERRACE		SALISBURY R			
	OLUMBA DV OT		I SALEM, NC 2			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	<del>2</del> 41	{D 358}			
(D 550)	revealed: -There was an entry f (1/2) tablet before dia Wednesday, and Frid -Tramadol 50mg one- on 7 occasions (Mono prior to dialysis) from -There was no entry f tablet on Monday, We to dialysis.  Interview with the Pha facility's contracted P 4:44pm revealed: -The pharmacy was r orders into the MARFacility staff had to a and releaseThere was no docum received Resident #5 tramadol 50 mg one t Monday, Wednesday -The pharmacy had th 02/14/19 as the curre  Telephone interview w Provider (PCP) on 07 -He had increased tra dialysis for Resident #5 still for hours on the dialysis for Resident #5	for tramadol 50 mg one-half lysis on Monday, lay.  chalf tablet was documented day, Wednesday, and Friday 07/01/19 to 07/15/19.  for tramadol 50 mg one endesday, and Friday prior  armacy Manager for the harmacy on 07/17/19 at esponsible for entering prove each individual order enertation the pharmacy sorder dated 02/20/19 for ablet prior to dialysis on and Friday.  The order for tramadol dated ent order.  With the Primary Care (18/19 at 3:30pm revealed: 18/19 at 3:30pm revealed: 18				
	-He was not aware Rereceiving tramadol 50 dialysis.	esident #5 had not been mg one tablet prior to				

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6:58pm revealed:

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Division of	<u>of Health Service Regu</u>	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL034098	B. WING		07/19/2019	
					1 0111012010	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
SALEM TE	ERRACE		SALISBURY R			
		WINSTO	N SALEM, NC 27	7127		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
				DEFICIENCY)		
{D 358}	Continued From page	= 42	{D 358}			
	She expected the Mark.	A's to follow the order on the				
	The pharmacy made	a an error on the time				
	change.	e an endi on the time				
		Coordinator (RCC) or the				
	Special Care Coordin					
		e medication orders were				
	sent to the pharmacy	· •				
	Telephone interview v					
	Coordinator (SCC) or revealed:	107/19/19 at 9:18am				
		ent #5's tramadol 50 mg was				
		o the contract pharmacy by				
		because it had her initials				
	and the date.					
	-The pharmacy shoul	d have changed Resident				
		eMAR and sent the correct				
	medication.	the state of the s				
		e to assure medications were				
	administered as orde -She overlooked Res					
		ol 50 mg one-half tablet				
	instead of one tablet					
		,				
	4. Review of Residen	t #2's current FL-2 dated				
		agnoses included combined				
	systolic diastolic hear					
		diabetes, hypothyroidism,				
	chronic hepatitis B, p	=				
		athy, major depressive nxiety, gastro-esophageal				
		ancreatic insufficiency pain.				
		and the amount of pain.				
	Review of Resident #	2's physician order dated				
		order for Novolog 100				
		to 4 units dose) into the skin				
		meals per sliding scale; 200				
	or less=0 unit, 201-25	50=1 unit, 251-300=2 units,				

301-350=3 units, 351-400=4 units, greater than

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Division (	of Health Service Regu	ılation			FORM APP	ROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y
		HAL034098	B. WING		R 07/19/20	19
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STAT	E, ZIP CODE	•	
CAL EM T	EDDAGE	2609 OL	D SALISBURY RO	DAD		
SALEM TI	ERRACE	WINSTO	ON SALEM, NC 27	127		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE CO	(X5) MPLETE DATE
{D 358}	Continued From page	e 43	{D 358}			
	(Novolog is a fast actival administered at meals Review of Resident # 2019 electronic Medic Records (eMAR) reve-There was a comput Novolog sliding scale 12:00pm and 5:00pm -There was document administered per slidi 12:00pm and 5:00pm 06/24/19.  -There was document administered per slidi and 11:30pm daily frough 11:30pm daily frough 11:30pm daily frough 07/17/19.  -Novolog was not doo the noontime meal pet through 07/17/19.  Review of Resident # revealed:	e2's June 2019 and July cation Administration ealed: ter generated entry for ealily scheduled at 6:00am, in tation Novolog was ing scale at 6:00am, in daily from 06/19/19 through extation Novolog was ing scale at 7:00am, 4:30pm om 06/25/19 through				

Sugar (FSBS) before meals and at bedtime.

-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.

Review of Resident #2's July 2019 eMAR revealed:

- -There was an entry to check FSBS before meals and at bedtime.
- -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

Division of Health Service Regulation

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	:IED
					R	
		HAL034098	B. WING		1	9/2019
NAME OF D		etheet M	DDESS CITY STA	TE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
SALEM T	ERRACE		SALISBURY R			
			SALEM, NC 2	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 44	{D 358}			
	administered.					
	Observation of medic	ations on hand on 07/18/19				
		Novolog pen dispensed on				
		ons to administer per sliding				
	scale.	, ,				
	Interview with the Pharmacy Manager with the facility's contracted pharmacy on 07/17/19 at					
1:58pm revealed: -Novolog was ordered to be administered with		d to be administered with				
	meals.	d to be administered with				
		esponsible for putting orders				
	into the eMAR systen	· · · · · · · · · · · · · · · · · · ·				
		MA) called the pharmacy and				
	asked for the adminis	stration time to be changed				
	by 30 minutes for each					
	•	vas supposed to be changed				
		m and pm was not changed				
		R for 11:30pm; it was a				
	pharmacy error.					
	Interview with a MA o	on 07/17/19 at 2:10pm				
	revealed:					
	-Resident #2 had a F	SBS and her insulin was				
	administered at lunch					
		dent #2 came back from the				
	-	anged and Resident #2 only				
	nad a FSBS at lunch 11:30pm. (Resident #	and received insulin at				
	06/17/19-06/18/19).	-z was nospitalized				
		dd for Resident #2 to be				
	•	at 11:30pm as no one else				
	received insulin at that					
		change in Resident #2's				
		time to another MA who				
	said they would check	k with the pharmacy; she did				
	not hear anything bad	ck from the MA about				
	changing it.					
	Observation and the control of the c	I NAA I : - I AI-	1	1		,

-She mentioned it to a second MA who said they

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Division of Health Service Regulation					FORM	APPROVED
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
			-		R	₹
		HAL034098	B. WING		1	9/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
SALEM TE	ERRACE		O SALISBURY R N SALEM, NC 2			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	d	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
{D 358}	Continued From page	÷ 45	{D 358}			
		pharmacy and since she did				
	not hear anything bac					
	thought it must have t	been correct.				
	Interview with a secon	nd MA on 07/18/19 at				
	4:25pm revealed:	-1-1 Decident #0 had an order				
	to administer Novolog	dd Resident #2 had an order ninsulin at 11:30pm.				
	_	someone; she did not recall				
	who she mentioned it	to.				
		ck that the time should be				
	differentShe had not been ba	ack on the cart since then.				
	0110 1100 1100 00011 00011	ion on the same since them				
	revealed:	nt #2 on 07/18/19 at 4:34pm				
		er FSBS at breakfast, lunch				
	and dinner and about -If her FSBS was up,	she would be given insulin				
	based on the sliding s	scale.				
		olog at lunch; she did not				
	know the time had ch	anged to 11:30pm. or Novolog at 11:30pm, they				
	_	SSBS around 8:00pm and				
	•	at time if she needed it				
	-She had never taken	medication on third shift.				
	Interview with a third leveled:	MA on 07/18/19 at 4:38pm				
		rittle diabetic and the last				
		FSBS had been fluctuating				
		P had been adjusting her o she was not surprised				
		order to administer insulin at				
	night.					

11:30pm.

-She had checked Resident #2's FSBS and administered Novolog for the scheduled dose of

-She did not know why Resident #2 would say her insulin was administered at 8:00pm; "maybe at

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					l R	}
		HAL034098	B. WING		1	9/2019
NAME OF D	ROVIDER OR SUPPLIER	etreet an	DRESS, CITY, STA	TE ZIR CODE		
NAIVIE OF FI	NOVIDER OR SUFFLIER		SALISBURY R			
SALEM TE	ERRACE		SALISBURY R			
					NI.	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
			1	DEFICIENCY)		
{D 358}	Continued From page	e 46	{D 358}			
	10:00 or 10:30 at the	earliest."				
	-Resident #2's FSBS	and Novolog would be				
	-	second shift MA because				
	they had an hour befo					
		at the medication could be				
		usually administered before				
	11:00pm.					
		n MA on 07/18/19 at 4:54pm				
	revealed:	le of residents that received				
		n that time of night, so she				
		esident #2 had an order for				
	Novolog at 11:30pm.	Soldent #2 flad all order for				
	-She had never ment	ioned it to anyone.				
	-She followed what w	as on the eMAR.				
		n the Pharmacy Manager				
	with the facility's cont					
	07/17/19 at 4:44pm re					
	orders into the eMAR	esponsible for entering				
		pprove each individual order				
	and release.	pprovo caeri marriadai erdei				
	-A time change would	I not have to be approved				
	and released by the fa	acility staff.				
	Interview with the Do	sident Care Coordinator				
	(RCC) on 07/18/19 at					
	, ,	ders that were entered on				
	the eMAR.					
	-The Medical Records	s Clerk was the acting RCC				
	from 05/04/19 through				ĺ	
	-She expected the M/	A to tell a supervisor or the			ĺ	
		rk if they had questions			ĺ	
	about an order.				ĺ	

6:58pm revealed:

Interview with the Administrator on 07/18/19 at

-She expected the MA's to follow the order on the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL034098	B. WING		07/19/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		2609 OLD	SALISBURY R	OAD	
SALEM TI	ERRACE	WINSTON	SALEM, NC 2	7127	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
{D 358}	Continued From page	e 47	{D 358}		
	eMAR.				
	-The pharmacy made change.	an error on the time			
	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 orderedNovolog should only be administered with a meal.				
	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 afternoonResident #2 receiving a dose of Novolog at 11:30pm was very dangerous, since it had the potential to cause overnight hypoglycemia.				
	administered as orderesidents (#2, #3, and who had a visit to the symptoms with misse (amiolodipine, isosort at dialysis and placing dangerous cardiac ar heart failure and missibreathing, gout, acid the resident at risk for and disease therapy the administering a pain right chronic back pain for hours at dialysis(#Novolog insulin admir ordered at 11:30am whypoglycemia due to	d cardiac medications bide, and metoprolol) while g the resident at risk for rythmias, chest pain and sed routine medications for relux, and allergies placing runnecessary discomfort failure (#3), not medication for a resident in that had to be sitting still (5), and sliding scale histered at 11:30pm when			

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DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			D WING		R	
		HAL034098	B. WING		07/1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDER OR OUT FEET					
SALEM TE	RRACE		SALISBURY R			
		WINSTON	SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DETIGIENCY)		
{D 358}	Continued From page 48		{D 358}			
(=)	Continuou i ioni page	3 10	(= 333,			
	and #10) observed du	uring the medication pass				
	including errors with a	a nasal spray (#10), a				
	_	prostatic hypertrophy which				
		ent discomfort from urinary				
	retention (#8), and an					
		ur after scheduled time				
		poglycemia. The facility's				
failure to administer medications as ordered placed the residents at substantial risk for serious						
	physical harm and co	institutes a Type A2				
	Violation.					
	• •	a Plan of Protection on				
	07/17/19 in accordan	ce with G. S. 131D-34.				
	THE CORRECTION I	DATE FOR THE TYPE A2				
	VIOLATION SHALL N	NOT EXCEED AUGUST 18,				
	2019.					
(D 367)	10A NCAC 13F .1004	1/i) Madigation	{D 367}			
ען 301 ל		(I) Medication	[ (D 307)			
	Administration					
	404 NOAO 40E 4004	A BA - di - eti - e A desiri - tereti - e				
		Medication Administration				
	•	dication administration				
		e accurate and include the				
	following:					
	<ol><li>(1) resident's name;</li></ol>					
	(2) name of the medic	cation or treatment order;				
	(3) strength and dosa	ge or quantity of medication				
	administered;					
		ministering the medication				
	or treatment;	3				
		tion for the administration of				
	• •	nents as needed (PRN) and				
		ulting effect on the resident;				
	(6) date and time of a					
	(7) documentation of					
	medications or treatm	nents and the reason for the	1			

Division of Health Service Regulation

omission, including refusals; and,

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLET	
			A. BOILDING.		R	
		HAL034098	B. WING		1	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SALEM TI	ERRACE		SALISBURY R			
	CLIMMADY CT		SALEM, NC 2		<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page 49		{D 367}			
	the medication or treasignature equivalent t	the person administering atment. If initials are used, a to those initials is to be ntained with the medication (MAR).				
	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).					
	The findings are:					
	06/19/19 revealed dia systolic diastolic hear hypertension, type II of chronic hepatitis B, pot constipation, neuropa disorder, insomnia an	diabetes, hypothyroidism,				
	06/18/19 revealed an daily for 3 days then t	2's physician order dated order for Chantix 0.5mg wice a day. (Chantix is a d used to help people stop				
	Medication Administrative revealed:	2's June 2019 electronic ation Records (eMAR) er-generated entry for				

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Division of Health Service Regulation				FURIVI	IAPPROVED	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE S COMPLE	
		HAL034098	B. WING		R 07/1	9/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CALEMIE	DDACE	2609 OLD	SALISBURY R	OAD		
SALEM TE	RRACE	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	through 06/29/19There was a second for Chantix twice daily of 9:00am and 9:00pr -Chantix was docume 9:00am on 06/27/19 t -Chantix was docume 9:00pm on 06/29/19Chantix was docume 06/30/19 at 9:30pm with pharmacy.  Review of Resident #revealed: -There was a compute Chantix twice daily wi 9:00am and 9:00pm.	a days with an 9:00am. tation Chantix was 9:00am from 06/27/19 computer-generated entry with an administration time on. ented as administered at through 06/30/19. Ented as administered at ented as an exception on with a reason of waiting on 2's July 2019 eMAR er-generated entry for than administration time of ented as administered at	{D 367}			
	a reason of waiting or unavailable. -Chantix was docume 9:00am for 13 of 15 o opportunities was doc	eumented as exceptions with pharmacy or medication ented as administered at pportunities; 2 of 15 eumented as exceptions with pharmacy or medication				
	on 07/17/19 at 12:44p	lity's contracted pharmacy om revealed: nsed (3) Chantix tablets for				

dispensing dates for Chantix for Resident #2.
-They had attempted to refill Chantix three times;
Resident #2's insurance had denied coverage.

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Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74101 1244	or Contraction	IDENTIFICATION NOMBER.	A. BUILDING: _		OOIWII EETEB
		HAL034098	B. WING		R <b>07/19/2019</b>
			<b>!</b>		0771372013
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
SALEM TE	RRACE		D SALISBURY R N SALEM, NC 2		
	CUMMADVCT				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 367}	Continued From page 51		{D 367}		
	-The PCP and the fac	ility were both notified			
		had not been approved for			
	coverage.				
	Interview with Reside	nt #2 on 07/18/19 at			
	11:51am revealed:				
	-Her PCP had ordered	d Chantix to help her stop			
	smoking.				
		ery day; she did not know			
	was not taking Chanti	t no one had told her she			
		ave her what her PCP			
	ordered.	,			
	Interview with a medic	cation aide (MA) on			
	07/17/19 at 4:52pm re				
	-She had never admir #2.	nistered Chantix to Resident			
	-She did not know wh	y she documented she had			
	administered Chantix				
	documented an excep	otion of the eMAR.			
	Interview with the Res	sident Care Coordinator on			
	07/18/19 at 6:21pm re				
		A's to document on the			
		ation was administered.			
	when a medication wa	A to document an exception			
		npleted by the Supervisor.			
		I of eMAR to cart audits and			
	cart to chart audits.				
		Chantix was documented as			
		ere was none available to			
	be administered.				

6:58pm revealed:

administered.

Interview with the Administrator on 07/18/19 at

-She expected the MA's to follow the eMAR to administer medication and to document what was

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	or riealin Service Regu	lation			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					<u> Б</u>
		1141 024000	B. WING		R
		HAL034098	B: Wille		07/19/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		2609 OI F	SALISBURY R	OAD	
SALEM T	ERRACE		SALEM, NC 2		
		WINSTON	JALEM, NC 2	121 	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
1710		,		DEFICIENCY)	
{D 367}	Continued From page	e 52	{D 367}		
	The MA should not d	locument administering a			
	medication if it was no	•			
		responsible for cart audits.			
	•	ow a medication for another			
		e been documented; the			
		•			
		sed to borrow medication for			
	other residents.				
	0 Decience of Decides	-t #7!			
		nt #7's current FL-2 dated			
	04/24/19 revealed:				
		end-stage renal disease,			
		ypertension, status post			
		, neurogenic bladder, left			
	-	ny, and chronic back pain.			
	-There was an order f	•			
		s as needed at bedtime.			
	(Melatonin is used as	a sleep aid).			
		nt #7 on 07/17/19 at 9:42am			
	revealed:				
	_	tonin even though she did			
	not want to take it.				
	-She had never asked	d to take Melatonin because			
	she did not like how it	t made her feel; she felt			
	groggy the next day.				
	-She had refused to ta	ake it before; she thought			
	they threw the pills av	vay when she refused to			
	take it.				
	-She did not recall wh	nen she last took the			
	Melatonin or when the	e pills were thrown away.			
	Review of Resident #	7's May 2019-July 2019			
	Medication Administra	ation Records (MAR)			
	revealed:	,			
	-There was a comput	er-generated entry for			
	Melatonin 3mg as nee				
	_	nentation Melatonin was			
		/01/19 through 07/17/19			
	(8:00am).				

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL034098	B. WING		R
		HAL034098			07/19/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		2609 OLI	D SALISBURY R	OAD	
SALEM T	ERRACE	WINSTO	N SALEM, NC 2	7127	
()(4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	()
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
				DEFICIENCY)	
{D 367}	Continued From page	53	{D 367}		
(2 00.)	Continued From page 33		(5 55.)		
	Observation of Resident #7's medication on hand				
	on 07/18/19 at 11:42a				
		card for Melatonin 3mg take			
	` '	dispensed on 07/09/19 for			
	30 tablets.				
		d been punched from the			
	card; 15 Melatonin we	ere available to be			
	administered.				
		armacy Consultant from the			
		harmacy on 07/18/19 at			
	3:00pm revealed:				
		mented as administered			
		een no other documented			
	administration for a w				
	I -	nsed in April 2019 and July			
	2019.				
	Intoniou with Dooido	nt #7 on 07/19/10 of 3:21nm			
	revealed:	nt #7 on 07/18/19 at 3:31pm			
		ed Melatonin last night,			
	07/17/19.	ed Melatoriiri last riigrit,			
		Melatonin; she did not know			
	why they gave her the				
	willy they gave her the	o Molatoriin.			
	Interview with a seco	nd shift medication aide			
	(MA) on 07/18/19 at 4				
	` '	or Melatonin last night,			
		ented the administration of			
	the pm dose on 07/17				
	-She did not recall if s				
		t #2 any other time; if she			
	had administered Mel	latonin to Resident #7 she			
	would have documen				
	Interview with the Res	sident Care Coordinator on			
	07/18/19 at 6:21pm a	nd 7:25pm revealed:			
	I	o document when they			

administer a medication.

-If a medication was not administered, she would

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DIVIDION	or riealin Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL034098	B. WING		07/19/20	)19
NAME OF D		OTDEET AD	DDEGG OITY OTA	TE 7/10 000E		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
SALEM TI	ERRACE		SALISBURY R			
		WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CC	(X5) OMPLETE DATE
{D 367}	Continued From page	e 54	{D 367}			
	should have been doo	dministered Melatonin it				
		expected the MA's to follow ter medication and to				
	02/14/19 revealed: -Diagnoses included a hypertension with chr and end stage renal f -There was an order by	Patient is to lie down in bed				
	-There was an order "Patient is to lie down in bed for at least 20 minutes after lunch.  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 2:59pmResident #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 laterResident #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 laterResident #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.					

Division of Health Service Regulation

Interview with the Special Care Coordinator

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Division (	of Health Service Regul	lation			FORM	APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		F 07/1	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SALEM TE	ERRACE		SALISBURY R			
		WINSTON	SALEM, NC 27	7127		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	÷ 55	{D 367}			
	(SCU)The lunch meal was noon dailyResident #5 went to wednesday, and Frid to 11:30am and return-She thought staff, incommenting Resident 20 minutes after lunch down after lunch when (Not actually checking Documenting Reside dialysis days was an omedication aidesThe facility did not cu	in the Special Care Unit served at 11:30am to 12:00 dialysis on Monday, ay leaving around 11:00am ning around 4:00pm cluding herself, were nt #5's order to lay down for n because she routinely lay n she was in the facility. g on the resident in bed).				
	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 FridayResident #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 facilityResident #5 does lay down after lunch on days she is in the facilityThe 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.

Interview with the Administrator on 07/18/19 at

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR'	
			A. BUILDING: _		_	
		HAL034098	B. WING		R 07/19/2	2019
				TE 710 0005	1 0771372	2013
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA D SALISBURY RO	·		
SALEM T	ERRACE		SALISBURT RI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page 56		{D 367}			
	6:58pm revealed she expected the MA's to follow the MAR to administer medication or treatments and to document what was administered accurately.  4. Review of Resident #8's current FL2 dated 04/10/19 revealed: -Diagnoses included hypertension, pre-glaucoma, and Huntington's DiseaseThere 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).  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 0.4mgThe MA administered the 6 medications and documented administration on the eMAR.					
	8:30am revealed: -Medications started a screen one hour befo administration and re the scheduled time for She administered medication at time the medication administration administer the medication administer the time scheduled tamsulosin was 8:00a	edications according to the ppeared. yed on the electronic ation record (eMAR) were to ation at bedtime. in the eMAR system for				
	Review of Resident #	8's July 2019 electronic				

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medication administration record (eMAR)

STATE FORM 6899 1HE212 If continuation sheet 57 of 69

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098 B. WING		R 07/19/2019		
SALEM TERRACE 2609 OLD			DRESS, CITY, STA SALISBURY RO SALEM, NC 2	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 367}	(HCL) 0.4mg one cap -Tamsulosin was sche -Tamsulosin was doc 8:00am from 07/01/19 Second interview with at 3:00pm revealed: -She was aware Resi was scheduled at 8:0 said to administer at I -She informed a staff that the medication time match the directions or remember which staff  Interview with the Re (RCC) on 07/17/19 at -She expected MAs to according to the eMA -She expected the MA RCC, or the Medical questions about an or -She did realize the time been changed from 8 Resident #8's tamsule Interview with a representation of the macy revealed: -The pharmacy was re orders into the MARResident #8's time for tamsulosin was chang 05/24/19. According to contract pharmacy re eMAR entry for tamsulosin	for tamsulosin hydrochloride issule at bedtime, eduled at 8:00am. Immented as administered at 9 to 07/17/19.  In the second MA on 07/17/19 dent #8's tamsulosin 0.4mg 0am, but the instructions bedtime. Immember in Administration me for administering did not on the eMAR. (Did not if she informed).  Issident Care Coordinator is 5:00pm revealed: it 5:00pm revealed: it 5:00pm revealed: it administer medications in administer medications in administration had is opposed to 8:00am for it is sentative from the on 07/17/19 at 4:30pm desponsible for entering	{D 367}			

Division of Health Service Regulation

clicked on 8:00am instead of 8:00pm for time of

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	of Health Service Regu	ılation				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
		HAL034098	B. WING	· · · · · · · · · · · · · · · · · · ·	07	R / <b>19/2019</b>
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	= ZIP CODE		
			D SALISBURY RO			
SALEM TI	ERRACE		N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 58	{D 367}			
	changes prior to the mass to administer.	nonsible to verify medication medication appearing for d not have to be approved facility staff.				
	6:58pm revealed:					
D 465	10A NCAC 13F .1308	8(a) Special Care Unit Staff	D 465			
	(a) Staff shall be pre sufficient number to r residents; but at no ti one staff person, who training requirements Section, for up to eigl second shifts and 1 r additional resident; a	ht residents on first and nour of staff time for each nd one staff person for up to shift and .8 hours of staff				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to assur staff were present to residents in the Spec	ews and interviews, the re the minimum number of meet the needs of the real Care Unit (SCU) on the third shifts sampled days				

from June 24, 2019 to July 15, 2019.

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1141 004000	B. WING		R	.
		HAL034098	D: WING		07/19/2019	9
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
		2609 OL	SALISBURY R	OAD		
SALEM TE	RRACE					
			N SALEM, NC 2	1 121		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	· · · · · · · · · · · · · · · · · · ·	<b>(5)</b>
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		PLETE ATE
IAG		,	170	DEFICIENCY)		
			+			
D 465	Continued From page	e 59	D 465			
	The findings are:					
	The findings are:					
	Davious of the facility!	a 2010 liganas from the				
		s 2019 license from the				
		rvice Regulation revealed				
	-	nsed capacity of 142 with 62				
	Special Care Unit bed	IS.				
	D : 64 6 33					
	_	resident census dated				
	06/24/19 revealed:					
		ensus of 41 residents, which				
	required 32.08 staff h					
		time cards dated 06/24/19				
		rs were provided on third				
	shift, leaving the shift	short 16.08 hours.				
	· · · · · · · · · · · · · · · · · · ·	resident census dated				
	06/25/19 revealed:					
	-There was a SCU ce	ensus of 41 residents, which				
	required 32.08 staff h	ours on third shift.				
	Review of individual t	ime cards dated 06/25/19				
	revealed 16 staff hou	rs were provided on third				
	shift, leaving the shift	short 16.08 staff hours.				
	Review of the facility	resident census dated				
	06/26/19 revealed:					
	-There was a SCU ce	ensus of 41 residents, which				
	required 32.08 staff h					
	-	time cards dated 06/26/19				
		rs were provided on third				
		short by 16.08 staff hours.				
	, : <b>J</b>	,				
	Review of the facility	resident census dated				
	06/27/19 revealed:					
		t census of 41 residents,				
		staff hours on third shift.				
		time cards dated 06/27/19				
		rs were provided on third				
	silit, leaving the sniπ	short by 16.08 staff hours.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				R	
	HAL034098	B. WING		07/19/2019	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
SALEM TERRACE		D SALISBURY RO			
		N SALEM, NC 27			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 465 Continued From page	60	D 465			
Review of the facility re 06/28/19 revealed: -There was a SCU cer required 32 staff hours -Review of individual tirevealed 16 staff hours shift, leaving the shift sh	esident census dated asus of 40 residents, which a on third shift. The cards dated 02/09/19 as were provided on third short 16 staff hours.  esident census dated asus of 40 residents, which a on third shift. The cards dated 06/29/19 as were provided on third short 16 staff hours.  esident census dated asus of 40 residents, which a on third shift. The cards dated 06/30/19 as were provided on third ashort 16 staff hours.  esident census dated asus of 40 residents, which a on third shift. The cards dated 06/30/19 as were provided on third ashort 16 staff hours.  esident census dated asus of 40 residents, which as on third shift. The cards dated 07/01/19 as were provided on third ashort 16 staff hours.  esident census dated asus of 40 residents, which as on third shift. The cards dated 07/01/19 as were provided on third ashort 16 staff hours.				

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	A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
	D. MINO		R
HAL034098	B. WING		07/19/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE	E, ZIP CODE	
SALEM TERRACE	2609 OLD SALISBURY ROA	AD	
	WINSTON SALEM, NC 271	27	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY F TAG REGULATORY OR LSC IDENTIFYING INFORMAT	ULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 465 Continued From page 61	D 465		
Review of the facility resident census dated 07/03/19 revealed:  -There was a SCU census of 40 residents, required 32 staff hours on third shift.  -Review of individual time cards dated 07/0 revealed 16 staff hours were provided on the shift, leaving the shift short 16 staff hours.  Review of the facility resident census dated 07/04/19 revealed:  -There was a SCU census of 39 residents were quired 31.8 staff hours on the third shift.  -Review of individual time cards dated 07/00 revealed 16 hours were provided on the third leaving the shift short 15.8 staff hours.  Review of the facility resident census dated 07/05/19 revealed:  -There was a SCU census of 40 residents were quired 32 staff hours on third shift.  -Review of individual time cards dated 07/06 revealed 16 hours were provided for the third leaving the shift short 15.8 staff hours.  Review of the facility resident census dated 07/06/19 revealed:  -There was a SCU census of 40 residents were quired 32 staff hours on third shift.  -Review of individual time card dated 07/06 revealed 16 hours were provided for the third shift, leaving the shift short 15.8 staff hours.  Review of the facility resident census dated 07/07/19 revealed:  -There was a SCU census of 40 residents were provided for the facility resident census dated 07/07/19 revealed:  -There was a SCU census of 40 residents were provided for the third shift, leaving the shift short 15.8 staff hours.	which 3/19 iird  which 4/19 rd shift  which 5/19 rd shift  which /19 rd .		

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DIVISION	i Health Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		COMPLETED	
					R	
		HAL034098	B. WING		1	<sub>//2010</sub>
		TALU34U30			ı 0//19	/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TE	ERRACE		SALEM, NC 2			
	OLIMANA DV OT		· ·			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
D 465	Continued From page	. 62	D 465			
D 403	Continued From page	8 02	D 405			
	Review of the facility	resident census dated				
	07/08/19 revealed:					
	-There was SCU cens	sus of 41 residents which				
	required 32.8 staff ho	ours on the third shift.				
		time card dated 07/08/19				
	revealed 16 hours we	ere provided for the third				
		short of 16.8 staff hours.				
	, <b>J</b>					
	Review of the facility	resident census dated				
	07/09/19 revealed:					
	-There was a SCU ce	ensus of 41 residents which				
	required 32.8 staff ho					
	•	time card dated 07/09/19				
		rs were provided for the third				
	shift, leaving a short of					
	ormit, loaving a oriort	or role dan neare.				
	Review of facility residues	dent census dated 07/10/19				
		ensus of 41 residents which				
	required 32.8 staff ho					
	•	time card dated 07/10/19				
		rs were provided for the third				
		•				
	shift, leaving a short of	or 10.0 Stail Muls.				
	•	dent census dated 07/11/19				
	revealed:	mana of 44 manial-rate collists				
		ensus of 41 residents which				
	require 32.8 staff hou					
		time card dated 07/11/19				
		rs were provided for the third				
	shift, leaving a short of	ot 16.8 staff hour.				
	•	resident census dated				
	07/12/19 revealed:					
		ensus of 41 resident which				
	require 32.8 staff hou					
		time cared dated 07/11/19				
	revealed 1 staff hours	s were provided for the third				
	shift, leaving a short of	of 16.8 staff hours.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL034098	B. WING		R <b>07/19/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	2609 OLD	DRESS, CITY, STA SALISBURY RO SALEM, NC 2	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 465	07/12/19 revealed: -There was SCU censequire 32.8 of staff handle revealed 16 staff hourshift, leaving a short of the facility 07/13/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/14/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/14/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/15/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/15/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed: -There was a SCU censequire 32.8 staff hourshift, leaving a short of the facility 07/16/19 revealed:	resident census dated sus of 41 residents which ours for the third shift. time card dated 07/12/19 rs were provided for the third of 16.8 staff hours.  resident census dated ensus of 41 residents which rs for the third shift. time care dated 07/13/19 rs were provided for the third of 16.8 staff hours.  resident census dated ensus of 41 residents which rs for the third shift. time care dated 07/14/19 eff hours were provided for a short of 16.8 staff hours.  resident census dated ensus of 41 residents which rs for the third shift. time care dated 07/14/19 ers were provided for the third of 16.8 staff hours.  resident census dated ensus of 41 residents which rs for the third shift. time card dated 07/14/19 rs were provided for the third of 16.8 staff hours.  resident census dated ensus of 41 residents which rs for the third shift. time card dated 07/16/19 rs were provided for the third	D 465			

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	
			-		_	
		_	D WING		F	
		HAL034098	B. WING		07/1	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			SALISBURY R			
SALEM TE	ERRACE					
	Г		SALEM, NC 2			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
iAC		,	IAC	DEFICIENCY)	··· -	
- · · · -			+			
D 465	Continued From page	e 64	D 465			
	Interview with a perso	onal care aide (PCA) on				
	07/13/19 at 11:40pm					
		on the Special Care Unit				
	(SCU) about 3 month	•				
		only two aides working on the				
	SCU from 11:00pm to	· ·				
		aff member worked together				
		dents were properly cared				
	for.	don'to 115.5 p. 5pt, 1212.				
	-	ssisted Living Unit (ALU)				
	rarely came to the SC	- · · · · · · · · · · · · · · · · · · ·				
	Interview with a perso	onal care aide on 07/13/19 at				
	11:50pm revealed:					
	•	e facility for the past two				
	years on third shift in					
	There used to be at I	least three staff at all time				
	on the third shift in the	e 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.					
	_	staff who have been hired				
	to work in the SCU or					
		w occasions when the RCC				
	had stayed over but r					
		ility of the RCC on the ALU				
		the SCU about any call outs.				
		orked a system that allows				
		oreak when needed without				
	disrupting the care of					
		ne where he has worked				
		third shift (not sure of the				
		alled in to cover the call out.				
		stated she would assist him				
		elp. He remained on the floor				
	for the duration of the	third shift alone.				

Interview with the Special Care Coordinator (SCC) on 07/17/19 at 3:55pm revealed:

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Division of Health Service Regulation						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	)F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	.ETED
					-	_
		1141 024000	B WING		1	
		HALU34U90			0771	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ſE, ZIP CODE		
		2609 OLD	SALISBURY RO	DAD		
SALEMIE	ERRACE	WINSTON	I SALEM, NC 27	′127		
(X4) ID			ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	,		PREFIX	,		COMPLETE DATE
TAG	REGULATURT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	KIA1 E	DATE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    DENTIFICATION NUMBER:   DENTIFICATION NUMBER:   DENTIFICATION NUMBER:   R. BUILDING:   R.		+				
D 465	Continued From page	∍ 65	D 465			
	-The SCC was respon	nsible for the schedule for				
		risible for the softeddie for				
		eral staff that quit in the past				
		oral stail that quit in the past				
		r staff that were available for				
	<del>_</del>	otali mat moro aramazio io.				
		previous Director of Nursing				
		· · · · · · · · · · · · · · · · · · ·				
	, ,					
	_	•				
	_	eduled the third shift with				
	_					
	-She had never worke	ed a SCU before and was				
	only doing what was i	instructed to do by the				
	l -					
		<del>_</del>				
	staffed if she was able	e to do so.				
	Intervious with the Adv					
		ministrator on ottiti is at				
	I	vas raspansible for over				
		,				
	-If the fall risk was ov	er 5%, the staffing would be				
		<del>-</del>				
	_	n to doubt the DON staffing				
	requirements.	_				
	-When there was a sh	hortage of staff, the SCC				
	covered or someone	from another shift would				

-There was one occasion when she stayed and

worked the SCU on third shift.

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AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				
	HAL034098		B. WING		R 07/19	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SALEM TI	ERRACE		SALISBURY R			
			SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 465	Continued From page	: 66	D 465			
	The facility failed to as of staff were present at to meet the needs of Special Care Unit (SC shifts sampled for 21 July 15, 2019. The fasufficient staffing to mesidents in the SCU health, safety and we constitutes a Type B North facility provided a accordance with G.S. this violation.  CORRECTION DATE VIOLATION SHALL No. 2, 2019.	essure the minimum number at all times on the third shift residents residing in the CU) for 21 of the 21 third days from June 24, 2019 to cility's failure to provide neet the needs of the was detrimental to the lare of the residents and Violation.  In plan of protection in 131D-34 on 07/17/19 for IFOR THE TYPE BUOT EXCEED SEPTEMBER				
{D912}	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate relevant federal and s regulations.  This Rule is not met a Based on observation reviews the facility fair received care and ser	e, and in compliance with tate laws and rules and	{D912}			

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	=1ED
					R	{
		HAL034098	B. WING		07/1	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		2609 OLD	SALISBURY R	OAD		
SALEM TE	ERRACE	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D912}	Continued From page	e 67	{D912}			
	related to health care and special care unit  The findings are:  1. Based on observareviews the facility fair follow up to medical presidents (Residents orders for heart and bound administered on drefusals of fingerstick medications, including medications and a bloom to administered on drefusals of fingerstick medications and a bloom to administered on drefusals of fingerstick medications and a bloom to administered on drefusals of fingerstick medications and a bloom to administered on the first properties of the first propertie	tions, interviews and record led to assure referral and providers for 2 of 7 sampled #3, and #6) in regard to plood pressure medication lialysis days (#3), and blood sugar checks and g blood pressure pod thinner (#6). [Refer to C 13F .0902(b) Health Care plation).]				
	reviews, the facility fa were administered as with the facility's polici (#8,#9, and #10) obse pass including errors medication for benign and an insulin injectio sampled residents rel (#5), a resident who had cardiac symptoms with medications (allopurinomeprazole, montelul medications (amiodar metoprolol) while at dwith sliding scale Novincorrectly (#2). [Refe 13F .1004(a) Medicat Violation).]	iled to ensure medications ordered and in accordance cies for 3 of 4 residents erved during the medication with a nasal spray (#10), a prostatic hypertrophy (#8), on (#9); and for 3 of 7 lated to a pain medication had a visit to the hospital for the missed routine hol, Advair, loperamide, kast) and cardiac				

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facility failed to assure the minimum number of

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	DATE SURVEY COMPLETED						
HAL034098 B. WING R 07/19/20	119						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE							
SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127							
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COI	(X5) DMPLETE DATE						
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).]							

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