(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /			E SURVEY PLETED	
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HAL034093	B. WING			R-C 11/15/2019	
ER STREET	ADDRESS, CITY, STATE,	ZIP CODE			
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ICIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A) CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
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y and complaint investigation from 08/19 and 11/12/19 to 11/14/19 telephone on 11/15/19. The tigations were initiated by the Department of Social Services on					
.0604(e) Personal Care And	D 188				
a capacity or census of 21 or more th the following staffing. When the g to census and the census falls ents, the staffing requirements for census of 13-20 shall apply. shall have staff on duty to meet e residents. The daily total of aide each 8-hour shift shall at all times morning) - 16 hours of aide duty a census or capacity of 21 to 40 16 hours of aide duty plus four s of aide duty for every additional idents for facilities with a census 0 or more residents. (For staffing .0606 of this Subchapter.) ft (afternoon) - 16 hours of aide s with a census or capacity of 21 and 16 hours of aide duty plus hours of aide duty for every fewer residents for facilities with a city of 40 or more residents. (For ee Rule .0606 of this Subchapter.) (evening) - 8.0 hours of aide duty					
	IDENTIFICATION NUMBER: HAL034093 ER STREET 3150 B WINST ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) IS Licensure Section conducted a y and complaint investigation from 08/19 and 11/12/19 to 11/14/19 telephone on 11/15/19. The tigations were initiated by the Department of Social Services on 0/04/19. .0604(e) Personal Care And .0604 Personal Care And Other a capacity or census of 21 or more th the following staffing. When the to census and the census falls ents, the staffing requirements for census of 13-20 shall apply. shall have staff on duty to meet a residents. The daily total of aide ach 8-hour shift shall at all times morning) - 16 hours of aide duty n a census or capacity of 21 to 40 16 hours of aide duty plus four s of aide duty for every additional dents for facilities with a census 0 or more residents. (For staffing .0606 of this Subchapter.) ft (afternoon) - 16 hours of aide s with a census or capacity of 21 and 16 hours of aide duty plus hours of aide duty for every fewer residents for facilities with a city of 40 or more residents. (For the Rule .0606 of this Subchapter.) (evening) - 8.0 hours of aide duty a census of aide duty for every fewer instigents for facilities with a city of 40 or more residents. (For the Rule .0606 of this Subchapter.)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CC A. BUILDING:         HAL034093       B. WING         ER       STREET ADDRESS, CITY, STATE, 3150 BURKE MILL ROAD WINSTON SALEM, NC 2710         ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         IS       D 000         Licensure Section conducted a y and complaint investigation from 38/19 and 11/12/19 to 11/14/19 telephone on 11/15/19. The tigations were initiated by the Department of Social Services on 0/04/19.       D 188         .0604 (e) Personal Care And 0 000       D 188         .0604 Personal Care And Other th the following staffing. When the to census and the census falls ents, the staffing requirements for zensus of 13-20 shall apply. shall have staff on duty to meet e residents. The daily total of aide aach 8-hour shift shall at all times morning) - 16 hours of aide duty th a census or capacity of 21 to 40 16 hours of aide duty th a census or capacity of 21 and 16 hours of aide duty plus four er esidents. (For staffing .0606 of this Subchapter.) (t (afternoon) - 46 hours of aide s with a census or capacity of 21 and 16 hours of aide duty plus four er esidents for facilities with a city of 40 or more residents. (For ee Rule.0606 of this Subchapter.) (ever neg) - 8.0 hours of aide duty fewer residents for facilities with a city of 40 or more residents. (For ee Rule.0606 of this Subchapter.) (everning) - 8.0 hours of aide duty	(x1) PROVIDERSUPPLERCLA       (x2) MULTIPLE CONSTRUCTION         IDENTIFICATION NUMBER:       A BUILDING:         HAL034093       B. WING         ER       STREET ADDRESS, CITY, STATE, ZIP CODE         3150 BURKE MILL ROAD       WINSTON SALEM, NC 27103         ARY STATEMENT OF DEFICIENCIES       ID         (CENCY WIDS TE PRECEDED BY FULL       PROVIDER'S PLAN         (CENCY WIDS TE PRECEDED BY FULL       PROVIDER'S PLAN         (CROSS-REFERENCE) TAG       D         (SE       D 000         Licensure Section conducted a       D         y and complaint investigation from       D         D8/19 and 11/12/19 to 11/14/19       Elephone on 11/15/19. The         tigations were initiated by the       D         Department of Social Services on       D/04/19.         .0604(e) Personal Care And       D 188         .0604 Personal Care And Other       D         to capacity or census of 21 or more       th the following staffing. When the         to consus and the census fails       ersidents. The daily total of aide         and 8-hours shif shall at all times       moring) - 16 hours of aide duty         n a census or capacity of 21 to 40       B         16 hours of aide duty plus four       a census or capacity of 21         and 16 hours of	(X1) PROVDERSUPPLIENCLA     (X2) MULTIPLE CONSTRUCTION     (X3) DATE       IDENTIFICATION NUMBER:     A BUILDING:     (X2) MULTIPLE CONSTRUCTION     (X3) DATE       HAL034093     B. WING     11	

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

(X6) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING: B. WING		R-C	
		HAL034093				K-C 1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	12		
			DN SALEM, NC 2710	PROVIDER'S PLAN OF		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 188	Continued From page	e 1	D 188			
	meet the needs of the residents equal to the by Medicaid. As use "heavy care resident" residing in an adult ca "heavy care" by Medi is receiving enhanced (E) The Department if it determines the ne	pter.) have additional aide duty to e facility's heavy care e amount of time reimbursed d in this Rule, the term, ', means an individual are home who is defined as icaid and for which the facility d Medicaid payments. shall require additional staff eeds of residents cannot be equirements of this Rule.				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to assur staff were present at of residents residing	ews and interviews, the re the minimum number of all times to meet the needs in the Assisted Living (AL) is sampled for 30 days in May and September 2019.				
	Review of the facility' Division of Health Se the facility was licens with a capacity of 52 Unit (SCU) with a cap Review of the Reside 05/03/19 revealed: -There was a census	s 2019 license from the rvice Regulation revealed ed for an Assisted Living beds and a Special Care bacity of 48 beds. ent Bed List Report dated of 47 residents in the AL 28 staff hours on second				

Division of Health Se STATE FORM

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	e 2	D 188			
	-There was a SCU census of 43 residents, which required 43 staff hours on second shift. -There should have been a total of 71 hours between the AL unit and SCU on second shift.					
05/03/19 -There v second -There v -It could total star	05/03/19 revealed: -There were 52.0 tota second shift between -There was a shortag -It could not be deter	yee Time Detail dated al staff hours provided on the AL unit and SCU. ge of 19 hours. mined how many of the 52.0 worked in the AL unit on				
	05/04/19 revealed: -There was a census unit, which required 2 -There was a SCU ce required 43 staff hour -There should have b	ent Bed List Report dated of 48 residents in the AL 28 staff hours on first shift. ensus of 43 residents, which rs on first shift. been a total of 71 aide hours and SCU on first shift and				
	05/04/19 revealed: -There were 59 total shift between the AL -There was a shortag -It could not be deter					
	05/04/19 revealed: -There were 49.75 to second shift between -There was a shortag -It could not be deter	yee Time Detail dated tal staff hours provided on the AL unit and SCU. ge of 21.75 staff hours. mined how many of the s were worked in the AL unit				

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If continuation sheet 3 of 339

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	e 3	D 188			
	on second shift.					
	05/05/19 revealed: -There was a census unit, which required 2 -There was a SCU co required 43 staff hou -There should have b	ent Bed List Report dated s of 47 residents in the AL 28 staff hours on first shift. ensus of 43 residents, which rs on first shift. been a total of 71 staff hours and SCU on first shift and				
	05/05/19 revealed: -There were 51 total shift between the AL -There was a shortag -It could not be deter					
05 -T se -T -It 42 on Re 08 -T un sh -T re -T	05/05/19 revealed: -There were 42.25 to second shift betweer -There was a shortag -It could not be deter	yee Time Detail dated otal staff hours provided on in the AL unit and SCU. ge of 28.75 staff hours. mined how many of the s were worked in the AL unit				
	08/18/19 revealed: -There was a census unit, which required 2 shift. -There was a SCU co required 39 staff hou -There should have b	ent Bed List Report dated of 48 residents in the AL 28 staff hours on second ensus of 39 residents, which rs on second shift. been a total of 67 staff hours and SCU on second shift.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
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		HAL034093	B. WING			<-C /15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD	0.2		
	SUMMARY ST			PROVIDER'S PLAN O	E CORRECTION	(X5)
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D 188	Continued From page	e 4	D 188			
		yee Time Detail dated				
	08/18/19 revealed:					
		staff hours provided on the AL unit and SCU.				
	-There was a shortag					
	•	mined how many of the 55				
	total staff hours were	worked in the AL unit on				
Re 08/ -Th	second shift.					
		ent Bed List Report dated				
	08/19/19 revealed:	of 40 regidents in the Al				
		of 48 residents in the AL				
	unit, which required 28 staff hours on s shift.					
		ensus of 39 residents, which				
	required 39 staff hour					
		been a total of 67 staff hours				
	between the AL unit a	and SCU on second shift.				
		yee Time Detail dated				
	08/19/19 revealed:	tal staff hours provided on				
		the AL unit and SCU.				
		je of 18.75 staff hours.				
		mined how many of the				
		s were worked in the AL unit				
	on second shift.					
	Review of the Reside 08/20/19 revealed:	ent Bed List Report dated				
		of 48 in the AL unit, which				
	required 28 staff hour					
	-There was a SCU ce required 39 staff hour	ensus of 39 residents, which				
		been a total of 67 staff hours				
	between the AL unit a	and SCU on second shift.				
	Review of the Employ	yee Time Detail dated				
	08/20/19 revealed:					
	-There were 49.5 tota	al staff hours provided on				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
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NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
D 188	Continued From page	e 5	D 188				
	second shift between the AL unit and SCU. -There was a shortage of 17.5 staff hours. -It could not be determined how many of the 49.5 total staff hours were worked in the AL unit on second shift.						
	08/20/19 revealed: -There was a census unit, which required 7 -There was a SCU co required 31.2 staff ho -There should have b	ent Bed List Report dated of 48 residents in the AL 16 staff hours on third shift. ensus of 39 residents, which burs on third shift. been a total of 47.2 staff L unit and SCU on third shift.					
	08/20/19 revealed: -There were 45.5 tota third shift between th -There was a shortag -It could not be deter						
	08/21/19 revealed: -There was a census unit, which required 2 shift. -There was a SCU ca required 39 staff hou -There should have b	ent Bed List Report dated a of 48 residents in the AL 28 staff hours on second ensus of 39 residents, which rs on second shift. been a total of 67 staff hours and SCU unit on second					
	08/21/19 revealed: -There were 57.5 tota	yee Time Detail dated al staff hours provided on n the AL unit and SCU. ge of 9.5 staff hours.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 2710	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 188	Continued From page	e 6	D 188				
		mined how many of the 57.5 worked in the AL unit on					
08/22/19 revea -There was a c unit, which req -There was a S required 31.2 s -There should hours between Review of the l	08/22/19 revealed: -There was a census	of 48 residents in the AL 6 staff hours on third shift.					
	-There was a SCU ce required 31.2 staff ho -There should have b	ensus of 39 residents, which					
	Review of the Employ 08/22/19 revealed:	yee Time Detail dated					
	third shift between the -There was a shortag -It could not be deter						
	08/23/19 revealed: -There was a census	ent Bed List Report dated of 48 residents in the AL 28 staff hours on second shift					
	and 16 staff hours on -There was a SCU co required 40 staff hours staff hours on third sh	third shift. ensus of 40 residents, which rs on second shift and 32 nift.					
	between the AL unit a -There should have b	een a total of 68 staff hours and SCU on second shift. een a total of 48 staff hours and SCU on third shift.					
	08/23/19 revealed: -There were 57.75 to	yee Time Detail dated tal staff hours provided on the AL unit and SCU.					

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY IPLETED	
		A. BUILDING:			R-C	
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OUSE			03			
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Continued From page	e 7	D 188				
	•					
08/23/19 revealed: -There were 46.5 tota third shift between the -There was a shortag -It could not be detern total staff hours were	al staff hours provided on e AL unit and SCU. Je of 1.5 staff hours. mined how many of the 46.5					
08/24/19 revealed: -There was a census unit, which required 2 and 16 staff hours on -There was a SCU ce required 39 staff hours staff hours on third sh -There should have b between the AL unit a -There should have b between the AL unit a Review of the Employ 08/24/19 revealed:	of 48 residents in the AL 28 staff hours on second shift third shift. ensus of 39 residents, which rs on second shift and 31.2 hift been a total of 67 staff hours and SCU on second shift. been a total of 47.2 hours and SCU on third shift. yee Time Detail dated					
second shift between -There was a shortag -It could not be detern total staff hours were second shift. Review of the Employ 08/24/19 revealed: -There were 39.5 tota	the AL unit and SCU. ge of 7 staff hours. mined how many of the 60 worked in the AL unit on yee Time Detail dated al staff hours provided on					
	(EACH DEFICIENC REGULATORY OR Continued From page -It could not be detern 57.75 total staff hours on second shift. Review of the Employ 08/23/19 revealed: -There were 46.5 totat third shift between th -There was a shortag -It could not be detern total staff hours were third shift. Review of the Reside 08/24/19 revealed: -There was a census unit, which required 2 and 16 staff hours on -There was a SCU co required 39 staff hours third shift shours on there should have b between the AL unit a -There should have b between the AL unit a -There was a shortag -There was a shortag -It could not be detern total staff hours were second shift. Review of the Employ 08/24/19 revealed: -There was a shortag -It could not be detern total staff hours were second shift.	IDENTIFICATION NUMBER:         HAL034093         ROVIDER OR SUPPLIER       STREET /         SUSE       3150 BL         WINSTC       WINSTC         Couse       3150 BL         SUMMARY STATEMENT OF DEFICIENCIES       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 7       -It could not be determined how many of the 57.75 total staff hours were worked in the AL unit on second shift.         Review of the Employee Time Detail dated 08/23/19 revealed:       -There were 46.5 total staff hours provided on third shift between the AL unit and SCU.         -There was a shortage of 1.5 staff hours.       -It could not be determined how many of the 46.5 total staff hours were worked in the AL unit on third shift.         Review of the Resident Bed List Report dated 08/24/19 revealed:       -There was a census of 48 residents in the AL unit, which required 28 staff hours on second shift and 16 staff hours on third shift.         -There was a SCU census of 39 residents, which required 39 staff hours on second shift and 16 staff hours on second shift.         -There should have been a total of 67 staff hours between the AL unit and SCU on second shift.         -There should have been a total of 47.2 hours between the AL unit and SCU on third shift.         Review of the Employee Time Detail dated 08/24/19 revealed:         -There was a shortage of 7 staff hours.         -There was a shortage of 7 staff hours.         -	ope correction       IDENTIFICATION NUMBER:       A. BUILDING:         HAL034093       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         SUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         Continued From page 7       D 188         -It could not be determined how many of the 57.75 total staff hours were worked in the AL unit on second shift.       D 188         Review of the Employee Time Detail dated 08/23/19 revealed:       OD         -There was a shortage of 1.5 staff hours.       - It could not be determined how many of the 46.5 total staff hours were worked in the AL unit on third shift.         Review of the Resident Bed List Report dated 08/24/19 revealed:       OD         -There was a scous of 48 residents in the AL unit, which required 28 staff hours on second shift and 16 staff hours on second shift.       - There was a SCU census of 39 residents, which required 39 staff hours on second shift.         -There should have been a total of 67 staff hours between the AL unit and SCU on second shift.       - There was a shortage of 7 staff hours between the AL unit and SCU.         -There was a shortage of 7 staff hours.       - There was a shortage of 7 staff hours between the AL unit and SCU.         -There was a shortage of 7 staff hours.       - There was a shortage of 7 staff hours.         -There was a shortage of 7 staff hours.       - Th	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL034093       B. WING         OWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         STATE MERT OF DEFICIENCIES       ID         (RACH DEFICIENCY MUST FOR PARLEM OF DEFICIENCIES       ID         (RACH DEFICIENCY WIST FOR PARLEM OF DEFICIENCIES       ID         (RACH DEFICIENCY WIST BE PRECEDED BY FULL       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         (RACH CH CORRECTIVE)       ID         -1t could not be determined how many of the       D         57.75 total staff hours were worked in the AL unit       O         on second shift.       Review of the Employee Time Detail dated         08/24/19 revealed:       -There were 46.5 total staff hours provided on         -There were 46.5 total staff hours on second shift       -There were 45.5 total staff hours on second shift.         -There was a census of 48 residents in the AL       Unit, which required 28 staff hours on second shift.         -There was a SCU census of 39 residents, which       required 39 staff hours on second shift.         -There should have been a total of 67 staff hours       -         between the AL unit and SCU on third shift.       -         -There was a shortage of 7 staff hours.       -         -There should have been a total of 67 s	FGORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN (		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	COMPLET DATE
D 188	Continued From page	e 8	D 188			
	-It could not be determined how many of the 39.5 total staff hours were worked in the AL unit on third shift.					
	Review of the Reside 08/25/19 revealed:	nt Bed List Report dated				
	<ul> <li>-There was a census of 48 residents in the AL unit, which required 28 staff hours on first shift and second shift and 16 staff hours on third shift.</li> <li>-There was a SCU census of 39 residents, which required 39 staff hours on first shift, 39 staff hours on second shift and 31.2 staff hours on third shift</li> <li>-There should have been a total of 67 staff hours between the AL unit and SCU on first shift, a total of 67 hours between the AL unit and SCU on second shift and a total of 47.2 hours between</li> </ul>					
	08/25/19 revealed: -There were 60.75 to first shift between the -There was a shortag -It could not be detern	vee Time Detail dated tal staff hours provided on AL unit and SCU.				
08/25 -Ther secor -Ther -It co 64.25	second shift between -There was a shortag -It could not be detern	tal staff hours provided on the AL unit and SCU.				
	Review of the Employ 08/25/19 revealed: -There were 44 total	vee Time Detail dated staff hours provided on third				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 188	Continued From page	e 9	D 188			
	shift between the AL unit and SCU. -There was a shortage of 3.2 staff hours. -It could not be determined how many of the 44 total staff hours were worked in the AL unit on third shift.					
	Review of the Resident Bed List Report date 08/30/19 revealed: -There was a census of 49 residents in the A unit, which required 16 staff hours on third sh -There was a SCU census of 39 residents, w required 31.2 staff hours on third shift. -There should have been a total of 47.2 hour between the AL unit and SCU on third shift.	of 49 residents in the AL 16 staff hours on third shift. ensus of 39 residents, which ours on third shift. been a total of 47.2 hours				
	08/30/19 revealed: -There were 49.5 tota third shift between th -There was a shortag -It could not be deter					
	09/02/19 revealed: -There was a census unit, which required 2 -There was a SCU ce required 32 staff hour -There should have b	ent Bed List Report dated of 47 residents in the AL 24 staff hours on third shift. ensus of 40 residents, which rs on third shift. been a total of 56 staff hours and the SCU on third shift.				
	09/02/19 revealed: -There were 47.50 to third shift between th -There was a shortag -It could not be deter	yee Time Detail dated tal staff hours provided on e AL unit and the SCU. ge of 8.50 aide hours. mined how many of the s worked were worked in the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 188	Continued From page	e 10	D 188			
	AL unit on third shift.	AL unit on third shift.				
	in the AL unit, which	ent Bed List Reports was a census of 47 residents required 24 hours on third				
	shift. -There was a SCU census of 39 residents, which required 31.2 hours on third shift. -There should have been a total of 55.2 hours between the AL unit and the SCU on third shift.					
	revealed: -On 09/03/19, there w provided on third shif the SCU. -There was a shortag -It could not be deter	yee Time Detail reports were 45.25 total staff hours it between the AL unit and ge of 9.95 aide hours. mined how many of the s worked were worked in the				
	in the AL unit, which shift. -There was a SCU co required 38 hours on -There should have b	was a census of 47 residents required 28 hours on second ensus of 38 residents, which				
	revealed: -On 09/06/19, there w provided on second s the SCU. -There was a shortag -It could not be deter	yee Time Detail reports were 58.25 total staff hours shift between the AL unit and ge of 8.75 aide hours. mined how many of the s worked were worked in the				

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If continuation sheet 11 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	NISE	3150 BU	IRKE MILL ROAD			
DANDIN	0002	WINSTO	ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 188	Continued From page	e 11	D 188			
	AL unit on second shift.					
	09/07/19 revealed:	Review of the Resident Bed List Report dated 09/07/19 revealed:				
	-There was a census of 48 residents in the AL unit which required 28 hours on first shift.					
	-There was a SCU census of 38 residents, which					
	required 38 hours on first shift.					
		been a total of 66 hours				
		and the SCU on first shift.				
		of 48 residents in the AL				
		8 hours on second shift.				
	-There was a SCU census of 38 residents, which required 38 hours on second shift.					
	•	been a total of 66 hours				
		and the SCU on second shift.				
	-There was a census	of 48 residents in the AL				
	unit which required 2	4 hours on third shift.				
	-There was a SCU ce	ensus of 38 residents, which				
	required 30.4 hours of					
		been a total of 54.4 hours				
	between the AL unit a	and the SCU on third shift.				
	Review of the Employ 09/07/19 revealed:	yee Time Detail dated				
		tal staff hours provided on AL unit and the SCU.				
	-There was a shortag					
		mined how many of the				
		s worked were worked in the				
	AL unit on first shift.					
		tal staff hours provided on				
		the AL unit and the SCU.				
		je of 16.75 aide hours. mined how many of the				
		s worked were worked in the				
	AL unit on second sh					
		staff hours provided on third				
	shift between the AL	-				
	-There was a shortag	a of 10. 1 aida havva				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 188	Continued From page	e 12	D 188			
	Review of the Resident Bed List Report dated 09/19/19 revealed: -There was a census of 48 residents in the AL					
	unit which required 24 hours on third shift. -There was a SCU census of 38 residents, which required 30.4 hours on third shift.					
	between the AL unit a	-There should have been a total of 54.4 hours between the AL unit and the SCU on third shift. -There was a census of 48 residents in the AL				
	unit which required 28 hours on second shift. -There was a SCU census of 38 residents, which					
	required 38 hours on second shift. -There should have been a total of 66 hours					
		and the SCU on second shift.				
	09/19/19 revealed:	yee Time Detail dated				
		tal staff hours provided on e AL unit and the SCU.				
	-It could not be deter	mined how many of the s worked were worked in the				
	Review of the Reside 09/20/19 revealed:	ent Bed List Report dated				
	required 38 hours on					
	unit which required 28	of 48 residents in the AL 8 hours on second shift.				
		een a total of 66 hours d the AL unit on second shift.				
	Review of the Employ 09/20/19 revealed:	yee Time Detail dated				
	-There were 63.25 to	tal staff hours provided on				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BENTI IOATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLE DATE	
D 188	Continued From pag	e 13	D 188				
	second shift between the AL unit and the SCU. -There was a shortage of 20.75 aide hours. -It could not be determined how many of the 63.25 total staff hours worked were worked in the AL unit on second shift.						
	09/21/19 revealed: -There was a census unit which required 2 -There was a SCU co required 38 hours on -There should have b between the AL unit a -There was a census unit which required 2 -There was a SCU co required 38 hours on -There should have b	ensus of 38 residents, which first shift. been a total of 66 hours and the SCU on first shift. s of 48 residents in the AL 8 hours on second shift. ensus of 38 residents, which					
	09/21/19 revealed: -There were 56 total shift between the AL -There was a shortag -It could not be deter total staff hours work unit on first shift. -There were 51.5 tota second shift between -There was a shortag -It could not be deter total staff hours work unit on second shift.	ge of 10 aide hours. mined how many of the 56 red were worked in the AL al staff hours provided on in the AL unit and the SCU. ge of 14.5 aide hours. mined how many of the 51.5 red were worked in the AL					
	11/06/19 at 4:30am r	y 2 PCAs working on the AL					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED	
			A. BUILDING:			 	
		HAL034093	B. WING			11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
DANBY H	DUSE		JRKE MILL ROAD ON SALEM, NC 2710	03			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN ( (EACH CORRECTIVE A)		(X5) COMPLET	
PREFIX TAG		R LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	DATE	
D 188	Continued From page	ge 14	D 188				
		cation aide (MA) in the SCU					
	and in the AL unit some nights. -If there were not 2 MAs working, the MA went						
		MAs working, the MA went veen the SCU and the AL unit.					
		L unit did not routinely assist in					
	the SCU during the	-					
		on 11/06/19 at 4:40am					
	•	/A working on the third shift					
	on 11/06/19.	scheduled but called out.					
		he SCU and in the AL and					
	was responsible to administer medications to						
	residents in both un	its during third shift.					
	Interview with anoth 1:33pm revealed:	ner PCA on 11/14/19 at					
		nift in the SCU and the AL unit.					
	-There were usually 1st shift.	/ 2 MAs and 3 to 4 PCAs on					
	-On the AL unit, the 1 MA and 3 PCAs.	re were 2 MAs and 2 PCAs or					
		f work, most of the time that					
	staff was not replac	ed during the shift. difficult to provide care for					
		lete all assigned tasks which					
		and 30-minute checks on					
		ssing 2 snacks during her					
		ts out for 3 smoke breaks,					
	0 1	, in addition to bathing,					
	uressing, tolleting, a	and 2-hour resident checks.					
	Interview with the R	esident Care Coordinator					
	. ,	at 4:25pm revealed:					
		and 3 PCAs scheduled to work					
		st, second, and third shifts.					
		and 5 PCAs scheduled to work and second shifts and 1 MA					
		4 PCAs in the SCU on third					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:		B C	
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	DUSE		IRKE MILL ROAD ON SALEM, NC 2710	)3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE
D 188	Continued From page	e 15	D 188			
	shift.					
		as responsible for creating a				
	monthly schedule an	d she filled in staff names on				
	the schedule if it was	given to her incomplete.				
	-The facility policy wa	as for staff who were calling				
		nours prior to the start of their				
	shift. -The RCC and the SCU Coordinator were					
		g staff to fill in for shifts				
	when there was a ca					
	-The RCC and the So					
	arrived when there w	in on a shift until staff				
	-If the RCC or the SCU Coordinator was unable					
	to find staff to fill in on a shift, they were					
	responsible for working that shift.					
	-She did not know of any shifts that were short					
	staffed.					
	Interview with the Ad	ministrator on 11/14/19 at				
	5:31pm revealed:					
		rotations and created the				
	monthly schedule for	staff.				
		at the minimum to meet the				
	number of residents.					
		minimum when she was				
	able to do so.	any days the facility was				
	understaffed since sh	any days the facility was				
	Administrator.					
		he facility was understaffed				
		was not the Administrator at				
	that time.					
		he AL unit with at least 1				
	-	) and 3 PCAs on 1st and 2nd				
	shifts, but she prefer MAs and 2 PCAs.	red to staff the AL side with 2				
		he AL side with 2 PCAs and				
	shared the MA with th					
	-She usually staffed t	he SCU with 1 MA and 5				

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If continuation sheet 16 of 339

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING		R-C	
		HAL034093	B. WING		11	/15/2019
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
ANBY H	DUSE		IRKE MILL ROAD IN SALEM, NC 2710	03		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	COMPLET
D 188	Continued From page	e 16	D 188			
	MAs and 4 PCAs on SCU. -She usually staffed to PCAs on 3rd shift, but each side. -She expected staff to someone called out of shift. -Sometimes staff did staff did not show up -The RCC or herself staff if there was a kr -She knew there were late and took an hour staff's scheduled shift [Refer to Tag 0338 10 Residents Rights].	would try to call in another nown callout. e staff who clocked into work r break which caused that it to be less than 8 hours.				
	minimum requirement (SCU) and Assisted I were present at all tir shifts for 30 days in M September 2019, res elopement without st sustaining a fractured who consumed an ur residents who display behaviors and physic and a resident with a yelling at a resident, resident; a resident w hallway all day to ma	assure aide hours met the its for a special care unit Living (AL) and staff on duty mes for 27 of 90 sampled May 2019, August 2019, and sulting in a resident				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:			R-C	
		HAL034093	B. WING		11/15/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 188	Continued From page 17		D 188				
		alth, safety and welfare of nstitutes a Type B Violation.					
		a plan of protection in 3. 131D-34 on 11/08/19 for					
		DATE FOR THE TYPE B NOT EXCEED DECEMBER					
D 269	10A NCAC 13F .090 Supervision	1(a) Personal Care and	D 269				
	Supervision (a) Adult care home care to residents acc plans and attend to a	1 Personal Care and staff shall provide personal cording to the residents' care any other personal care be unable to attend to for					
	facility failed to assur (#19) received assist to the resident's care	and record reviews, the re 1 of 8 sampled resident tance with bathing according					
	The findings are: Review of Resident # 06/24/19 revealed:	#19's current FL-2 dated					

STATEMEN	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD				
			ON SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 269	Continued From page 18		D 269				
	arthritis of knees, and -Resident #19 was co was ambulatory with -Resident #19 was in	dent (CVA) with aphasia, d osteopenia. onstantly disoriented and wheelchair. continent of bladder and eeded assistance with					
	Review of Resident #19's previous FL-2 dated 02/23/18 revealed: -Resident #19 was constantly disoriented and was ambulatory with wheelchair. -Resident #19 was incontinent of bladder and bowel at times and needed assistance with bathing and dressing.						
	07/16/19 (assessed to but not signed by the -Resident #19 was an had occasional bowe bladder incontinence with significant memory	mbulatory with a wheelchair, I incontinence and daily and was always disoriented ory loss. d extensive assistance with					
	am revealed: -Resident #19 was si room. -Resident #19 had di to speech problems. -Resident #19 was di	lent #19 on 11/14/19 at 8:50 tting in her wheelchair in her fficulty communicating due ressed and was groomed. s detected in the room or bunding the resident.					
		with Resident #19's family ttorney) on 11/14/19 at					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			R-C
		HAL034093				11/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (	OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE
D 269	Continued From page	e 19	D 269			
	the resident was dirty member came to the -Staff told her Reside staff to help her take -Resident #19 rolled I bathroom, in her roor herself. -It was "unacceptable -The facility did not ca the resident was refu- would find out when s -The resident occasio the family member ca -The family member ca -The family member ca -The family member ca -The family member for week and sometimes bathe. -The family member for with a shower on a fe -The family member for way to assure the resi Review of the facility' assignment sheets re -Resident #19 was lis Wednesday, and Frid -Examples of docume refused a shower wer Wednesday was circl documented; on 11/1 and "decline" was do Wednesday was circl documented; on 11/0	nt #19 refused to allow the a shower. her wheel chair to the n, and sponge bathed " to not shower the resident. all the family member when sing to take a shower, she she came to the facility. onally had body odor when ame to the facility. came to the facility every helped the resident sponge had assisted Resident #19 ev occasions. felt the staff should find a sident was bathed regularly. s personal care aide (PCA) evealed: sted for showers on Monday, lay. entation Resident #19 re as follows: On 11/13/19, ed and "decline" was 1/19, Monday was circled cumented; on 11/06/19,				
	was documented.	y was circled and "decline" cation aide/Supervisor				

	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENNI IOANON NOWBEN.	A. BUILDING:			
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
D 269	Continued From page	e 20	D 269			
	refused her shower. -Resident #19 cleane using the sink in her t staff to assist. -The MA/S had told th about Resident #19 m her a shower. -The MA/S had not m physician for the resid -PCAs documented m MA/S was responsibled the PCA assignment resident's care to assign	MA/S when Resident #19 ed herself by sponge bathing toilet room. She did not allow he resident's family member refusing to allow staff to give otified Resident #19's dent refusing baths. efused showers and the e to review and sign off on sheets for completion of				
	(RCC) on 11/14/19 at -She knew Resident : frequently. -The RCC had worke prior to recently beco #19 had refused show facility. -Resident #19's famil Resident #19 routine assist with showing h -Resident #19 routine bathroom in her room bath.	t 5:20pm revealed: #19 refused showers ed as a MA/S at the facility ming the RCC and Resident wers since she came to the y member was aware ly refused to allow staff to				
	5:30pm revealed: -She was aware Res -The RCC was respo	rding the resident not				

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STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	COM	SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 269	Continued From page	21	D 269				
	Resident #19's prima (PCP) on 11/15/19 at -Resident #19's famil the PCP that Residen showers for the staff	y member had mentioned to at #19 refused to take					
D 270	10A NCAC 13F .0901 Supervision	(b) Personal Care and	D 270				
		e supervision of residents in n resident's assessed needs,					
	This Rule is not met TYPE A1 VIOLATION						
	reviews, the facility fa according to residents current symptoms for (#1, #4, #10, #11 and who eloped from the without staff's knowle hip (#13), a confused unknown substance (	ns, interviews and record illed to provide supervision s' assessed needs and 5 of 9 sampled residents #13) including a resident Special Care Unit (SCU) dge, resulting in a fractured resident who consumed an #11), two residents who nd aggressive behaviors and					

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING: B. WING		R-C	
		HAL034093				۲-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN	OF CORRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	O THE APPROPRIATE	COMPLETE
D 270	Continued From pag	e 22	D 270			
		her residents (#4 and #10), Itercations and falls (#1).				
	The findings are: 1. Review of Resident #13's current FL2 dated					
	09/25/18 revealed: -Diagnoses included	dementia chronic				
		ry disease, and hypertension.				
		ocumented as disoriented				
	intermittently.	level of care was the Special				
	Care Unit (SCU).					
	Review of Resident #	#13's care plan dated				
	10/02/18 revealed:					
	-Resident #13 reside					
	needed reminders.	ocumented as forgetful and				
		#13's previous hospital				
	revealed:	report dated 09/18/18				
		eing discharged to an				
	assisted living facility					
		mmendations included "24/7 time direct care" for cognitive				
		ety, and activities of daily				
	living.					
	Review of Resident #	#13's progress notes				
	-On 09/25/18 at 10:0	6pm Resident #13 was				
		vant to come back inside.				
	-	hting staff to stay outside. 1am Resident #13 constantly				
		ility. The resident threatened				
	to bust a window out					
		2pm during safety rounds in				
	SCU, it discovered th alth Service Regulation	nat Resident #13 was not in				

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 23	D 270			
	the SCU.					
	Review of Resident #13's Accident/Incident report dated 05/04/19 revealed at 9:40pm SCU staff observed Resident #13 was not in his room.					
	communication even 11:07pm revealed: -The facility staff calle #13 eloped. -Facility staff told the fight them because h to the facility. -Facility staff told the refused his 8:00pm " Review of hospital re revealed: -Resident #13 was p complaining of pain i -The resident told the	resent at the hospital				
	-Resident #13 was herelated to the hip fract	ospitalized for surgery cture. CU on 11/06/19 at 8:00am				
	hallway. -The nurses' station a	was in the center of the main and the residents' common				
	a view of the commo -There were patio do	in the center of the wall with				
	put in a code to exit t	atio doors was a keypad to the SCU through the patio. all that was five feet or rounding the patio.				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 2710	)3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 24	D 270			
	-There was a black cast iron gate to enter and					
	exit the enclosed pati					
		that sounded when the gate				
	was opened.	<b>J</b>				
	Interview with Resident #13's family member on					
	11/15/19 at 12:12pm revealed:					
	-She was Resident #13's contact person.					
		esident #13 had eloped from				
	the facility.					
	•	e silver alert and called her.				
		emory cognitive deficit and				
		d on the street without being				
	supervised.	C C				
	-Resident #13 neede	d the supervision of a locked				
		not remember the current				
	history.					
	-Resident #13 used to	o live with his family				
	member, the family m	nember died six years ago,				
	but Resident #13 tho	ught the family member was				
	still alive.					
	Interview with the SC	U medication				
	aide-supervisor on 11	1/14/19 at 8:50am revealed:				
	-Resident #13 previou	usly resided in the SCU.				
	-The SCU should alw	ays be locked.				
	-Residents residing ir	n the SCU should not be				
	able to elope or get o	ut without being				
	accompanied by an a person.	appointed responsible				
	•	ways talked about going				
		, where he used to live.				
		s threatened one day he was				
		cility by breaking out a				
	window and exiting th					
	-	e observed Resident #13				
		ows attempting to break them				
	out.					
		when Resident #13 eloped				
		· · · · · · · · · · · · · · · · · · ·	1			1

STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ANBY HO	OUSE			00			
			ON SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From pag	le 25	D 270				
	-The medication aide	e that was on duty told her					
	that Resident #13 got out through the patio doors in the common sitting area.						
		e and two of the other staff					
	that were on duty when Resident #13 eloped no						
	longer worked at the facility.						
	-The patio doors should always be locked.						
	-Any staff exiting through the patio doors had to						
		and out of the patio doors.					
	-Only facility staff ha	d the code to get in and out					
	of the patio doors.						
	-It was believed that	Resident #13 eloped through					
	the patio doors that v	were not locked.					
	-The resident must have climbed the brick wall						
	surrounding the patio to get out of the facility.						
	-Resident #13's roon	n was directly across from					
	the sitting area with t	the patio doors.					
		ut of the doors could have left					
	out of the unit.	llowed Resident #13 to get					
	without staff knowled	ent #13 could have eloped lge was that a staff left the					
	door open.						
		have had to climb the brick					
	alarm on the gate.	enclosed patio due to the					
		pecial Care Unit (SCU)					
		4/19 at 3:23pm revealed:					
		the facility when Resident					
	#13 eloped.						
	-The SCU was a locl						
		led in the SCU should not be					
	able to leave the unit	-					
	accompanied by a re	esponsible person or a staff.					
	Interview with the Ad	Iministrator on 11/14/19 at					
	3:40pm revealed:						
		ministrator when Resident					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OUSE						
			N SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
D 270	Continued From page	e 26	D 270				
	Attempted interviews on 11/08/19, 11/12/19 and 11/15/19 with the personal care aide/medication aide that was working 05/04/19 when Resident #13 eloped were unsuccessful.						
	05/08/19 revealed: -Diagnoses included depression, and gast -The resident was do disoriented.	nt #10's current FL2 dated dementia, anxiety, roesophageal reflux disease. cumented as intermittently evel of care was Special					
	Review of Resident # 05/20/19 revealed: -Resident #10 reside -The resident had un behavioral disturband -The resident had an physiological conditio -The resident had sig must be directed. -There was documen history that Resident depression/anxiety/de -There was documen wandered. -There was documen history of mental illne	d in the SCU. specified dementia without ce. xiety disorder due to known on. Inificant memory loss and tation in the social/mental #10 had ementia. Itation the resident tation the resident had a ess. mentation in the section titled					
	Review of Resident # revealed:	file was completed by the					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	RKE MILL ROAD			
	0032	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 27	D 270			
	The intervention doct assistance. - The Administrator do assessed change wai intervention used wai - On 10/01/19, the pro- Administrator. - The Administrator do impairment assessed The intervention doct assistance. - The Administrator do pattern assessed chai intervention document	d change was "dementia." umented was staff ocumented behavior pattern as "combative." The s staff monitoring. ofile was completed by the ocumented cognitive d change was "dementia."				
		vior pattern. ht #10's progress notes dated 4:21pm, Resident #10 was				
	dated 07/28/19 revea -At 4:07 pm, Resider and out of other resider to be agitated. Staff resident for 72 hours	#10's Accident/Incident report aled: nt #10 was observed going in dents' rooms and appeared was going to monitor the and document in the from 07/30/19 to 08/02/19.				
	Resident #10 dated ( pm, Resident #10 wa	unication log reports for 07/28/19 revealed at 3:03 as being aggressive yelling at resident was transported to				

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	ST GORALDHON	IDENTIFICATION NOWIDEN.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BU	RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 270	Continued From page	e 28	D 270				
	Interviews with a pers 5:21pm revealed: -Resident #10 would residents' rooms and of his house. -Resident #10 yelled -She tried to watch R -If she did not see Re minutes she had to g -There was no docum they monitored Resid -Resident #10 freque of their rooms. -The PCAs stated the residents with aggress residents that were effective Review of Resident # revealed: -On 07/31/19 at 2:00 to climb the wall in the -On 08/04/19 at 1:24 aggressive and physi -On 08/06/19 at 2:31 aggressive towards of to redirect the resider -On 08/06/19 at 2:44 another resident's root bed. b. Review of Resident # dated 08/11/19 revealed at pushed another resident Review of Resident # dated 08/11/19 revealed at pushed another resident Review of Resident #	sonal care aide 11/14/19 at go in and out of other tell the residents to get out at residents' all the time. esident #10 more frequently. esident #10 every thirty o see where he was at. nentation showing how often lent #10. ntly tried to put residents out ey frequently checked on esive behaviors, falls or xit-seeking. to's progress notes om, Resident #10 attempted e outdoor sitting area. om Resident #10 was very ical with residents. om, Resident #10 became other residents. Staff unable nt. om Resident #10 was in om and refused to get out of at #10's progress notes dated 11:23pm, Resident #10 ent causing him to fall.					
	#10 would be monitor document in the prog 08/11/19 to 08/14/19.	ress notes daily from					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 29	D 270			
	Review of Resident #10's record revealed no documentation Resident #10 was monitored from 08/11/19 to 08/14/19. Interviews with a personal care aide on 11/13/19 at 4:38pm revealed: -When Resident #10 had aggressive behaviors he needed more attention that required one-on-one supervision and some days that was not possible due to the attention needed by the other residents. -Three PCAs stated previously the facility had sheets where staff documented monitoring					
	residents that were cl	hecked on frequently.				
	09/02/19 revealed at	t #10's progress notes dated 11:21 pm, Resident #10 was to remove residents from				
	dated 09/02/19 revea #10 was observed go trying to hit other resi	10's Accident/Incident report led at 10:49pm, Resident sing in and out of rooms, dents. Resident #10 would sours from 09/03/19 to				
		10's record revealed no ent #10 was monitored from				
	at 4:38 pm revealed: -All PCAs stated Res altercations with othe	sonal care aide on 11/13/19 ident #10 was often in r residents because he e facility and would go into				
	other residents rooms get out of his house.	s and yell at the residents to ave a specific monitoring				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	S. SOULETION	BEATH IOATION HOWDER.	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 30	D 270			
	plan but tried to keep every 10 to 30 minute	an eye on Resident #10 es.				
	<ul> <li>d. Review of Resident #10's progress notes dated 09/05/19 revealed at 2:10pm Resident #10 was combative towards another resident.</li> <li>Review of Resident#10's Accident/Incident report dated 09/05/19 revealed at 9:15am, Resident #10 was being combative towards another resident. There was documentation the resident should be monitored for 72 hours.</li> <li>Review of Resident #10's record revealed no documentation Resident #10 was monitored.</li> </ul>					
	at 2:15pm revealed:	sonal care aide on 11/14/19 at residents' all the time.				
	-Sometimes if she did ten minutes she tried	d not see Resident #10 for				
	resident was at. -When Resident #10 he needed more atte	had aggressive behaviors ntion that required				
		ion and some days that was ne attention needed by the				
	SCU on 11/13/19 at 3 -Resident #10 went u	ip and down the hallway and				
	try and keep their roc	e residents to fight back to om.				
	medication if "he was -Some days she was	sident #10 an as-needed not too far gone". able to talk Resident #10				
		uld not talk Resident #10 out as sent out to the hospital.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 31	D 270			
	residents with aggres -On 09/05/19 Resider he went into residents residents. When staff room but he started s -The facility's monitor incident, such as a fa resident was monitor -The monitoring cons resident's vital signs as signs. -The vital signs was t system that staff doct -If there was docume were done on the cor -It was the facility's p see residents' at leas -If the resident was e were completed ever -Staff had not been to on Resident #10. -Staff "laid eyes" on F two hours. e. Review of Residen 09/13/19 revealed at in the dining room an grabbed other reside "everyone can get out to strike a resident th wheelchair. Review of Resident # dated 09/13/19 revea #10 was in the dining resident, grabbed oth verbalized "everyone	nt #10 was combative, and s' rooms and was hitting the i tried to take him out of the swinging trying to hit staff. ring policy was after an II or aggressive behavior the ed for 72 hours. isted of checking the and documenting the vital he 72 hour monitoring umented. ntation for behaviors that mputer matrix system. olicy that staff had to visually t every two hours. xit seeking then staff checks y thirty minutes. old to increase supervision Resident #10 at least every at #10's progress notes dated 1:25pm, Resident #10 was d pushed another resident, nts' walkers and verbalized it." Resident #10 attempted				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 32	D 270			
	at 2:15pm revealed: -Resident #10 yelled -She tried to watch R -If she did not see Re minutes she had to g -There was no docun they monitored Resid -When Resident #10 his medications. -Sometimes if she did ten minutes she tried resident was at. -She was not able to worked. -When a resident exh and was harming and intervene. f. Review of Resident reports dated 10/20/1	sonal care aides on 11/14/19 at residents' all the time. tesident #10 more frequently. esident #10 every thirty o see where he was at. mentation showing how often lent #10. was aggressive he needed d not see Resident #10 for to find out where the do this each time she hibited aggressive behaviors other resident staff had to t #10's Accident/Incident 19 revealed at 5:52pm, iserved combative and				
	Resident #10 dated 1	unication log reports for 10/201/9 revealed at 5:21pm, sident #10] was pouring hot				
	reports for Resident # -On 10/20/19 Reside aggressive. Staff told that all time." Staff to	nt #10 was violent and I EMS the resident "acts like				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 2710	3			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE	
D 270	Continued From page	ge 33	D 270				
r t r t c c r f f c t t F F F F	Continued From page 33 resident's oxygen from them. The supervisor told the staff to ensure the resident went to the hospital because "he has been worse than normal for a while now. "Having behavioral/psychiatric episodes with behavioral disturbance". g. Review of the Resident #10's Accident/Incident reports dated 11/01/19 revealed at 1:20pm Resident #10 was observed in an altercation with another resident. The staff was to monitor the resident for 72 hours. Review of Resident #10's record revealed no documentation of monitoring for 72 hours after the 11/01/19 incident. Review of 911 communication log reports for Resident #10 dated 11/01/19 revealed at 1:40 pm, Resident #10 was in the day room being						
	at 11:15am revealed -She tried to watch -If she did not see F minutes she had to -There was no docu they monitored Res -All PCAs stated Res altercations with oth thought he owned th other residents roor get out of his house -Often times Reside residents. -When staff heard y as soon as possible	Resident #10 more frequently. Resident #10 every thirty go see where he was at. Immentation showing how often ident #10. esident #10 was often in her residents because he he facility and would go into ans and yell at the residents to the facility and would go into ans and yell at the residents to the facility and would go into ans and yell at the residents to the facility and would go into ans and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into and yell at the residents to the facility and would go into the facility and would go into and yell at the residents to the facility and would go into the facility and would go into and yell at the residents to the facility and would go into the facility and would go in					

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If continuation sheet 34 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
D 270	Continued From page	e 34	D 270			
	<ul> <li>him.</li> <li>-The facility did not have a specific monitoring plan but tried to keep an eye on Resident #10 every 10 to 30 minutes.</li> <li>h. Review of Resident #10's progress notes revealed:</li> <li>-On 11/05/19 at 8:30am, Resident #10 was trying to force another resident out of her room. He pulled the resident out of the room and was trying to get into the room and lock the door.</li> </ul>					
	-On 11/05/19 at 10:50am Resident #10 was in the dayroom and became agitated and punched					
	another resident in the mouth. The resident that was punched in the mouth fell to the floor.					
	dated 11/05/19 revea #10 was observed st	10's Accident/Incident report led at 10:50 am, Resident riking another resident in the that was punched fell to the				
	communication log re	y Medical Services (911) port for Resident #10				
	had violent and aggre	at 10:53am, Resident #10 essive behaviors and refused at #10 was transported to the				
	at 4:38pm, 5:15pm re	sonal care aide on 11/13/19 evealed: nt #10 had altercations with				
	three residents.	as kicked very hard in the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			I/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 35	D 270			
		choed; and a third female e mouth and fell to the floor.				
	Interview with a personal care aide on 11/14/19 at 2:00pm revealed: -On 11/05/19 a resident was sleeping and Resident #10 hit the resident three times very hard in the back.					
	the floor.	-Then Resident #10 pushed another resident to the floor. -Resident #10 had previously hit her so hard it				
	knocked the wind out of her and she lost her balance and fell to the floor.					
	-The personal care aide stated that she was now afraid of Resident #10. -Resident #10 has hit other residents multiple					
	times. -When Resident #10 was having a bad day he					
	-Resident #10 had hi altercations with more	was in altercations with other residents. -Resident #10 had hit, pushed, or been in altercations with more than half the residents in				
	monitoring Resident	ave a specific system for #10, she tried to "keep an				
	eye on him". -If Resident #10 was another resident she (MA) to intervene.	in an altercation with called the medication aide				
	Interview with a medi at 8:30am revealed: -Resident #10 was of	cation aide (MA) on 11/14/19				
		efused to allow staff to				
	-It was the facility's period every two hours.	olicy to supervise residents				
	resident at least ever	he tried to "lay eyes" on the y hour. been given regarding the				

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If continuation sheet 36 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH COM		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETI DATE	
D 270	Continued From page	e 36	D 270			
	frequent supervision of Resident #10.					
		he tried to keep residents				
	with aggressive behaviors busy. -This could not be easily accomplished because					
	the staff was all over the unit helping other					
	residents.					
	-She recalled an incident when Resident #10 had cornered another resident in her room.					
	-Resident #10 would not let the resident leave the					
	room and he kept hit					
	•	other resident because he				
	thought her room was					
	-On 11/05/19 Resident #10, aggression started					
	early that morning, a					
	-Resident #10 entere	d another resident's room				
	and they started yelli	ng at each other.				
		a PCA yelled for her because				
	-	tting upset and hit another				
		dent that was hit fell to the				
	floor.	ince with encouring shifts to				
	discuss Residents' be	ings with oncoming shifts to ehaviors or increased				
	supervision.					
	•	week Resident #10 had				
	agitation behaviors.					
	-Resident #10 did a le	ot of yelling at other				
		is only aware of one incident				
	when Resident #10 h					
		ession was hard to gauge				
	-	lent's aggressive behaviors.				
		April 2019, no training had f on how to handle residents				
	with aggressive beha					
		nat all staff in the SCU				
		ow to handle the residents				
	with aggressive beha					
		ecial Care Unit (SCU)				
	Coordinator on 11/14	/19 at 2:46pm revealed:				
	-Resident #10 had go	and dave and had dave				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	RKE MILL ROAD				
DANBY H	DUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE	
D 270	Continued From page	e 37	D 270				
	-Resident #10's baseline would be talking about						
	his past, which some						
	-	resident would go from a					
		ay in a matter of a moment					
	based on what some	one said to him.					
	-When the resident was having a bad day he was in every room.						
		ere no coping mechanisms to					
	redirect Resident #10	0.					
	-Sometimes the resid	dent would calm and be good					
	for a couple of hours	, then he would start all over					
	again.						
	-Even when the resident had his as needed						
	medications, 60% of the time it did not help him						
	at all.						
	-She always tried to move the resident from the						
	situation by suggesting	ng going outside, but					
	sometimes that did n						
		sed psychiatric evaluation					
		mary care provider (PCP)					
	that was in October 2						
		nly seen once by psychiatric					
		was involuntarily committed					
	to a psychiatric hosp						
		dent's voice being escalated,					
	she immediately resp						
		g Resident #10 generally, it					
	•	lent was in a situation where other residents, then she					
	••••	use she found the resident					
	was more responsive						
		imes just let the resident					
		eep their eyes on him.					
		was really agitated they had					
		taying with the resident					
		one-on-care was not					
	provided at the facilit						
	-	d if one-on-one care could					
		dent #10; she assumed if					
		e Administrator would have					
ion of Hea	alth Service Regulation		1			<u> </u>	

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If continuation sheet 38 of 339

	OF DEFICIENCIES					SURVEY PLETED
	ST CONNECTION	IDENTIFICATION NONIDEN.	A. BUILDING:			
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	ON SALEM, NC 271	03		
(X4) ID			ID	PROVIDER'S PLAN O (EACH CORRECTIVE AO		(X5)
				CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLETE DATE
D 270	Continued From page 38 informed her to implement process.		D 270			
		if Resident #10 was put on				
	frequent safety check	ks and there was no				
	documentation to sho	ow the safety checks were				
	done for Resident #10.					
	Interview with the Administrator on 11/14/19 at					
	6:53pm revealed:					
		gressive behaviors staff took				
	time to figure out what	•				
	aggressive behavior.	aff about different behaviors				
	it did not always work					
	-Resident #10 thought every room in the facility					
	was his house.					
	-She tried to increase supervision by getting staff					
	to re-directed Reside					
	-The facility did not p	rovide one-on-one				
	supervision.					
	-The 72-hour monitor	ring should have been				
	documented.					
	-She did not check to	ensure the monitoring had				
	been documented.					
		ident #10 had altercations				
		n which he hit, pushed to the				
		pleed and some residents				
	had knots on her hea					
	-	nt #10 would be a good fit for				
	the facility once he go straightened out.	of his medications				
	•	orking with Resident #10 to				
	help with his medicat					
	Review of the facility	's guidelines for supervision				
	of resident who exhib					
	revealed:					
		at-risk behavior, staff shall				
		The supervisor shall assure				
	the care manager is i	notified who is responsible				
	for also notifying the					1

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			
	HAL034093	B. WING			R-C I/ <b>15/2019</b>
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
OUSE					
	WINSTO	N SALEM, NC 2710	03		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 39	D 270			
supervision and the g is to be notified. A me considered and discu physician. -Any behavior which resident or others sha intervention to assure out of harm's way and Interview with Reside 11/12/19 at 5:04pm re -The facility staff infor had aggressive behat to go to the hospital. -Resident #10 had a behaviors. -The resident was ve physical. -When Resident #10 want to touch him bea	guardian or responsible party ental health referral shall be issed with the resident's escalates to a threat to the all require immediate e safety as to move residents d call 911 (EMS). ent #10's family member on evealed: rmed her when Resident #10 vior issues that caused him history of aggressive rbally abusive, then became became agitated "you didn't				
Interview with the Prin on 11/15/19 at 11:15a -Resident #10 had ur -He was in a locked u monitoring. -She was often notifie behaviors. -She was aware Resi assaulted other resid -She had not discuss how to supervise Res keeping other resider assault. -Resident #10 had be	am revealed: apredictable outburst. unit because he needed ed regarding the resident's ident #10 had physically ents in the SCU. ed with facility staff a system sident #10 as a means of hts' safe from physical een referred to mental health				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page -Any resident at-risk s supervision and the g is to be notified. A me considered and discu- physician. -Any behavior which resident or others sha intervention to assure out of harm's way an Interview with Reside 11/12/19 at 5:04pm re -The facility staff infor had aggressive beha to go to the hospital. -Resident #10 had a behaviors. -The resident was ve physical. -When Resident #10 want to touch him be you". Interview with the Pri on 11/15/19 at 11:15a -Resident #10 had ur -He was in a locked ur monitoring. -She was often notified behaviors. -She was aware Resident assaulted other resider assault. -Resident #10 had be	IDENTIFICATION NUMBER:         HAL034093         ROVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 39         -Any resident at-risk shall be placed on increased supervision and the guardian or responsible party is to be notified. A mental health referral shall be considered and discussed with the resident's physician.         -Any behavior which escalates to a threat to the resident or others shall require immediate intervention to assure safety as to move residents out of harm's way and call 911 (EMS).         Interview with Resident #10's family member on 11/12/19 at 5:04pm revealed:         -The facility staff informed her when Resident #10 had aggressive behavior issues that caused him to go to the hospital.         -Resident #10 had a history of aggressive behaviors.         -The resident #10 became agitated "you didn't want to touch him because he would swing on you".         Interview with the Primary Care Provider (PCP) on 11/15/19 at 11:15am revealed: -Resident #10 had unpredictable outburst.         -He was in a locked unit because he needed monitoring.         -She was often notified regarding the resident's behaviors.         -She was often notified rega	PF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL034093       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE,         SUMMARY STATEMENT OF DEFICIENCIES       ID         RECH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         Continued From page 39       D 270         -Any resident at-risk shall be placed on increased supervision and the guardian or responsible party is to be notified. A mental health referral shall be considered and discussed with the resident's physician.       D 270         -Any behavior which escalates to a threat to the resident or others shall require immediate intervention to assure safety as to move residents out of harm's way and call 911 (EMS).       D         Interview with Resident #10's family member on 11/12/19 at 5:04pm revealed:       -The resident was verbally abusive, then became physical.         -When Resident #10 bad a history of aggressive behaviors.       -The resident was verbally abusive, then became physical.         -When Resident #10 became agitated "you didn't want to touch him because he would swing on you".       Interview with the Primary Care Provider (PCP) on 11/15/19 at 11:15am revealed:         -Resident #10 had unpredictable outburst.       -He was in a locked unit because he needed monitoring.         -She was drien notified regarding the resident's behaviors.       -She was drien notified regarding the resident's behaviors.         -She was drien notified regarding the resi	OP CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:         HAL034093       B. WING         COVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STREMENT OF DEFICIENCIES       ID         (EACH CORRECTIVE)       ID         (EACH CORRECTIVE)       ID         (EACH CORRECTIVE)       ID         (EACH DEFICIENCY WITH BE PRECEDED BY FULL       PREPIX         (EACH CORRECTIVE)       ID         (EACH CORRECTIVE)       PREPIX         (EACH CORRECTIVE)       TAG         CONTINUED FOR DATE       D 270         Continued From page 39       D 270         -Any resident at-risk shall be placed on increased       supervision and the guardian or responsible party         is to be notified. A mental health referral shall be       considered and discussed with the resident's         physician.       -Any behavior which escalates to a threat to the         resident or others shall require immediate       interview with Resident #10's family member on         11/12/19 at 5:04pm revealed:       -The facility staff informed her when Resident #10         had aggressive behavior issues that caused him       to go to the hospital.         -Resident #10 had a history of aggressive       behaviors.         -The resident was verbally abusive, then became       physical.<	FCORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:

Division of Health Service Regu

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE
D 270	Continued From page	e 40	D 270			
	diverticulitis, synovitie -The resident was do disoriented. -The recommended I Review of Resident # revealed the resident on 03/06/19.	ocumented as intermittently				
	(SCU). -The resident's memore needed reminders.	in the Special Care Unit				
		nt #1's hospital discharge 9 revealed Resident #1 was sed head injury.				
	dated 04/10/19 revea	#1's Accident/Incident report aled at 10:40 am Resident #1 ace by another resident. or 72-hours.				
		*1's record revealed no hours of monitoring after the				
	11/05/19 at 2:50pm r -Resident #1 was ad 03/06/19.	mitted to the SCU on nt #1 fell to the floor out of a				
		nt #1's hospital discharge 9 revealed Resident #1 was				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	S. SOULOUGH	BERTHIORHOR HOMBEN.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	E CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 270	Continued From page	e 41	D 270			
	-	resident and received an ion to face and right upper				
	Review of Resident #1's Accident/Incident report dated 04/27/19 revealed Resident #1 got into an altercation with another resident. Interview with Resident #1 family member on 11/05/19 at 2:50 pm revealed on 04/27/19 Resident #1 was assaulted by another resident. -She visited Resident #1 at least once weekly. -Since Resident #1 moved into the facility he was assaulted by other residents twice and by a staff.					
		nt #1's hospital discharge 9 revealed Resident #1 had a sed head injury with				
	dated 05/11/19 revea -Resident #1 was fou gash on his head and -The staff was to initi program. Staff was to bruising, change in m	Ind lying on the floor with a d was bleeding. ate the fall prevention o monitor for 72 hours for nental status, pain or other ing and vital signs from				
		#1's record revealed no hours of monitoring from				
	11/05/19 at 2:50pm r -On 05/11/19, Reside -Resident #1 had fall	ent #1 fell to the floor.				

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If continuation sheet 42 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	02		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 270	Continued From page	e 42	D 270			
	-If Resident #1 had b	about all the incidents. ehavior problems no one at her about the behaviors.				
	<ul> <li>d. Review of Resident #1's progress notes dated 05/13/19 revealed at 11:34am Resident #1 found lying on the floor on his left side.</li> <li>Review of Resident #1's Accident/Incident reports revealed there was no accident/Incident report for the 05/13/19 incident.</li> <li>e. Review of Resident #1's hospital discharge report dated 06/13/19 revealed Resident #1 had a fall and received laceration repair with stitches.</li> </ul>					
	dated 06/13/19 revea was found lying on th staff was to initiate th Staff was to monitor f change in mental star	41's Accident/Incident report aled at 2:15 pm Resident #1 a floor on his left side. The a fall prevention program. for 72 hours for bruising, tus, pain or other injuries vital signs from 06/14/19				
	report dated 06/13/19 -Resident #1 fell.	ency Medical Services (EMS) 9 revealed: eeding from his scalp on the				
	left side of his head a	above his eye. orted the resident was				
	11/05/19 at 2:50pm re -On 06/13/19, Reside	ent #1 was assaulted by fell to the floor and Resident				
		not call to inform her of the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
	OUSE		IRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	FCORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE
D 270	Continued From page	e 43	D 270			
	incidents.					
	report dated 07/21/19 seen for dizziness, cl with behavioral distur dementia type, and a	t #1's hospital discharge 9 revealed Resident #1 was losed head injury, dementia rbance, unspecified acute urinary tract infection. ined that the staff hit him with				
	Review of Resident #1's progress notes dated 07/21/19 revealed Resident #1 got into an altercation with a staff. The staff appeared to hit the resident.					
	dated 07/21/19 revea observed the residen	at appearing to be hit by a bonitor status for 72 hours and				
	11/05/19 at 2:50pm r	ent #1 family member on evealed: mitted to the SCU on				
	member hit him in the complained of dizzine hospital.	nt #1 told her that a staff e head with a cup, he ess and was sent to the				
	-Since Resident #1 n assaulted by other re	t #1 at least once weekly. noved into the facility he was esidents twice and by a staff. not call to inform her of the				
	Administration Recor -The resident's vital s dates (05/14/19, 05/1	#1's electronic Medication rd (eMARs) revealed: signs were checked on three 15/19 and 05/16/19). signs were checked on three				

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If continuation sheet 44 of 339

STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	· · ·	
	OUSE	3150 BU	IRKE MILL ROAD			
	1		N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 44	D 270			
	dates (06/14/19, 06/1 06/17/19). -The resident's vital s dates (07/21/19, 07/2 07/24/19).	igns were checked on three				
	Review of Resident #1's record revealed there was no documentation the resident was monitored.					
	11/13/19 at 5:26pm re -The facility previousl documented resident frequently. -She had not docume checked on frequentl -Residents that were aggressive behaviors exhibited exit-seeking	ly had a sheet where staff is that were checked on ented on residents that were y in several months. checked frequently had s, falls or residents that g behaviors. ecall if Resident #1 was				
	2:25pm revealed: -Resident #1 used to	nd PCA on 11/14/19 at keep knives in his room. he resident pulled the knife				
	-There was no docun regarding Resident # 06/13/19. -There was no docun	/15/19 at 12:12pm revealed: nentation in their records 1's falls on 05/11/19 and on nentation regarding Resident ion with another resident on 27/19.				
rision of He		e resident, especially visits				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BL	IRKE MILL ROAD			
DANDIII	OUSE	WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 45	D 270			
	revealed: -Resident #1 had slig sometimes he was "C -Sometimes Residen but that was not ofter -When Resident #1 w watched because he residents' feet if they -Resident #1 would th his wheelchair. -She recalled an incident hit by another residents were broken. -On an average Resi with other residents 2 -Resident #1 would the room and hide them -The staff did not known until he pulled them c -She recalled incident a knife on a visiting far other residents. -Resident #1 never at the knives, but he put threatened others wa -In each incident whe knife on residents' far but heard loud voices what was happened with a knife pulled our resident. -The incident when For on the family member that informed facility -Resident #1 and his they did not allow states 	but of sorts." t #1 was moody and fussy, h. was moody he had to be would roll over other were in his way in the hall. ry to hit other residents with dent when Resident #1 was ht and Resident #1's glasses dent #1 got into altercations 2-3 times per week. ake knives from the dining in his room. w the resident had knives on someone. Its when Resident #1 pulled amily member, PCA, and ctually touched anyone with lled the knives out and wing the knife at them. en Resident #1 pulled the cility staff were not present, a and when staff went to see Resident #1 was observed It and pointing it at the Resident #1 pulled the knife r, it was the family member staff the resident had a knife. spouse shared a room and ff in the room. then Resident #1 and his				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 46	D 270			
	<ul> <li>were found.</li> <li>-After Resident #1 ma found in the room.</li> <li>-Resident #1 was not facility requirements of she sometimes provid when she had time.</li> <li>Attempted telephone staff involved in this in</li> <li>4. Review of Residen 05/27/19 revealed:</li> <li>-Diagnoses included disturbance, traumatin neurocognitive disord cognitive communication alcohol abuse.</li> <li>-Resident #4 was door disoriented.</li> <li>-The resident was door -The resident resided</li> </ul>	ler with behaviors, anxiety, tion deficit, and history of cumented as constantly cumented as ambulatory. evel of care was ial Care Unit (SCU).				
	03/07/19.	mitted to the facility on vas listed as his power of				
	Review of Resident # 08/14/19 revealed: -The resident had wa -The resident was inj -The resident was alw -The resident had sig must be directed.	ndering behaviors. urious to others.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
						R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, 2	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 47	D 270			
	Review of Resident #4's progress notes dated 06/11/19 revealed Resident #4 was combative with other residents and was transported to the emergency room for evaluation. Review of Resident #4's Accident/Incident report dated 06/11/19 revealed at 10:00 am, Resident #4 was combative with other residents while in the hallway and had to be transported to the emergency room.					
	report for Resident #4 Resident #4 was tran	ency Medical Services (EMS) 4 dated 06/11/19 revealed sported to emergency room ression and violence toward				
	was no documentation	4's record revealed there on of staff monitoring or or implementation of				
	11/13/19 at 5:15pm r	onal care assistant (PCA) on evealed Resident #4 got ery other day and he liked to idents.				
	5:26pm revealed Res	nd PCA on 11/13/19 at sident #4 would be normal text he was aggressive and s.				
	Interview with a medi at 12:20pm revealed: -He was a "bit much behaviors. -He would get very as sometimes just go "o	at times" due to his gitated quickly and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	02		
	CLIMMADY CT		ON SALEM, NC 271	PROVIDER'S PLAN (		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 48	D 270			
	Interview with a second MA on 11/14/19 at 9:47am revealed when Resident #4 started having behaviors or getting aggressive staff would try to figure out why. Review of Resident #4's progress notes dated 06/13/19 revealed Resident #4 was screaming and tried to fight other residents. Review of Resident #4's Accident/Incident report dated 06/13/19 revealed at 12:43am Resident #4 was screaming and tried to fight other residents.					
	report for Resident #4 Resident #4 was tran room for psychiatric e aggression and could	ency Medical Services (EMS) 4 dated 06/13/19 revealed sported to the emergency evaluation due to verbal 1 not be reasoned with or been non-compliant with ral days.				
	was no documentatio	4's record revealed there on of staff monitoring or or implementation of				
	revealed if staff were	on 11/13/19 at 4:38pm unable to calm Resident #4 the MA or the nurse to				
	5:15pm revealed Res	nd PCA on 11/13/19 at sident #4 got aggressive y and he liked to hit other				
	revealed Resident #4	PCA on 11/13/19 at 4:38pm was fine some days and but in pain because his feet				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			R-C
		HAL034093	B. WING			/15/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	DUSE		RKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG	(	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET
D 270	Continued From page	e 49	D 270			
	revealed: -He would get very ag sometimes just go "of -He was a "bit much a behaviors. -Resident #4 did not I yelled at; if so he got sometimes "went off" Review of Resident # 07/15/19 revealed Re another resident in th intervene. Review of Resident # revealed there was no available for the 07/12 Review of Resident # was no documentation Resident #4's behavior interventions. Interview with a person 11/13/19 at 4:38pm re -Resident #4 had beh feet hurt; he would ru -Staff made rounds o every 15-30 minutes minutes to every 2 ho Resident #4 every 15 Interview with a second	ff". at times" due to his like abrupt noises or to be agitated very fast and 4's progress notes dated esident #4 was fighting with e hallway and staff had to 4's Accident/Incident reports o Accident/Incident report 5/19 incident. 4's record revealed there in of staff monitoring or or implementation of onal care assistant (PCA) on evealed: haviors sometimes when his in or yell. In residents who wandered and everyone else every 30 purs but usually rounded on				
	-	ident #4 got aggressive y and he liked to hit other				
	Interview with a third	PCA on 11/13/19 at 5:26pm				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			 R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 50	D 270			
		would be normal one ne was aggressive and s.				
	Interview with a MA on 11/14/19 at 9:47am revealed: -Sometimes he would walk all day and just need a nap, so staff would assist him to lay down and rub his head until he fell asleep. -Only a few staff were able to get Resident #4 to calm down when he started escalating.					
	08/26/19 revealed: -Resident #4 was four room pushing a walke -When staff tried to re combative with staff a hallway and hit them then picked up a walk	4's progress notes dated nd in another resident's er down on his chest. edirect him, he became and chased them down the several times. Resident #4 ker and banged it into the t. He was transported to the				
	dated 08/26/19 revea was found in another walker down on his c redirect him, he beca chased them down th several times. Reside walker and banged it	4's Accident/Incident report led at 4:10pm, Resident #4 resident's room pushing a hest. When staff tried to me combative with staff and he hallway and hit them ent #4 then picked up a into the wall before throwing d to the emergency room.				
	was no documentatio	4's record revealed there n of staff monitoring or or implementation of				
		on 11/13/19 at 4:38pm unable to calm Resident #4				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From page	e 51	D 270				
	down, they would ge the nurse to assist.	t the medication aide (MA) or					
	Interview with a second PCA on 11/13/19 at 5:15pm revealed Resident #4 got aggressive about every other day and he liked to hit other residents. Interview with a third PCA on 11/13/19 at 5:26pm revealed Resident #4 would be normal one minute and the next he was aggressive and hitting other residents.						
	revealed Resident #4 sometime when he b	PCA on 11/14/19 at 2:05pm 4 coped by eating food so ecame aggressive staff ack to calm him down.					
		on 1/13/19 at 12:20pm e a bit much at times due to					
	9:47am revealed: -She worked first shift -Resident #4 liked to reinforcement. -Most of Resident #4	eat and liked positive 's behaviors occurred on 'ts as the staff were not as					
	08/29/19 revealed Re	#4's progress notes dated esident #4 was observed ent while in the day room.					
rision of He	dated 08/29/19 revea was observed hitting day room. Special in:	#4's Accident/Incident report aled at 2:30pm Resident #4 another resident while in the structions on the incident or status for 72 hours and					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULI		IUST BE PRECEDED BY FULL PREFIX (EACH CORR		DF CORRECTION CTION SHOULD BE D THE APPROPRIATE NCY)	(X5) COMPLET DATE	
D 270	Continued From page	e 52	D 270				
	document in the prog 08/29/19-09/01/19.	ress notes daily					
	Review of Resident #4's record revealed no documentation of monitoring for 72 hours from 08/29/19-09/01/19. Review of Resident #4's record revealed there was no documentation of staff monitoring Resident #4's behavior or implementation of interventions.						
	Interview with a PCA on 11/13/19 at 5:15pm revealed Resident #4 got aggressive about every other day and he liked to hit other residents.						
	4:38pm revealed: -Staff made rounds o every 15-30 minutes	nd PCA on 11/13/19 at n residents who wandered and everyone else every 30 ours but usually rounded on 5-30 minutes.					
	revealed Resident #4	PCA on 11/13/19 at 5:26pm I would be normal one ne was aggressive and S.					
	Interview with a MA of revealed: -He would get very as sometimes just go "o -He was a "bit much a behaviors.	ff".					
	9:47am revealed: -When Resident #4 s	nd MA on 11/14/19 at started having behaviors or ey would try to figure out					

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If continuation sheet 53 of 339

STATEMENT	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BU	IRKE MILL ROAD			
DANDIN	003E	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
D 270	Continued From page	e 53	D 270			
	needed training on he	nat all staff in the SCU ow to handle the residents iviors as some had more				
	Review of Resident #4's progress notes dated 10/03/19 revealed Resident #4 was pacing the unit and became agitated. He then picked up a chair and was swinging it at the wall as well as other residents. After a minute staff were able to get the chair from him. Review of Resident #4's Accident/Incident reports revealed there was no Accident/Incident report available for the 10/03/19 incident.					
	was no documentatio	44's record revealed there on of staff monitoring or or implementation of				
	revealed Resident #4	on 11/13/19 at 5:15pm got aggressive about every d to hit other residents.				
	5:26pm revealed Res	nd PCA on 11/13/19 at sident #4 would be normal text he was aggressive and s.				
	Interview with a medi at 12:20pm revealed: -He would get very as sometimes just go "o -"He could be a bit m	gitated quickly and ff".				
	Interview with a MA c revealed: -Resident #4 usually	on 11/14/19 at 9:47am walked non-stop and got down for a nap and rubbed				

STATEMENT	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	DI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BU	RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE	
D 270	Continued From page	e 54	D 270				
	his head until he fell asleep.						
		like abrupt noises or to be					
	yelled at; if so he got sometimes "went off"	agitated very fast and					
		started having behaviors or					
		aff would try to figure out					
	why.						
		e able to get Resident #4 to					
	calm down when he	started escalating.					
	Review of Resident #	#4's progress notes dated					
		esident #4 began yelling and					
		resident up against a wall					
	and punched the res	ident in the back.					
	Review of Resident #4's Accident/Incident report						
		aled at 10:45am Resident #4					
	began yelling and then pinned another resident up against a wall and punched her in the back.						
		#4's record revealed there					
	was no documentatio	-					
	Resident #4's behavi interventions.	ior or implementation of					
	interventions.						
	Interview with a third	PCA on 11/13/19 at 4:38pm					
	revealed:						
		e some days and others he					
		because his feet hurt him. haviors sometimes when his					
	feet hurt; he would ru						
		-					
		on 11/13/19 at 5:15pm					
		a got aggressive about every to hit other residents.					
		PCA on 11/13/19 at 5:26pm					
	revealed:						
		be normal one minute and					
	alth Service Regulation	essive and hitting other					

Division of Health S STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID		TATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN			(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 270	Continued From pag	e 55	D 270			
	residents.					
	Interview with a 5th PCA on 11/14/19 at 2:05pm revealed: -Resident #4 coped by eating food so sometime					
	when he became age	gressive staff would give him				
	a snack to calm him	down.				
	Interview with a med at 12:20pm revealed	ication aide (MA) on 1/13/19				
	-He would get very a					
	sometimes just go "c -He was a "bit much					
	behaviors.	at times due to his				
	Interview with a MA of	on 11/14/19 at 9:47am				
	revealed: -Resident #4 did not like abrupt noises or to be					
		agitated very fast and				
	sometimes "went off"	". courage Resident #4 as he				
	liked positive reinford	-				
	Review of Resident #	#4's progress notes revealed				
	there was no progres 10/03/19.	ss note available for				
		<b>11. A.</b> 11. 11. 11. 1				
		#4's Accident/Incident report aled at 10:48pm Resident #4				
	was observed pushir	ng a second resident to the				
	•	be sent to the emergency				
		He was also combative and n the medication aide (MA)				
	-	n and turned over his				
	television and its star	nd. Resident #4 was sent to				
	the emergency room	for evaluation.				
		ency Medical Services (EMS)				
		4 dated 10/19/19 revealed				
	Resident #4 was trar	nsported to the emergency				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING	·····		R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 56	D 270			
	shoving another resid	of aggressive behavior due to dent. A second unit had to be sident that was assaulted.				
	Review of Resident #4's record revealed there was no documentation of staff monitoring Resident #4's behavior or implementation of interventions.					
	revealed staff made r wandered every 15-3 else every 30 minute	on 11/13/19 at 4:38pm rounds on residents who 0 minutes and everyone s to every 2 hours but Resident #4 every 15-30				
	5:15pm revealed: -Resident #4 got agg day and he liked to h -Resident #4 had hit and knocked him into his head; that resider emergency room.	nd PCA on 11/13/19 at ressive about every other it other residents. another resident 2 days ago a door causing him to hit ht had to be taken to the ht back to the emergency				
	revealed Resident #4	PCA on 11/13/19 at 5:26pm would be normal one ne was aggressive and s.				
	2:05pm revealed Res	h PCA on 11/14/19 at sident #4 would push and hit nple: 3 weeks ago, or so he dent).				
	Interview with a MA c revealed: -She worked first shif alth Service Regulation	on 1/13/19 at 12:20pm It most of the time.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			<b>२-</b> С
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	03		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET
D 270	Continued From page	e 57	D 270			
	<ul> <li>-He would get very agitated quickly and sometimes just go "off".</li> <li>-He was a "bit much at times" due to his behaviors.</li> <li>-Most of Resident #4's behaviors occurred on second and third shifts as the staff were not as attentive.</li> <li>Interview with a second MA on 11/14/19 at 9:47am revealed:</li> <li>-Sometimes he would walk all day and just need a nap, so staff would assist him to lay down and rub his head until he fell asleep.</li> <li>-Only a few staff were able to get Resident #4 to calm down when he started escalating.</li> <li>Review of Resident #4's progress notes dated 10/30/19 revealed Resident #4 became</li> </ul>					
	combative and begar	n throwing chairs. Staff was own. He was sent to the				
	dated 10/30/19 revea combative and begar	4's Accident/Incident report led Resident #4 became n throwing chairs. He was ay room for evaluation.				
	report for Resident #4 Resident #4 was tran	ency Medical Services (EMS) 4 dated 10/30/19 revealed sported to the emergency f agitation and throwing his room.				
	was no documentatio	4's record revealed there on of staff monitoring or or implementation of				
		onal care assistant (PCA) on evealed if they were unable				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
DANBY H	DUSE		RKE MILL ROAD	)3			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PRÉFIX TAG	(	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
D 270	Continued From pag	e 58	D 270				
		down, they would get the ) or the nurse to assist.					
		on 11/13/19 at 5:15 pm					
	revealed Resident #4 got aggressive about every other day and he liked to hit other residents.						
	Interview with a 3rd PCA on 11/13/19 at 5:26pm revealed:						
	-Resident #4 would b	be normal one minute and ressive and hitting other					
	residents.	U U					
	Interview with a MA or revealed:	on 1/13/19 at 12:20pm					
	-She worked first shi -He would get very a						
	sometimes just go "c -He was a "bit much						
	behaviors. -Most of Resident #4	's behaviors occurred on					
	second and third shira attentive.	fts as the staff were not as					
	Interview with a seco 9:47am revealed:	ond MA on 11/14/19 at					
	getting aggressive st	started having behaviors or aff would try to figure out					
		courage Resident #4 as he					
	liked positive reinford -Sometimes he woul	cement. d walk all day and just need					
	a nap, so staff would rub his head until he	assist him to lay down and fell asleep.					
	-Only a few staff wer calm down when he	e able to get Resident #4 to started escalating.					
		#4's progress notes revealed					
	there was no progres						

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON A. BUILDING:			E SURVEY PLETED
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		HAL034093	B. WING		11	1/15/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, Z	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 27103	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETI DATE
D 270	Continued From page	e 59	D 270			
	dated 11/06/19 revea was observed being a residents while in the taken to the emergen Review of Resident # was no documentation Resident #4's behavion interventions. Interview with a PCA revealed if they were down, they would get assist. Interview with a seco 5:15pm revealed Res	4's record revealed there				
	revealed Resident #4 minute and the next # hitting other residents Interview with a MA of revealed: -She worked first shif -Resident #4 had bef feet hurt; he would ru -He would get very as sometimes just go "o -He was a "bit much a behaviors. -Most of Resident #4	on 1/13/19 at 12:20pm t most of the time. naviors sometimes when his n or yell. gitated quickly and ff".				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		JRKE MILL ROAD			
	1		ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 60	D 270			
	9:47am revealed: -Only a few staff were calm down when he s -Resident #4 usually tired so they laid him his head until he fell a Review of Resident # there was no progress 11/09/19. Review of Resident # dated 11/09/19 revea observed grabbing and and scratching them. the emergency room Review of Resident # was no documentation	<ul> <li>walked non-stop and got down for a nap and rubbed asleep.</li> <li>t4's progress notes revealed as note available for</li> <li>t4's Accident/Incident report alled Resident #4 was nother resident by the arm Resident #4 was taken to .</li> <li>t4's record revealed there</li> </ul>				
	revealed Resident #4 other day and he like Interview with a seco 5:26pm revealed Res one minute and the m	A on 11/13/19 at 5:15pm I got aggressive about every d to hit other residents. nd PCA on 11/13/19 at sident #4 would be normal next he was aggressive and				
	revealed: -Resident #4 would p (example: 3 weeks as female resident). -Resident #4 had hit and knocked him into	s. PCA on 11/14/19 at 2:05pm push and hit other residents go, or so he shoved a another resident 2 days ago o a door causing him to hit nt had to be taken to the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
						R-C	
		HAL034093			11	/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, <b>JRKE MILL ROAD</b>	, ZIP CODE			
DANBY H	OUSE		ON SALEM, NC 2710	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETI DATE	
D 270	Continued From page	e 61	D 270				
	emergency room. -Resident #4 was ser room.	nt back to the emergency					
	Interview with a MA on 1/13/19 at 12:20pm revealed: -She worked first shift most of the time. -He would get very agitated quickly and sometimes just go "off". -He was a "bit much at times" due to his behaviors. -Most of Resident #4's behaviors occurred on second and third shifts as the staff were not as attentive.						
	9:47am revealed whe	nd MA on 11/14/19 at en Resident #4 started getting aggressive they t why.					
	11/11/19 revealed Re resident in the face m	4's progress notes dated sident #4 punched another naking him fall against a wall ng him to have a laceration.					
	dated 11/11/19 revea	rd resident causing him to transported to the					
	revealed Resident #4	on 11/13/19 at 5:15pm got aggressive about every d to hit other residents.					
	was no documentatio	4's record revealed there on of staff monitoring or or implementation of					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	)3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN C			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	O THE APPROPRIATE	COMPLETE DATE
D 270	Continued From page	e 62	D 270			
	revealed Resident #4	on 11/13/19 at 4:38pm was fine some days and out in pain because his feet				
	Interview with a PCA on 11/13/19 at 5:15pm revealed Resident #4 got aggressive about every other day and he liked to hit other residents. Interview with a second PCA on 11/13/19 at 5:26pm revealed Resident #4 would be normal one minute and the next he was aggressive and hitting other residents.					
	revealed: -Resident #4 had hit and knocked him into his head; that resider emergency room.	PCA on 11/14/19 at 2:05pm another resident 2 days ago a door causing him to hit had to be taken to the ht back to the emergency				
	room. -Staff made rounds o every 15-30 minutes	n residents who wandered and everyone else every 30 burs but usually rounded on				
	revealed: -She worked first shif -He would get very a sometimes just go "o -He was a "bit much	gitated quickly and ff".				
	second and third shif attentive.	's behaviors occurred on ts as the staff were not as have any behaviors during				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 270	Continued From page	e 63	D 270			
	of resident who exhib revealed: -Upon observation of notify the supervisor. the care manager is r for also notifying the -Any resident at-risk supervision and the g is to be notified. A me considered and discu- physician. -Any behavior which resident or others sha intervention to assure out of harm's way and Attempted interview w member on 11/13/19 Interview with the Act 2:25pm revealed: -Resident #4 got "out -If Resident #4 got "out -If Resident #4 bump someone. -She has had to stop try to redirect residen who were yelling and too busy. Interview with the Sp (SCUC) on 11/14/19 -She tried to have in- Resident #4. -She tried to get Resi -Resident #4 liked to back and forth but he	at-risk behavior, staff shall The supervisor shall assure notified who is responsible Executive Director. shall be placed on increased guardian or responsible party ental health referral shall be assed with the resident's escalates to a threat to the all require immediate e safety as to move residents d call 911 (EMS). with Resident #4's family at 11:37 am unsuccessful. tivity Director on 11/14/19 at c of hand" easily. ed his toe he would punch in the middle of activities to its including Resident #4, arguing because staff were ecial Care Unit Coordinator at 2:46pm revealed: services on how to approach ident #4 involved in activities. walk the hall and wander a laways looked down.				
	so he did not hit his to	sident #4 to keep shoes on, oe. ry when he hit his toe or				

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If continuation sheet 64 of 339

(EACH DEFICIENC REGULATORY OR nued From page ed into a door fr in Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward so bed her arms ar arms until he c would not docu- aw them. dent #4 did not dent #4 was on	3150 BL WINSTC TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) Je 64 ame. had an episode, staff could he situation. sident #4 into a dementia hily declined. jet very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held staff, but she intervened, he hd just held them, so she held calmed down. iment any behaviors unless have any behaviors at home. increased supervision due should have been checked	A. BUILDING: B. WING ADDRESS, CITY, STATE JRKE MILL ROAD DN SALEM, NC 271 PREFIX TAG D 270	, ZIP CODE	CORRECTION TON SHOULD BE THE APPROPRIATE	PLETED 2-C /15/2019 (X5) COMPLETE DATE
SUMMARY S (EACH DEFICIENT REGULATORY OR nued From paged ad into a door fr n Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he of would not docu aw them. dent #4 did not dent #4 was on behaviors; he	STREET / 3150 BL WINSTC TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) Je 64 ame. had an episode, staff could he situation. sident #4 into a dementia hily declined. get very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held calmed down. Iment any behaviors unless have any behaviors at home. i increased supervision due should have been checked	ADDRESS, CITY, STATE JRKE MILL ROAD DN SALEM, NC 271 ID PREFIX TAG	3 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	CORRECTION TON SHOULD BE THE APPROPRIATE	(X5) COMPLETI
SUMMARY S (EACH DEFICIENT REGULATORY OR nued From paged ad into a door fr n Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he of would not docu aw them. dent #4 did not dent #4 was on behaviors; he	3150 BL WINSTC TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) Je 64 ame. had an episode, staff could he situation. sident #4 into a dementia hily declined. jet very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held staff, but she intervened, he hd just held them, so she held calmed down. iment any behaviors unless have any behaviors at home. increased supervision due should have been checked	JRKE MILL ROAD DN SALEM, NC 271 ID PREFIX TAG	03 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLETE
(EACH DEFICIENC REGULATORY OR nued From page ed into a door fr n Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he c would not docu aw them. dent #4 did not dent #4 was on behaviors; he	WINSTO	DN SALEM, NC 271	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLETE
(EACH DEFICIENC REGULATORY OR nued From page ed into a door fr n Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he c would not docu aw them. dent #4 did not dent #4 was on behaviors; he	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) le 64 ame. had an episode, staff could he situation. sident #4 into a dementia hily declined. get very combative. ident in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held staff, but she intervened, he hd just held them, so she held stalmed down. iment any behaviors unless have any behaviors at home. have any behaviors at home.	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLETE
(EACH DEFICIENC REGULATORY OR nued From page ed into a door fr n Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he c would not docu aw them. dent #4 did not dent #4 was on behaviors; he	The provided and the pr	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLETE
ed into a door fr n Resident #4 I him to defuse th tried to get Res am, but the fan dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he o would not doou aw them. dent #4 did not dent #4 was on behaviors; he	ame. had an episode, staff could he situation. sident #4 into a dementia hily declined. get very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held calmed down. iment any behaviors unless have any behaviors at home. increased supervision due should have been checked	D 270			
n Resident #4 I him to defuse th tried to get Res am, but the fam dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he o would not docu aw them. dent #4 did not dent #4 was on behaviors; he	had an episode, staff could he situation. sident #4 into a dementia hily declined. get very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held calmed down. iment any behaviors unless have any behaviors at home. have any behaviors at home.				
n Resident #4 I him to defuse th tried to get Res am, but the fam dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he o would not docu aw them. dent #4 did not dent #4 was on behaviors; he	had an episode, staff could he situation. sident #4 into a dementia hily declined. get very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held calmed down. iment any behaviors unless have any behaviors at home. have any behaviors at home.				
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tried to get Res am, but the fam dent #4 could g recalled an inci- pted to get out started toward s bed her arms ar arms until he o would not docu aw them. dent #4 did not dent #4 was on behaviors; he	sident #4 into a dementia hily declined. get very combative. dent in which Resident #4 ; he just started swinging and staff, but she intervened, he hd just held them, so she held calmed down. iment any behaviors unless have any behaviors at home. increased supervision due should have been checked				
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recalled an inci- ppted to get out started toward s bed her arms ar arms until he o would not docu aw them. dent #4 did not dent #4 was on behaviors; he	dent in which Resident #4 ; he just started swinging and staff, but she intervened, he nd just held them, so she held calmed down. Iment any behaviors unless have any behaviors at home. Increased supervision due should have been checked				
started toward s bed her arms ar arms until he o would not docu aw them. dent #4 did not dent #4 was on behaviors; he	staff, but she intervened, he nd just held them, so she held calmed down. Iment any behaviors unless have any behaviors at home. Increased supervision due should have been checked				
started toward s bed her arms ar arms until he o would not docu aw them. dent #4 did not dent #4 was on behaviors; he	staff, but she intervened, he nd just held them, so she held calmed down. Iment any behaviors unless have any behaviors at home. Increased supervision due should have been checked				
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would not docu aw them. dent #4 did not dent #4 was on behaviors; he	have any behaviors unless have any behaviors at home. increased supervision due should have been checked				
aw them. dent #4 did not dent #4 was on behaviors; he	have any behaviors at home. increased supervision due should have been checked				
dent #4 did not dent #4 was on behaviors; he	increased supervision due should have been checked				
dent #4 was on behaviors; he	increased supervision due should have been checked				
behaviors; he	should have been checked				
ery 15 minutes					
	a closer eye on Resident #4,				
nade him angrie					
	provide one on one				
rvision when a i	resident acted out.				
	Iministrator on 11/14/19 at				
om revealed:	areasive behaviore staff				
-	gressive behaviors staff				
	edirect and figure out what				
	ressive behavior. taff about different behaviors				
-					
	-				
	-				
n ic v ot er s	ot always wor should utilize a lent had sever vas aware Res ther residents and caused so heads, bleed sent to the emo	tot always work. should utilize as needed medications when lent had severe or heightened behaviors. was aware Resident #4 had altercations ther residents in which he hit, pushed to the and caused some residents to have knots heads, bleeding from their heads and had sent to the emergency room. ent #4 was sent to the emergency room to	tot always work. should utilize as needed medications when lent had severe or heightened behaviors. was aware Resident #4 had altercations ther residents in which he hit, pushed to the and caused some residents to have knots heads, bleeding from their heads and had sent to the emergency room. lent #4 was sent to the emergency room to	and caused some residents to have knots heads, bleeding from their heads and had sent to the emergency room to he other residents safe.	and caused some residents to have knots heads, bleeding from their heads and had sent to the emergency room. ent #4 was sent to the emergency room to

STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		SURVEY
AND PLAN (	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	LETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	RKE MILL ROAD			
DANBY H	OUSE		N SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN O		OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CTION SHOULD BE ) THE APPROPRIATE NCY)	COMPLETI DATE	
D 270	Continued From page	e 65	D 270			
	recently had increase	ed in frequency				
	-Prior to October 2019 Resident #4 would pace and when he got that "look" you could scratch his					
		b lay down to calm him but				
	that stopped being ef					
	-More recently, they used food as a motivator to					
	calm Resident #4.					
	-Resident #4 recently	/ had an increase in the				
		ty of behaviors, especially on				
	2nd shift.					
	-She and the psychia	atric provider both spoke with				
		/19 and 11/11/19 to have him				
	placed in a geriatric psychiatric unit until he was					
	stabilized.					
	-She was not allowed to refuse to accept					
	Resident #4 back upon discharge from a hospital					
	so to keep other resid	dent's safe she placed him				
	on 15-30 minute che	cks.				
	-The 15-30 minute ch	necks had not been				
	documented prior to	11/12/19 at which time she				
	implemented					
	A "Increased Supervi	ision & Accountability				
	Checklist"and at the	top of the form it				
		en a resident was to be				
		e managers or herself could				
		ncy of the supervisory				
	checks.					
		ed the time, location, and				
	their initials.					
		her staffing and the facility				
		on one staff even for a short				
	period of time.	evolucting if they equilat				
		evaluating if they could				
		e aggressive residents. not do anything differently				
		turned to the facility over the				
	when Resident #4 re weekend.					
		d behaviors, she expected				
		Resident Care Coordinator				
	(RCC) or herself for g					
	alth Service Regulation	guidantee.				

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If continuation sheet 66 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		DC	
		HAL034093	B. WING			R-C I/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COM TO THE APPROPRIATE D	
D 270	Continued From page	e 66	D 270			
	resident had behavio call EMS especially if	-She expected staff to notify the physician when a resident had behaviors and she expected staff to call EMS especially if a resident could be endangering another resident.				
	Interview with Resident #4's Mental Health Provider on 11/14/19 at 1:30pm revealed: -She started seeing Resident #4 in July. -Resident #4 had been very combative and aggressive and had multiple hospitalizations. -She had been seeing Resident #4 every 2 weeks. -She had spoke to the emergency room doctor on 11/06/19 and 11/11/19 and tried to get him sent to a mental health inpatient facility until he was stable. -The facility was not able to meet Resident #4's needs.					
	Interview with resider Physician (PCP) on 1	3				
	revealed: -She knew Resident -She had written an c	#4 had frequent behaviors. order for a psychiatric				
	evaluation at the beg	inning of June but the facility btaining a consent from his				
	away.	lid not sign the consent right iors decreased for a short				
		ck up. to be admitted to a mental in which staff were aware of				
	behaviors.	ations had been adjusted				
		t #11's current FL-2 dated				

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If continuation sheet 67 of 339

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C /15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 270	Continued From page	e 67	D 270			
	behaviors, anxiety, and hypertension. -Resident #11 was documented as constantly disoriented. -Resident #11 was documented as ambulatory and wandered. -The recommended level of care was documented as Special Care Unit (SCU). -The resident resided on the SCU. Review of Resident #11's Care Plan dated 08/14/19 revealed: -The resident had wandering behaviors. -The resident was documented as always disoriented. -The resident had significant memory loss and must be directed.					
	reports revealed: -On 09/05/19 at 9:15a observed in an alterc while in her room. -On 09/05/19 at 5:38p observed eating tissu bucket with an unkno leaked from a heat/ai	t11's Accident/Incident am Resident #11 was ation with another resident om Resident #11 was the that had been dipped in a wn substance that had r conditioning unit. She was bergency room for treatment.				
	report for Resident #4 Resident #11 was tra	ency Medical Services (EMS) 4 dated 09/05/19 revealed nsported to local emergency ue to drinking an unknown nixture.				
	altercation with anoth resident representative	pm Resident #11 was in an er resident. No injuries and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 2710	13		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From page	e 68	D 270			
	water that leaked from in the television room	ucket, that housekeeping used to catch the ter that leaked from the air conditioner located he television room. Resident #11 was served dipping tissue paper in the bucket then				
	11/13/19 at 10:23 am	ent #11's family member on n revealed the resident was cy room for drinking an all turned out okay.				
	11/13/19 at 4:38pm, and 2:05pm revealed -Resident #11 liked to was not aggressive. -Resident #11 had to liked to put things in -Resident #11 liked to	o wander around but she be watched closely as she her mouth.				
	at 9:47am revealed: -Resident #11 was ea	be watched closely as she				
	3:30pm with a MA the	on 11/13/19 and 11/14/19 at at was working on 09/05/19 Irank contaminated water nsuccessful.				
	Coordinator on 11/14 -Resident #11 liked to wandered around. -She was informed b incident with Resider	ecial Care Unit (SCU) I/19 at 2:46pm revealed: o pick up everything and y other staff members of the nt #11 drinking liquid and bucket of contaminated				

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STATEMENT	of Health Service Regunation of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
			A. BOILDING.			R-C	
		HAL034093	B. WING		11	/15/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	03			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMP O THE APPROPRIATE DAT		
D 270	Continued From page	e 69	D 270				
	-She had worked ear	lier that day but had left					
	before the incident occurred.						
	-She had not noticed a bucket earlier in the day						
	by the heating/air cor						
		ch or soap in the bucket					
	because staff did not	have access to those.					
	Interview with the Ad	ministrator on 11/14/19 at					
	5:31pm revealed:						
	•	ditioner unit in the SCU day					
		omething so a bucket was					
	placed under it.	hear and with the hughest. Che					
	placed something in	bserved with the bucket. She					
	removed it and placed it in her mouth. -Staff was not close enough to stop Resident #11.						
		d behaviors, she expected					
		Resident Care Coordinator					
	(RCC) or herself for						
	-She expected staff t	o notify the physician when a					
	resident had behavio	ors and she expected staff to					
	call EMS especially i						
	endangering another	person.					
		nt #44's PCP on 11/15/19 at					
		e did not recall if she had					
		the incident when Resident					
	#11 might have drani bucket.	k/ate something from a					
	The facility failed to p	 provide supervision to 5 of 9					
		the SCU resulted in one					
	resident eloped with	•					
		ed hip (#13), a confused					
	•	an unknown substance that					
		ting/air conditioner unit					
		dentified with physical and					
	aggressive behaviors						
		ions and falls resulting in					
sion of Hea	injunes and sulures (	(#1). The facility's failure to					

	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE			
	OUSE		IRKE MILL ROAD				
			ON SALEM, NC 2710				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D 270	Continued From page	e 70	D 270				
		n the SCU resulted in a serious neglect to residents se A1 Violation.					
		a plan of protection in . 131D-34 on 11/08/19 for					
		DATE FOR THE TYPE A1 NOT EXCEED DECEMBER					
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273				
		2 Health Care assure referral and follow-up nd acute health care needs					
	This Rule is not met	as evidenced by:					
	TYPE B VIOLATION						
	reviews, the facility fareferral and follow-up (#2, #3, #4, #6, and # medical equipment p equipment (#2) and r notifying the primary regarding medical equipment	ns, interviews and record ailed to assure health care of for 5 of 7 sampled residents #7) including follow-up with a rovider for portable oxygen hebulizer equipment (#7); care provider (PCP) uipment not being available tory of respiratory failure and					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C / <b>15/2019</b>	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
DANBY H	OUSE						
			N SALEM, NC 2710				
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page	e 71	D 273				
	chronic obstructive pulmonary disease (#2 and #7); medications not being available (#2 and #3); refusal of medications, blood pressures and pulse (#4); and refusal of weights and a medication (#6). The findings are:						
	The findings are:						
	05/09/19 revealed: -Diagnoses included obstructive pulmonar coronary disease, an -The recommended I was the Special Care -There was no order a. Review of Resider summary report date -Resident #2 was ad -The discharge order "wear 02 (oxygen) 3 at all times."	evel of care for Resident #2 e Unit (SCU). for oxygen on the FL2. ht #2's hospital discharge					
	Review of Resident # testing was done by (PCP) nurse on 05/0 saturation level on ro range for oxygen sat saturation). Review of Resident #	<ul> <li>#2's record revealed a 02</li> <li>the Primary Care Provider</li> <li>9/19. The resident's oxygen</li> <li>oom air was 84% (the normal uration is 94 to 98 percent</li> <li>#2's progress notes revealed:</li> </ul>					
	up and walk around a to stay on her oxyger	pm, Resident #2 tried to get a lot today and did not want n. resident and got her to sit					

STATEMENT	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED
					R-C	
		HAL034093	B. WING		11/	15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 72	D 273			
	down. -On 09/03/19 at 2:15 occasionally getting a wants to walk around redirecting her to sit of Review of Resident # Administration Recor September, October revealed: -There was an entry f continuously as follow -7:00 am to 3:00 pm, 11:00 pm to 7:00 am. -Staff documented ox administered continue Observation of Resid 4:40 am revealed: -The door to Resident -Resident #2 was sitt -Resident #2's oxyge of the resident. -The resident did not	pm, Resident #2 agitated, mostly because she l, and the staff keeps down and wear the oxygen. 42's electronic Medication ds (eMARs) for August, and November 2019 for oxygen 3 liters ws: 3:00 pm to 11:00 pm and cygen 3 liters were ously. lent #2's room on 11/06/19 at at #2's room was open. ing on the side of the bed. in concentrator was in front have the nasal cannula on,				
		oor in front of the machine. ide (PCA) did not attempt to e resident.				
	am revealed: -Resident #2 was sitt consuming the break					
	oxygen tanks in the d -After the meal, the m	have oxygen on. In concentrator or portable lining room with Resident #2. nedication aide (MA) called the resident to sit in the				
	chair that was placed	l by the medication cart. ition cart and the chair was				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE COMP	SURVEY
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From page	ge 73	D 273			
	top of the concentra -Resident #2 sat do nebulizer treatment, Resident #2. Observation of the of #2's room on 11/06/ -There were four po	wn in the chair and after her the MA put the oxygen on oxygen equipment in Resident 19 at 8:40 am revealed: rtable tanks in the room. all, two medium, and one oxygen cylinders.				
	non-operable. -There was a desk t concentrator sitting -The home-fill oxyge not work when turne	op home-fill oxygen on the chest in the room. en refillable concentrator did ed to the on position.				
	-The concentrator w hallway between the straight back chair. -The equipment was the equipment. -There was a nasal equipment.	06/19 at 12:10pm revealed: vas positioned in the main e medication cart and a s on with sounds coming from cannula attached to the				
	equipment. -There was a label o	was laid across the top of the on the equipment that showed spensed the equipment.				
	of the lunch meal re -Resident #2 was si consuming her mea -Resident #2 did no -There was no oxyg	tting in the dining room I. t have oxygen on. en concentrator or portable dining room with Resident #2.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		BERTHIORHOR HOWBER.	A. BUILDING:			
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
DANBY HO	DUSE		RKE MILL ROAD	13		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 273	Continued From page	e 74	D 273			
	breathe but every thr long breaths.	ee to five minutes took deep				
	11/07/19 at various ti revealed: -At 8:00 am Resident eating breakfast with -At 9:11 am Resident activity room with no -The resident's conce the medication cart, w from the resident. -There were sounds concentrator indicatir -There was a nasal of machine. -The surveyor observ as 38. -At 9:20 am the Spec Coordinator took the room where Residen -At 11:04 am Resider in the common area put the resident's oxy -At 12:00 pm Resider	#2 was in the common oxygen on. entrator was in the hallway by which was more than 10 feet coming from the ng it was on. annula attached to the wed Resident #2's respiration cial Care Unit (SCU) concentrator into the activity t #2 was sitting. ht #2 was sitting on the sofa without her oxygen on. Staff ygen on at 11:07 am. ht #2 was in the dining room were was no oxygen in the				
	12:00pm to 12:28pm -Resident #2 was in t meal without her oxy	the dining room sitting for the gen on. gen on. rator was in the dining room.				
	-There were three pe and one MA in the dii -No staff in the dining on.	ersonal care aides (PCAs)				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
	SUMMARY ST		,	PROVIDER'S PLAN C		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 75	D 273			
	deep breaths.					
	<ul> <li>deep breaths.</li> <li>Observation of Resident #2 on 11/13/19 at 1:08 pm revealed: <ul> <li>Resident had been ambulating up and down the hallway without her oxygen on.</li> <li>A family member for another resident brought in a case of nutritional supplement and sat it on the counter at the nurses' station.</li> <li>Resident #2 got very agitated and stated, "you can't have beer in here."</li> <li>The resident started yelling at the staff standing by the nurse's station telling them beer was not allowed.</li> <li>The MA checked Resident #2's oxygen saturation level.</li> <li>The resident's oxygen saturation level was 51% when checked by the MA.</li> <li>The MA reapplied the resident's oxygen and after a minute her oxygen level came up to 96%.</li> </ul> </li> <li>Based on record review, observations, interviews on 11/06/19 it, was determined that Resident #2</li> </ul>					
	Veteran's Administrat revealed: -The refillable concer concentrator identifie #2 were not dispense -The Veteran's Admir any oxygen equipme -No one at the facility equipment needed re -If the facility had call equipment for Reside told the equipment co individual it was dispe	esentative from the local tion on 11/06/19 at 9:34am attrator and stand alone d as being used by Resident ed to Resident #2. histration had not dispensed int to Resident #2. had called to inform the epair. ed regarding repairing the ent #2, they would have been build only be repaired for the				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
			A. BUILDING:		D C	
		HAL034093	B. WING			R-C 1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 76	D 273			
	because it could only was dispensed for.	be used for the individual it				
	at 12:53pm revealed: -She was aware Resi LPM continuous. -She was aware the r without her oxygen. -Resident #2 was nor -She had not question was not using her por -She did not know the in Resident #2's room -Staff should have madid did not work. -She did not know the by Resident #2 was r concentrator.	ident #2's oxygen was 3 resident went to meals n-compliant with oxygen. ned staff why the resident rtable oxygen. e refillable oxygen machine n was broken. ade her aware the machine e oxygen concentrator used not the resident's Resident #2 was using				
	(MA) on 11/06/19 at -Resident #2 did not -She was aware Resi continuous at 3 liters -She was under the in the resident to go to r -She set Resident #2 thought it was on 3 L -Resident #2 sometim oxygen machine and -The portable refillabl room did not work. -The machine had no -She was not sure if a	have portable oxygen tanks. ident #2's oxygen was per minute (LPM). mpression "it was okay" for meals without oxygen on. 's oxygen level and she				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
			A. BUILDING:			R-C	
		HAL034093	B. WING			11/15/2019	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ANBY H	OUSE		RKE MILL ROAD				
	1		N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLE DATE	
D 273	Continued From pag	e 77	D 273				
	the machine not worl -When a machine lik repair, it was the SC to call about getting of replaced. -She was not aware by Resident #2 did n Interview with a MA of revealed: -Resident #2's home broken. -The refillable concer at least four months. -When she took Res not wear oxygen bec have portable oxygel -She was not sure it the home-fill refill oxy broken. -She thought maybe SCU Coordinator. -Usually, Resident #2 breath in the morning up. -She was able to tell breath because the r breathing. -When Resident #2 v really deep breaths.	e that did not work or needed U Coordinator's responsibility equipment repaired or the oxygen equipment used ot belong to the resident. on 11/07/19 at 3:23pm -fill oxygen concentrator was ntrator had been broken for ident #2 to meals, she did cause the resident did not					
	Interview with the Ad 11:10am revealed:	's breathing was better. ministrator on 11/08/19 at					
	aides) were aware R concentrator was bro	tion aide and personal care esident #2's home-fill refill oken they should have eople to reach the correct					

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If continuation sheet 78 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE COM			E SURVEY PLETED	
	F CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, Z	ZIP CODE			
DANBY H		3150 BU	RKE MILL ROAD				
	503E	WINSTO	N SALEM, NC 27103	3			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page	e 78	D 273				
	<ul> <li>people to have the concentrator repaired.</li> <li>She was not aware Resident #2's home-fill refill concentrator was broken or else she would have made sure it was repaired.</li> <li>She did not know the oxygen equipment used by Resident #2 did not belong to the resident.</li> <li>Interview with a representative from the oxygen home care company on 11/08/19 at 1:00 pm revealed:</li> <li>The company received orders dated 05/09/19 for oxygen equipment for Resident #2.</li> <li>On 05/10/19, the company delivered brand-new oxygen equipment, concentrator with an attached home-fill refillable concentrator and two refillable portable tanks.</li> <li>No one at the facility had called to inform Resident #2's oxygen equipment was not working.</li> <li>If Resident #2 was not using the equipment dispensed on 05/09/19, then the facility should identify where the equipment was located.</li> <li>Resident #2 should be the only person using that equipment.</li> </ul>						
	4:07pm revealed: -When Resident #2 fi wore oxygen. -Staff had a hard time resident, and it was s -In April 2019, Reside and returned with a d -When Resident #2 re she was wearing oxy -The SCU Coordinate	ent #2 went to the hospital lischarge summary report. eturned from the hospital gen again. or was responsible for Il report and identifying					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZI	P CODE		
DANBY H	DUSE	3150 BU	IRKE MILL ROAD			
		WINSTO	N SALEM, NC 27103			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 79	D 273			
	have her sit down best the hallway. -The home-fill refill corroom has been broke -The SCU Coordinator #2's home-fill refillabil -The SCU Coordinator to get the machine fix -She was not sure wh not call to have the m -The facility had a purcheck Resident #2's of -The only time Resider when the resident was medication cart in the -She had not noticed breath. -Some days Resident -When the PCP came told the PCP that Res with wearing her oxyg -When Resident #2 w checked the resident -She had not consider was related to being s Interview with person 11/06/19 at 4:40pm re -Resident #2 liked to frequently took her ox -If she put the oxyger it off again. -Resident #2 always without oxygen on.	side the medication cart in oncentrator in Resident #2's on for 3-4 months. For was aware of Resident e concentrator not working. For was responsible for calling red. The SCU Coordinator did machine fixed. Use oximeter, but she did not paygen saturation level. Ent #2 wore oxygen was as sitting in a chair by the e hallway. If Resident #2 was short of t #2 was severely agitated. The tacility, she verbally sident #2 was not compliant gen. Vas agitated she never oxygen saturation level. Fred Resident #2's agitation short of breath. The tacility is the resident cygen off. The on Resident #2 would take went to the dining room fill refillable concentrator				
	Interview with PCA or revealed:					

	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	JF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	RKE MILL ROAD			
	003E	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE
D 273	Continued From page	e 80	D 273			
	-Resident #2 always	went to the dining room				
	without oxygen.					
		no in management they were				
		It the non-working refillable				
	concentrator.	5				
	-She thought the MAs	s were to report the				
	non-work machine to	management.				
	-Resident #2 did not	have portable oxygen tanks.				
	-She found out today	(11/13/19) that Resident				
	#2's oxygen was orde	er continuous.				
	-She previously thoug	ght Resident #2's oxygen				
	was ordered as need	ed.				
		Interview with PCA 11/13/19 at 4:47pm revealed:				
	-She had never seen Resident #2 with a portable					
	oxygen tank.					
		agitated because she did				
	-	It on the oxygen, the resident				
	wanted to walk aroun					
		Resident #2's oxygen was				
	continuous.	want to the dining room				
	-	went to the dining room				
	without her oxygen of					
	oxygen tanks.	Resident #2 using portable				
	Interview with PCA or	n 11/14/19 at 2:25pm				
	revealed:					
	-	went to the dining room				
	without her oxygen of					
		sit in the hallway by the				
		aff could watch her to make				
	sure she kept her oxy					
	-	ortable oxygen tanks she				
	would keep the oxyge					
		nes appeared to have				
		nd looked tired and worn out. The resident was having				
		the "compressions" of the				
	resident's chest.					
	alth Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	12		
	SUMMARY ST			PROVIDER'S PLAN C		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETI DATE
D 273	Continued From page	e 81	D 273			
	<ul> <li>-She then encouraged the resident to put the oxygen back on.</li> <li>-On a good day Resident #2 kept her oxygen on two to three hours.</li> <li>Interview with Resident #2's PCP on 11/07/19 at 4:38pm revealed:</li> </ul>					
	-When she visited the her that Resident #2	e facility staff verbally told was non-complaint with				
	wearing her oxygen. -She was not aware F portable oxygen tanks	Resident #2 did not have s.				
	-When she visited the facility, she never went to the residents' rooms.					
	-She did not know if the resident had portable oxygen available.					
	-She had not considered Resident #2's non-compliance with oxygen could possibly be resolved if the resident had portable oxygen tanks.					
	b. Review of Residen 05/09/19 revealed:	t #2's current FL2 dated				
	-Diagnoses included a gastroesophageal ref	lux disease, neuropathy,				
	disease, vitamin D de	ia, hypothyroidism, coronary ficiency and depression.				
		an's order for esomeprazole ce daily (used to treat acid				
		2's physician's orders dated omeprazole magnesium				
	Medication Administra	2's October 2019 electronic ation Records (eMARs)				
	Revealed: -There was an entry f magnesium 40mg on					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED R-C	
			A. BUILDING:			
		HAL034093	B. WING			K-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD			
		WINSTO	N SALEM, NC 2710	)3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 273	Continued From page	e 82	D 273			
	<ul> <li>-There was documentation esomeprazole 40mg was unavailable on 10/10/19, 10/11/19, 10/12/19, 10/15/19, 10/16/19, 10/17/19, and 10/18/19.</li> <li>-There was also documentation that staff administered esomeprazole 40mg on 10/13/19, 10/14/19, 10/19/19 and 10/20/19.</li> <li>Interview with a pharmacist from the contracted pharmacy on 11/13/19 at 12:42pm revealed:</li> <li>-On 08/21/19, the pharmacy dispensed 30 tablets of esomeprazole 40mg.</li> <li>-In September 2019, no esomeprazole was dispensed.</li> <li>-On 10/21/19, the pharmacy dispensed 30 tablets of esomeprazole 40mg.</li> <li>-Protein Pump Inhibitor (PPI) medications for acid reflux medications were not automatically refilled.</li> <li>-The facility staff had to call and request a refill of the medication.</li> </ul>					
	11/13/19 at 4:07pm re- Most medications we -Medication that were reordered when the re three day supply. -She did not know wh esomeprazole was ou -When she administe unable to see the door medication aides. -The MA on the cart so Unit (SCU) Coordination not been delivered. -The SCUC should ca why the medication we -She did not know if ference of the section of the	ere on a cycle fill system. e not cycle filled should be medication was down to a ny Resident #2's ut of stock in October 2019. ered medications she was cumentation by other should let the Special Care tor know the medication has all the pharmacy to inquire				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 2710	)3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 83	D 273			
	5:50pm revealed:					
	•	not available staff should				
		dication from the pharmacy.				
		o re-order the medication				
	the Resident Care Co	pordinator (RCC) and				
	Primary Care Provider (PCP) both should be					
	notified and the RCC should follow-up.					
	-After the medication	was ordered the medication				
	should be in the facili	ty that night if ordered before				
	5:00 pm.					
	-	run out of medications.				
		should re-order medications				
	when there was a three-day supply left.					
	-To prevent residents' medications from running					
	out, the medication aide was required to do					
	weekly cart audits.					
	-The RCC and SCU (					
	responsible to ensure cart audits were completed.					
	Interview with Reside	ent #2's Primary Care				
	Provider (PCP) on 11	/15/19 at 10:57am revealed:				
	-If Resident #2 neede	ed new order to refill				
	esomeprazole the fac	cility staff should have				
	contacted her office.					
	-She was not in her o	ffice and was unable to				
	recall why esomepraz	zole was ordered for				
	Resident #2.					
	-She expected facility					
	medications as order	ed.				
	2. Review of Residen	t #4's current FL-2 dated				
	5/27/19 revealed:					
		dementia with behavioral				
	disturbance, traumati					
	•	ler with behaviors, anxiety,				
		tion deficit, and history of				
	alcohol abuse.					
	a. Review of Residen	t #4's FL-2 dated 5/27/19				
	revealed there was a		1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034093	B. WING		R-C 11/15/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	RKE MILL ROAD			
ANBY H	005E	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From page	e 84	D 273			
	(used to treat mood a times a day.	and agitation) 200 mg 3				
	2019, and October 20 Administration Recor -There was an entry it times daily scheduled 8:00am, 2:00pm, and -Carbamazepine was of 93 opportunities fro -Carbamazepine was of 90 opportunities fro -Carbamazepine was of 93 opportunities fro -Carbamazepine was of 90 opportunities fro -Car	for carbamazepine 200 mg 3 d for administration at d 8:00pm daily. s documented as refused 20 om 08/01/19 to 08/31/19. s documented as refused 2 om 09/01/19 to 09/30/19. s documented as refused 1 om 10/01/19 to 10/31/19. dication aide (MA) on 11/13/19 ations the MA was supposed ian after the 2nd or 3rd ey could only see the dication in the computer. als, she would let the Special ordinator and the primary know. or printed the medication				
	at 2:46 pm revealed: -She did not know if t regarding refusal of n	U Coordinator on 11/14/19 the facility had a policy nedications.				
	had refused their me	physician after a resident dications 3 or 4 times.				
	12:20pm revealed: -She had worked at t	shift MA on 11/13/19 at he facility since April 2019. als, she would let the SCUC				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		D.C.	
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 2710	3		
(X4) ID	SUMMARY ST	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 AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 273	Continued From page	e 85	D 273			
	Interview with the Administrator on 11/14/19 at 5:30pm revealed: -The Resident Care Coordinator (RCC) was responsible to assure the physician was contacted for a resident refusing a treatment. -There should be documentation in the resident's progress notes regarding the physician notification.					
	Review of Resident #4's record revealed there were no progress notes made for refusal of medication from 06/02/19 to 11/11/19.					
	Nurse Practitioner (N revealed: -She had not been in refusals. -Resident #4's mind v	with Resident #4's PCP's P) on 11/15/19 at 10:15pm formed of the medication was "not right" as he had a				
		brain injury. hether or not Resident #4 ons had a good or bad effect				
		n, interview, and record ined Resident #4 was not				
	revealed there was a	t #4's FL-2 dated 5/27/19 n order for trazadone (used rs) 200 mg daily at bedtime.				
	2019 and October 20 Administration Recor -There was an entry	4's August 2019, September 19 electronic Medication d (eMAR) revealed: for trazadone 200 mg daily at or administration at 8:00pm				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING: B. WING		R-C	
		HAL034093			11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	DF CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET
D 273	Continued From page	e 86	D 273			
	opportunities from 08/01/19 to 08/31/19.					
		umented as refused 2 of 30				
	opportunities from 09					
	-Trazadone was documented as not administered					
	4 of 30 opportunities 09/01/19 to 09/30/19 with a reason of medication not available.					
	-Trazadone was documented as refused 1 of 31					
	opportunities from 10					
		ication aide (MA) on 11/13/19				
	at 3:19pm revealed:					
	-For refusal of medications the MA was supposed					
	to contact the physician after the 2nd or 3rd refusal. However, they could only see the					
	previous dose of medication in the computer.					
	-	als, she would let the Special				
	-	ordinator and the primary				
	care provider (PCP)	know.				
	-The SCU Coordinate refusal list daily and r	or printed the medication reviewed it.				
	Interview with the SC	:UC on 11/14/19 at 2:46pm				
	revealed:					
	-When looking at the					
		ne medication was not on the				
	cart.	he facility had a policy				
	regarding refusal of n					
		physician after a resident				
		dications 3 or 4 times.				
		shift MA on 11/13/19 at				
	12:20pm revealed:					
		he facility since April 2019.				
	and the PCP know.	als, she would let the SCUC				
	Interview with the Ad	ministrator on 11/14/19 at				
	5:30pm revealed:					
	-The Resident Care (	Coordinator (RCC) was				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 87	D 273			
		ent refusing a treatment. cumentation in the resident's				
		#4's record revealed there tes made for refusal of )2/19 to 11/11/19.				
	Nurse Practitioner (N revealed:	with Resident #4's PCP's IP) on 11/15/19 at 10:15pm formed of the medication				
	history of a traumatic -She could not say w	was "not right" as he had a brain injury. hether or not Resident #4 ons had a good or bad effect				
		n, interview, and record lined Resident #4 was not				
	revealed there was a	nt #4's FL-2 dated 5/27/19 n order for benztropine ntary movements) 0.5 mg 2				
	2019 and October 20 Administration Recor -There was an entry daily scheduled for a	#4's August 2019, September 019 electronic Medication rd (eMAR) revealed: for benztropine 0.5 mg twice dministration at 8:00am and				
	62 opportunities from	cumented as refused 20 of 08/01/19 to 08/31/19. cumented as refused 2 of 60 0/01/19 to 09/30/19.				

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pag	e 88	D 273			
	-Benztropine was do opportunities from 10	cumented as refused 1 of 62 0/01/19 to 10/31/19.				
	at 3:19pm revealed: -For refusal of medic to contact the physic refusal. However, the previous dose of med- -After so many refusa Care Unit (SCU) Coo care provider (PCP) -The SCU Coordinate refusal list daily and Interview with the SC at 2:46pm revealed: -She did not know if regarding refusal of r -She would notify the had refused their med- Interview with a first at 12:20pm revealed: -She had worked at the	dication in the computer. als, she would let the Special ordinator and the primary know. or printed the medication reviewed it. CU Coordinator on 11/14/19 the facility had a policy				
	5:30pm revealed: -The Resident Care of responsible to assure contacted for a reside	ent refusing a treatment. cumentation in the resident's				
ining of the		#4's record revealed there tes made for refusal of 02/19 to 11/11/19.				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL034093	B. WING		R-C 11/15/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	EET ADDRESS, CITY, STATE, ZIP CODE				
	01105	3150 BU	RKE MILL ROAD				
DANBY H	005E	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE	
D 273	Continued From pag	e 89	D 273				
	Nurse Practitioner (N revealed: -She had not been in refusals. -Resident #4's mind history of a traumatic -She could not say w refusing his medication on him. Based on observation	with Resident #4's PCP's IP) on 11/15/19 at 10:15pm formed of the medication was "not right" as he had a brain injury. whether or not Resident #4 ons had a good or bad effect n, interview, and record hined Resident #4 was not					
	d. Review of Resider revealed there was a	nt #4's FL-2 dated 5/27/19 an order for famotidine (used ageal reflux) 20 mg twice					
	2019 and October 20 Administration Recor -There was an entry daily scheduled for a 8:00pm daily. -Famotidine was doc opportunities from 08 -Famotidine was doc opportunities from 09	for famotidine 20 mg twice dministration at 8:00am and sumented as refused 20 of 62 3/01/19 to 08/31/19. sumented as refused 2 of 60 3/01/19 to 09/30/19. sumented as refused 1 of 62					
	at 3:19pm revealed: -For refusal of medic to contact the physic refusal. However, the	ication aide (MA) on 11/13/19 ations the MA was supposed ian after the 2nd or 3rd ey could only see the dication in the computer.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ANBY H	DUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pag	e 90	D 273				
	Care Unit (SCU) Coo care provider (PCP) -The SCU Coordinate refusal list daily and a Interview with the SC at 2:46pm revealed: -She did not know if regarding refusal of r -She would notify the had refused their me Interview with a first 12:20pm revealed: -She had worked at t -After so many refusa Coordinator and the Interview with the Ad 5:30pm revealed: -The Resident Care of responsible to assure contacted for a resid -There should be doo progress notes regar notification. Review of Resident # were no progress no medication from 06/0 Telephone interview	or printed the medication reviewed it. CU Coordinator on 11/14/19 the facility had a policy medications. Physician after a resident dications 3 or 4 times. shift MA on 11/13/19 at the facility since April 2019. als, she would let the SCU PCP know. ministrator on 11/14/19 at Coordinator (RCC) was the physician was ent refusing a treatment. cumentation in the resident's ding the physician					
	refusals. -Resident #4's mind	formed of the medication					
	history of a traumatic -She could not say w	brain injury. hether or not Resident #4					

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STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
	SUMMADY ST		IN SALEM, NC 271	PROVIDER'S PLAN O		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 91	D 273			
	refusing his medication on him.	ons had a good or bad effect				
	<ul> <li>Based on observation, interview, and record review, it was determined Resident #4 was not interviewable.</li> <li>e. Review of Resident #4's FL-2 dated 5/27/19 revealed there was an order for atorvastatin (used to treat high cholesterol) 20 mg daily. Review of Resident #4's August 2019, September 2019 and October 2019 electronic Medication Administration Record (eMAR) revealed Atorvastatin 20 mg daily scheduled for administration 8:00 pm daily.</li> <li>Atorvastatin was documented as refused 3 of 31 opportunities from 08/01/19 to 08/31/19.</li> <li>Atorvastatin was documented as refused 2 of 30 opportunities from 09/01/19 to 09/30/19.</li> <li>Atorvastatin was documented as refused 1 of 31 opportunities from 10/01/19 to 10/31/19.</li> <li>Interview with a medication aide (MA) on 11/13/19 at 3:19pm revealed:</li> <li>For refusal of medications the MA was supposed to contact the physician after the 2nd or 3rd refusal. However, they could only see the previous dose of medication in the computer.</li> <li>After so many refusals, she would let the Special Care Unit (SCU) Coordinator and the primary care provider (PCP) know.</li> <li>The SCU Coordinator printed the medication refusal list daily and reviewed it.</li> <li>Interview with the SCU Coordinator on 11/14/19 at 2:46pm revealed:</li> <li>She did not know if the facility had a policy regarding refusal of medications.</li> <li>She would notify the physician after a resident had refused their medications 3 or 4 times.</li> </ul>					
vision of Hea						

Division of Health Service Regulation STATE FORM

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9MMQ11

If continuation sheet 92 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENTI IOATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	COMPLET
D 273	Continued From page	e 92	D 273			
	Interview with a first shift MA on 11/13/19 at 12:20pm revealed: -She had worked at the facility since April 2019. -After so many refusals, she would let the SCU Coordinator and the PCP know. Interview with the Administrator on 11/14/19 at 5:30pm revealed: -The Resident Care Coordinator (RCC) was responsible to assure the physician was contacted for a resident refusing a treatment. -There should be documentation in the resident's progress notes regarding the physician					
	notification. Review of Resident #	4's record revealed there the made for refusal of				
	Nurse Practitioner (N revealed:	with Resident #4's PCP's P) on 11/15/19 at 10:15pm formed of the medication				
	-Resident #4's mind w history of a traumatic -She could not say w	was "not right" as he had a brain injury. hether or not Resident #4 ons had a good or bad effect				
		n, interview, and record ined Resident #4 was not				
	revealed there was a	t #4's FL-2 dated 5/27/19 n order for docusate sodium ation) 100 mg twice daily.				
	Poviow of Posidont t	4's August 2019, September				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE	3150 BU	RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page	e 93	D 273				
	Administration Recon- -There was an entry f twice daily scheduled 8:00am and 8:00pm of -Docusate Sodium wa 20 of 62 opportunities -Docusate sodium wa of 60 opportunities fro- Docusate sodium wa administered 21 of 60 09/30/19 with a reason available. -Docusate sodium wa of 62 opportunities fro- Interview with a media at 3:19pm revealed: -For refusal of medication to contact the physicial refusal. However, the previous dose of media Care Unit (SCU) Coo- care provider (PCP) H -The SCU Coordinator refusal list daily and r Interview with the SC at 2:46pm revealed: -She did not know if the regarding refusal of medication -She would notify the had refused their mediation Interview with a first states 12:20pm revealed:	for docusate sodium 100 mg for administration at daily. as documented as refused s from 08/01/19 to 08/31/19. as documented as refused 2 om 09/01/19 to 09/30/19. as documented as not 0 opportunities 09/01/19 to on of medication not as documented as refused 1 om 10/01/19 to 10/31/19. cation aide (MA) on 11/13/19 ations the MA was supposed an after the 2nd or 3rd by could only see the lication in the computer. als, she would let the Special rdinator and the primary know. or printed the medication eviewed it. U Coordinator on 11/14/19 he facility had a policy hedications. physician after a resident dications 3 or 4 times.					
		he facility since April 2019. Ils, she would let the SCUC					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	DUSE		IRKE MILL ROAD	13			
(X4) ID SUMMARY S		TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	FCORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLETI DATE	
D 273	Continued From pag	le 94	D 273				
	Interview with the Administrator on 11/14/19 at 5:30pm revealed: -The Resident Care Coordinator (RCC) was responsible to assure the physician was contacted for a resident refusing a treatment. -There should be documentation in the resident's progress notes regarding the physician notification. Review of Resident #4's record revealed there						
	were no progress no medication from 06/0	tes made for refusal of 02/19 to 11/11/19.					
	Nurse Practitioner (N revealed: -She had not been in refusals. -Resident #4's mind history of a traumatic -She could not say w	with Resident #4's PCP's NP) on 11/15/19 at 10:15pm nformed of the medication was "not right" as he had a c brain injury. whether or not Resident #4 ions had a good or bad effect					
		n, interview, and record nined Resident #4 was not					
	dated 7/25/19 reveal	nt #4's physician's order led meloxicam (used to treat daily with food was ordered.					
	2019 and October 20 Administration Record -There was an entry daily scheduled for a 8:00pm daily.	#4's August 2019, September 019 electronic Medication rd (eMAR) revealed: for meloxicam 7.5 mg twice administration at 8:00am and cumented as refused 20 of 62					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
					R-C	
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE, 2	ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 95	D 273			
	opportunities from 09 -Meloxicam was docu opportunities from 10 Interview with a medi at 3:19pm revealed: -For refusal of medication to contact the physiciation refusal. However, the previous dose of medication -After so many refusal Care Unit (SCU) Cool care provider (PCP) I -The SCU Coordinator refusal list daily and refusal list daily and refusal list daily and refusal interview with the SC at 2:46pm revealed: -She did not know if the regarding refusal of re- -She would notify the had refused their medication -She would notify the had refused their medication -She had worked at the -After so many refusal Coordinator and the I Interview with the Add 5:30pm revealed: -The Resident Care O responsible to assure contacted for a reside	umented as refused 2 of 60 //01/19 to 09/30/19. umented as refused 1 of 62 //01/19 to 10/31/19. cation aide (MA) on 11/13/19 ations the MA was supposed an after the 2nd or 3rd ey could only see the dication in the computer. als, she would let the Specail ordinator and the primary know. or printed the medication reviewed it. 2U Coordinator on 11/14/19 the facility had a policy nedications. physician after a resident dications 3 or 4 times. shift MA on 11/13/19 at the facility since April 2019. als, she would let the SCU PCP know. ministrator on 11/14/19 at Coordinator (RCC) was a the physician was ent refusing a treatment. cumentation in the resident's				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 96	D 273			
	Review of Resident #4's record revealed there were no progress notes made for refusal of medication from 06/02/19 to 11/11/19.					
	Nurse Practitioner (N revealed: -She had not been in refusals. -Resident #4's mind history of a traumatio -She could not say w	with Resident #4's PCP's P) on 11/15/19 at 10:15pm formed of the medication was "not right" as he had a brain injury. hether or not Resident #4 ons had a good or bad effect				
		n, interview, and record ined Resident #4 was not				
	05/14/19 revealed: -Diagnoses included hypertension, and a h -In the medications so which documented to -There were physicia FL2 and dated 05/14/ ipratropium-albuterol used to treat symptom pulmonary disease (0)	ection, there was a note see physician's orders. n's orders attached to the /19 which included orders for (duoneb) (a medication ns of chronic obstructive COPD) 0.5 mg-3 mg/ 3 mL lizer 4 times daily at 9:00am,				
	05/21/19 revealed: -There was an order all components.	7's physician's order dated for a nebulizer machine and for duonebs 4 times daily.				
	Review of Resident #	7's nationt ancounter				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE	, ZIP CODE		10,2010	
			IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page	e 97	D 273				
	Provider (PCP) on 05 nebulizer machine. -A new order was writ machine and all comp -There was an order to Review of Resident # 08/07/19 revealed: -There was a note to needed a nebulizer m discontinue duonebs. -The PCP wrote an o times daily as needed machine." -It was documented to the Special Care Unit Review of Resident # summary dated 08/20 -Resident #7 was see -There was documen nebulizer machine for treatment to treat a cl congestion. -There was an order to nebulizer treatments wheezing or shortnes -There was an order to machine with all equi -There was an order to inhale 1 vial via hand	en by the Primary Care 5/21/19 due to need for a tten for the nebulizer ponents. for duonebs 4 times daily. 47's physician's order dated the physician Resident #7 nachine or order to rder to change duonebs to 4 d and "needs nebulizer the order was received by t (SCU) Coordinator. 47's patient encounter D/19 revealed: en by the PCP on 08/07/19. tation Resident #7 needed a r her as needed respiratory hronic cough and to discontinue scheduled and change to as needed for ss of breath. to obtain a nebulizer pment. for duonebs as needed held nebulizer 4 times daily ing, shortness of breath,					
	-There was a note do	the nebulizer arrived.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE	3150 BU	RKE MILL ROAD			
		WINSTO	N SALEM, NC 2710	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 98	D 273			
	<ul> <li>-There was documentation Resident #7's family member reported to the PCP Resident #7 had a "terrible cough" that was productive.</li> <li>-There was documentation staff reported to the PCP Resident #7 had a cough that was "chronic and possibly increased."</li> <li>-The PCP's impression of Resident #7 included bilateral lower lobe chest congestion with cough and chronic bronchitis.</li> <li>Review of Resident #7's physician's order dated 11/08/19 revealed obtain a nebulizer, "standard nebulizer with face mask" due to diagnosis of chronic obstructive pulmonary disease.</li> </ul>					
	Administration Recorr revealed: -There was an entry f o.5mg-3mg (2.5mg b nebulizer four times o 9:00am, 1:00pm, 4:30 -There was no docum administered for 110 05/01/19 through 05/3 -The documented rea	of 124 opportunities from 31/19. asons why duonebs were not d: drug/item unavailable,				
	revealed: -There was an entry f o.5mg-3mg (2.5mg b nebulizer four times o 9:00am, 1:00pm, 4:30 -There was no docum administered for 105 06/01/19 through 06/3 -The documented rea	nentation duonebs were of 120 opportunities from				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING.			R-C
		HAL034093	B. WING		11	/15/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 99	D 273			
	machine broken.					
	revealed: -There was an entry o.5mg-3mg (2.5mg b nebulizer four times o 9:00am, 1:00pm, 4:3 -There was no docur administered for 124 07/01/19 through 07/ -The documented rea	nentation duonebs were of 124 opportunities from				
	revealed: -There was an entry o.5mg-3mg (2.5mg b nebulizer four times of 9:00am, 1:00pm, 4:3 -There was no docur administered for 89 of 08/01/19 through 08/ -The documented rea administered include machine broken.	nentation duonebs were of 92 opportunities from				
	October, and Novem no entry for duonebs four times times as n					
	through November 2	ding duonebs or a nebulizer				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	HAL034093 B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BU	RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page	e 100	D 273				
		ent #7's room on 11/07/19 at re was no nebulizer machine n.					
	Based on observation, interview, and record review, it was determined Resident #7 was not interviewable.						
	revealed: -There was a current duonebs 360 ml inha -There was a 30 day to the facility on 05/10 -There had been no r to refill duonebs. -The pharmacy had r duonebs as 4 times of	order dated 05/15/19 for le 1 vial 4 times daily. supply of 120 vials delivered 6/19 at 7:02am. requests by the facility staff not received an order for daily as needed. not received an order to					
	11/07/19 at 3:48pm re -She did not know the for a nebulizer and tre -Resident #7 was not treatments.	ere was a physician's order eatments. t administered nebulizer ver had a nebulizer in her					
	at 3:52pm revealed: -She knew Resident a a nebulizer machine a -Resident #7 did not of machine because the Resident #7's insurar machine.	currently have a nebulizer ere was an issue with					

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If continuation sheet 101 of 339

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BENTI IOATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BU	IRKE MILL ROAD				
DANDIII	0002	WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
D 273	Continued From page	e 101	D 273				
	in August 2019 due to patient encounter sur documenting "okay to nebulizer arrived." -She had not followed to let her know Resid nebulizer machine ar duonebs as ordered. Interview with a repre- equipment provider of revealed: -The medical equipm sheet and verified ins Resident #7 on 05/17 -Resident #7's insura nebulizer machine wi -The medical equipm patient encounter sur by the physician on 0 nebulizer with all corr needed inhale 1 vial times daily as needed -She informed the me sales representative equipment provider of nebulizer machines. -She was not sure wh PCP wanted Resider clarification of the oro -There was documen was notified in Septe equipment provider of physician's order.	o the note on Resident #7's mmary dated 08/20/19 o hold duonebs until the d up with Resident #7's PCP lent #7 still did not have a nd did not administer esentative at the medical on 11/07/19 at 4:16pm ent provider received a face surance information for 7/19. Ince covered a regular ith a face mask. In the provider received the mmary on 08/28/19 signed 08/20/19 with orders for a nponents and duonebs as via hand held nebulizer 4 d. edical equipment provider on 08/29/19 the medical lid not carry any hand held nich type of machine the nt #7 to have so she needed					
		ent provider needed the ay "nebulizer with a face					
	-The medical equipm received an order for other than the one re alth Service Regulation	a nebulizer for Resident #7					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BERTIN IS KITCH NOWBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pag	e 102	D 273				
	sales representative revealed: -He last spoke with t September 2019 reg equipment provider r held nebulizer. -He informed the SC equipment provider v standard nebulizer a order was needed. -The SCU Coordinat work on getting a ne -He had not been co September 2019 for #7's nebulizer. -There were no issue insurance covering a -He was contacted b	not being able to offer a hand U Coordinator the medical was able to provide a nd that a new physician's or informed him she would w order in September 2019. ntacted by the facility since follow up regarding Resident es with Resident #7's					
	11:47am revealed: -She had never adm nebulizer to Residen -Resident #7 did not but she did have one -The old nebulizer willonger coming out th -She had documenter "drug/item not availa -She had not talked th #7 not having a nebulic could be administered -The SCU Coordination responsible for contact	currently have a nebulizer, a about 8 months ago. as broken as steam was no rough the mask. ed on Resident #7's eMARs ble and machine broken." to anyone regarding Resident ulizer so that her duonebs					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 103	D 273			
	4:25pm revealed: -She did not know Re nebulizer in the buildid duonebs. -The SCU Coordinate ordering medical equit Resident Care Coordinate responsible for ordering assisted living unit. -Staff was working or facility for Resident # Observation of Resid 9:49am revealed Resonurse's station and without the state Network State Sta	ing medical equipment in the n getting a nebulizer in the				
	10:08am revealed: -She knew Resident = duonebs via a nebuli: -Resident #7 had bee several months to du broken. -The SCU Coordinate contacting the medic: repairs or to obtain a -She had talked to th not remember when, having a nebulizer ar her she was trying to nebulizer.	en without her nebulizer for le her nebulizer being or was responsible for al equipment provider for new nebulizer. e SCU Coordinator, but did about Resident #7 not nd the SCU Coordinator told obtain orders for a new have any difficulty breathing,				
	Interview with the PC revealed:	CP on 11/07/19 at 4:43pm				

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BUILDING:			
	HAL034093	B. WING	B. WING		R-C I/ <b>15/2019</b>
IAME OF PROVIDER OR SUPPL	ER STREE	T ADDRESS, CITY, STATE	, ZIP CODE		
ANBY HOUSE		BURKE MILL ROAD	03		
PREFIX (EACH DE	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273 Continued From	Continued From page 104				
<ul> <li>-She had writter machine for Resident #7 m nebulizer.</li> <li>-Resident #7 m machine for dia pulmonary diseses -Resident #7 h due to symptore.</li> <li>-There were not #7 not having of -She expected machine and a was ordered an nebulizer was as a Attempted intermember on 11/2</li> <li>4. Review of F 05/21/19 reveat gouty arthropat mellitus, abnorn disease, hyper deep vein throota. Review of Frevealed:</li> <li>-There was a p for weekly weig -There was a ft 10/20/19 with m #6's weights.</li> </ul>	n orders two times for a nebulizer sident #7. ow Resident #7 still did not have a eeded duoneb via a nebulizer ignoses of chronic obstructive ase (COPD) and chronic cough. ad not had any hospitalizations				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BEATH IOATION HOWDER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	DUSE		IRKE MILL ROAD	••			
		WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
D 273	Continued From page	e 105	D 273				
	9:00am. -"Not Administered: F	be obtained on Mondays at Refused" was documented					
	on 08/05/19, 08/12/19, 08/19/19 and 08/26/19. Review of Resident #6's September 2019 eMAR revealed:						
	-There was an entry for check weight once weekly scheduled to be obtained on Mondays at 9:00am.						
	-"Not Administered: Refused" was documented on 09/02/19, 09/09/19, and 09/16/19. -On 09/20/19, there was an entry on the						
	September eMAR for daily weights.						
	-Daily weights were documented as refused on 09/20/19, 09/21/19, 09/22/19, 09/23/19, 09/24/19, and on 09/25/19.						
		nted daily weights from					
	Review of Resident # revealed:	6's October 2019 eMAR					
	-There was an entry f -Daily weights were of 10/03/19 through 10/	locumented as refused from					
	through 10/15/19. -Resident #6 was do	cumented as in the hospital					
	from 10/18/19 to 10/2 -There were docume and 10/24/19.	20/19. nted weights on 10/21/19					
	weights on 10/22/19						
	-Daily weights were of pharmacy on 10/24/1 on the hospital discha 10/20/19.	9 due to not being ordered					
		6's record revealed no					
		tifying the resident's primary regarding refusing weekly					

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	003E	WINSTO	N SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN			(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE	
D 273	Continued From page	e 106	D 273				
	weights or daily weigl September 2019, or (						
	11/13/19 at 1:45pm re						
		weekly weights routinely.					
		staff to obtain daily weights					
	on a few occasions a eMAR.	s were documented on the					
	-She had not notified	Resident #6's PCP					
	regarding the residen						
	3:10pm revealed:	nd shift MA on 11/13/19 at					
	ordered weekly and o						
	was in a good mood.	staff to weight her when she					
	-She had not notified	Resident #6's PCP					
	regarding the residen						
		with Resident #6's primary					
		Practitioner (NP) revealed: nentation the facility had					
		ent #6's refusal of weights.					
		e facility to notify her if a					
	resident was not rece						
	medication as ordere	d or refused treatments or					
	medications.						
		ty weekly and observed					
		every other week when she					
	visited the facility.	d when Decident #6 had					
		ed when Resident #6 had ase in lower leg edema.					
	-	d not shown an increase in					
	•	observed any obvious					
	-	er clothes fit (she watched					
		e for indications of weight					
	gain or loss).	5					
		sident #6 had negative					

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD	02		
	SI IMMARY ST		IN SALEM, NC 271	PROVIDER'S PLAN (		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 107	D 273			
	outcome from refusin weighed.	g weights and not being				
	Interview with the Administrator on 11/14/19 5:30pm revealed: -The Resident Care Coordinator (RCC) was responsible to assure the physician was contacted for a resident refusing a treatmen -There should be documentation in the resid progress notes regarding the physician notification.	Coordinator (RCC) was the physician was ent refusing a treatment. cumentation in the resident's				
	dated 05/04/19 and h (for a fall) dated 10/20 nystatin powder (used	nt #6's physician's orders lospital discharge summary 0/19 revealed an order for d to treat yeast infection) pply powder twice daily to				
	2019, and October 20 Administration Record -There was an entry f day to fold of stomach administration 7:00an 11:00pm daily. -Nystatin powder was of 62 opportunities fro -Nystatin powder was of 60 opportunities fro -Nystatin powder was of 62 opportunities fro	for nystatin powder 2 times a				
	documentation for no care provider (PCP) r	6's record revealed no tifying the resident's primary regarding refusing nystatin 19, September 2019, or				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		DENTRICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 108	D 273			
	Interview with a first shift medication aide (MA) on 11/13/19 at 1:08 pm revealed for refusal of medications the MA was supposed to contact the physician after the 2nd or 3rd refusal. However, they can only see the previous dose of medication. Interview with a second first shift medication aide (MA) on 11/13/19 at 1:45pm revealed: -Resident #6 refused nystatin powder routinely. -Resident #6 allowed staff to apply nystatin powder to her stomach on a few occasions as were documented on the eMAR. -She had not notified Resident #6's PCP regarding the resident refusing nystatin powder. -The Resident Care Coordinator (RCC) reviewed the eMARs and would be responsible for notifying the PCP of refused medications.					
	3:10pm revealed: -She knew Resident : routinely. -Resident #6 allowed powder once in a whi -She had not notified					
	5:30pm revealed: -The RCC was respo physician was contac medication.	ted for a resident refusing a cumentation in the resident's				
	Telephone interview v Nurse Practitioner on	with Resident #6's PCP's 11/15/19 at 8:28am				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BERTI TO THOM TO THE BERT.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pag	e 109	D 273			
	notified her for Resid powder. -She would expect the resident was not recommedication as ordered medications. -She visited the facilit Resident #6 at least visited the facility. -Nystatin powder sho needed for Resident contacted her to requ -She occasionally re- when she had resided noticed the nystatin re- The facility failed to f equipment provider t equipment for a resider pulmonary disease w continuous oxygen (# equipment for a resider pneumonia and chroo disease (#7); and did resident with Alzheim medications, and blo checks (#4). The facility and constitutes a Typ The facility provided	ed or refused treatments or ty weekly and observed every other week when she build probably be ordered as #6 but staff had not uest the order change. viewed residents' eMARS ent appointments but had not refusals. follow-up with the medical o obtain portable oxygen dent with a history of nd chronic obstructive who had orders for #2) and for nebulizer dent with a history of nic obstructive pulmonary d not notify the PCP when a ner's disease refused multiple od pressures and pulse ility's failure was detrimental and welfare of the residents				
		DATE FOR THE TYPE B NOT EXCEED DECEMBER				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 110	D 273			
	30, 2019.					
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276			
	following in the reside (3) written procedure a physician or other I and (4) implementation of	ssure documentation of the				
	facility failed to assur physician's orders for (Resident #2) with or	and record reviews, the e implementation of 1 of 7 sampled residents ders for continuous positive AP) and oxygen concentrator				
	Review of Resident # 05/09/19 revealed: -Diagnoses included obstructive pulmonar coronary disease, an	evel of care for Resident #2				

Division of Health Service Regula STATE FORM

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	of Health Service Regu r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
	0.107	3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 111	D 276			
	-There was no order	for CPAP on the FL2.				
	Review of a hospital discharge summary report dated 04/26/19 revealed: -Resident #2 was admitted for respiratory failure.					
	a. Review of a discharge orders dated 04/26/19 with instructions to "use CPAP every night."					
	space on 11/06/19 at	ent #2's room and living 8:40 am revealed there was vailable for the resident to				
	at 3:12 pm revealed s	cation aide (MA) on 11/07/19 she had worked at the facility never saw Resident #2 using				
	therapy equipment co	esentative from the home ompany on 11/08/19 at 1:00 d never received orders for Resident #2.				
		a supervisor on 11/13/19 at never saw the resident use				
		onal care aide (PCA) on evealed she never saw PAP machine.				
		nd PCA on 11/14/19 at never saw Resident #2 with				
	11/07/19 at 4:38pm re -She was aware that					

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If continuation sheet 112 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		B.C.	
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 276	Continued From page	e 112	D 276			
	possibly why the CPA -When Resident #2 r she did not view the -She did not know Re CPAP. -When she visited the residents in their room -She went by what fa they did not tell her a not clarify the order fi know about the CPAI -She expected facility obtain an order for the if she wanted the ress Interview with the Ad 11:10am revealed: -She was not aware a CPAP. -When a resident retu SCU Coordinator sho hospital report and of the CPAP. -After receiving the of should have sent the -She did not start wo 2019, so she could in happened and why Fi using a CPAP.	ry disease (COPD), which AP was ordered. eturned from the hospital hospital discharge report. esident #2 was ordered a e facility, she did not see the m. acility staff told her, and if about the CPAP or they did or the CPAP or they did or the CPAP she did not P. y staff to contact her to be CPAP or to at least clarify ident to wear a CPAP. ministrator on 11/08/19 at Resident #2 had an order for urned from the hospital, the build have reviewed the btained a separate order for order to the pharmacy. rking at the facility until July ot say specifically what Resident #2 was not currently at the facility in May 2019				
	b. Review of Resider 05/09/19 revealed:	nt #2's current FL2 dated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	JF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	03			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLE DATE	
D 276	Continued From pag	e 113	D 276				
	-Diagnoses included Alzheimer disease, chronic obstructive pulmonary disease with hypoxia, coronary disease, and depression. -The recommended level of care for Resident #2 was Special Care Unit (SCU). -There was no order for oxygen on the FL2.						
	dated 04/26/19 revea -Resident #2 was ad -The discharge order	discharge summary report aled: mitted for respiratory failure. rs and instructions were liters via NC (nasal cannula)					
	done by primary care	#2's record revealed a 02 test e practitioner's (PCP) nurse sident's oxygen saturation s 84%.					
	am revealed: Resident #2 was si -Resident #2's oxyge of the resident. -The resident did not it was laying on the f	dent #2 on 11/06/19 at 4:40 tting on the side of the bed. en concentrator was in front t have the nasal cannula on, loor in front of the machine. hide (PCA) did not attempt to e resident.					
	am revealed: -Resident #2 was sit consuming the break -Resident #2 did not -There was no oxyge oxygen tanks in the o -After the meal, the r Resident #2 and told	have oxygen on. en concentrator or portable dining room with Resident #2. nedication aide (MA) called the resident to sit in the d by the medication cart.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	IRKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 114	D 276			
	an oxygen concentra	tor.				
	-There was a nasal cannula that was laying on					
	top of the concentrate					
	-Resident #2 sat dow	in in the chair and after her				
		the MA put the oxygen on				
	Resident #2.					
	-The concentrator dia	al was on 2.5 liters per				
	minute.					
	Observation of Resid	ent #2 on 11/06/19 at				
	12:10pm revealed:					
		ting in a chair near the				
	medication cart in the					
	-The concentrator was positioned in the main					
	-	medication cart and a				
	straight back chair where Resident #2 was sitting.					
		on with sounds coming from				
	the equipment.					
		annula attached to the				
	equipment.	entrator was set at 2.5 liters				
	per minute.					
	Observation on 11/06	6/19 at 12:00 pm to 12:50 pm				
	of the lunch meal rev					
	-Resident #2 was sitt consuming her meal.	ing in the dining room				
	-Resident #2 did not					
		n concentrator or portable				
		lining room with Resident #2.				
		appear to be struggling to				
		ee to five minutes took deep				
	long breaths.					
	-The resident consun	ned the whole meal, which				
	took fifty minutes with	nout having her oxygen on.				
	Observation of Resid	ent #2 without oxygen on				
		mes throughout the day				
	revealed:					
	-At 8:00 am Resident	t #2 was in the dining room				

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If continuation sheet 115 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		D C	
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	DUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 115	D 276			
	eating breakfast with no oxygen on. -At 9:11 am Resident #2 was in the common activity room with no oxygen on. -The resident's concentrator was in the hallway by					
	the medication cart, which was more than 10 feet					
	from the resident.					
	-There were sounds coming from the					
	concentrator indicating it was on.					
	-There was a nasal c	annula attached to the				
	machine.					
	-The surveyor observ	ed Resident #2's respiration				
	as 38.					
	-At 9:20 am the SCU					
	concentrator into the activity room where					
	Resident #2 was sitting.					
	-At 11:04 am Resident #2 was sitting on the sofa					
		without her oxygen on. Staff				
	put the resident's oxy					
		nt #2 was in the dining room				
	for the lunch meal, th dining room with the	ere was no oxygen in the				
	Observation of Resid 12:00pm to 12:28pm	ent #2 on 11/08/19 from				
		he dining room sitting for the				
	meal without her oxy					
	-	rator was in the dining room.				
	-The nasal cannula w					
		rsonal care aides (PCAs)				
	and one MA in the dir					
		put Resident #2's oxygen				
	on.					
	-During the meal, the	resident took several long				
	deep breaths.	-				
	Observation of Resid	ent #2 on 11/13/19 at 1:08				
	pm revealed:					
	-Resident had been a	ambulating up and down the				
	hallway without her o					
	Popidant #2 get von	agitated and started yelling				

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	l	DDRESS, CITY, STATE, ZIP CODE				
		3150 BU	RKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 276	Continued From page	e 116	D 276				
	when checked by the -The MA reapplied th a minute her oxygen Based on record revie on 11/06/19 it, was de was not interviewable Interview with the MA revealed: -She was aware that should be set at 3 LP -She did not check th Resident #2 put the o -Each morning Resid concentrator was put she checked the dial	en saturation level was 51% MA. e resident's oxygen and after level came up to 96%. ew, observations, interviews etermined that Resident #2 e. on 11/06/19 at 11:05 am Resident #2's oxygen M. e oxygen dial each time oxygen on.					
	at 9:21 am revealed: -The MAs were response Resident #2's oxygen LPM. -She did not check the to ensure it was set and Interview with the Add	U Coordinator on 11/07/19 onsible to ensure the dial on a concentrator was set on 3 e oxygen concentrator dial t 3 LPM. ministrator on 11/08/19 at					
	oxygen was set at the -If Resident #2 had cl concentrator, then sh	As to ensure Resident #2's e correct LPM as ordered. hanged the dial the oxygen e expected MA to frequently ure the concentrator was set					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ANBY H	OUSE		JRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From pag	e 117	D 276			
	with staff and attemp	ew, observations, interviews ted interview with Resident aled it was determined interviewable.				
D 338	10A NCAC 13F .090	9 Resident Rights	D 338			
	all residents guarante Declaration of Reside and may be exercise This Rule is not met	shall assure that the rights of eed under G.S. 131D-21, ents' Rights, are maintained d without hindrance. as evidenced by:				
	FOLLOW-UP TO TY The Type A1 Violatio Non-compliance con	n was abated.				
	THIS IS A TYPE A2					
	reviews the facility fa rights were maintaine (Residents #1, #2 #1 #18, and #20) regard (#12), a staff [Staff G hitting a resident (#1) sit in the hallway all o portable oxygen (#2) injuries and bruises a	ns, interviews, and record iled to assure residents' ed for 10 of 15 residents 1, #12, #14, #15, #16, #17, ling staff yelling at a resident a, personal care aide (PCA)] ), a resident being forced to day due to not having and residents receiving after being hit by other #15, #16, #17, #18, and				
	The findings are:					
	1. Review of Resider 05/09/19 revealed:	nt #12's current FL dated				

Division of Health Service Regula STATE FORM

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		DENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	OUSE		IRKE MILL ROAD				
		WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
D 338	Continued From page	e 118	D 338				
	-Diagnoses included -Resident #12 was w intermittently disorien -The recommended I was Special Care Un Review of Resident # dated 10/31/19 revea cognitive impairments running on routine, so loss of reasoning and Observation of Resid 8:38am revealed: -Resident #12 resided -Resident #12 resided -Resident #12 was in -At 8:40am, a medica talking to Resident # -The MA's voice was clearly be heard in a hall. -The staff yelled to Re where is your walker -"I told you to keep th -"This is the last time walker." -The MA went to get Resident #12's bed. -The MA stated to Re conversation ain't goi -The staff walked awa back down in the bed Interview with the MA revealed:	dementia with behaviors. as documented as ited. evel of care for the resident it (SCU). 212's care plan and profile iled Resident #12's s were high functioning, one word problems, some if frustrated by change. ent #12 on 11/06/19 at d in the SCU. her room in the bed. ation aide (MA) was heard 12 with a loud toned voice. so loud her words could resident's room across the esident #12 stating "#12, ?" ie walker with you." , I done told you about that the walker and placed it by esident #12 "This n to be had again!" ay and Resident #12 laid on 11/07/19 at 3:01pm					
	-Resident #12 did not	t want to use her walker. smoke and would get light					
	-Resident #12 would	leave her walker and then r for staff to bring her a					

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	1	113/2019	
			RKE MILL ROAD	, 0002			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 119	D 338				
	wheelchair. -The resident thought of wheelchairs and on her. -She verbally reminder walker constantly. -The resident would le room door and walk a -She had to remind R times every hour to g -Yesterday on 11/06/ #12 about her walker	t the facility had an over flow ne was always available for ed Resident #12 to use her eave her walker in the dining away to go and smoke. tesident #12 at least two et her walker. 19 when she asked Resident , she did not realize that she had to repeatedly tell the					
	11:59am revealed: -Resident #12 someti wanted staff to bring I -She wanted the resid daily living as long as -It appeared Residen when she was leaving -However, regardless she still expected star respectful regardless -Staff had been trained with Alzheimer's dise -Staff had residents' r going training regardid help them understand illness. -She had not observer residents.	dent to use her activities of a she possibly could. t #12 sometimes was aware g the walker. s of the resident's behavior ff to be courteous and of the residents' disposition. ed on caring for residents ase. rights training and had on ng sensitivity role playing to d every resident's possible ed the MA yelling at					
		pist from the contract pany on 11/08/19 at 4:13pm					

	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	l.	ADDRESS, CITY, STATE	. ZIP CODE	I 11	115/2015	
			IRKE MILL ROAD	,			
	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 120	D 338				
	therapy to assist with improving her gait. -Resident #12 had de some forgetfulness de Interview with Reside practitioner (PCP) on revealed: -Resident #12 was us could be stubborn. -Resident #12 was no -The resident had der unit with the anticipat forgetfulness. -To her knowledge Re	nt #12's primary care					
		ews, observations and ermined Resident #12 was					
	04/08/19 revealed: -Diagnoses included diverticulitis, synovitis -The resident was do disoriented.	t #1's current FL2 dated dementia unspecified, s, and history of falls. cumented as intermittently evel of care is Special Care					
	revealed: -Resident #1 resided	1's care plan dated 04/08/19 in the SCU. ory was forgetful, and he					
	Review of Resident # dated 07/21/19 revea	1's hospital discharge report led Resident #1 was seen					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD			
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 338	Continued From page	e 121	D 338			
	behavioral disturband type, and acute urina	head injury, dementia with ce, unspecified dementia ry tract infection. The that the staff hit him with a				
	Review of Resident #1's progress note dated 07/21/19 revealed Resident #1 got into an altercation with a staff (Staff G/personal care aide). The staff appeared to hit the resident. Review of Resident #1's Accident/Incident report dated 07/21/19 revealed at 11:30am staff observed the resident appearing to be hit by another staff. Staff was to monitor status for 72 hours and charge progress notes daily.					
	at 12:39pm revealed: -On 07/21/19 Resider PCA hit him. -The resident said Sta became dizzy.	cation aide (MA) on 11/06/19 nt #1 told her that Staff G, aff G hit him so hard that he ne nurses' station and did not				
	-She did not see Staf the resident, but she hands go up and bac motion as if she was -She did not hear the	f G's hands physically touch did see Staff G's arms and k, and then come forward in going to hit the resident. sound of someone being				
	hit him so hard that it -The facility did its ow was off work until the completed.	n investigation and Staff G investigation was				
	-Resident #1 was ser Department (ED) for					
	Interview with a seco	nd MA on 11/14/19 at				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	ST CONRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE			
DANBY H	OUSE	3150 BU	RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 122	D 338				
	Resident #1 accused cup. -The resident was alr everyone. -Resident #1 stated S -She did not observe	dent on 07/21/19 when Staff G of hitting him with a eady moody and upset with Staff G hit him in the face. the incident. redness on the resident's					
	8:49am revealed: -She was informed by incident with Residen hitting him. -She did her investiga #1 was agitated that of did. -Staff G said Residen wheelchair and she lo balance and the cup of and hit Resident #1. -Staff G denied intent -Resident #1 yelled of cup. -Other staff had seen air, but did not see St #1. -She had staff call the -Resident #1 was ser out that he had a uring	ost her "footing," and her went flying out of her hand ionally hitting Resident #1. ut Staff G hit him with the Staff G's hands go up in the taff G physically hit Resident e police to make a report. In to the ED and it was found ary tract infection. Health Care Personnel					
	11/05/19 at 2:50pm re -Resident #1 was adr 03/06/19.						

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If continuation sheet 123 of 339

	T OF DEFICIENCIES OF CORRECTION	Iation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 123	D 338				
	him in the head with a dizziness and was se -Since Resident #1 m been assaulted twice staff. -After the incident on saying staff hit him sh Resident #1 out of the -It did not matter if the Resident #1 was still -Staff did not tell her a Resident #1 being hit	07/21/19, and Resident #1 by other residents and by 07/21/19, and Resident #1 ne was "fed up" and moved e facility. e cup was disposable hit with the cup. about the incident and					
	Resident #1 was not available for interview on 11/05/19.						
		interview with Staff G on avolved in this incident was					
	05/09/19 revealed: -Diagnoses included a obstructive pulmonary coronary disease, and -The recommended la was Special Care Un	evel of care for Resident #2 it (SCU).					
	Review of Resident # summary report dated -Resident #2 was adr	nitted for respiratory failure. for oxygen 3 liters per					
	Observation of Resid 3:30pm revealed:	ent #2 on 11/07/19 at					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	DUSE		IRKE MILL ROAD ON SALEM, NC 2710	13			
	SUMMARY ST			PROVIDER'S PLAN O		(XE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 124	D 338				
	<ul> <li>-Resident #2 was wearing oxygen via nasal cannula attached to an oxygen concentrator and sitting in a chair by the medication cart.</li> <li>-The resident attempted to get up several times and staff made her sit back down.</li> </ul>						
	Observation of Resident #2 on 11/08/19 at 1:40pm and 4:10pm revealed: -At 1:40pm Resident #2 was sitting in the chair by the medication cart in the main hallway. -The resident was wearing oxygen via nasal cannula attached to an oxygen concentrator and sleeping in the chair. -At 4:10pm Resident #2 was sitting in the chair near the medication cart in the main hallway. -The resident was wearing oxygen via canal cannula attached to an oxygen concentrator and stared at floor, then looked at everyone was they walked by her. -The resident attempted several times to reposition herself.						
		ns, records reviews and I9, it was determined that interviewable.					
	Coordinator on 11/06 -She was aware Res LPM continuous. -She was aware staff	ecial Care Unit (SCU) 5/19 at 12:53pm revealed: ident #2's oxygen was for 3 f made Resident #2 sit in the cation cart most of the day to					
	keep her oxygen on. -Staff made the resid because she was no	lent sit in the hallway n-compliant with her oxygen.					
	Interview with a pers 11/06/19 at 4:40am r -Resident #2 never k -If she put the oxyget	ept her oxygen on.					

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
	1	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
D 338	Continued From page	e 125	D 338			
	it off because she like around.	ed getting up and walking				
	4:47pm revealed: -Resident #2 had to s the hallway because resident's oxygen cor -Staff kept the oxygen to make sure Residen her oxygen off. -Resident #2 liked to her oxygen off so she -She had never seen oxygen tank. -Resident #2 seemed not want to sit and pu wanted to walk around Interview with a third	ncentrator was located. In concentrator in the hallway Int #2 did not get up and take walk around and she took e could walk around. Resident #2 with a portable d agitated because she did ut on the oxygen, the resident				
	continuous. -Resident #2 did not	esident #2's oxygen was have portable oxygen tanks.				
	oxygen tanks. -Resident #2 had to s medication cart so sta to make sure she kep	dent #2 had portable oxygen				
	at 9:21am revealed: -Sometimes the resid oxygen on. -Resident #2 was sitt could keep an eye or her oxygen off.	U Coordinator on 11/07/19 lent refused to put her ing in the hallway so staff in the resident when she took ident #2 non-compliant with				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
			A. BUILDING:		B C	
		HAL034093	B. WING			R-C 1/15/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	DUSE		IRKE MILL ROAD IN SALEM, NC 271	03		
	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN (		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET DATE
D 338	Continued From page	e 126	D 338			
	her oxygen because off.	she always took her oxygen				
	-Resident #2 was made to sit in the hallway so					
		could ensure the resident did				
	not get up and take h					
		esident #2's oxygen was				
	ordered continuously	d the resident's record.				
	-She had not checke	a the resident's record.				
	Interview with a medi	ication aide (MA) on 11/07/19				
	at 3:23pm revealed:					
	-Resident #2 did not	have portable oxygen tanks				
	therefore she had to sit in the hallway so the MA					
	could view when she					
		sident #2 was bored sitting				
	the hallway with noth -Resident #2 liked to	•				
		ministrator on 11/08/19 at				
	11:10am revealed:	e treated with respect and				
	dignity.	e treated with respect and				
	0,	eeping Resident #2 sitting				
		resident to move around was				
	a residents' rights iss	ue.				
		A supervisor on 11/13/19 at				
	4:07pm revealed:	ent #2 wore oxygen was				
		as sitting in a chair by the				
	medication cart in the					
		p the oxygen on Resident #2				
	was to have the resid	lent sit by the medication				
	cart.					
	-There was nothing to					
	continually talk to Re	sident #2.				
	Interview with a nerse	onal care aide (PCA) on				
	11/07/19 at 5:54pm r					
		Resident #2 using portable				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		DERTIFICATION DER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE	3150 BU	IRKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 127	D 338				
	medication cart so sta sure she kept her oxy -If Resident #2 had po would keep the oxyge	ortable oxygen tanks she en on.					
	<ul> <li>4. Review of Resident #11's current FL2 dated</li> <li>05/10/19 revealed:</li> <li>-Diagnoses included vascular dementia with behaviors, anxiety, and hypertension.</li> <li>-Resident #11 was documented as constantly</li> </ul>						
	disoriented and wand -The recommended le documented as Spec -The resident resided	lered. evel of care was ial Care Unit (SCU).					
	Review of Resident # 08/14/19 revealed:	11's Care Plan dated					
		•					
		11's progress notes dated 1:31pm Resident #11 was in					
		other resident. No injuries					
	dated 09/05/19 revea	11's Accident/Incident report led: #11 was observed in an					
	altercation with a resi	dent while in her room. #11 was struck by another					
	-Staff attempted to int resident continued to						
	Based on record revie	ews, observations and					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	DUSE		RKE MILL ROAD	0.2		
0(0)15			IN SALEM, NC 271	PROVIDER'S PLAN (		(17)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 338	Continued From page	e 128	D 338			
	interviews, it was dete not interviewable.	ermined Resident #11 was				
- F f - F a a	Interview with Resident #11's family member on 11/13/19 at 10:26am revealed: -On 09/05/19 facility staff told her they heard Resident #11 yelling and they were able to remove the other resident and get Resident #11 from behind the door. -The facility staff informed the family member that Resident #11 was stuck behind the door because another resident was holding the door. -The facility staff did not tell her Resident #11 was hit by another resident.					
	at 3:31pm revealed: -As far as she knew F incidents of being hit					
	at 3:54pm revealed: -Resident #11 was inv another resident. -The other resident has behind the door and w	r resident away and the				
	on 11/15/19 at 12:10p -She was not notified 09/05/19 involving Re -She expected to be	of an altercation on				
	5 Review of Residen	t #14's current FL2 dated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
			B. WING			R-C	
		HAL034093			11	/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 129	D 338				
	disoriented.	ocumented as intermittently evel of care for Resident #14					
	Review of Resident #14's care plan dated 09/24/19 revealed: -The resident was sometimes disoriented. -The resident memory was forgetful and needed reminders.						
	11/05/19 revealed at punched in the mouth	14's progress notes dated 2:12pm Resident #14 was and chest and knocked to esident. Resident #14 was					
		14's Accident/Incident report led at 10:50am Resident the face and chest by					
	11/14/19 at 1:20pm re	another place for Resident					
	residents'; something -A few weeks ago a n	was always happening. nale resident went into and hit her and she received					
	-The facility staff wou that hit Resident #14.	ne Administrator regarding					
	_	U Coordinator on 11/14/19					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING		11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	DUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 338	Continued From page	e 130	D 338			
	-She was aware that Resident #14 was hit by a resident that was frequently agitated. -Resident #14 was not sent out to the hospital. -The facility's plan to keep residents' safe from aggressive residents was for staff to respond as soon as they hear residents voices become escalated. Interview with a MA on 11/13/19 at 3:54pm revealed: -Resident #14 was hit by a male resident that was frequently agitated. -Resident #14 was not taken to the hospital. -She recalled Resident #14's lip was bleeding.					
	05/29/19 revealed dia disease without beha -Resident #15 was do disoriented.	ocumented as intermittently evel of for Resident #15 was				
	Review of Resident # 07/19/19 revealed: -The resident wander -The resident had sig must be directed.	·				
	dated 08/11/19 revea	#15's Accident/Incident report led at 8:20pm Resident #15 pushed by another resident on her bottom.				
	08/11/19 revealed at	#15's progress notes dated 10:47pm Resident #15 was esident causing her to fall on or.				
	Interview with Reside	ent #15's family member on				

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	I	EET ADDRESS, CITY, STATE, ZIP CODE				
			RKE MILL ROAD	,			
DANBY HO	JUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 338	Continued From page	e 131	D 338				
	when Resident #15 w -The facility staff told injuries or bruises. -To her knowledge th incidents involving Re Interview with Reside Provider (PCP) on 11 -She checked her rec documentation in Aug	f the incident in August 2019 vas pushed to the floor. her the resident had no ere had been no more					
	to the floor by anothe -She would want to b health and safety of t the facility. Interview with a perso						
	recall the incident wh pushed to the floor by						
	6:53pm revealed: -If a resident was con resident, staff were to protect the resident.	ministrator on 11/14/19 at nbative towards another o intervene immediately to					
	an incident report. -She was aware som altercations with othe	the resident and complete e residents were involved in r residents in which they					
	and some residents h -She told staff to mon more frequently.	he floor, caused lips to bleed had knots on their heads. hitor the aggressive residents ic time frames as to how					
	often staff were to mo						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED	
			A. BUILDING.	Ŭ		R-C	
		HAL034093	B. WING			/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	DUSE		IRKE MILL ROAD ON SALEM, NC 2710	)3			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET DATE	
D 338	Continued From page	e 132	D 338				
	11/11/19 revealed:						
		Alzheimer's dementia, atrial					
	fibrillation, chronic kic	,					
		esophageal reflux disorder,					
	iron deficiency, and v	tation the resident was					
	constantly disoriented						
	-The recommended le						
	documented as Spec						
	Review of Resident #	20's Resident Profile/Care					
	Plan dated 01/28/19	revealed the resident was					
	documented as alway significant memory lo	ys disoriented and had ss.					
		ss notes for a named male					
	resident dated 11/11/	as observed punching					
		ace making Resident #20 fall					
	against a wall and hit	-					
	•	ken to the emergency					
	department as a resu	It of the incident.					
	Review of Resident # 11/11/19 revealed:	20's progress notes dated					
		the hallway eating a snack					
		punched him in the face					
	causing him to fall int						
	-Resident #20 receive his head.	ed a laceration to the back of					
		ansported to the emergency					
	department at the loc	al hospital.					
		nt/Incident report for the					
		dated 11/11/19 revealed:					
	-The incident occurre	d in the hallway. sident was observed hitting					
		g Resident #20 to fall.					
	Deview of Decident #	20's Accident/Incident report					

STATEMENT	of Health Service Regun TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
	DI CONNECTION	IDENTIFICATION NONIDER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	005E	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE	
D 338	Continued From page	e 133	D 338				
	dated 11/11/19 revea	led:					
		-The incident occurred in the hallway.					
	-Resident #20 was observed being hit by the						
		named male resident.					
		-The named male resident caused Resident #20					
		to fall and hit his head.					
	-Resident #20 exhibit						
		laceration and abrasion to					
	the back of his head.						
		stered to Resident #20 and					
	his head was wrappe						
		ansported via ambulance to					
	the local emergency						
	Based on observation	ns, interviews, and record					
	reviews, it was determined Resident #20 was not interviewable.						
		ent #20's family member on					
	-	evealed the facility had icident and had transported					
		emergency department.					
	Interview with a perso 11/13/19 at 5:15pm ro	onal care aide (PCA) on evealed:					
		er resident punch Resident					
		rd he was knocked into a					
	door on 11/11/19.						
	-Resident #20 had a	lump on his head and had to					
	be sent to the emerge						
	-	ents, any resident that had					
		behaviors was sent to the					
	emergency departme	ent to be evaluated.					
		nd PCA on 11/14/19 at					
	4:51pm revealed:						
		ent was walking down the					
	hallway and staff hea	-					
		n to assist. Some staff held					
	the other resident and	d the PCA sat Resident #20					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	03		
	SUMMARY ST			PROVIDER'S PLAN C		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 338	Continued From page	e 134	D 338			
	up and held pressure -Resident #20 was ta department.	e to his head. aken to the emergency				
	<ul><li>8. Review of Resident #17's FL-2 dated 06/18/19</li><li>revealed:</li><li>-Diagnosis included dementia.</li></ul>					
	-	dementia. ocumented as intermittently				
	-The recommended I documented as Spec					
	Plan dated 06/26/19	#17's Resident Profile/Care revealed Resident #17 was nd had significant memory				
	Review of Resident # 10/19/19 revealed:	#17's progress notes dated				
	resident.	ushed by a named male				
	pushed.	head as a result of being knot on the back-right side				
	Review of the an Acc	cident/Incident report for the t dated 10/19/19 revealed: ed in the hallway.				
		ushing another resident to				
	Review of Resident # dated 10/19/19 revea -The incident occurre					
		bserved sitting on the floor t the wall.				
		bump on the back of her				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•		
		3150 BU	IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	E ACTION SHOULD BE COMPL D TO THE APPROPRIATE DAT		
D 338	Continued From page	e 135	D 338				
	-Resident #17 was tra emergency departme	ansported to the local ent.					
	Review of an Emergency Department Discharge Instruction form for Resident #17 dated 10/19/19 revealed: -The reason for the visit was a fall. -Diagnosis was closed head injury.						
	Based on observations, interviews, and record reviews, it was determined Resident #17 was not interviewable.						
	11/13/19 at 10:01am	ent #17's family member on revealed: noved out of the facility due					
	-Two weeks ago, and Resident #17 causing wall.	other resident shoved g the to hit her head on the be taken to the emergency					
	room. -Last week they obse	erved a resident punch her in ere no staff on the hall.					
	5:31pm revealed: -She knew about the	ministrator on 11/14/19 at incident with Resident #17					
	department.	aken to the emergency ents, any resident that had					
		behaviors was sent to the					
	provider (PCP) on 11 -She knew about the	ent #17's primary care /15/19 at 10:35am revealed: incident on 10/19/19.					
		go to the emergency diagnosed with a closed					

Division of Health Service Regulation STATE FORM

6899

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			۲-C /15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD			
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 338	Continued From page	e 136	D 338			
	head injury. -Resident #17 did no	t have any behavior issues.				
	9. Review of Resider 05/29/19 revealed:	nt #16's current FL-2 dated				
	-Diagnoses included	-Diagnoses included dementia with behavioral disturbance, diabetes type 2, hypertension, and				
	history of a stroke.					
	-There was documer intermittently disorier	ntation the resident was nted.				
	-The recommended I documented as Spec					
		Review of Resident #16's Resident Profile/Care Plan dated 06/26/19 revealed:				
		ntation the resident was ed; his memory was forgetful				
	and needed reminde -There was documer verbally abusive.	rs. ntation the resident was				
	Review of the progre resident dated 08/26.	ss notes for the named male /19 revealed:				
	-The named male res Resident #16's room	sident was noted to be in				
		sident was in the Resident				
	on top of Resident #7	way pushing a walker down 16. ed male resident to stop, but				
	he refused.	edirect the named male				
	resident, but he beca					
	08/26/19 revealed:	#16's progress notes dated				
	bathroom floor yelling					
		sident was in Resident #16's sident #16's walker and				

ed From page down on Res oproached to a male resident staff was able c, Resident #10 d near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was able to as able	3150 BU WINSTO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) e 137 bident #16's chest. assist Resident #16, but the pushed harder. to redirect the named male 6 was lying on his back with I and his feet were under his ist Resident #16 to a sitting	A. BUILDING: B. WING ADDRESS, CITY, STATE JRKE MILL ROAD DN SALEM, NC 271 PREFIX TAG D 338	; ZIP CODE	F CORRECTION CTION SHOULD BE D THE APPROPRIATE	R-C /15/2019
SUMMARY STA EACH DEFICIENCY EGULATORY OR L ed From page down on Res oproached to a male resident staff was able to resident #10 near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was able to as able	STREET A 3150 BU WINSTO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 4 137 Sident #16's chest. assist Resident #16, but the pushed harder. to redirect the named male 6 was lying on his back with I and his feet were under his ist Resident #16 to a sitting d him. have any injuries. d to go to the hospital for	ADDRESS, CITY, STATE IRKE MILL ROAD DN SALEM, NC 271 ID PREFIX TAG	03 PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	DF CORRECTION CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET
SUMMARY STA EACH DEFICIENCY EGULATORY OR L ed From page down on Res oproached to a male resident staff was able to resident #10 near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was able to as able	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) a 137 dident #16's chest. assist Resident #16, but the pushed harder. to redirect the named male 6 was lying on his back with I and his feet were under his ist Resident #16 to a sitting d him. have any injuries. d to go to the hospital for	IRKE MILL ROAD ON SALEM, NC 271	03 PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	COMPLET
ed From page down on Res oproached to a male resident staff was able c, Resident #10 d near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was able to as able	WINSTO	DN SALEM, NC 271	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	COMPLET
ed From page down on Res oproached to a male resident staff was able c, Resident #10 d near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was able to as able	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 137 5 13	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	COMPLET
ed From page down on Res oproached to a male resident staff was able c, Resident #10 d near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was able to as able	A MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 4 137 5	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	COMPLET
down on Res oproached to a male resident staff was able c, Resident #10 d near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was ab ace.	ident #16's chest. assist Resident #16, but the pushed harder. to redirect the named male 6 was lying on his back with I and his feet were under his ist Resident #16 to a sitting d him. have any injuries. d to go to the hospital for	D 338			
oproached to a male resident staff was able c, Resident #10 d near the wal as able to ass and assessed nt #16 did not nt #16 refused on. nt #16 was ab ice.	assist Resident #16, but the pushed harder. to redirect the named male 6 was lying on his back with I and his feet were under his ist Resident #16 to a sitting d him. have any injuries. d to go to the hospital for				
of the Accider					
med male res at #16's room. eard calls for h rrival, the nan at #16's bathro down on top or sked the name aed. tempted to rea	nelp. ned male resident was in oom doorway pushing a f Resident #16. ed male resident to stop but direct the named male				
nt #16 dated 0 nt #16 was in nt #16 was lyi m with the nai er. ry was noted.	8/26/19 revealed: his room. ng on his back in the med male resident holding				
riticketetti ottinnmeryn	rival, the nan #16's bathro own on top o ad the name ad. empted to re- but he becan mes. f the Accider #16 dated 0 t #16 was in t #16 was lyi n with the nan r. y was noted. t #16 was noted.	empted to redirect the named male but he became combative and hit staff mes. If the Accident/Incident report for #16 dated 08/26/19 revealed: t #16 was in his room. t #16 was lying on his back in the n with the named male resident holding r. / was noted. t #16 was not taken to the emergency	rival, the named male resident was in #16's bathroom doorway pushing a own on top of Resident #16. ted the named male resident to stop but ad. empted to redirect the named male out he became combative and hit staff mes. If the Accident/Incident report for #16 dated 08/26/19 revealed: t #16 was in his room. t #16 was lying on his back in the n with the named male resident holding r. / was noted. t #16 was not taken to the emergency	rival, the named male resident was in #16's bathroom doorway pushing a own on top of Resident #16. ted the named male resident to stop but ad. empted to redirect the named male out he became combative and hit staff mes. f the Accident/Incident report for #16 dated 08/26/19 revealed: t #16 was in his room. t #16 was lying on his back in the with the named male resident holding r. / was noted. t #16 was not taken to the emergency	rival, the named male resident was in #16's bathroom doorway pushing a own on top of Resident #16. ted the named male resident to stop but ad. empted to redirect the named male out he became combative and hit staff mes. If the Accident/Incident report for #16 dated 08/26/19 revealed: t #16 was in his room. t #16 was lying on his back in the o with the named male resident holding r. y was noted.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED	
			A. BUILDING:			R-C	
		HAL034093	B. WING			<-C /15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
D 338	Continued From page	e 138	D 338				
		nined Resident #16 was not					
	Interview with the Special Care Unit (SCU) Coordinator on 11/14/19 at 2:46pm revealed: -Another resident was in Resident #16's room. Resident #16 was found lying on the floor and another resident was in front of Resident #16 with a walker. -Resident #16 declined to go to the emergency room.						
	5:31pm revealed: -She knew about the that occurred on 08/2 -Resident #16 was no room. -To protect the reside	ot taken to the emergency ents, any resident that had behaviors was sent to the					
		interview with Resident ovider (PCP) on 11/15/19 at ssful.					
	05/09/19 revealed: -Diagnoses included schizophrenia, Diabe obstructive pulmonar Osteoarthritis.	urious to property. evel of care was					
		18's Resident Profile/Care revealed the resident was					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED R-C	
			A. BUILDING:			
		HAL034093	B. WING			<u>/15/2019</u>
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	DUSE		IRKE MILL ROAD	22		
04015			N SALEM, NC 2710	PROVIDER'S PLAN C		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 338	Continued From page	e 139	D 338			
	documented as some memory was forgetfu reminders.	etimes disoriented; her I, and she needed				
	Review of the progress notes for the named male resident dated 10/16/19 revealed: -The male resident was heard yelling at Resident					
	<ul><li>#18 as he had her pinned against the wall.</li><li>The male resident punched Resident #18 in the back.</li><li>Staff took the male resident to his room.</li></ul>					
	Review of Resident # 10/16/19 revealed:	18's progress notes dated				
	-Resident #18 was pinned up on the wall by another resident.					
	-Resident #18 was punched in the back. -Resident #18 was not injured.					
		was observed hitting ack.				
	Review of the Accide	nt/Incident report for				
	wall by the named ma	oserved pinned against the ale resident .				
	<ul> <li>-Resident #18 was pu</li> <li>-No injury was noted.</li> <li>-Resident #18 was noted.</li> </ul>					
	department.					
		ns, interviews, and record nined Resident #18 was not				
	Interview with Reside					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 338	Continued From page	e 140	D 338			
	needed due to the ma -A male resident had time being on 11/16/1 Interview with the Adu 5:31pm revealed: She knew about the i on 10/16/19. -Resident #18 was no emergency departme injuries. -To protect the reside exhibited aggressive emergency departme Interview with Reside provider (PCP) on 11 -Resident #18 had or aggressive. -She knew about the	ot get the attention she any behaviors on the unit. assaulted her twice, the last 19. ministrator on 11/14/19 at ncident with Resident #18 ot transported to the ent as she did not incur any ents, any resident that had behaviors was sent to the ent to be evaluated. ent #18's primary care /15/19 at 10:25am revealed:				
	The facility failed to p and neglect resulting yelled at by staff (#12 sit all day in hallway t oxygen therapy (#2), staff with a cup (#1), #15, #16, #17, #18, a pushed to the floor re from physically aggre failure resulted in phy	rotect residents from abuse in a SCU resident being 2), a resident being made to to maintain continuous a resident being hit by a and residents (#11, #14, and #20) being hit, and esulting in multiple injuries essive residents. The facility's viscal harm and serious ths and constitutes a Type A2				
	The facility provided a accordance with G.S.	a plan of protection in . 131D-34 on 11/08/19 for				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ANBY H	DUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLET DATE
D 338	Continued From pag	e 141	D 338			
	this violation.					
		DATE FOR THE TYPE A2 NOT EXCEED DECEMBER				
D 358	<ul> <li>10A NCAC 13F .1004(a) Medication Administration</li> <li>10A NCAC 13F .1004 Medication Administration <ul> <li>(a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</li> <li>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</li> <li>(2) rules in this Section and the facility's policies and procedures.</li> </ul></li></ul>		D 358			
	This Rule is not met FOLLOW-UP TO TY	•				
		ngs, the previous Type B . Non-compliance continues.				
	reviews, the facility fa were administered as prescribing practition sampled residents re mood disorder, an ar	ns, interviews, and record ailed to assure medications s ordered by a licensed er for 3 of 8 (#3, #4, and #7) garding medications for a mino acid supplement (#3), a biotic, a bronchodialator (#7).				
	The findings are:					
	1. Review of Resider revealed diagnoses i	nt #3's FL-2 dated 05/29/19 ncluded dementia,				
	a. Review of Resider					

STATEMENT	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
	or connection	IDENTIFICATION NOWIDER.	A. BUILDING:			LLILD
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
	01105	3150 BU	RKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE COM O THE APPROPRIATE DA	
D 358	Continued From page	e 142	D 358			
		n order for divalproex (used ers) 125 mg 2 capsules 3				
	Review of Resident #3's October 2019 eMAR revealed: -There was an entry for divalproex 125 mg 2					
	capsules 3 times dail administration at 7:00 daily.	capsules 3 times daily scheduled for administration at 7:00 am, 1:00 pm, and 8:00 pm daily. -Divalproex 125 mg mg was not documented as				
	administered on 10/1	7/19, 10/18/19, 10/20/19, documented reason of				
		with a documented reason of				
	hand on 11/07/19 at					
	Divalproex 125 mg ca 2 capsules (25mg) th	-				
	-Both cards were disp -Card #1 had 14 of 30 card #2 had 14 of 30	0 capsules remaining and				
	at 3:19pm revealed:	ication aide (MA) on 11/13/19				
	Care Unit (SCU) Coo	ere received, the Special ordinator and the Resident CC) were responsible for				
	sending the orders to -The SCU Coordinate	o the pharmacy. or and the RCC were				
	orders entered on the	oving the new medication e eMAR. vere not in the building, the				
	MAs were instructed Coordinator or the R0	to inform the SCU				
	- I he MAs checked fo the night shift. alth Service Regulation	or medications available on				

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If continuation sheet 143 of 339

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	003E	WINSTO	N SALEM, NC 2710	3			
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
D 358	Continued From page	e 143	D 358				
	-When a new medical requisition form attack placed in the resident -The MAs did not have the medications show -Each MA was assign eMAR audits to ensur- hand. -The audits were com- the SCU Coordinator -She did not recall wh completed. Interview with the SC at 2:46pm revealed: -The Administrator ge sometimes she would day for missed medic -She had not looked a medications. -She had not instructed they were looking for medications needed to -Medications were reacycle fill but if blister p had to be reordered v of medication remain -Medications should of administered if the mo- resident. She expected the MA when a medication w -Medications should of	tion came in, it had a hed that staff removed and it's record. re access to new orders until yed up on the eMAR. hed a group of residents for re medications were on apleted weekly and given to or the RCC. hen the last eMAR audit was U Coordinator on 11/14/19 enerally ran a daily report; d run the report every other ations. at the report for missed ed the staff to let her know if medications or if to be reordered. ordered weekly when on backs were being used, they when the there was 3 doses ing. only be documented as edication was given to the as to contact the pharmacy					
		ninistrator on 11/14/19 at le for administering					

Division of Health Servi STATE FORM

IVISION OF HEALTH SERVICE REGU TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
	HAL034093	B. WING			R-C 11/15/2019	
AME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
	3150 BL	IRKE MILL ROAD				
ANBY HOUSE	WINSTO	N SALEM, NC 271	03			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE	
D 358 Continued From pag	e 144	D 358				
<ul> <li>-MAs were responsible medication carts were -We changed over to beginning of October -The RCC and SCU responsible for ensure the building, ensuring administered as order had an adequate sup -The Administrator ratio see if medications did not run the report -There was not a rou Nurse for monitoring</li> <li>Interview with the Reprovider on 11/15/19 was not aware of me administered to Resi</li> <li>Based on observation review, it was deterministerie wable.</li> <li>b. Review of Resider revealed there was a amino acid supplement mg) 2 times daily.</li> <li>Review of Resident for revealed: -There was not a 9:00 -L-Carnitine was not a 9:00 -L-Carnitine was not a supplement administered 21 of 62 documented reason</li> </ul>	ekly. a multidose pack at the Coordinator were ring all medications were in g medications were ered, and that the resident oply. andomly ran an audit report were administered, but she routinely. tine audit by the corporate medication administration. esident #3's primary care at 10:05am revealed she dications were not being dent #3. n, interview, and record hined Resident #3 was not at #3's FL-2 dated 05/29/19 in order for L-Carnitine (an ent) 250 mg 4 tablets (1,000 #3's October 2019 eMAR for L-Carnitine 250 mg 4 times daily scheduled for Dam and 9:00pm daily.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED	
			A. BUILDING:		R-C		
		HAL034093	B. WING			11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY HO	DUSE		IRKE MILL ROAD				
		WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 145	D 358				
	revealed: -There was an entry fit tablets (1,000 mg) 2 t administration 9:00an -L-Carnitine was not of administered 7 of 10 documented reason of and 2 of 7 with a docu at pharmacy. Observation of Resid hand on 11/07/19 at 7 no L-Carnitine available in over-stock. Interview with a medi- at 3:19 pm revealed: -When new orders we Care Unit (SCU) Coo Care Coordinator (RC sending the orders to -The SCU Coordinator responsible for appro- orders entered on the -When medications we MAs were instructed Coordinator or the RC -The MAs checked for night shift. -When a new medicar requisition form attack placed in the resident -The MAs did not hav the medication showe -Each MA was assign	documented as opportunities with a of "drug/item unavailable" umented reason of on order ent #3's medications on 11:47 am revealed there was ble on the medication cart, or cation aide (MA) on 11/13/19 ere received, the Special rdinator and the Resident CC) were responsible for the pharmacy. or and the RCC were ving the new medication e eMAR). vere not in the building, he to inform the SCU CC. or medications available on tion came in, it had a hed that staff removed and t's record. ve access to new orders until					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		DENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BL	JRKE MILL ROAD				
	OUSE	WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 146	D 358				
	the SCU Coordinator or the RCC. -She did not recall when the last eMAR audit was completed. Interview with a second MA on 11/14/19 at 9:47am revealed: -She had never administered L-Carnitine to						
2 - - - - - - - - - - -							
	Resident #3. -She did not realize she had marked L-Carnitine as given and stated it must have been a mistake. -She noticed last night that there was no						
	L-Carnitine available for Resident #3. -She had not called the pharmacy regarding L-Carnitine not being available.						
		ave a medication on the cart, U Coordinator or a more					
	revealed:	on 11/13/19 at 10:30am					
		the prescription for ent #3 several times but eled either by insurance or					
	-L-Carnitine was on b manufacturer.						
	on 05/08/19, 07/10/1 10/13/19, and 10/19/						
	either the facility or th	not received a response from ne physician. not received an order to					
	discontinue L-Carniti						
	Coordinator on 11/14	ecial Care Unit (SCU) 4/19 at 2:46pm revealed: lent #3 did not have any					
	L-carnitine available.	enerally ran a daily report;					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:			R-C	
		HAL034093	B. WING			11/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET	
D 358	Continued From page	e 147	D 358				
	sometimes she would	d run the report every other					
	day for missed medic						
	•	at the report for missed					
	medications.						
		ed the staff to let her know if					
	they were looking for						
	medications needed						
		ordered weekly when on					
	•	packs were being used, they when the there was 3 doses					
	of medication remain						
		only be documented as					
		edication was given to the					
	resident.	5					
	She expected the MA's to contact the pharmacy						
	when a medication w						
		only be documented as					
	administered if the m resident.	edication was given to the					
	Interview with the Ad	ministrator on 11/14/19 at					
	5:31pm revealed:						
	-MAs were responsib	ble for administering					
	medications.						
	-	As to document accurately.					
	-MAs were responsib	-					
	medication carts wee	a multidose pack at the					
	beginning of October	•					
	-The RCC and SCU						
		ing all medications were in					
	the building, ensuring	•					
	administered as orde	red, and that the resident					
	had an adequate sup						
		indomly ran an audit report					
		were administered but she					
	did not run the report	-					
		tine audit by the corporate medication administration.					
		medication administration.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093				R-C I/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
	SUMMARY ST			PROVIDER'S PLAN C		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 148	D 358			
	Interview with the Resident #3's primary care provider on 11/15/19 at 10:05am revealed she was not aware of medications not being administered to Resident #3. Based on observation, interview, and record review, it was determined Resident #3 was not interviewable.					
	revealed: -Diagnoses included disturbance, traumati neurocognitive disorc cognitive communica alcohol abuse.	nt #4's FL-2 dated 5/27/19 dementia with behavioral ic brain injury, major der with behaviors, anxiety, tion deficit, and history of for docusate sodium 100 mg				
	twice daily (used to treat constipation). Review of Resident #4's September 2019 eMAR revealed:					
	2 times daily schedul 8:00am and 8:00pm -Docusate sodium wa administered 21 of 60	as not documented as 0 opportunities from , with a reason of "drug/item				
	on 11/08/19 at 12:24 -There were 2 bottles mls (100mg) twice da -They bottles were di had 946 ml.	s of Docu 50 mg/5ml (give 10				
	-Bottle 2 of 2 was full	and had not been opened.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE	3150 BU	IRKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From pag	e 149	D 358				
	at 3:19pm revealed:						
	•	ere received, the Special					
		ordinator and the Resident					
		CC) were responsible for					
	sending the orders to						
	-The SCU Coordinate						
	responsible for approving the new medication						
	orders entered on the eMAR.						
	-When medications were not in the building, the						
	MAs were instructed	•					
	Coordinator or the R	CC.					
	-The MAs checked for	or medications available on					
	the night shift.						
	-	ation came in, it had a					
		hed that staff removed and					
	placed in the residen						
	-The MAs did not hav	ve access to new orders until					
	the medications show	wed up on the eMAR.					
		ned a group of residents for					
	eMAR audits to ensure hand.	ire medications were on					
		npleted weekly and given to					
	the SCUC or the RC						
		o. hen the last eMAR audit was					
	completed.						
	Interview with the SC	CU Coordinator on 11/14/19					
	at 2:46pm revealed:						
		enerally ran a daily report;					
		d run the report every other					
	day for missed medic						
	-She had not looked	at the report for missed					
	medications.						
		ed the staff to let her know if					
	they were looking for						
	medications needed						
		ordered weekly when on					
	-	packs were being used, they					
		when the there was 3 doses					
	of medication remain	nina					

E STATE FORM

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
			B. WING			R-C	
		HAL034093		710 0005	11	/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE IRKE MILL ROAD	, ZIP CODE			
DANBY H	OUSE		ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From page	e 150	D 358				
	-Medications should of administered if the mo- resident. She expected the MA- when a medication w -Medications should of administered if the mo- resident. Interview with the Adm 5:31pm revealed: -MAs were responsib medications. -She expected the Mu- -MAs were responsib medication carts wee -We changed over to beginning of October. -The RCC and SCU of responsible for ensur- the building, ensuring administered as orde had an adequate sup -The Administrator ra	only be documented as edication was given to the as to contact the pharmacy as not available. Only be documented as edication was given to the ministrator on 11/14/19 at le for administering As to document accurately. le for auditing the kly. a multidose pack at the Coordinator were ing all medications were in medications were red, and that the resident ply. ndomly ran an audit report were administered but she					
	Nurse for monitoring Interview with the Res	tine audit by the corporate medication administration. sident 4's primary care /15/19 at 10:15am revealed:					
	-She was not aware of administered to Reside -She could not say the could not say th	of medications not being					
		n, interview, and record ined Resident #4 was not					

	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING		11/1	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET
D 358	Continued From page	ə 151	D 358			
	revealed diagnoses in	t #7's FL2 dated 05/14/19 ncluded dementia, breast , and history of rib fracture.				
	<ul> <li>a. Review of Resident #7's hos Summary dated 10/30/19 revea -Resident #7 was seen in the lo emergency department due to a -Resident #7 had a laceration of a result of the fall.</li> <li>There were instructions to star doxycycline hyclate 100 mg cap twice daily for 10 days (an antib</li> </ul>	0/19 revealed: en in the local hospital ent due to a fall. aceration of the forehead as ons to start taking 00 mg capsule 1 capsule				
	bacterial infections). Review of Resident # Administration Recor	7's electronic Medication d for October 2019 revealed r doxycycline hyclate 100mg				
	Administration Record revealed there was not	7's electronic Medication d for November 2019 o entry for doxycycline sule twice daily for 10 days.				
	5:32pm revealed Res	ent #7 on 11/07/19 at sident #7 had a bruise on her on her right forehead with				
	Observation of Resid available for administ 11:37am revealed the hyclate on the medica	ration on 11/08/19 at ere was no doxycycline				
	Interview with the Sp Coordinator on 11/08 revealed:	ecial Care Unit (SCU) /19 at 12:19pm and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
	I CONNECTION	IDENTIFICATION NOWIDEN.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY HO	JUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE	
D 358	Continued From page	e 152	D 358				
	-Resident #7 was ser	nt out to the emergency					
		/19 because she fell out of					
	her wheelchair and h	it her head.					
	-She was responsible	e for reviewing hospital					
	-	s for changes in medication					
	and new medication orders. -She had not looked at Resident #7's hospital						
		-					
	after visit summary up						
		or doxycycline hyclate 100 ' Resident #7's hospital after					
	visit summary.	Resident #7 S hospital aller					
	Interview with a repre	esentative from the					
		on 11/08/19 at 12:38pm					
	revealed the pharmacy did not have a current						
	order for doxycycline hyclate 100 mg capsule 1 capsule twice daily for 10 days.						
		cation Aide (MA) on 11/08/19					
	at 5:34pm revealed:						
	-Resident #7 had a fa	ent #7 back into the facility					
		pleted a progress note on					
		g Resident #7 was back at					
	the facility with a lace						
	•	ospital After Visit Summary					
	and saw the order for	doxycycline hyclate.					
		for doxycycline hyclate to					
	the pharmacy on the	-					
		oxycycline hyclate on the					
	eMAR for Resident #	7. ed the pharmacy to see why					
	the doxycycline hycla						
		en off from work and just					
	came back to work or	-					
		anyone else had contacted					
		ing doxycycline hyclate for					
	Resident #7.						
	A second interview w	ith the SCU Coordinator on					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:		R-C		
		HAL034093	B. WING			11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	DUSE		JRKE MILL ROAD ON SALEM, NC 2710	13			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 153	D 358				
	11/08/19 at 5:52pm r	evealed:					
		aced in the "bucket folder					
	system."						
		ystem" included a yellow					
		et #1, NEW PHYSICIAN					
	ORDERS: Task- Fax	-					
	pharmacy and waiting for order(s) to show up in						
	the eMAR system."	<b>5</b> (-)					
	5	al after visit summary was in					
	•	ad not checked Bucket #1					
	until today.						
	-The bucket folders s	hould be checked daily, but					
	she did not always checks, but she did not always						
	check the folders daily because she looked for						
	orders on the MA work station and MAs also						
	placed orders under	her door.					
		ceipt where the order for					
		vas faxed to the pharmacy					
	on 10/30/19, but she	5					
		pharmacy to see why the					
	medication was not d						
		er for doxycycline hyclate to					
	the pharmacy on toda	ay.					
		Supervisor on 11/13/19 at					
	3:54pm revealed:						
	-She did not know the						
	doxycline hyclate dat						
		was not on Resident #7's					
		ot administered doxycycline					
	hyclate.	or was responsible for					
	making sure new ord	•					
		and were on the eMAR.					
	Interview with the Ad 4:25pm revealed:	ministrator on 11/08/19 at					
		ere was an order for an					
	antibiotic dated 10/30						
	-The SCU Coordinate						

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BL	IRKE MILL ROAD				
		WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 154	D 358				
	reviewing new orders -She expected medic ordered.	s in the SCU. cation to be administered as					
	on 11/07/19 at 4:43p -She did not know the for doxycycline hycla Resident #7 resulting not know the doxycyc administered.	mary Care Provider (PCP) m revealed: ere was a physician's order te dated 10/30/19 for g from a hospital visit and did cline had not been started or cation to be administered as					
	revealed there were to the FL2 and dated orders for ipratropiun medication used to tr obstructive pulmonar	nt #7's FL2 dated 05/14/19 physician's orders attached 05/14/19 which included n-albuterol (duoneb) (a reat symptoms of chronic ry disease (COPD) 0.5 mg-3 al via nebulizer 4 times daily 4:30pm, and 8:00pm.					
	05/21/19 revealed: -There was an order all components.	#7's physician's order dated for a nebulizer machine and for duonebs 4 times daily.					
	summary dated 06/2 -Resident #7 was see Provider (PCP) on 05 nebulizer machine. -A new order was wri machine and all com	en by the Primary Care 5/21/19 due to need for a itten for the nebulizer					
	Review of resident # 08/07/19 revealed: alth Service Regulation	7's physician's order dated					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL034093				/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE					
			ON SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 155	D 358			
	-There was a note to the physician Resident #7 needed a nebulizer machine or order to discontinue duonebs. -The PCP wrote an order to change duonebs to 4 times daily as needed.					
	times daily as needed. Review of Resident #7's patient encounter summary dated 08/20/19 revealed: -There was documentation Resident #7 needed a nebulizer machine for her as needed respiratory treatment to treat her chronic cough and congestion as needed. -There was an order to discontinue scheduled nebulizer treatments and change to as needed for wheezing or shortness of breath. -There was an order to obtain a nebulizer machine with all equipment. -There was an order for duonebs as needed inhale 1 vial via hand held nebulizer 4 times daily as needed for wheezing, shortness of breath, coughing, and respiratory distress. -There was a note documenting that it was okay to hold duonebs until the nebulizer machine arrived.					
	Review of Resident #7's patient encounter summary dated 10/09/19 revealed: -There was documentation Resident #7's family member reported to the PCP Resident #7 had a "terrible cough" that was productive. -There was documentation staff reported to the PCP Resident #7 had a cough that was "chronic and possibly increased." -The PCP's impression of Resident #7 included bilateral lower lobe chest congestion with cough and chronic bronchitis.					
	Review of Resident # revealed: -There was an entry f	7's eMAR for August 2019				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		JRKE MILL ROAD			
	1	WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 156	D 358			
	Continued From page 156 0.5mg-3mg (2.5mg base)/3 mL inhale 1 vial via nebulizer four times daily to be administered at 9:00am, 1:00pm, 4:30pm, and 8:00pm. -There was no documentation duonebs were administered for 89 of 92 opportunities from 08/01/19 through 08/23/19. -The documented reasons why duonebs were not administered included: drug/item unavailable and machine broken. -There was a discontinue date of 08/24/19 on the entry for duonebs. Review of Resident #7's eMAR for September, October, and November 2019 revealed there was no entry for duonebs inhale 1 vial via nebulizer four times times as needed as ordered on 08/07/19.					
		ent #7's room on 11/07/19 at re was no nebulizer machine n.				
		ent #7's medication tration on 11/08/19 at ere were no duonebs on the				
		ns, interviews, and record nined Resident #7 was not				
	revealed: -There was a current duonebs 360 ml inha -There was a 30 day to the facility on 05/10	on 10/07/19 at 3:11pm order dated 05/15/19 for le 1 vial 4 times daily. supply of 120 vials delivered				

STATE FORM

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY
ST CONNECTION	BENNI IOANON NOMBEN.	A. BUILDING:			
	HAL034093	B. WING			R-C / <b>15/2019</b>
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	3150 BU	RKE MILL ROAD			
0032	WINSTO	N SALEM, NC 271	03		
(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE           REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED			CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	e 157	D 358			
duonebs as 4 times of -The pharmacy had r	daily as needed. not received an order to				
Interview with a second shift medication aide (MA) on 11/07/19 at 3:48pm revealed: -Resident #7 was not administered nebulizer treatments. -Resident #7 has never had a nebulizer in her room that she knew of.					
Coordinator on 11/07 -She knew Resident duonebs. -Resident #7 did not machine because the Resident #7's insurar	7/19 at 3:52pm revealed: #7 had physician's orders for currently have a nebulizer ere was an issue with				
-Duonebs had been of in August 2019 due to patient encounter sur documenting "okay to nebulizer arrived." -She had not followed to let her know Resid nebulizer were not in	o the note on Resident #7's mmary dated 08/20/19 o hold duonebs until the d up with Resident #7's PCP lent #7's duonebs and the facility to be				
11:47am revealed: -She had never admi Resident #7. -Resident #7 did not machine. -She had documente "drug/item not availab	nistered duonebs to currently have a nebulizer d on Resident #7's eMARs ble and machine broken."				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page - The pharmacy had r duonebs as 4 times of - The pharmacy had r duonebs as 4 times of - The pharmacy had r discontinue duonebs Interview with a seco (MA) on 11/07/19 at 3 - Resident #7 was not treatments. - Resident #7 has new room that she knew of Interview with the Sp Coordinator on 11/07 - She knew Resident duonebs. - Resident #7 did not machine because the Resident #7's insurar machine. - Duonebs had been of in August 2019 due to patient encounter sur documenting "okayt to nebulizer arrived." - She had not follower to let her know Resid nebulizer were not in administered as order Interview with a first s 11:47am revealed: - She had never admin Resident #7. - Resident #7 did not machine. - She had never admin Resident #7. - Resident #7 did not machine. - She had documenter "drug/item not availation"	IDENTIFICATION NUMBER:         HAL034093         ROVIDER OR SUPPLIER       STREET A         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 157       -The pharmacy had not received an order for duonebs as 4 times daily as needed.         -The pharmacy had not received an order to discontinue duonebs.       Interview with a second shift medication aide (MA) on 11/07/19 at 3:48pm revealed: -Resident #7 was not administered nebulizer treatments.         -Resident #7 has never had a nebulizer in her room that she knew of.       Interview with the Special Care Unit (SCU) Coordinator on 11/07/19 at 3:52pm revealed: -She knew Resident #7 had physician's orders for duonebs.         -Resident #7 did not currently have a nebulizer machine because there was an issue with Resident #7's insurance not covering the machine.         -Duonebs had been discontinued from the eMAR in August 2019 due to the note on Resident #7's patient encounter summary dated 08/20/19 documenting "okay to hold duonebs until the nebulizer arrived."         -She had not followed up with Resident #7's PCP to let her know Resident #7's duonebs and nebulizer were not in the facility to be administered as ordered.         Interview with a first shift MA on 11/08/19 at 11:47am revealed: -She had never administered duonebs to Resident #7.         -Resident #7.       -Resident #7.	IDENTIFICATION NUMBER:       A. BUILDING:         HAL034093       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PID PREFIX TAG         Continued From page 157       D 358         -The pharmacy had not received an order for duonebs as 4 times daily as needed.       D 358         -The pharmacy had not received an order to discontinue duonebs.       D 358         Interview with a second shift medication aide (MA) on 11/07/19 at 3:48pm revealed: -Resident #7 has never had a nebulizer treatments.       D 358         -Resident #7 has never had a nebulizer in her room that she knew of.       Interview with the Special Care Unit (SCU) Coordinator on 11/07/19 at 3:52pm revealed: -She knew Resident #7 had physician's orders for duonebs.       Interview with Resident #7 had physician's orders for duonebs.         -Resident #7 did not currently have a nebulizer machine because there was an issue with Resident #7's insurance not covering the machine.       Interview with a first shift MA on 11/08/19 at 11:47am revealed:         -She had not followed up with Resident #7's PCP to let her know Resident #7's duonebs and nebulizer arrived."       Interview with a first shift MA on 11/08/19 at 11:47am revealed:         -She had never administered duonebs to Resident #7.       -She had never administered duonebs to Resident #7.       -She had never administered duonebs to Resident #7.         -She had hocumented on R	OP CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:       HAL034093     B. WING       ROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PROVIDER'S PLANC (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PROVIDER'S PLANC (EACH DEPICIENCY MUST BE PRECEDED TO PULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PROVIDER'S PLANC (EACH DEPICIENCY MUST BE PRECEDED TO PRETEX       Continued From page 157     D 358     D 358       -The pharmacy had not received an order for duonebs.     D 358       Interview with a second shift medication aide (MA) on 11/07/19 at 3:48pm revealed: -Resident #7 has never had a nebulizer treatments.     Second shift medication aide (MA) on 11/07/19 at 3:52pm revealed: -Resident #7 has never had a nebulizer treatments.       -Resident #7 has never had a nebulizer treatments.     -Resident #7 has never had a nebulizer treatments.       -Resident #7 has never had a nebulizer treatments.     -Resident #7 has never had a nebulizer treatments.       -Resident #7 has never had a nebulizer treatments.     -Resident #7 has never had a nebulizer treatments.       -Resident #7 has never had a nebulizer treatments.     -Resident #7 has never had a nebulizer treatments.       -Resident #7 has never had a nebulizer machine.     -Duonebs had been discontinued from the eMAR in August 2019 due to the note on Resident #7's PCP to let her know Resident #7's duonebs and nebulizer arrit #7 did not currently have a nebulizer machine.<	OP CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       Common control of the second se

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If continuation sheet 158 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BU	RKE MILL ROAD				
			N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From page	e 158	D 358				
	could be administere	d.					
	4:25pm revealed: -She did not know Re administered duoneb physician. -She expected medic ordered by the physic Interview with a MA/S 10:08am revealed:	ation to be administered as					
	duonebs. -Resident #7 had bee machine for several r machine being broke -She had talked to th not remember when, having a nebulizer m duonebs and the SCI was trying to get orde	en without her nebulizer nonths due to her nebulizer n. e SCU Coordinator, but did about Resident #7 not achine for administration of U Coordinator told her she ers to get a new one. have any difficulty breathing,					
	4:43pm revealed: -Resident #7 needed machine for diagnose pulmonary disease (0 -Resident #7 had not due to symptoms of 0 -There were no nega #7 not having duonel -Duonebs should not changed from schedu	tive outcomes of Resident os via the nebulizer machine. have been discontinued, but					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093				۲-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 364	Continued From page	e 159	D 364			
D 364	10A NCAC 13F .1004(g) Medication Administration		D 364			
	(g) The facility shall a administered to resid or one hour after the	4 Medication Administration ensure that medications are ents within one hour before prescribed or scheduled d by emergency situations.				
	reviews, the facility fa were administered with the prescribed or sch residents sampled (# #10) resulting in med administration times in to the next scheduled	ns, interviews, and record ailed to assure medications ithin one hour before or after eduled times for 7 of 7 2, #3, #4, #5, #6, #7, and				
	The findings are:					
	05/21/19 revealed dia gouty arthropathy, ac mellitus, abnormal glu	nt #6's current FL2 dated agnoses included acute sute kidney failure diabetes ucose, chronic kidney n, and acute and chronic s/embolism.				
	dated 05/21/19 and c dated 10/20/19 revea	at #6's physician's orders surrent physicians orders aled a physician's order for areat nerve pain) 300 mg				
		ended for dosing more than d be administered according				

STATEMENT	of Health Service Regun TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	RKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLETI DATE	
D 364	Continued From page	e 160	D 364				
	to assigned time intervals to assure blood concentration levels remain consistent and side						
		herapeutic ranges are					
	minimized.						
	Review of Resident #6's August 2019 electronic						
	medication administr						
	revealed:						
	-There was an entry	for gabapentin 300 mg three					
		ed for 10:00am, 1:00pm, and					
	9:00pm.						
		was documented for					
		f 93 opportunities in August					
	2019 with examples						
		uled for 10:00am and					
		administration at 11:41am;					
		dministered at 1:00pm.					
	-On 08/16/19, schedu	administration at 2:44pm; the					
	next dose was admir						
	-On 08/31/19, schedu	-					
		administration at 10:49am;					
		dministered at 2:00pm.					
	Review of Resident #	#6's September 2019 eMAR					
	revealed:						
	-	for gabapentin 300 mg three					
		ed for 8:00am, 2:00pm, and					
	8:00pm.	numented as late					
	-Gabapentin was doo						
	examples as follows:	of 90 opportunities with					
	-On 09/05/19, schedu						
		administration at 10:11am;					
		dministered at 2:00pm.					
	-On 09/06/19, sched	-					
		administration at 10:20am;					
		dministered at 2:00pm.					
	-On 09/07/19, sched	uled for 8:00am and					
	documented as late a	administration at 9:42am; the					

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING.	A. BUILDING:		R-C
		HAL034093	B. WING			1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 161	D 364			
	given; the next dose of Review of Resident # revealed: -There was an entry fittimes a day schedule 8:00pm. -Gabapentin was doo administration as follo -On 10/24/19, schedu documented as late a given; next dose was Review of Resident # revealed there was a mg three times a day 1:00pm, and 9:00pm.	uled for 8:00am and administration at 9:45am and was administered at 2:00pm. 6's October 2019 eMAR for gabapentin 300 mg three ed for 8:00am, 2:00pm, and cumented as late bws:				
	revealed: -She did not pay much received her medicat -Resident #6 may har later the scheduled till particular instance. -Resident #6 had not pain and suffering dur missed or late. Refer to the interview care provider (PCP) of Refer to the interview	ve received medications me but she did not recall a experienced any increased e to medications being v with the facility's primary on 11/07/19 at 9:05am.				

STATEMENT	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
	or connection	IDENTIFICATION NOWIDER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE			
	0.105	3150 BU	IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	) THE APPROPRIATE	COMPLET DATE	
D 364	Continued From page	e 162	D 364				
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on					
		h the Special Care Unit n 11/14/19 at 2:46pm.					
	Refer to the interview with the Administrator on 11/14/19 at 5:31pm.						
	b. Review of Resident #6's physician's orders dated 05/21/19 and current physician's orders dated 10/20/19 revealed a physician's order for tramadol (used to treat moderate pain) 50 mg tablets 2 tablets three times a day.						
	one time a day should to assigned time inter concentration levels r	ended for dosing more than d be administered according rvals to assure blood remain consistent and side nerapeutic ranges are					
	Review of Resident # medication administra	6's August 2019 electronic ation record (eMAR)					
	-There was an entry f tablets three times a 1:00pm, and 9:00pm. -Tramadol 50mg was	documented for of 93 opportunities in August					
	-On 08/03/19, schedu documented as late a the next dose was ad	uled for 9:00am and administration at 11:43am; Iministered at 2:13pm.					
	-On 08/07/19, schedu documented as late a next dose was admin -On 08/25/19, schedu	administration at 2:44pm; the istered at 9:00pm.					
	documented as late a	administration at 10:41am; Iministered at 1:00pm.					

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY HO	DUSE	3150 BU	IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
D 364	Continued From page	e 163	D 364			
		uled for 9:00am and administration at 10:49am; Iministered at 1:00pm.				
	Review of Resident #6's September and October 2019 eMARs revealed: -There was an entry for tramadol 50mg take 2					
	tablets three times a day scheduled for 9:00am, 1:00pm, and 9:00pm. -Tramadol 50mg was documented for					
	administered late 6 of 90 opportunities in September 2019 and 4 of 93 opportunities in October 2019 with examples as follows:					
	-On 09/06/19, scheduled for 9:00am and documented as late administration at 10:20am;					
	the next dose was administered at 2:28pm. -On 09/07/19, scheduled for 1:00pm and					
	documented as late administration at 2:37pm; the next dose was administered at 9:00pm.					
	-On 10/01/19, schedu					
		administration at 10:26am; Iministered at 2:13pm.				
		6's November 2019 eMAR n entry for tramadol 50mg				
		mes a day scheduled for				
		9:00pm. Tramadol was not administration from 11/01/19				
	Interview with Reside revealed:	ent #6 on 11/13/19 at 1:50pm				
	received her medicat					
	-	ve received medications me, but she did not recall a				
	-Resident #6 had not	experienced any increased e to medications being				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE
D 364	Continued From page	e 164	D 364			
		Refer to the interview with the facility's primary care provider (PCP) on 11/07/19 at 9:05am.				
	Refer to the interview medication aide (MA)	with a second shift ) on 11/07/19 at 3:00pm.				
	Refer to the interview with a first shift MA on 11/13/19 at 1:08pm.					
		h the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	2. Review of Resident #3's FL-2 dated 05/29/19 revealed diagnoses included dementia.					
		t #3's FL-2 dated 05/29/19 n order for diltiazem (used to 0 mg 3 times daily.				
		43's August 2019 electronic ation Record (eMAR)				
	daily scheduled for a 1:00pm, and 9:00pm	for diltiazem 90 mg 3 times dministration at 9:00am, daily. nented as administered late				
	17 of 93 opportunities with a reason of "resi	s from 08/01/19 to 08/31/19 dent care" documented. on 08/11/19 diltiazem 90 mg				
	was administered at with the next dose ad	11:09am instead of 9:00am Iministered at 2:02pm and 190 mg was administered at				
		:00pm with the next dose				
	Review of Resident #	3's September 2019 eMAR				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
	SUMMARY S			PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From pag	e 165	D 364			
	revealed:					
	-There was an entry	for diltiazem 90 mg 3 times				
	-	dministration at 9:00am,				
	2:00pm, and 9:00pm					
	-Diltiazem was documented as administered late					
	10 of 90 opportunities from 09/01/19 to 09/30/19, with a reason of "computer issues" documented					
		documented once, and 8				
	times a reason of "re					
	documented.					
		on 09/13/19 diltiazem 90 mg				
	was administered at 10:33am instead of 9:00am					
	with the next dose administered at 2:00pm and on 09/18/19 diltiazem 90 mg was administered at					
	10:26am instead of 9:00am with the next dose					
	administered at 2:00					
	Review of Resident #3's October 2019 eMAR					
	revealed:					
	daily scheduled for a	for diltiazem 90 mg 3 times dministration at 9:00am,				
	2:00pm, and 9:00pm					
		mented as administered late				
		from 10/01/19 to 10/31/19, ident care" documented 2				
		was documented 4 times.				
		on 10/02/19 diltiazem 90 mg				
	•	10:52 pm instead of 9:00pm				
	with the next dose ad	dministered on 10/03/19 at				
		0/19 diltiazem 90 mg was				
		7pm instead of 9:00pm with				
	9:00am.	stered on 10/21/19 at				
	Review of Posidort	≠3's November 2019 eMAR				
	revealed:					
		for diltiazem 90 mg 3 times				
		dministration at 9:00am,				
	2:00pm, and 9:00pm					
	-Diltiazem was docu	mented as administered late				

STATE FORM

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING: B. WING		R-C 11/15/2019	
		HAL034093				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 166	D 364			
	2 of 15 opportunities with a reason of "resi time and no reason of -For example, on 11/4 administered at 10:25 the next dose administ Interview with Reside provider (PCP) on 11 -She was not aware of administered late to F -Resident #3 was at in hypertension when sl pressure medications -Resident #3 needed pressure and pulse s arrhythmia. Refer to the interview care provider (PCP) of Refer to the interview medication aide (MA) Refer to the interview 11/13/19 at 1:08pm. Refer to the interview wit Coordinator (SCUC) Refer to the interview 11/14/19 at 5:31pm. Based on observation review, it was determ interviewable.	from 11/01/19 to 11/05/19 dent care" documented 1 ocumented 1 time. 02/19, diltiazem 90 mg was 5am instead of 9:00am with stered at 2:00pm. ent #3's primary care /15/19 at 10:05am revealed: of medications being Resident #3. risk of having uncontrolled he did not receive her blood as ordered. to keep a consistent blood o that she did not go into an e with the facility's primary on 11/07/19 at 9:05am. e with a second shift o on 11/07/19 at 3:00pm. e with a first shift MA on h the Special Care Unit on 11/14/19 at 2:46pm. e with the Administrator on h, interview, and record ined Resident #3 was not				
	revealed there was a	It #3's FL-2 dated 05/29/19 n order for metoprolol (used ) 100 mg 2 times daily.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		D C	
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 167	D 364			
	Review of Resident #3's August 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for metoprolol 100 mg 2 times daily scheduled for administration at 8:00am and 8:00pm daily. -Metoprolol was documented as administered late 26 of 93 opportunities from 08/01/19 to 08/31/19, with a reason of "resident care" documented 21 times and no reason documented 5 times. -Examples included: on 08/11/19, metoprolol 100 mg was administered at 11:09am instead of 8:00am with the next dose administered at 8:00pm and on 08/12/19 metoprolol 100 mg was administered at 11:06am instead of 8:00am with the next dose administered at 8:00pm.					
	revealed: -There was an entry f times daily scheduled 9:00am and 9:00pm -Metoprolol was docu 12 of 90 opportunities with a reason of "com once, no reason docu a reason of "resident -Examples included: mg was administered 9:00am with the next 9:00pm and on 09/18 administered at 10:26	43's September 2019 eMAR for metoprolol 100 mg 2 d for administration at daily. umented as administered late s from 09/01/19 to 09/30/19, nputer issues" documented umented once, and 10 times care" was documented. on 09/13/19, metoprolol 100 d at 10:33am instead of dose administered at 8/19 metoprolol 100 mg was 6am instead of 9:00am with stered on 09/19/19 at				
	revealed: -There was an entry t	#3's October 2019 eMAR for metoprolol 100 mg 2 d for administration at				

Division of Health S STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		B C	
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	DUSE		RKE MILL ROAD	0.2		
	SUMMARY ST			PROVIDER'S PLAN C		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 168	D 364			
	8:00am and 8:00pm daily. -Metoprolol was documented as administered late 8 of 93 opportunities from 10/01/19 to 10/31/19,					
	with a reason of "resident care" documented 7					
	times and no reason was documented 1 time.					
	-Examples included: on 10/09/19, metoprolol 100 mg was administered at 10:17 am instead of					
	•	dose administered at				
		2/19, metoprolol 100 mg was				
	•	Dam instead of 8:00am with				
	the next dose administ	stered at 8:00pm.				
		3's November 2019 eMAR				
	revealed: -There was an entry for metoprolol 100 mg 2					
	times daily scheduled for administration at					
	8:00am and 8:00pm daily.					
		imented as administered late				
		from 11/01/19 to 11/05/19,				
	with a reason of "resi	dent care" documented 2				
	times.					
	•	03/19, metoprolol 100 mg				
		9:06am instead of 8:00am				
	with the next dose ad	Iministered at 8:00pm.				
	Interview with Reside	ent #3's primary care provider				
	(PCP) on 11/15/19 at					
	-She was not aware of	•				
	administered late to F					
		risk of having uncontrolled he did not receive her blood				
	pressure medications					
	•	to keep a consistent blood				
		o that she did not go into an				
	arrhythmia.	-				
	Refer to the interview	with the facility's primary				
		on 11/07/19 at 9:05am.				
	Refer to the interview	with a second shift				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		DENTIFICATION DELC.	A. BUILDING: B. WING		R-C 11/15/2019	
		HAL034093				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	02		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 169	D 364			
	medication aide (MA)	) on 11/07/19 at 3:00pm.				
	Refer to the interview with a first shift MA on 11/13/19 at 1:08pm. Refer to interview with the Special Care Unit (SCU) Coordinator on 11/14/19 at 2:46pm.					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	Based on observation, interview, and record review, it was determined Resident #3 was not interviewable.					
		t #3's FL-2 dated 05/29/19 n order for Eliquis (a blood daily.				
	Review of Resident # Medication Administra	3's August 2019 electronic ation Record (eMAR)				
	-	for Eliquis 5 mg 2 times daily stration at 8:00am and				
	-Eliquis was documer of 93 opportunities fro	nted as administered late 26 om 08/01/19 to 08/31/19, dent care" documented 20 documented 6 times				
	-Examples included: was administered at	on 08/11/19, Eliquis 5 mg 11:09am instead of 8:00am				
	on 08/12/19 metoprol	Iministered at 8:00pm and lol 100 mg was administered f 8:00am with the next dose om.				
	revealed:	3's September 2019 eMAR				
	-	for Eliquis 5 mg 2 times daily stration at 9:00am and				

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON			E SURVEY PLETED	
		A. BUILDING:	A. BUILDING:		R-C	
	HAL034093	HAL034093 B. WING		11/15/2019		
AME OF PROVIDER OR SUPF	LIER STRE	ET ADDRESS, CITY, STATE, Z	IP CODE			
ANBY HOUSE		) BURKE MILL ROAD STON SALEM, NC 27103	3			
PREFIX (EACH D	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL 'ORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
of 90 opportu with a reason once, no reas reason of "res -Examples ind was administe with the next on 09/18/19, 1 10:26am inste documented a -Eliquis 5 mg administered 09/18/19 at 9. "drug unavaila Review of Re revealed: -There was all scheduled for 9:00pm daily. -Eliquis was c of 93 opportu with a reason times and no -Examples ind was administered the next dose 9:00am. Review of Re revealed: -There was all scheduled for 9:00pm daily.	ocumented as administered late 10 hities from 09/01/19 to 09/30/19, of "computer issues" documented on documented once, and 8 times a ident care" was documented. cluded: on 09/13/19, Eliquis 5 mg ered at 10:33am instead of 9:00am dose administered at 9:00 pm and Eliquis 5 mg was administered at ead of 9:00am with the next dose as not available. was documented as not on 09/02/19 at 9:00pm and 00pm with a documented reason of		DEFICIENC	Τ)		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R-C	
			A. BUILDING:			
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271(	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page 171		D 364			
	of 15 opportunities from with a reason of "resist time and no documer -For example, on 11/1 administered at 10:25 the next dose admini Interview with Resider )PCP) on 11/15/19 at not aware of medicat to Resident #3. Refer to the interview care provider (PCP) of Refer to the interview medication aide (MA) Refer to the interview 11/13/19 at 1:08pm. Refer to the interview with (SCU) Coordinator of Refer to the interview 11/14/19 at 5:31pm. Based on observation review, it was determ interviewable. d. Review of Residen revealed there was a to treat mood disorder	om 11/01/19 to 11/05/19, ident care" documented 1 nted reason 1 time. 02/19, Eliquis 5 mg was 5am instead of 9:00am with stered at 9:00pm. ent #3's primary care provider t 10:05am revealed she was tions being administered late				
	Medication Administr revealed:	¢3's August 2019 electronic ation Record (eMAR) for divalproex 125 mg 2				

	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE		1 1	/15/2019	
	ROVIDER OR SUFFLIER		IRKE MILL ROAD	, ZIF CODE			
DANBY H	OUSE		ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 364	Continued From page	e 172	D 364				
	capsules 3 times dail administration at 7:00 daily. -Divalproex was docu- late 11 of 93 opportur 08/31/19, with a reas documented 9 times 2 times. -Examples included: mg was administered 7:00am with the next 1:00pm and on 08/12 administered at 11:00 the next dose administered revealed: -There was an entry f capsules 3 times dail administration at 7:00 daily. -Divalproex was docu- late 10 of 90 opportur 09/30/19, with a reas documented 1 time, r times, and 7 times a was documented. -Examples included: administered at 9:26 the next dose adminis 09/22/19, divalproex instead of 7:00 am wi administered 1:00pm Review of Resident # revealed: -There was an entry f capsules 3 times dail	y scheduled for Dam, 1:00pm, and 6:00pm umented as administered hities from 08/01/19 to on of "resident care" and no reason documented on 08/05/19 divalproex 250 I at 10:27am instead of dose administered at 2/19, divalproex 250 mg was Dam instead of 7:00am with stered at 1:00pm. Bars September 2019 eMAR for divalproex 125 mg 2 y scheduled for Dam, 1:00pm, and 8:00pm umented as administered hities from 09/01/19 to on of "computer issues" no reason documented 2 reason of "resident care" on 09/12/19, divalproex was am instead of 7:00 am with stered at 1:00 pm and on was administered at 9:51am ith the next dose Bars October 2019 eMAR for divalproex 125 mg 2					

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	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING		11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 173	D 364			
	-Divalproex was docu late 5 of 93 opportun 10/31/19, with a reas documented 5 times. -Examples included: mg was administered am with the next dos and on 10/26/19, diva administered at 10:5 the next dose admini am. Review of Resident # revealed: -There was an entry capsules 3 times dail administration 9:00 a daily. -Divalproex was docu late 2 of 15 opportun 11/05/19 with a reaso documented 1 time a time. -For example, on 11/ was administered at with the next dose add Interview with Reside on 11/15/19 at 10:05 aware of medications Resident #3. Refer to the interview care provider (PCP) of Refer to the interview	umented as administered ities from 10/01/19 to con of "resident care" on 10/22/19, divalproex 250 d at 12:02 pm instead of 9:00 e administered at 2:00 pm alproex 250 mg was 1pm instead of 9:00pm with stered on 10/27/19 at 9:00 #3's November 2019 eMAR for divalproex 125 mg 2 by scheduled for um, 2:00 pm, and 9:00 pm umented as administered ities from 11/01/19 to on of "resident care" and no reason documented 1 02/19, divalproex 250 mg 10:25 am instead of 9:00 am dministered at 9:00 am. ent #3's primary care provider am revealed she was not is being administered late to w with the facility's primary on 11/07/19 at 9:05am.				
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 174	D 364			
		h the Special Care Unit n 11/14/19 at 2:46pm.				
	<ul> <li>Refer to the interview with the Administrator on 11/14/19 at 5:31pm.</li> <li>Based on observation, interview, and record review, it was determined Resident #3 was not interviewable.</li> <li>e. Review of Resident #3's FL-2 dated 05/29/19 revealed there was an order for Restasis (used to treat chronic dry eye) 0.05% 1 drop in both eyes 2 times daily.</li> </ul>					
	Medication Administra revealed: -There was an entry to both eyes 2 times dat administration at 8:00 -Restasis was docum 24 of 93 opportunities with a reason of "resi times and no reason -Examples included: administered at 11:09 the next dose administration	) am and 8:00 pm daily. hented as administered late s from 08/01/19 to 08/31/19, dent care" documented 17 documented 7 times. on 08/11/19, Restasis was am instead of 8:00 am with stered at 8:00 pm and on as administered at 11:06 am ith the next dose				
	revealed: -There was an entry f both eyes 2 times dai administration at 9:00 -Restasis was docum	3's September 2019 eMAR for Restasis 0.05% 1 drop in ily scheduled for ) am and 9:00 pm daily. iented as administered late s from 09/01/19 to 09/30/19,				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093				R-C 11/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 175	D 364			
	time, no reason docu a reason of "resident -Examples included: administered at 10:3" the next dose admini 09/13/19, Restasis w instead of 9:00 am w administered at 9:00 Review of Resident # revealed: -There was an entry f both eyes 2 times da administration at 9:00 -Restasis was docum 6 of 93 opportunities with a reason of "resi times and no reason -For example, on 10/	pm. #3's October 2019 eMAR for Restasis 0.05% 1 drop in ily scheduled for 0 am and 9:00 pm daily. hented as administered late from 10/01/19 to 10/31/19, ident care" documented 3 was documented 3 times. 09/19, Restasis was 7 am instead of 9:00 am with				
	revealed: -There was an entry is both eyes 2 times da administration at 9:00 -Restasis was docum 2 of 15 opportunities with a reason of "resis time and no document -For example, on 11/2 administered at 10:25 the next dose administered	) am and 9:00 pm daily. hented as administered late from 11/01/19 to 11/05/19, ident care" documented 1 hted reason 1 time. 02/1,9 Restasis was 5 am instead of 9:00 am with				
		am revealed she had not medications being				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	HAL034093 B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 176	D 364			
		v with the facility's primary on 11/07/19 at 9:05am.				
	Refer to the interview with a second shift medication aide (MA) on 11/07/19 at 3:00pm.					
	Refer to the interview 11/13/19 at 1:08pm.	<i>v</i> with a first shift MA on				
		h the Special Care Unit on 11/14/19 at 2:46pm.				
	Refer to the interview with the Administrator on 11/14/19 at 5:31pm.					
		n, interview, and record ined Resident #3 was not				
	06/05/19 revealed an	t #3's physician's order dated order for triamcinolone sh) 0.1% apply to rash 4				
	Medication Administrative revealed:	43's August 2019 electronic ation Record (eMAR)				
	4 times daily schedul am, 1:00 pm, 5:00 pm					
	17 of 124 opportunitie 08/31/19, with a reas					
	1 time. -Examples included:	on 08/11/19, triamcinolone				
	the next dose applied	am instead of 9:00 am with at 2:02 pm and on ne was applied at 11:06 am				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	HAL034093 B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(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 C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 177	D 364			
	instead of 9:00 am wi 1:00 pm.	th the next dose applied at				
	<ul> <li>1:00 pm.</li> <li>Review of Resident #3's September 2019 eMAR revealed: <ul> <li>There was an entry for triamcinolone 0.1% 4 times daily scheduled for application at 9:00 am, 1:00 pm, 5:00 pm, and 9:00 pm daily.</li> <li>Triamcinolone was documented as applied late 14 of 120 opportunities from 09/01/19 to 09/30/19, with a reason of "computer issues" documented 1 time, no reason documented 4 times, and 9 times a reason of "resident care" was documented.</li> <li>Examples included: on 09/09/19, triamcinolone was applied at 6:43 pm instead of 5:00 pm with the next dose applied at 9:00 pm and on 09/19/19, triamcinolone was applied at 6:29 pm instead of 5:00 pm with the next dose applied at 9:00 pm.</li> </ul> </li> <li>Review of Resident #3's October 2019 eMAR revealed: <ul> <li>There was an entry for triamcinolone 0.1% 4 times daily scheduled for application at 9:00 am, 1:00 pm, 5:00 pm, and 9:00 pm daily.</li> <li>Triamcinolone was documented as applied late 9 of 120 opportunities from 10/01/19 to 10/31/19, with a reason of "resident care" documented 5 times and no reason was documented 4 times.</li> <li>Examples included: on 10/02/19, triamcinolone was applied at 10:52 pm instead of 9:00 pm with the next dose applied at 10:52 pm instead of 9:00 pm with the next dose applied on 10/03/19 at 9:00 am and on 10/09/19, triamcinolone was applied at 7:54 pm instead of 5:00 pm with the next dose applied at 7:54 pm instead of 5:00 pm.</li> </ul> </li> </ul>					
	revealed:	3's November 2019 eMAR				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	22		
0(0)15			IN SALEM, NC 2710	PROVIDER'S PLAN (		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 178	D 364			
	1:00 pm, 5:00 pm, an -Triamcinolone was of of 15 opportunities from with a reason of "resistimes and no reason -For example, on 11/2 applied at 2:30 pm in next dose applied at a	es daily scheduled for application at 9:00 am, 0 pm, 5:00 pm, and 9:00 pm daily. iamcinolone was documented as applied late 3 15 opportunities from 11/01/19 to 11/05/19, h a reason of "resident care" documented 2 es and no reason documented 1 time. or example, on 11/02/19, triamcinolone was blied at 2:30 pm instead of 1:00 pm with the ct dose applied at 5:00 pm.				
	on 11/15/19 at 10:05a aware of medications Resident #3.	am revealed she was not being administered late to				
	Refer to the interview with the facility's primary care provider (PCP) on 11/07/19 at 9:05am. Refer to the interview with a second shift medication aide (MA) on 11/07/19 at 3:00pm.					
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on				
	Refer to interview wit (SCU) Coordinator or	h the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
		n, interview, and record ined Resident #3 was not				
	revealed there was a	nt #3's FL-2 dated 05/29/19 n order for L-Carnitine (an ent) 250 mg 4 tablets (1,000				
	Review of Resident #					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 179	D 364			
D 304	Medication Administra revealed: -There was an entry fi tablets (1,000 mg) 2 fi administration at 8:00 -L-Carnitine was docu- late 26 of 62 opportu- 08/31/19, with a reas documented 19 times 7 times. -Examples included: administered at 11:09 the next dose admini- 08/12/19, L-Carnitine am instead of 8:00 ar administered at 9:28 Review of Resident # revealed: -There was an entry fi tablets (1,000 mg) 2 fi administration at 8:00 -L-Carnitine was docu- late 10 of 90 opportu- 09/30/19, with a reas documented 1 time, r times, and 7 times a was documented. -Examples included: administered at 10:37 the next dose admini- am and on 09/13/19, administered at 10:37	ation Record (eMAR) for L-Carnitine 250 mg 4 times daily scheduled for 0 am and 8:00 pm daily. umented as administered nities from 08/01/19 to on of "resident care" s and no reason documented on 08/11/19, L-Carnitine was 0 am instead of 8:00 am with stered at 8:00 pm and on was administered at 11:06 m with the next dose pm . 43's September 2019 eMAR for L-Carnitine 250 mg 4 times daily scheduled for 0 am and 8:00 pm daily. umented as administered nities from 09/01/19 to on of "computer issues" no reason documented 2 reason of "resident care" on 09/10/19, L-Carnitine was 1 am instead of 9:00 am with stered on 09/11/19 at 9:00 L-Carnitine was 3 am instead of 9:00 am with				
	revealed: -There was an entry f	3's October 2019 eMAR for L-Carnitine 250 mg 4				
	tablets (1,000 mg) 2 t administration 9:00 a alth Service Regulation	times daily scheduled for m and 9:00 pm daily.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ANBY H	OUSE	3150 BU	RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
D 364	Continued From pag	e 180	D 364				
	late 4 of 62 opportun 10/31/19. With a read documented 1 time a documented 3 times -For example: on 10/ administered at 10:1 the next dose admini Observation of media at 11:47 am revealed available on the med Interview with a med at 9:47 am revealed: -She had never adm Resident #3. -She did not realize a as given and stated i -She noticed last nig L-Carnitine available -She had not called t L-Carnitine not being -When she did not ha she would tell the Sp more experienced M	209/19, L-Carnitine was 7 am instead of 9:00 am with istered at 9:00 pm. Cations on hand on 11/07/19 8 there was no L-Carnitine lication cart, or in over-stock. ication aide (MA) on 11/14/19 inistered L-Carnitine to she had marked L-Carnitine t must have been a mistake. ht that there was no for Resident #3. he pharmacy regarding g available. ave a medication on the cart, pecial Care Unit (SCU) or a A.					
	each time it got canc by the facility. -L-Carnitine was on l	ent #3 several times but eled either by insurance or					
	on 05/08/19, 07/10/1 10/13/19, and 10/19/	physician was made aware 9, 09/06/19, 09/19/19, 19. not received a response from					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 181	D 364			
	either the facility or th -The pharmacy had r discontinue L-Carniti	not received an order to				
	Interview with the Special Care Unit (SCU) Coordinator on 11/14/19 at 2:46 pm revealed She knew that Resident #3 did not have any L-carnitine available. Interview with the Resident #3's primary care provider on 11/15/19 at 10:05am revealed she was not aware of medications being administered late to Resident #3.					
		/ with the facility's primary on 11/07/19 at 9:05am.				
	Refer to the interview medication aide (MA)	/ with a second shift ) on 11/07/19 at 3:00pm.				
	Refer to the interview 11/13/19 at 1:08pm.	/ with a first shift MA on				
		h the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
		n, interview, and record ined Resident #3 was not				
	revealed diagnoses i behavioral disturband major neurocognitive	nt #4's FL-2 dated 5/27/19 ncluded dementia with ce, traumatic brain injury, disorder with behaviors, mmunication deficit, and				

	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	) THE APPROPRIATE	COMPLET DATE	
D 364	Continued From page	e 182	D 364				
	a Review of Resider	nt #4's FL-2 dated 5/27/19					
		n order for carbamazepine					
		and agitation) 200 mg 3					
	times a day.	5 , - 5 -					
	Review of Resident #4's physician's order dated						
	11/01/19 revealed an	order to change					
	carbamazepine to 20	0 mg 2 tablets 3 times daily.					
	Review of Resident	#4's August 2019 electronic					
	Medication Administr	ation Record (eMAR)					
	revealed:						
		for carbamazepine 200 mg 3					
		d for administration at 9:00					
	am, 1:00 pm, and 9:0	· ·					
	-Carbamazepine was						
		f 93 opportunities from , with a reason of "resident					
	care" documented 8	-					
		on 08/11/19, carbamazepine					
	-	11:19 am instead of 9:00 am					
		Iministered at 1:00 pm and					
	on 08/25/19, carbam	azepine was administered at					
	10:42 am instead of 9	9:00 am with the next dose					
	administered at 1:00	pm.					
	Review of Resident #	#4's September 2019 eMAR					
	revealed:						
		for carbamazepine 200 mg 3					
	-	d for administration at 8:00					
	am, 2:00 pm, and 8:0						
	-Carbamazepine was						
		f 90 opportunities from , with a reason of "resident					
	care" was documente						
		on 09/24/19, carbamazepine					
		10:12 am instead of 8:00 am					
		ministered at 1:00 pm and					
	on 09/30/19, carbam	azepine was administered at					
	10.11 am instead of 8	3:00 am with the next dose				1	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING		11	/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 183	D 364			
	administered at 1:00	pm.				
	revealed: -There was an entry of times daily scheduled am, 2:00 pm, and 8:0 -Carbamazepine was administered late 17 10/01/19 to 10/31/19 care" documented 15 documented 2 times. -Examples included: was administered at with the next dose ac on 10/22/19, carbam 10:42 am instead of 8 administered 2:00 pm Review of Resident # revealed: -There was an entry of tablets 2 times daily so at 8:00 am and 8:00 -Carbamazepine was	s documented as of 93 opportunities from , with a reason of "resident 5 times and no reason on 10/21/19, carbamazepine 10:35 am instead of 8:00 am aministered at 2:00 pm and azepine was administered at 3:00 am with the next dose n. 44's November 2019 eMAR for carbamazepine 200 mg 2 scheduled for administration pm daily.				
	11/01/19 to 11/05/19, care" documented 2 -For example, on 11/ administered at 9:57 the next dose admini Interview with Reside (PCP) on 11/15/19 at -She had not been m being administered la -She could not say th	with a reason of "resident times. 04/19, carbamazepine was am instead of 8:00 am with stered at 8:00 pm. ent 4's primary care provider : 10:15am revealed: ade aware of medications				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE			
		3150 BU	RKE MILL ROAD				
DANBY H	JUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN O (EACH CORRECTIVE AC		(X5) COMPLETE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE	
D 364	Continued From page	e 184	D 364				
	Refer to interview wit provider (PCP) on 11	h the facility's primary care /07/19 at 9:05am.					
	Refer to interview wit aide (MA) on 11/07/1	h a second shift medication 9 at 3:00pm.					
	Refer to Interview wit at 1:08 pm.	h a first shift MA on 11/13/19					
		h the Special Care Unit n 11/14/19 at 2:46 pm.					
	Refer to the interview 11/14/19 at 5:31 pm.	with the Administrator on					
		n, interview, and record ined Resident #4 was not					
	revealed there was a	nt #4's FL-2 dated 5/27/19 n order for benztropine tary movements) 0.5 mg 2					
		t4's August 2019 electronic ation Record (eMAR)					
		for benztropine 0.5 mg 2 d for administration at 8:00 y.					
		cumented as administered nities from 08/01/19 to on of "resident care"					
		s and no reason documented					
	was administered at	on 08/10/19, benztropine 10:46 am instead of 8:00 am Iministered at 8:00 pm and					
	on 08/11/19, benztroj	pine was administered at 3:00 am with the next dose					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	DUSE		IRKE MILL ROAD				
			ON SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 185	D 364				
	administered at 8:00	pm.					
	Review of Resident #4's September 2019 eMAR revealed:						
	-There was an entry for benztropine 0.5 mg 2 times daily scheduled for administration at 9:00 am and 9:00 pm daily.						
	-Benztropine was documented as administered late 8 of 60 opportunities from 09/01/19 to						
		son documented 1 time and care" was documented 7					
	-Examples included: on 09/24/19, benztropine was administered at 10:12 am instead of 8:00 am with the next dose administered at 8:00 pm and						
	on 09/30/19, benztrop	bine was administered at 3:00 am with the next dose					
	Review of Resident # revealed:	4's October 2019 eMAR					
	-There was an entry f	for benztropine 0.5 mg 2 I for administration at 8:00					
	-Benztropine was doo	cumented as administered nities from 10/01/19 to on of "resident care"					
	documented 2 times. -For example: on 10/	09/19, benztropine was ) pm instead of 8:00 pm with					
		stered on 10/10/19 at 9:00					
	revealed:	4's November 2019 eMAR					
	times daily scheduled am and 8:00 pm daily	for benztropine 0.5 mg 2 I for administration at 8:00 /. cumented as administered					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	DUSE		RKE MILL ROAD	0.2			
0(0)15			N SALEM, NC 271	PROVIDER'S PLAN		()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 186	D 364				
	time. -For example, on 11/0	on of "resident care" nd no documented reason 1 04/19, benztropine was am instead of 8:00 am with					
	Interview with Resident 4's primary care provider on 11/15/19 at 10:15am revealed: -She had not been made aware of medications being administered late to Resident #4. -She could not say that Resident #4 receiving late medications had a good or bad effect on the resident. Refer to interview with the facility's primary care provider (PCP) on 11/07/19 at 9:05am.						
	Refer to interview wit aide (MA) on 11/07/1	h a second shift medication 9 at 3:00pm.					
	Refer to Interview wit at 1:08 pm.	h a first shift MA on 11/13/19					
		h the Special Care Unit n 11/14/19 at 2:46 pm.					
	Refer to the interview 11/14/19 at 5:31 pm.	with the Administrator on					
		n, interview, and record ined Resident #4 was not					
	revealed there was a	t #4's FL-2 dated 5/27/19 n order for docusate sodium ation) 100 mg twice daily.					
	Review of Resident #	4's August 2019 electronic					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
04.0.15			,	PROVIDER'S PLAN OF		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 187	D 364			
	2 times daily schedul am and 8:00 pm daily -Docusate sodium wa administered late 17 08/01/19 to 08/31/19, care" documented 16 documented 1 time. -Examples included: sodium was administ 8:00 am with the next pm and on 08/11/19, administered at 11:04 the next dose administ Review of Resident # revealed: -There was an entry f 2 times daily schedul am and 8:00 pm daily -Docusate sodium wa administered late 5 or 09/01/19 to 09/30/19, care" documented 5 f -Examples included: sodium was administ 8:00 am with the next pm and on 09/30/19,	For docusate sodium 100 mg ed for administration at 8:00 /. as documented as of 62 opportunities from with a reason of "resident to times and no reason on 08/10/19, docusate ered at 10:46 am instead of t dose administered at 8:00 docusate sodium was a m instead of 8:00 am with stered at 8:00 pm. 44's September 2019 eMAR for docusate sodium 100 mg ed for administration at 8:00 /. as documented as f 60 opportunities from with a reason of "resident times. on 09/24/19, docusate ered at 10:12 am instead of t dose administered at 8:00 docusate sodium was a m instead of 8:00 am with				
	revealed: -There was an entry f	4's October 2019 eMAR for docusate sodium 100 mg ed for administration at 8:00				
	-Docusate sodium wa					

Division of Health Sei STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD				
			N SALEM, NC 2710				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
D 364	Continued From page 188		D 364				
	care" documented 16 documented 1 time. -For example: on 10/ administered at 11:50 the next dose admini am and on 10/22/19, administered at 10:42 the next dose admini Review of Resident # revealed: -There was an entry 12 times daily schedul am and 8:00 pm daily -Docusate sodium wa administered late 2 of 11/01/19 to 11/05/19, care" documented 1 reason 1 time. -For example, on 11/ administered at 9:57 the next dose admini Interview with Reside (PCP) on 11/15/19 at -She had not been m being administered la -She could not say th medications had a go resident. Refer to interview with provider (PCP) on 11	44's November 2019 eMAR for docusate sodium 100 mg ed for administration at 8:00 y. as documented as f 10 opportunities from with a reason of "resident time and no documented 04/19, docusate sodium was am instead of 8:00 am with stered at 8:00 pm. ent 4's primary care provider 10:15am revealed: ade aware of medications ate to Resident #4. hat Resident #4 receiving late bod or bad effect on the h the facility's primary care /07/19 at 9:05am. h a second shift medication					
	Refer to Interview wil at 1:08 pm.	h a first shift MA on 11/13/19					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		BERTH TO ATTOM TO ME DETA.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	DUSE		IRKE MILL ROAD	22		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From pag	e 189	D 364			
		th the Special Care Unit n 11/14/19 at 2:46 pm.				
	Refer to the interview with the Administrator on 11/14/19 at 5:31 pm. Based on observation, interview, and record review, it was determined Resident #4 was not interviewable.					
	dated 7/25/19 reveal	nt #4's physician's order ed there was an order for used to treat pain) 2 times				
		#4's August 2019 electronic ration Record (eMAR)				
		for meloxicam 7.5 mg 2 d for administration at 8:00 y.				
	late 17 of 62 opportu 08/31/19, with a reas					
	1 time. -Examples included:	s and no reason documented on 08/10/19, meloxicam was				
	the next dose admini 08/11/19, meloxicam am instead of 8:00 a					
	administered at 8:00	pm. #4's September 2019 eMAR				
	revealed: -There was an entry	for meloxicam 7.5 mg 2				
	am and 8:00 pm dail	d for administration at 8:00 y. umented as administered				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	JF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	·····		FLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID			(X5)	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	) THE APPROPRIATE	COMPLETI DATE	
D 364	Continued From page	e 190	D 364				
	late 5 of 60 opportuni	ities from 09/01/19 to					
	09/30/19, with a reason of "resident care"						
	documented 5 times.						
		on 09/24/19, meloxicam was					
	administered at 10:12 am instead of 8:00 am with						
	the next dose administered at 8:00 pm and on 09/30/19, meloxicam was administered at 10:11						
	am instead of 8:00 ar						
	administered at 8:00	pm.					
	Review of Resident #	4's October 2019 eMAR					
	revealed:						
	-There was an entry for meloxicam 7.5 mg 2						
	times daily scheduled for administration at 8:00						
	am and 8:00 pm daily.						
	-Meloxicam was documented as administered late 17 of 62 opportunities from 10/01/19 to						
	10/31/19, with a reas						
	documented 16 times						
	documented 1 time.						
	-For example: on 10/	09/19, meloxicam was					
	administered at 11:50	) pm instead of 8:00 pm with					
	the next dose admini	stered on 10/10/19 at 9:35					
	am and on 10/22/19,						
		2 am instead of 8:00 am with					
	the next dose admini	stered 8:00 pm.					
	Review of Resident #	4's November 2019 eMAR					
	revealed:						
	-	for meloxicam 7.5 mg 2					
	-	d for administration at 8:00					
	am and 8:00 pm daily						
	late 2 of 10 opportuni	umented as administered					
	11/05/19, with a reas						
		nd no documented reason 1					
	time.						
		04/19, meloxicam was					
	-	am instead of 8:00 am with					
	the next dose admini	stered at 8:00 nm					

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If continuation sheet 191 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			R-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE					
			ON SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 191	D 364			
	Interview with Resident 4's primary care provider (PCP) on 11/15/19 at 10:15am revealed: -She had not been made aware of medications being administered late to Resident #4. -She could not say that Resident #4 receiving late medications had a good or bad effect on the resident.					
	Refer to interview with the facility's primary care provider (PCP) on 11/07/19 at 9:05am.					
	Refer to interview wit aide (MA) on 11/07/1	h a second shift medication 9 at 3:00pm.				
	Refer to Interview wil at 1:08 pm.	th a first shift MA on 11/13/19				
		h the Special Care Unit n 11/14/19 at 2:46 pm.				
	Refer to the interview 11/14/19 at 5:31 pm.	v with the Administrator on				
		n, interview, and record nined Resident #4 was not				
	dated 09/16/19 revea	nt #4's physician's orders aled there was an order for ate 2mg/ml give 2 ml (4mg) reat mood disorders).				
	revealed: -There was an entry daily scheduled for a 8:00 pm daily.	#4's September 2019 eMAR for haloperidol 4 mg 2 times dministration at 8:00 am and cumented as administered				

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If continuation sheet 192 of 339

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
						R-C
		HAL034093	B. WING			1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
D 364	Continued From page	e 192	D 364			
	administered at 10:29 the next dose admini am and on 09/24/19, administered at 10:12 the next dose admini Review of Resident # revealed: -There was an entry daily scheduled for a 8:00 pm daily. -Haloperidol was doo late 17 of 62 opportu 10/31/19, with a reas documented 15 times documented 2 times. -For example: on 10/ administered at 11:53 the next dose admini am and on 10/22/19, administered at 10:42 the next dose admini Review of Resident # revealed: -There was an entry daily scheduled for a 8:00 pm daily. -Haloperidol was doo late 2 of 10 opportun 11/05/19, with a reas documented 1 time a time. -For example, on 11/	on 09/21/19, haloperidol was 9 pm instead of 8:00 pm with stered on 09/22/19 at 9:55 haloperidol was 2 am instead of 8:00 am with stered 8:00 pm. 44's October 2019 eMAR for haloperidol 4 mg 2 times dministration at 8:00 am and cumented as administered nities from 10/01/19 to on of "resident care" as and no reason was 09/19, haloperidol was 3 pm instead of 8:00 pm with stered on 10/10/19 at 9:39 haloperidol was 2 am instead of 8:00 am with stered at 8:00 pm. 44's November 2019 eMAR for haloperidol 4 mg 2 times dministration at 8:00 am and cumented as administered ities from 11/01/19 to on of "resident care" nd no documented reason 1 04/19, haloperidol was am instead of 8:00 am with				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	• •	
		3150 BU	RKE MILL ROAD			
DANBY H	003E	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLE DATE
D 364	Continued From pag	e 193	D 364			
	Observation of media at 12:24 pm revealed -There was 1 opened approximately half fu -There were 5 new b which contained 15 r of 10/16/19. Interview with Reside (PCP) on 11/15/19 at -She had not been m being administered la -She did not believe had been any differe haloperidol as ordere -Resident #4's behav recently increased ag Refer to interview with provider (PCP) on 11 Refer to interview with aide (MA) on 11/07/1 Refer to Interview with at 1:08 pm. Refer to the interview 11/14/19 at 5:31 pm.	cations on hand on 11/08/19 d: d bottle of haloperidol 2mg/ml ll. ottles of haloperidol 2mg/ml ml each with a dispense date ent 4's primary care provider t 10:15am revealed: hade aware of medications ate to Resident #4. Resident #4's behavior would nt if he had received ed. viors had calmed down but gain. th the facility's primary care 1/07/19 at 9:05am. th a second shift medication 9 at 3:00pm. th a first shift MA on 11/13/19 th the Special Care Unit n 11/14/19 at 2:46 pm. w with the Administrator on				
		n, interview, and record nined Resident #4 was not				
		nt #5's current FL2 dated agnoses included diabetes				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		D.C.	
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 194	D 364			
	mellitus II, muscle we status.	eakness, and gastrostomy				
	<ul> <li>a. Review of Resident #5's current FL2 dated 05/21/19 revealed:</li> <li>-In the medications section, there was a note documenting to see physician's orders.</li> <li>-There were physician's orders attached to the FL2 and dated 05/14/19 which included orders for amlodipine 2.5 mg 1 tablet twice daily (used to</li> </ul>					
	treat high blood press	•				
	Review of Resident #5's electronic Medication Administration Record (eMAR) for August 2019					
	scheduled for admini	for amlodipine 2.5 mg and stration at 8:00am and				
		entry for amlodipine 2.5 mg ministration at 9:00am and				
	9:00pm. -Amlodinine was doo	umented as administered				
	late for 4 of 62 opportearly for 2 of 62 opport	tunities and administered ortunities from 08/01/19				
	through 08/31/19. -Examples of amlodig as follows:	pine administered late were				
	administration at 8:00	pine was scheduled for Opm, but was documented				
		at 9:48pm; the next dose administered at 9:21am on				
	administration at 9:00	pine was scheduled for Opm but was documented as				
	27minutes prior to the	5:33pm (3 hours and e scheduled adminstration				
	as administered at 9:	next dose was documented 00am on 08/31/19.				
	Review of Resident #	5's electronic eMAR for				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING		11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	DUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	195	D 364			
D 304	September 2019 rever- There was an entry for scheduled for administer scheduled for administer of scheduled for administer of the scheduled for 1 of 60 opport through 09/30/19. -On 09/21/19, amlodi administration at 9:00 administered early at minutes prior to the scheduled for 300pm); the for as administered at 9: Review of Resident # October 2019 revealed- There was an entry for scheduled for administered at 9: Amlodipine was doct late for 2 of 62 opport through 10/31/19. -On 10/15/19, amlodi administration at 9:00 as administered late at a scheduled as a -On 10/24/19, amlodi administration at 9:00 as administered late at a scheduled as a -On 10/24/19, amlodi administration at 9:00 as administered late at a scheduled as a 10/25/19. Based on observation reviews, it was determiniterviewable.	ealed: for amlodipine 2.5 mg and stration at 9:00am and umented as administered rtunities from 09/01/19 pine was scheduled for 0am but was documented as 7:19am (1 hour and 41 cheduled administration next dose was documented 00am on 09/22/19. 5's electronic eMAR for ed: for amlodipine 2.5 mg and stration at 9:00am and umented as administered	D 304			
		on 11/07/19 at 9:05am.				
	Refer to the interview	with a second shift				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			10,2010	
			IRKE MILL ROAD				
DANBY H	OUSE		ON SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	) THE APPROPRIATE	COMPLET DATE	
D 364	Continued From page	e 196	D 364				
	medication aide (MA)	) on 11/07/19 at 3:00pm.					
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on					
		h the Special Care Unit n 11/14/19 at 2:46pm.					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on					
	05/21/19 revealed: -In the medications so documenting to see p -There were physicia FL2 and dated 05/14,	n's orders attached to the /19 which included orders for capsule three times daily					
	Administration Recorrevealed: -There was an entry for capsule three times of administration at 8:00 -Divalproex was docu- late for 6 of 93 opportearly for 2 opportearly for 2 of 93 opportearly	t5's electronic Medication d (eMAR) for August 2019 for divalproex 125 mg 1 daily and scheduled for Dam, 1:00pm, and 7:00pm. umented as administered tunities and administered ortunities from 08/01/19 Dex 125 mg documented as re as follows: oex was scheduled for Dam, but was documented at 9:48am; the next dose administered at 1:00pm. oex was scheduled for Dpm, but was documented y at 5:33pm (3 hours and 27					

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
			,	PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page 197		D 364			
	time of 9:00pm); the as administered at 9:	next dose was documented 00am on 08/31/19.				
		5's electronic eMAR for				
	September 2019 revealed:					
	-There was an entry for divalproex 125 mg 1 capsule three times daily and scheduled for					
	administration at 9:00am, 1:00pm, and 9:00pm.					
		umented as administered				
		tunities and administered				
		ortunities from 09/01/19				
	through 09/30/19.					
		bex 125 mg documented as				
	administered late we	re as follows: oex 125 mg was scheduled				
	for administration at 2	-				
		nistered late at 2:31pm; the				
		nented as administered at				
		oex 125 mg was scheduled				
	for administration at 9					
		nistered early at 7:19am (1				
		prior to the scheduled f 9:00am; the next dose was				
	documented as admi					
	Review of Resident #	5's electronic eMAR for				
	October 2019 reveale					
		for divalproex 125 mg 1				
	-	laily and scheduled for Dam, 1:00pm, and 9:00pm.				
	-Divalproex 125 mg v					
		4 of 93 opportunities from				
	10/01/19 through 10/2					
		bex 125 mg documented as				
	administered late we					
		oex 125mg was scheduled				
	for administration at					
		nistered late at 2:37pm; the nented as administered at				
	alth Service Regulation	nemeu as auministereu at				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			R-C 1 <b>/15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	12		
0(1)15			DN SALEM, NC 2710	PROVIDER'S PLAN O		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 198	D 364			
	<ul> <li>Continued From page 198</li> <li>10:22pm.</li> <li>On 10/24/19, divalproex 125mg was scheduled for administration at 9:00pm, but was documented as administered late at 10:22pm; the next dose was documented as administered at 9:00am on 10/25/19.</li> <li>Review of Resident #5's electronic eMAR for November 2019 revealed:</li> <li>There was an entry for divalproex 125 mg 1 capsule three times daily and scheduled for administration at 9:00am, 1:00pm, and 9:00pm.</li> <li>Divalproex was documented as administered late for 1 of 15 opportunities from 11/01/19 through 11/05/19.</li> <li>On 11/05/19, divalproex 125 mg was scheduled for administration at 1:00pm but was documented as administered late at 2:44pm; the next dose was documented as administered at 9:00pm.</li> </ul>					
		n, interview, and record ined Resident #5 was not				
		with the facility's primary on 11/07/19 at 9:05am.				
	Refer to the interview medication aide(MA)	with a second shift on 11/07/19 at 3:00pm.				
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on				
		h the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	c. Review of Residen	t #5's current EL2 dated				

	FOF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD				
		WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 199	D 364				
	05/21/19 revealed:						
		ection, there was a note					
	documenting to see p						
	-There were physicia	n's orders attached to the					
	FL2 and dated 05/14	/19 which included orders for					
		administer per sliding scale					
		d-acting insulin used to lower					
	elevated blood sugar	levels).					
	Review of Resident #	5's electronic Medication					
		d (eMAR) for August 2019					
	revealed:						
		for Humalog 100 unit/mL					
	administer per sliding	scale before meals and					
	scheduled for administration at 7:00am, 11:30am,						
	and 4:30pm.						
	-	nented as administered late					
	1 for 5 of 93 opportunit 08/31/19.	ies from 08/01/19 through					
	-Examples of Humal	a documented as					
	administered lated w						
		og was scheduled for					
		Opm, but was documented					
	as administered late	at 6:13pm; the next dose					
		administered at 7:00am on					
	08/10/19.						
		og was scheduled for					
		Opm but was documented as					
		7:08pm; the next dose was inistered at 7:36am on					
	08/14/19.						
	Review of Resident +	#5's electronic eMAR for					
	September 2019 reve						
	-	for Humalog 100 unit/mL					
	-	scale before meals and					
		stration at 7:00am, 11:30am,					
	and 4:30pm.						
		nented as administered late					
	for 4 of 90 opportunit	ies from 09/01/19 through					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C / <b>15/2019</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
DANBY H		3150 BU	RKE MILL ROAD				
	503E	WINSTO	N SALEM, NC 2710	)3			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 200	D 364				
	09/30/19.						
	-Examples of Humalo	og documented as					
	administered late we	-					
		og was scheduled for					
		Dam, but was documented					
		at 9:58am; the next dose administered at 11:30am.					
		og was scheduled for					
		Opm, but was documented					
		at 10:00pm; the next dose					
		administered at 11:30am.					
		n, interview, and record ined Resident #5 was not					
		with the facility's primary on 11/07/19 at 9:05am.					
	Refer to the interview medication aide (MA)	/ with a second shift ) on 11/07/19 at 3:00pm.					
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on					
		h the Special Care Unit n 11/14/19 at 2:46pm.					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on					
		t #5's current FL2 dated					
	05/21/19 revealed:						
		ection, there was a note					
	documenting to see p	n's orders attached to the					
		/19 which included orders for					
		nsulin inject 35 units every					
		at bedtime (a long-acting					
	insulin used to contro	hlood sugar levels)					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	OUSE	3150 BU	IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 201	D 364			
	Review of a subsequent physician's order dated 10/01/19 revealed to increase Levemir from 35 units every morning to 40 units every morning. Review of Resident #5's electronic Medication Administration Record (eMAR) for August 2019 revealed:					
	-There was an entry for Levemir 100 unit/mL inject 35 units every morning and scheduled for administration at 6:30am. -There was a second entry for Levemir 100					
	unit/mL inject 35 units every morning and scheduled for administration at 9:00am.					
	-There was a third entry for Levemir 100 unit/mL inject 12 units at bedtime and scheduled for					
	administration at 7:00pm. -There was a fourth entry for Levemir 100 unit/mL					
		time and scheduled for				
	-Levemir was docum	ented as administered late ies and administered early 2				
	of 62 opportunities fro 08/31/19.					
	-Examples of Levemi adminstered late wer					
	-On 08/03/19, Levem					
	as administered late	at 9:13am; the next dose administered at 7:00pm.				
	-On 08/30/19, Levem	•				
	as administered early	y at 6:11pm (2 hours and 49 scheduled administration				
	•	next dose was documented				
		\$5's electronic eMAR for				
	September 2019 reve -There was an entry	ealed: for Levemir 100 unit/mL				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDERTIFICION TOTAL TO	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BL	IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 364	Continued From pag	e 202	D 364			
	administration at 6:3 -There was a second unit/mL inject 35 unit scheduled for admin -There was a third ei- inject 12 units at bec- administration at 9:0 -Levemir was docum- for 1 of 60 opportuni 09/30/19. -On 09/10/19, Leven administration at 6:3 as administered late was documented as Review of Resident for October 2019 reveal -There was an entry inject 40 unit every r administration at 6:3 -There was a second unit/mL inject 12 unit for administration at -Levemir was docum- for 1 of 62 opportuni 10/31/19. -On 10/24/19 Levem- administration at 9:0 as administered late was documented as 10/25/19. Based on observation reviews, it was deter- interviewable. Refer to the interview	d entry for Levemir 100 ts every morning and istration at 8:00am. htry for Levemir 100 unit/mL ltime and scheduled for 0pm. hented as administered late ties from 09/01/19 through hir was scheduled for 0am, but was documented at 7:40am; the next dose administered at 10:00pm. #5's electronic eMAR for ed: for Levemir 100 unit/mL norning and scheduled for 0am. d entry for Levemir 100 ts at bedtime and scheduled 9:00pm. hented as administered late ties from 10/01/19 through				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING: B. WING		R-C	
		HAL034093			11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	JRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 203	D 364			
	Refer to the interview medication aide (MA)	/ with a second shift ) on 11/07/19 at 3:00pm.				
	Refer to the interview 11/13/19 at 1:08pm.	with a first shift MA on				
	Refer to interview with the Special Care Unit (SCU) Coordinator on 11/14/19 at 2:46pm.					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	revealed diagnoses i	nt #7's FL2 dated 05/14/19 ncluded dementia, breast , and history of rib fracture.				
	dated 05/14/19 revea	nt #7's physician's orders aled acetaminophen 325mg 2 ay (used to treat mild pain).				
		7's electronic Medication d (eMAR) for August 2019				
	tablets four times dai	•				
	9:00pm.	0am, 1:00pm, 5:00pm, and				
	mg 2 tablets four time	entry for acetaminophen 325 es daily and scheduled for Dam, 12:00pm, 4:00pm, and				
	-Acetaminophen was	35 of 124 opportunities from				
	-Examples of acetam					
	-On 08/12/19, acetan scheduled for admini	ninophen 325 mg was stration at 9:00pm, but was inistered late at 11:28pm; the				

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H		3150 BU	RKE MILL ROAD			
	503E	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 204	D 364			
	<ul> <li><sup>9 364</sup> Continued From page 204</li> <li>next dose was documented as administered at 10:16am on 08/13/19.</li> <li>-On 08/29/19, acetaminophen 325 mg was scheduled for administration at 8:00am, but was documented as administered late at 9:43am; the next dose was documented as administered at 12:00pm.</li> <li>Review of Resident #7's electronic eMAR for September 2019 revealed:</li> <li>There was an entry for acetaminophen 325 mg 2 tablets four times daily and scheduled for administration at 8:00pm.</li> <li>-Acetaminophen 325 mg was documented as administered late for 26 of 120 opportunities from 09/01/19 through 09/30/19.</li> <li>-Examples of acetaminophen 325 mg documented as administered late were as follows:</li> <li>-On 09/09/19, acetaminophen 325 mg was</li> </ul>					
	documented as admi next dose was docum 9:04pm. -On 09/13/19, acetan	stration at 4:00pm, but was nistered late at 6:41pm; the nented as administered at ninophen 325 mg was stration at 8:00am, but was				
		nistered late at 11:05am; the nented as administered at				
	October 2019 reveale -There was an entry f tablets four times dail administration at 8:00 8:00pm.	for acetaminophen 325 mg 2 ly and scheduled for )am, 12:00pm, 4:00pm, and				
ining of Llo		mg was documented as 32 of 124 opportunities from 31/19.				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			E SURVEY PLETED
					R-C	
		HAL034093	B. WING			I/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 205	D 364			
	-Examples of acetapt documented as admi follows: -On 10/02/19, acetan scheduled for admini- documented as admi next dose was docum 12:00pm. -On 10/09/19, acetan scheduled for admini- documented as admi there was documented was documented as a addition to the late ad next dose was docum 8:00am on 10/10/19. Review of Resident # November 2019 reve -There was an entry fi tablets four times dail administration at 8:00 8:00pm. -Acetaminophen 325 administered late for 11/01/19 through 11/0 -Examples of acetamt documented as admi follows: -On 11/01/19, acetamt scheduled for admini- documented as admi next dose was docum 8:00pm.	minohen 325 mg nistered late were as ninophen 325 mgwas stration at 8:00am, but was nistered late at 10:26am; the nented as administered at ninophen 325 mg was stration at 4:00pm, but was nistered late at 8:32pm; ation acetaminophen 325 mg administered at 8:00pm in dministration at 8:32pm; the nented as administered at 47's electronic eMAR for aled: for acetaminophen 325 mg 2 ly and scheduled for 0am, 12:00pm, 4:00pm, and mg was documented as 9 of 120 opportunities from 06/19. inophen 325 mg				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	·		
		3150 BU	JRKE MILL ROAD				
DANBY H	OUSE	WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 206	D 364				
		n, interview, and record nined Resident #7 was not					
		v with the facility's primary on 11/07/19 at 9:05am.					
	Refer to the interview with a second shift medication aide (MA) on 11/07/19 at 3:00pm.						
	Refer to the interview 11/13/19 at 1:08pm.	v with a first shift MA on					
		h the Special Care Unit n 11/14/19 at 2:46pm.					
	Refer to the interview with the Administrator on 11/14/19 at 5:31pm.						
	dated 05/14/19 revea diclofenac sodium ge	nt #7's physician's orders aled a physician's order for al 1% apply 2 gm topically to aily (used to treat pain).					
		#7's electronic Medication d (eMAR) for August 2019					
	apply 2 gm topically t	for diclofenac sodium gel 1% to affected area twice daily plicaiton at 8:00am and					
		el was documented as 62 opportunities from 31/19.					
	-On 08/02/19, diclofe	ed lated were as follows. nac sodium gel 1% was					
	documented as appli	ation at 8:00am, but was ed late at 10:22am; the next ed as applied at 9:00pm.					

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STATEMENT	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY PLETED
AND PLAN (	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	ON SALEM, NC 271	03		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
D 364	Continued From page	e 207	D 364			
	-On 08/11/19, diclofenac sodium gel 1% was					
		aiton at 8:00am, but was				
		ied late at 10:56am; the next				
	08/12/19.	ed as applied at 8:00am on				
	Review of Resident #	#7's electronic eMAR for				
	September 2019 revo	ealed:				
		for diclofenac sodium gel 1%				
		to affected area twice daily				
	-	oplication at 8:00am and				
	8:00pm.	al 19/ was desumanted as				
	-Diclofenac sodium gel 1% was documented as applied late for 10 of 60 opportunities from					
	09/01/19 through 09/30/19.					
	-Examples of diclofenac sodium gel 1%					
	documented as appli	ied late were as follows:				
		enac sodium gel 1% was				
		ation at 8:00pm, but was				
		ied late at 10:21am; the next				
		s was applied at 8:00pm. enac sodium gel 1% was				
		ation at 8:00am, but was				
		ied late at 11:17am; the next				
		ed as applied at 8:00pm.				
		#7's electronic eMAR for				
	October 2019 reveal					
	-	for diclofenac sodium gel 1%				
		to affected area twice daily polication at 8:00am and				
	8:00pm.					
		gel 1% was documented as				
	applied late for 6 of 6					
	10/01/19 through 10/					
	-Examples of diclofer					
		ied late were as follows:				
		enac sodium gel 1% was ation at 8:00am, but was				
		ied late at 10:26am; the next				
ision of He	alth Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL034093	B. WING		11/15/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ANBY H	DUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLE DATE
D 364	Continued From page	ge 208	D 364			
	dose was documented as applied at 8:00pm.					
		enac sodium gel 1% was				
		cation at 8:00am, but was				
	documented as applied late at 9:58am; the next dose was documented as applied at 8:00pm.					
	Review of Resident #7's electronic eMAR for					
	November 2019 rev					
		/ for diclofenac sodium gel 1%				
		to affected area twice daily				
	8:00pm.	pplication at 8:00am and				
	-	ael was documented as				
	-Diclofenac sodium gel was documented as applied late for 4 of 11 opportunities from					
	11/01/19 through 11					
	•	enac sodium gel 1%				
	•	lied late were as follows:				
		enac sodium gel 1% was				
	scheduled for applic	cation at 8:00am, but was				
		lied late at 9:47am; the next				
		ted as applied at 8:00pm.				
		enac sodium gel 1% was				
		cation at 8:00am, but was				
		lied late at 10:01am; it could when the next dose was				
		lied according to the eMAR.				
	accumented as app					
	Based on observation	on, interview, and record				
	review, it was deter	mined Resident #7 was not				
	interviewable.					
	Refer to the intervie	w with the facility's primary				
		) on 11/07/19 at 9:05am.				
	Refer to the intervie	w with a second shift				
		A) on 11/07/19 at 3:00pm.				
	Refer to the intervie 11/13/19 at 1:08pm.	w with a first shift MA on				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	HAL034093 B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	02		
	SUMMARY ST			PROVIDER'S PLAN O		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLE DATE
D 364	Continued From page	e 209	D 364			
		h the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	dated 05/14/19 revea	at #7's physician's orders aled a physician's order for ng 1 tablet twice daily with low iron).				
	Review of Resident #7's electronic Medication Administration Record (eMAR) for August 2019 revealed: -There was an entry for ferrous sulfate 325 mg 1					
	tablet twice daily with administration at 8:00 -Ferrous sulfate 325	meals and scheduled for				
	08/01/19 through 08/	31/19. sulfate 325 mg documented				
	-On 08/05/19, ferrous scheduled for admini	s sulfate 325 mg was stration at 8:00am, but was inistered late at 10:20am; the				
	8:00pm.	nented as administered at s sulfate 325 mg was				
	scheduled for admini documented as admi	stration at 8:00am, but was inistered late at 10:56am; the nented as administered at				
	8:00am on 08/12/19.					
	September 2019 reve					
		for ferrous sulfate 325 mg 1 n meals and scheduled for Dam and 8:00pm.				
	-Ferrous Sulfate 325	mg was documented as 10 of 60 opportunities from				

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	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	JF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BU	RKE MILL ROAD			
	003L	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 364	Continued From page	e 210	D 364			
	09/01/19 through 09/	30/19				
		sulfate 325 mg documented				
	as administered late	•				
	-On 09/13/19, ferrous					
	scheduled for admini	stration at 8:00am, but was				
	documented as admi	nistered late at 11:17am; the				
		nented as administered at				
	8:00pm.	K / 005				
	-On 09/27/19, ferrous	s sulfate 325 mg was stration at 8:00am, but was				
		nistered late at 10:14am; the				
		nented as administered at				
	8:00pm.					
	Review of Resident #7's electronic eMAR for					
	October 2019 revealed:					
	-	for ferrous sulfate 325 mg 1				
		meals and scheduled for				
	administration at 8:00	•				
		mg was documented as				
	10/01/19 through 10/	9 of 62 opportunities from 31/19.				
	-Examples of ferrous	sulfate 325 mg documented				
	as administered late					
	-On 10/02/19, ferrous	•				
		stration at 8:00am, but was				
		nistered late at 10:26am; ocumented as administered				
	at 4:00pm.	cumented as administered				
	-On 10/22/1,9 ferrous	s sulfate 325 mgwas				
		stration at 8:00am, but was				
		nistered late at 9:58am; the				
	next dose was docun	nented as administered at				
	4:00pm.					
		7's electronic eMAR for				
	November 2019 reve					
		for ferrous sulfate 325 mg 1				
		meals and scheduled for				
	administration at 8:00 alth Service Regulation					

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 211	D 364			
D 304	-Ferrous Sulfate 325 administered late for 11/01/19 through 11/0 -Examples of ferrous as administered late -On 11/01/19, ferrous scheduled for admini- documented as admi next dose was docum 9:00am on 11/02/19. -On 11/06/19, ferrous scheduled for admini- documented as admi could not be determin documented as admi eMAR. Based on observation review, it was determ interviewable. Refer to the interview care provider (PCP) of Refer to the interview medication aide (MA)	mg was documented as 5 of 11 opportunities from 06/19. sulfate 325 mg documented were as follows: a sulfate 325 mg was stration at 4:00pm, but was nistered late at 5:38pm; the nented as administered at a sulfate 325 mg was stration at 8:00am, but was nistered late at 10:01am; it ned when the next dose was nistered according to the n, interview, and record nined Resident #7 was not				
	11/13/19 at 1:08pm.	h the Special Care Unit				
		n the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	dated 05/14/19 revea hydroxyzine HCL 25	nt #7's physician's orders aled a physician's order for mg 1 tablet three times daily symptoms or anxiety).				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
and plan (	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
		3150 BU	RKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 2710	)3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	212	D 364			
	Administration Record revealed: -There was an entry f tablet three times dail administration at 9:00 -Hydroxyzine was doo late for 13 of 93 oppo through 08/31/19. -Examples of hydroxy administered late wer -On 08/11/19, hydrox for administration at 9 documented as admin next dose was docum 1:00pm. -On 08/12/19, hydrox for administration at 9 documented as admin	Jam, 1:00pm, and 9:00pm. cumented as administered rtunities from 08/01/19 yzine 25 mg documented as re as follows: yzine 25 mg was scheduled 0:00am, but was nistered late at 10:56am; the nented as administered at yzine 25 mg was scheduled 0:00pm, but was nistered late at 11:28pm; the nented as administered at				
	September 2019 rever- There was an entry free times dail administration at 8:00 -Hydroxyzine 25 mg variad administered late for 09/01/19 through 09/3 -Examples of hydroxy administered late wer- On 09/04/19, hydrox for administration at 8 documented as administration at 8	For hydroxyzine HCL 25 mg 1 ly and scheduled for Dam, 2:00, and 8:00pm. was documented as 10 of 90 opportunities from 30/19. yzine 25 mg documented as re as follows: yzine 25 mgwas scheduled B:00am, but was nistered late at 10:21am; the mented as administered at yzine 25 mgwas scheduled				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			I/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 213	D 364			
	October 2019 reveale -There was an entry if tablet three times dai administration at 8:00 -Hydroxyzine 25 mg v administered late for 10/01/19 through 10// -Examples of hydroxy administered late wer -On 10/02/19, hydroxy for administration at 8 documented as administration at 8 docume	for hydroxyzine HCL 25 mg 1 ly and scheduled for Dam, 2:00pm, and 8:00pm. was documented as 6 of 93 opportunities from 31/19. yzine 25 mg documented as re as follows: syzine 25 mg was scheduled				
	for administration at 8 documented as admi					
	November 2019 reve -There was an entry to tablet three times dai administration at 8:00 -Hydroxyzine 25 mg	for hydroxyzine HCL 25 mg 1 ly and scheduled for Dam, 2:00pm, and 8:00pm. was documented as				
	11/01/19 through 11/0 -Examples of hydroxy administered late wer -On 11/03/19, hydrox administration at 8:00	yzine 25 mg documented as				
	was documented as a	administered at 2:00pm. yzine 25 mg was scheduled				

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If continuation sheet 214 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		BERTH TO ATOT NONDER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 364	Continued From page	e 214	D 364			
	for administration at 8:00am, but was documented as administered late at 10:01am; it could not be determined when the next dose was documented as administered according to the eMAR. Based on observation, interview, and record review, it was determined Resident #7 was not interviewable. Refer to the interview with the facility's primary care provider (PCP) on 11/07/19 at 9:05am.					
	Refer to the interview medication aide (MA	v with a second shift ) on 11/07/19 at 3:00pm.				
	Refer to the interview with a first shift MA on 11/13/19 at 1:08pm. Refer to interview with the Special Care Unit (SCU) Coordinator on 11/14/19 at 2:46pm.					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	dated 05/14/19 revea	nt #7's physician's orders aled a physician's order for ablet twice daily (used to treat ner's disease).				
		#7's electronic Medication d (eMAR) for August 2019				
	-There was an entry	for memantine 5 mg 1 tablet duled for administration at				
	-Memantine was doc late for 30 of 62 oppo through 08/31/19.	umented as administered ortunities from 08/01/19 ntine 5 mg documented as				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	AL034093 B. WING			R-C / <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H		3150 BU	RKE MILL ROAD			
	003E	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 215	D 364			
	for administration at 8 documented as admin next dose was docum 8:21pm. -On 08/12/19, memar for administration at 8 documented as admin next dose was docum 10:16am on 08/13/19 Review of Resident # September 2019 reve -There was an entry f twice daily and sched 8:00am and 8:00pm. -Memantine 5 mg wa administered late for 09/01/19 through 09/3 -Examples of meman administered late wer -On 09/04/19, memar for administration at 8 documented as admin next dose was docum 8:00pm. -On 09/13/19, memar for administration at 8 documented as admin	<ul> <li>attine 5 mg was scheduled</li> <li>bit was</li> <li>conditional</li> <liconditional< li=""> <lic< td=""><td></td><td></td><td></td><td></td></lic<></liconditional<></ul>				
	October 2019 reveale -There was an entry f	7's electronic eMAR for ed: for memantine 5 mg 1 tablet luled for administration at				
	8:00am and 8:00pm. -Memantine 5 mg wa					

Division of Health STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 364	10/01/19 through 10/3 -Examples of meman administered late wer -On 10/02/19, memar for administration at & documented as admin next dose was docum 8:00pm. -On 10/22/19, memar for administration at & documented as admin next dose was docum 8:00pm. Review of Resident # November 2019 reve -There was an entry f twice daily and sched 8:00am and 8:00pm. -Memantine 5 mg wa administered late for 11/01/19 through 11/0 -Examples of meman administered late wer -Examples of meman administered late wer -Examples of meman administered late wer -Examples included: on g was scheduled for but was documented 9:47am; the next dos administered at 8:00p -On 11/06/19, memar for administration at & documented as admin could not be determin documented as admin eMAR. Based on observation	31/19.         tine 5 mg documented as         re as follows:         nine 5 mg was scheduled         3:00am, but was         nistered late at 10:26am; the         nented as administered at         nistered late at 9:26am; the         nented as administered at         atine 5 mg was scheduled         3:00am, but was         nistered late at 9:58am; the         nented as administered at         7's electronic eMAR for         aled:         for memantine 5 mg 1 tablet         luled for administration at         s documented as         4 of 11 opportunities from         06/19.         tine 5 mg documented as         re as follows:         on 11/03/19, memantine 5         r administration at 8:00am,         as administered late at         e was documented as         om.         ntine 5 mg was scheduled	D 364	DEFICIEN			

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE : COMPL	
			A. BUILDING:			
		HAL034093	B. WING			-C 15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 217	D 364			
		v with the facility's primary on 11/07/19 at 9:05am.				
	Refer to the interview medication aide (MA)	/ with a second shift ) on 11/07/19 at 3:00pm.				
	Refer to the interview with a first shift MAon 11/13/19 at 1:08pm.					
		h the Special Care Unit n 11/14/19 at 2:46pm.				
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	dated 05/14/19 revea	t #7's physician's orders aled a physician's order for plet three times daily (used to				
	Administration Recor revealed: -There was an entry three times daily and	<ul> <li>*7's electronic Medication</li> <li>'d (eMAR) for August 2019</li> <li>for tramadol 50 mg 1 tablet</li> <li>scheduled for administration</li> </ul>				
	tablet three times dai	l entry for tramadol 50 mg 1 ily and scheduled for Dam, 2:00pm, and 8:00pm.				
	08/01/19 through 08/	14 of 93 opportunities from 31/19. ol 50 mg documented as				
	administered late we -On 08/11/19, tramac	re as follows: lol 50 mg was scheduled for				
	as administered late was documented as	Dam, but was documented at 10:55am; the next dose administered at 1:00pm.				
		dol 50 mg was scheduled for Dpm, but was documented				
ision of He	alth Service Regulation					1

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		BENTI IOATON NOMBEN.	A. BUILDING:			
		HAL034093	B. WING			₹-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLE DATE
D 364	Continued From page	ge 218	D 364			
		e at 11:27pm; the next dose s administered at 10:10am on				
	September 2019 re- -There was an entry three times daily an at 8:00am, 2:00pm, -There was a secon tablet three times da administration at 9:0 -Tramadol 50 mgwa administered late for 09/01/19 through 09 -Examples of trama administered late w -On 09/04/19, trama administered late was documented as -On 09/13/19, trama administration at 8:0	y for tramadol 50 mg 1 tablet d scheduled for administration and 8:00pm. nd entry for tramadol 50 mg 1 aily and scheduled for 00am, 1:00pm, and 9:00pm. as documented as or 5 of 90 opportunities from 9/30/19. dol 50 mg documented as				
	Review of Resident October 2019 revea -There was an entry three times daily an at 9:00am, 1:00pm, -Tramaol 50 mg wa administered late fo 10/01/19 through 10 -Examples of trama administered late w -On 10/02/19, trama administration at 9:0	y for tramadol 50 mg 1 tablet d scheduled for administration and 9:00pm. s documented as or 4 of 93 opportunities from D/31/19. dol 50 mg documented as				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	00		
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 219	D 364			
	10/03/19.					
		dol 50 mg was scheduled for				
		Opm, but was documented				
		at 10:46pm; the next dose				
		administered at 9:00am on				
	10/27/19.					
	Review of Resident #	7's electronic eMAR for				
	November 2019 reve					
		for tramadol 50 mg 1 tablet				
	•	scheduled for administration				
	at 9:00am, 1:00pm, a	and 9:00pm.				
	-Tramadol 50 mg was					
		3 of 16 opportunities from				
	11/01/19 through 11/0					
		ol 50 mg documented as				
	administered late we	lol 50 mg was scheduled for				
		Dam, but was documented				
		at 10:23am; the next dose				
		administered at 2:28pm.				
		lol 50 mg was scheduled for				
		Opm, but was documented				
	as administered late	at 2:28pm; the next dose				
	was documented as	administered at 9:00pm.				
	Based on observation	n, interview, and record				
		lined Resident #7 was not				
	interviewable.					
	Defer to the interview	with the facility's primers				
		with the facility's primary				
	care provider (PCP)	on 11/07/19 at 9:05am.				
	Refer to the interview	with a second shift				
		) on 11/07/19 at 3:00pm.				
		/ with a first shift MA on				
	11/13/19 at 1:08pm.					
	Refer to interview wit	h the Special Care Unit				
	alth Service Regulation					

	3150 BL	A. BUILDING: B. WING ADDRESS, CITY, STATE,		COMPLETED R-C 11/15/2019
USE SUMMARY ST.	STREET / 3150 BL			
USE SUMMARY ST.	3150 BL	ADDRESS, CITY, STATE,		
SUMMARY ST			ZIP CODE	
		IRKE MILL ROAD	)3	
	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(X5)
	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
Continued From page	e 220	D 364		
(SCU) Coordinator or	11/14/19 at 2:46pm.			
Refer to the interview with the Administrator on 11/14/19 at 5:31pm.				
g. Review of Resident #7's physician's orders				
• •				
Administration Record (eMAR) for August 2019 revealed:				
-There was an entry for triamcinolone acetonide				
for application at 9:00				
	nide cream was			
documented as applie	ed late for 16 of 124			
	•			
,				
	-			
08/13/19.				
-				
	am, 12.00pm, 4.00pm and			
	onide cream was			
	Refer to the interview 11/14/19 at 5:31pm. g. Review of Residen dated 05/14/19 revea triamcinolone acetoni rash 4 times daily (us such as rash, allergie Review of Resident # Administration Recor- revealed: There was an entry f cream apply to rash 4 for application at 9:00 9:00pm. Triamcinolone aceto documented as applie opportunities from 08 Examples of triamcin documented as applie to n 08/12/19, triamci was scheduled for ap documented as applie dose was documente 08/13/19. On 08/25/19, triamci was scheduled for ap documented as applie dose was documente 08/13/19. On 08/25/19, triamci was scheduled for ap documented as applie dose was documente Review of Resident # September 2019 reve There was an entry f cream apply to rash 4 for application at 8:00 8:00pm.	<ul> <li>11/14/19 at 5:31pm.</li> <li>g. Review of Resident #7's physician's orders dated 05/14/19 revealed a physician's order for triamcinolone acetonide cream 0.7% apply to rash 4 times daily (used to treat skin conditions such as rash, allergies, and eczema).</li> <li>Review of Resident #7's electronic Medication Administration Record (eMAR) for August 2019 revealed:</li> <li>There was an entry for triamcinolone acetonide cream apply to rash 4 times daily and scheduled for application at 9:00am, 1:00pm, 5:00pm and 9:00pm.</li> <li>Triamcinolone acetonide cream was documented as applied late for 16 of 124 opportunities from 08/01/19 through 08/31/19.</li> <li>Examples of triamcinolone acetonide cream was documented as applied late were as follows:</li> <li>On 08/12/19, triamcinolone acetonide cream was documented as applied late at 11:29pm; the next dose was documented as applied at 10:16am on 08/13/19.</li> <li>On 08/25/19, triamcinolone acetonide cream was scheduled for application at 5:00pm, but was documented as applied late at 11:29pm; the next dose was documented as applied at 9:00pm.</li> <li>Review of Resident #7's electronic eMAR for September 2019 revealed:</li> <li>There was an entry for triamcinolone acetonide cream was scheduled for application at 9:00pm.</li> </ul>	Refer to the interview with the Administrator on 11/14/19 at 5:31pm. g. Review of Resident #7's physician's orders dated 05/14/19 revealed a physician's order for triamcinolone acetonide cream 0.7% apply to rash 4 times daily (used to treat skin conditions such as rash, allergies, and eczema). Review of Resident #7's electronic Medication Administration Record (eMAR) for August 2019 revealed: -There was an entry for triamcinolone acetonide cream apply to rash 4 times daily and scheduled for application at 9:00am, 1:00pm, 5:00pm and 9:00pm. -Triamcinolone acetonide cream was documented as applied late for 16 of 124 opportunities from 08/01/19 through 08/31/19. -Examples of triamcinolone acetonide cream documented as applied late were as follows: -On 08/12/19, triamcinolone acetonide cream was scheduled for application at 9:00pm, but was documented as applied late at 11:29pm; the next dose was documented as applied at 10:16am on 08/13/19. -On 08/25/19, triamcinolone acetonide cream was scheduled for application at 9:00pm, but was documented as applied late at 6:43pm; the next dose was documented as applied at 9:00pm.	Refer to the interview with the Administrator on 11/14/19 at 5:31pm. g. Review of Resident #7's physician's orders dated 05/14/19 revealed a physician's order for triamcinolone acetonide cream 0.7% apply to rash 4 times daily (used to treat skin conditions such as rash, allergies, and eczema). Review of Resident #7's electronic Medication Administration Record (eMAR) for August 2019 revealed: There was an entry for triamcinolone acetonide cream apply to rash 4 times daily and scheduled for application at 9:00am, 1:00pm, 5:00pm and 9:00pm. Triamcinolone acetonide cream was documented as applied late wre as follows: On 08/12/19, triamcinolone acetonide cream was documented as applied late wre as follows: On 08/12/19, triamcinolone acetonide cream was documented as applied late wre as follows: On 08/12/19, triamcinolone acetonide cream was documented as applied at 10:16am on 38/13/19. Examples of triamcinolone acetonide cream was documented as applied at 10:16am on 38/13/19. On 08/12/19, triamcinolone acetonide cream was documented as applied late at 11:29pm; the next dose was documented as applied at 10:16am on 38/13/19. On 08/25/19, triamcinolone acetonide cream was acheduled for application at 5:00pm, but was documented as applied late at 6:43pm; the next dose was documented as applied at 9:00pm. Review of Resident #7's electronic eMAR for September 2019 revealed: There was an entry for triamcinolone acetonide cream apply to rash 4 times daily and scheduled for application at 5:00pm, 4:00pm and 8:00pm.

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DF DEFICIENCIES ID PROVIDER'S PLAN OF CO PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION		CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE	
D 364	<ul> <li>Continued From page 221</li> <li>documented as applied late for 27 of 120</li> <li>opportunities from 09/01/19 through 09/30/19.</li> <li>Examples of triamcinolone acetonide cream</li> <li>documented as applied late were as follows:</li> <li>On 09/09/19, triamcinolone acetonide cream</li> <li>was scheduled for application at 4:00pm, but was</li> <li>documented as applied late at 6:42pm; the next</li> <li>dose was documented as administered at</li> <li>9:05pm.</li> <li>On 09/13/19, triamcinolone acetonide cream</li> <li>was scheduled for application at 8:00am, but was</li> <li>documented as applied late at 11:17am; the next</li> <li>dose was documented as administered at</li> </ul>		D 364			
	October 2019 reveale -There was an entry is cream apply to rash 4 for application at 8:00 8:00pm. -Triamcinolone acetor documented as appli opportunities from 10 -Examples of triamcin documented as appli -On 10/02/19 triamcin scheduled for applicat dose was documented 12:00pm. -On 10/17/19 triamcin scheduled for applicat	for triamcinolone acetonide 4 times daily and scheduled 0am, 12:00pm, 4:00pm and nide cream was ed late for 32 of 124 //01/19 through 10/31/19. nolone acetonide cream ed late were as follows: nolone acetonide cream was ation at 8:00am, but was ed late at 10:25am; the next ed as administered at nolone acetonide cream was ation at 12:00pm, but was ed late at 1:57pm; the next				
	November 2019 reve	7's electronic eMAR for aled: for triamcinolone acetonide				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING.	DING:		R-C	
		HAL034093	B. WING			1/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE, 2	ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	3			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETE DATE	
D 364	Continued From page	e 222	D 364				
	for application at 8:00 8:00pm. - Triamcinolone aceto documented as applie opportunities from 11 -Examples of triamcir documented as applie -On 11/02/19, triamci scheduled for applica documented as applie dose was documente 5:38pm. -On 11/06/19, triamci scheduled for applica documented as applie dose was documente 8:00pm; it could not b dose was documente 8:00pm; it could not b dose was documente to the eMAR. Based on observation review, it was determ interviewable. Refer to the interview medication aide (MA) Refer to the interview 11/13/19 at 1:08pm. Refer to interview witt (SCU) Coordinator or	ed late for 10 of 21 /01/19 through 11/06/19. nolone acetonide cream ed late were as follows: nolone acetonide cream was tion at 12:00pm, but was ed late at 2:30pm; the next ed as administered at nolone acetonide cream was tion at 8:00am, but was ed late at 10:02am; the next ed as administered at be determined when the next ed as administered at on determined when the next ed as administered according h, interview, and record ined Resident #7 was not with the facility's primary on 11/07/19 at 9:05am. with a second shift o on 11/07/19 at 3:00pm. with a first shift MA on h the Special Care Unit					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD			
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	e 223	D 364			
	05/08/19 revealed dia	nt # 10's current FL2 dated agnoses included dementia, flux disease, low back pain, and hyperlipidemia.				
	Review of physician's orders dated 09/10/19 revealed an order for Depakote Sprinkles (divalproex) 125 mg (used to treat manic episodes) 1 capsule twice daily.					
	Administration Recor 2019 revealed: -There was an entry delayed release sprin daily for agitation and	#10's electronic Medication d (eMAR) for September for divalproex capsules hkle 125 mg 1 capsule twice d aggression with dementia				
	8:00pm. -Divalproex 125 mg v administered late for 09/12/19 through 09/	6 of 38 opportunities from				
	administered late we -On 09/22/19, divalpr for administration at a documented as adminext dose was documented as adminext dose was documented as adminext dose was documented as adminerted as a documented as	re as follows: roex 125 mg was scheduled				
	for administration at a documented as admi	roex 125 mg was scheduled 8:00am, but was inistered late at 09:35am; the nented as administered at				
	revealed: -There was an entry delayed release sprir daily for agitation and	#10's MAR for October 2019 for divalproex capsules hkle 125 mg 1 capsule twice d aggression with dementia stration at 8:00am and				

STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING		R-C		
	ROVIDER OR SUPPLIER		B. WING         11/15/2019           EET ADDRESS, CITY, STATE, ZIP CODE         11/15/2019				
DANBY H	OUSE		ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 224	D 364				
	10/01/19 through 10// -Examples of divalpro administered late wer -On 10/22/19, divalpr administration at 8:00 as administered late was documented as a -On 10/30/19, divalpr for administration at 8 documented as admi next dose was docun 8:00pm. Based on interviews,	13 of 62 opportunities from 31/19. bex 125 mg documented as re as follows: roex was scheduled for Dam, but was documented at 10:03am; the next dose administered at 8:00pm. roex 125 mg was scheduled 3:00am, but was nistered late at 10:06am; the nented as administered at observations, and record mined Resident #10 was not					
	Provider (PCP) on 11 -Resident #10 had be not blame Resident #	ent #10's Primary Care 1/15/19 at 9:44am revealed: ehavior issues, but she could ¢10's behaviors on late g divalproex or missing					
	divalproex for one da eMAR.	low valproic acid level of 27					
	-The normal valproic 100.	acid level ranged from 50 to ere no behaviors when					
	valproic acids levels there were no behavi levels were within rar	were low and sometimes ior issues when valproic acid nge.					
		ngoing behavior issues. edication to be administered					
	Based on observation alth Service Regulation	n, interview, and record					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, 2	ZIP CODE			
DANBY H	OUSE			•			
			DN SALEM, NC 2710	PROVIDER'S PLAN OF		(25)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 364	Continued From page	e 225	D 364				
	review, it was determ interviewable.	ined Resident #7 was not					
		v with the facility's primary on 11/07/19 at 9:05am.					
	Refer to the interview with a second shift medication aide (MA) on 11/07/19 at 3:00pm. Refer to the interview with a first shift MA on 11/13/19 at 1:08pm.						
		h the Special Care Unit n 11/14/19 at 2:46pm.					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on					
	05/09/19 revealed dia Alzheimer's disease, disease, chronic obst (COPD) neuropathy,	gastroesophageal reflux tructive pulmonary disease hyperlipidemia, anemia, nary disease, vitamin D					
	05/09/19 revealed the for albuterol sulfate s	nt #2's current FL2 dated ere was a physician's order olution 2.5mg (0.083%) es daily (a bronchodilator					
	summary report date -Resident #2 was ad -The discharge order	#2's hospital discharge d 04/26/19 revealed: mitted for respiratory failure. 's included albuterol sulfate 3%) inhale 1 vial four times					

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:		B C	
		HAL034093	B. WING		R-C 11/15/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		JRKE MILL ROAD				
		WINSTO	ON SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
D 364	Continued From page	e 226	D 364				
		outerol sulfate solution le 1 vial four times daily.					
	Review of Resident #2's August 2019 electronic Medication Administration Record (eMARs) revealed:						
	2.5mg (0.083%) inha scheduled for admini	for albuterol sulfate solution le 1 vial four times daily and stration at 9:00am, 1:00pm,					
	5:00pm, and 9:00pm. -There was a second entry for albuterol sulfate solution 2.5mg (0.083%) inhale 1 vial four times daily and scheduled for administered at 8:00am,						
	<ul><li>ality and scheduled for administered at 8:00am,</li><li>12:00pm, 4:00pm, and 8:00pm.</li><li>There was documentation albuterol was</li></ul>						
		times of 124 opportunities. ninistration were as follows: led for 9:00pm and					
	-On 08/11/19 schedu						
	-On 08/12/19 schedu	administration at 10:47am. led for 9:00pm and administration at 11:00pm.					
	-On 08/14/19 schedu						
	-On 08/22/19 schedu documented as late a -On 08/30/19 schedu	administration at 6:21pm.					
		administration at 9:36am.					
		administration at 5:37pm.					
	revealed:	2's September 2019 eMAR					
	2.5mg (0.083%) inha	for albuterol sulfate solution le 1 vial four times daily and stration at 9:00am, 1:00pm,					
	5:00pm, and 9:00pm						
	solution 2.5mg (0.083	3%) inhale 1 vial four times					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRE           REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERE		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETI DATE
D 364	Continued From page	ge 227	D 364			
	12:00pm, 4:00pm, a -There was docume administered late 19 Examples of late ad -On 09/04/19 sched documented as late -On 09/07/19 sched documented as late -On 09/08/19 sched documented as late -On 09/09/19 sched documented as late -On 09/10/19 sched documented as late -On 09/10/19 sched documented as late -On 09/13/19 sched documented as late -On 09/24/19 sched documented as late -On 09/25/19 sched documented as late -On 09/30/19 sched documented as late -On	ntation albuterol was times of 124 opportunities. ministration were as follows: uled for 12:00pm and administration at 1:40pm. uled for 4:00pm and administration at 6:27pm. uled for 4:00pm and administration at 6:07pm. uled for 4:00pm and administration at 6:05pm. uled for 4:00pm and administration at 5:34pm. uled for 8:00am and administration at 10:46am. uled for 4:00pm and administration at 5:52pm. uled for 4:00pm and administration at 5:52pm. uled for 4:00pm and administration at 5:52pm. uled for 4:00pm and administration at 5:48pm. #2's October 2019 eMAR r for albuterol sulfate solution ale 1 vial four times daily. ntation albuterol sulfate 33%) inhale 1 vial was istration at 9:00am, 1:00pm, n. d entry for albuterol sulfate 33%) inhale 1 vial four times for administered at 8:00am,				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 228	D 364			
	documented as late a -On 10/09/19 schedu documented as late a -On 10/11/19 schedu documented as late a -On 10/17/19 schedu documented as late a -On 10/20/19 schedu documented as late a -On 10/22/19 schedu documented as late a -On 10/30/19 schedu documented as late a -On 10/30/19 schedu documented as late a -On 10/30/19 schedu documented as late a Refer to the interview care provider (PCP) o Refer to the interview medication aide (MA) Refer to the interview 11/13/19 at 1:08pm. Refer to the interview 11/14/19 at 5:31pm. b. Review of Residen 05/09/19 revealed a p triamcinolone acetoni four times daily (used and itching). Review of Resident #	administration at 6:27pm. led for 4:00pm and administration at 7:13pm. led for 8:00am and administration at 10:37am. led for 4:00pm and administration at 5:33pm. led for 12:00pm and administration at 1:54pm. led for 8:00am and administration at 9:50am. led for 12:00pm and administration at 2:18pm. e with the facility's primary on 11/07/19 at 9:05am. e with a second shift on 11/07/19 at 3:00pm. e with a first shift MA on h the Special Care Unit n 11/14/19 at 2:46pm. e with the Administrator on t #2's current FL2 dated obysician's order for ide cream 1% apply to skin I to treat dermatitis, allergies				
	1% apply to skin four	amcinolone acetonide cream times daily.				
	Review of Resident #	2's August 2019 electronic				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
AND PLAN (	JF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	RKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D 364	Continued From pag	e 229	D 364			
	Medication Administr revealed:	ration Record (eMARs)				
		for triamcinolone acetonide				
		kin four times daily and				
	scheduled for applica	ation at 9:00am, 1:00pm,				
	5:00pm, and 9:00pm	l.				
	-There was documentation triamcinolone					
		apply to skin four times daily				
		imes of 124 opportunities.				
		blication were as follows:				
	-On 08/09/19 schedu	application at 10:43pm.				
	-On 08/11/19 schedu					
		application at 10:47am.				
	-On 08/12/19 schedu					
		application at 11:00pm.				
	-On 08/14/19 schedu	uled for 9:00pm and				
		application at 10:37pm.				
	-On 08/22/19 schedu	•				
		application at 6:21pm.				
	-On 08/25/19 schedu	application at 10:20am.				
	documented as late a	application at 10.20am.				
	Review of Resident #	#2's September 2019				
		Administration Record				
	(eMARs) revealed:					
		for triamcinolone acetonide				
		kin four times daily and				
		ation at 9:00am, 1:00pm,				
	5:00pm, and 9:00pm -There was documer					
		apply to skin four times daily				
		nes of 124 opportunities.				
		blication were as follows:				
	-On 09/07/19 schedu					
		application at 6:27pm.				
	-On 09/10/19 schedu					
		application at 10:28pm.				
	-On 09/13/19 schedu					
	documented as late a	application at 10:46pm.				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE
D 364	Continued From page 230 -On 09/13/19 scheduled for 1:00pm and documented as late application at 2:33pm. -On 09/15/19 scheduled for 5:00pm and		D 364			
	documented as late a					
	-On 09/20/19 scheduled for 9:00pm and					
	documented as late a	application at 10:59pm.				
	Review of Resident #	2's October 2019 electronic				
	Medication Administra	ation Record (eMARs)				
	revealed:					
	-There was an entry	for triamcinolone acetonide				
	cream 1% apply to sl	kin four times daily and				
	scheduled for application at 9:00am, 1:00pm,					
	5:00pm, and 9:00pm.					
	-There was documen					
		apply to skin four times daily				
		nes of 124 opportunities.				
		lication were as follows:				
	-On 10/07/19 schedu documented as late a	•				
	-On 10/13/19 schedu					
		application at 10:46pm.				
	-On 10/13/19 schedu					
	documented as late a	•				
	-On 10/15/19 schedu					
	documented as late a	-				
	-On 10/20/19 schedu	led for 9:00pm and				
	documented as late a	application at 10:59pm.				
	Refer to the interview	with the facility's primary				
		on 11/07/19 at 9:05am.				
	Refer to the interview	with a second shift				
	medication aide (MA)	on 11/07/19 at 3:00pm.				
	Refer to the interview	with a first shift MA on				
	11/13/19 at 1:08pm.					
	Refer to interview wit	h the Special Care Unit				
	(SCU) Coordinator or					

STATEMEN	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
		HAL034093	B. WING			R-C
					11/	/15/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			
D 364	Continued From page	e 231	D 364			
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	Interview with the facility's PCP on 11/07/19 at 9:05am revealed: -She knew the facility had several medications					
	administered late at of -Medications schedu	one time a few months ago. led for administration once				
		her unless the medication rding to a certain length of				
	-She expected the MAs to administer medications within the 1 hour before or after grace period.					
	-The facility had notified her a few times for medications administered late but not a lot of times.					
	-The facility needed to inform her of medications administered more than 1 hour late to be					
	evaluated on an indiv					
		e accurate for medication o reflect the effectiveness of				
	Interview with a seco 3:00pm revealed:	nd shift MA on 11/07/19 at				
	-	went past one hour from the dministration, the medication				
	-Some staff were doo	cumenting "gvn" (given) d was to be used if the				
	reason, was not docu	inistered, but for some umented on the eMAR at the				
	late medication.	n and later showed up as a				
	did not document on	y administer medications and the eMAR (clicking off for				
	-There could be an o	going to the next resident. ccasional entry that had se the computer may not				
alara af I la	alth Service Regulation	e me computer may not				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED
		HAL034093	B. WING			R-C 15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLE DATE
D 364	Continued From page	e 232	D 364			
	as late were not just administered late due call outs or late shift Interview with a first s pm revealed: -When medications v may have been only -Medications that we administered late we meant the medication	e the medication was t of the entries documented documented late, but were e to MA's work load and staff				
	cover both sides. -Each MA was assign complete weekly eM/ medications were on -Once the audits wer were given to the SC -For refusal of medic	hand. e completed, the audit forms U Coordinator or the RCC.				
	second or third refuse see the previous dos	al. However, MAs could only				
	at 2:46pm revealed: -When looking at the meant the medication "drug/item unavailabl was not on the cart.	CU Coordinator on 11/14/19 MAR, "late administration" nos were given late and le" meant the medication more with personal care so re passed late.				
		enerally ran a daily report; d run the report every other				

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9MMQ11

If continuation sheet 233 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOWIDEN.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
ME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
ANBY HO	OUSE	3150 BU	RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 364	Continued From page	e 233	D 364			
	day for late administr	ation of medications				
	-She had not looked					
	administration of med	-				
		me medications had been				
	given 2 hours late.					
	•	ed the staff to let her know if				
	they were looking for medications or if					
	medications needed to be reordered.					
	-Medications were re	ordered weekly.				
		only be documented as				
		edication was given to the				
		ations were administered on				
	time, then behaviors					
	Interview with the Ad 5:31pm revealed:	ministrator on 11/14/19 at				
	-MAs were responsib	le for administering				
	medications.					
		As to document accurately.				
	-MAs were responsib					
	medication carts wee	-				
		a multidose pack at the				
	beginning of October					
	-The RCC and SCU					
	•	ing all medications were in				
	the building, ensuring	·				
		red, and that the resident				
	had an adequate sup					
		ndomly ran an audit report				
		were administered on time e not administered but she				
	did not run the report					
		tine audit by the corporate				
		medication administration.				
D 366	10A NCAC 13F .1004	4 (i) Medication	D 366			
	Administration	(,				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R-C
		HAL034093	B. WING			K-C I/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	13		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 366	Continued From page 234		D 366			
	10A NCAC 13F .1004	4 Medication Administration				
	medication administr staff person who adminimediately following medication to the res					
	facility failed to assur electronic Medication (eMAR) the administr immediately following to administering med	and record reviews, the re staff documented on the Administration Record				
	The findings are:					
	05/21/19 revealed dia gouty arthropathy, ac mellitus, abnormal gl	nt #6's current FL2 dated agnoses included acute cute kidney failure, diabetes ucose, chronic kidney n, and acute and chronic s/embolism.				
	dated 05/21/19 and c dated 10/20/19 revea	nt #6's physician's orders current physicians orders aled a physician's order for neuropathy) 300 mg three				

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY IPLETED
		A. BUILDING:			
	HAL034093	B. WING		R-C 11/15/2019	
IAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ANBY HOUSE	3150 BL	JRKE MILL ROAD			
	WINSTO	ON SALEM, NC 2710	)3		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366 Continued From page	je 235	D 366			
Review of Resident medication administ revealed: -There was an entry times a day schedul 9:00pm from 08/01/ <sup>7</sup> for 8:00am, 2:00pm, to 08/31/19. -Gabapentin was do administration for 5 2019 with examples -On 08/21/19, sched documented as late -On 08/28/19, sched documented as late -On 08/29/19, sched documented as late -On 08/29/19, sched documented as late -On 08/29/19, sched documented as late -On 08/29/19, sched documented as late -There was an entry times a day schedul 8:00pm. -Gabapentin was as 90 opportunities in S opportunities in Octo follows: -On 09/02/19, sched documented as late -On 10/01/19, sched documented as late -On 10/23/19, sched documented as late -On 10/23/19, sched documented as late	#6's August 2019 electronic ration record (eMAR) for gabapentin 300 mg three ed for 10:00am, 1:00pm, and 19 to 08/28/19 and scheduled and 8:00pm from 08/28/19 ecumented as late of 93 opportunities for August as follows: fuled for 1:00pm and administration at 2:22pm. fuled for 2:00pm and administration at 3:22pm. fuled for 8:00am and administration at 9:21am.				

Division of Health Service Regu

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
			A. BUILDING:	A. BUILDING:		
		HAL034093	B. WING			R-C 1/15/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
		ATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN O		(20)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 236	D 366			
	-On 11/04/19, schedu	uled for 9:00am and administration at 10:29am.				
	Interview with Resident #6 on 11/13/19 at 1:50pm revealed: -She did not pay much attention to the time she received her medications. -Resident #6 may have received medications later the scheduled time but she did not recall a particular instance.					
	-Resident #6 had not pain and suffering du missed or late.	e to medications being				
	Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	dated 05/21/19 and c dated 10/20/19 revea	at #6's physician's orders current physician's orders aled a physician's order for at pain) 50 mg tablets 2 day.				
	2019, and October 20 administration record -There was an entry	6's August 2019, September 019 electronic medication (eMARs) revealed: for tramadol 50mg take 2 day scheduled for 9:00am,				
	1:00pm, and 9:00pm -Tramadol had late d administration for 4 o 2019, 4 of 90 opportu	ocumentation of f 93 opportunities in August unities in September 2019,				
vision of Hos	and 4 of 93 opportun examples as follows: alth Service Regulation	ities in October 2019 with				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C I/ <b>15/2019</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	OUSE	3150 BU	IRKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 366	Continued From page	e 237	D 366				
	-On 08/21/19, schedu documented as late a -On 08/24/19, schedu documented as late a -On 09/03/19, schedu documented as late a -On 09/09/19, schedu documented as late a -On 10/01/19, schedu documented as late a -On 10/01/19, schedu documented as late a given. Review of Resident # revealed there was at take 2 tablets three ti 9:00am, 1:00pm, and documented as late a -On 11/01/19, schedu documented as late a -On 11/01/19, schedu documented as late a -On 11/02/19, schedu documented as late a -She did not pay muc	alled for 1:00pm and administration at 2:22pm. uled for 1:00pm and administration at 2:49pm. uled for 1:00pm and administration at 2:26pm. uled for 1:00pm and administration at 2:04pm. uled for 9:00am and administration at 10:26am. uled for 1:00pm and administration at 2:13pm and administration at 2:13pm and administration at 2:13pm and administration at 2:13pm and administration at 10:26am. uled for 1:00pm and administration at 10:26am. uled for 9:00pm and administration at 10:46am. uled for 9:00pm and administration at 10:28pm. ant #6 on 11/13/19 at 1:50pm th attention to the time she					
	pain and suffering during missed or late. Refer to the interview medication aide on 1						
		with the Administrator on					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	of connection	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE			
		3150 BU	RKE MILL ROAD				
DANBY H	003E	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
D 366	Continued From page	e 238	D 366				
	<ul> <li>c. Review of Resident #6's physician's orders dated 05/21/19 and hospital discharge summary dated 10/20/19 revealed an order for Novolog Flexpen U-100 Inject 10 units subcutaneously three times daily before meals. Hold for blood sugar less than 50.</li> <li>Interview with a kitchen staff on 11/08/19 at 4:13pm revealed the times for serving residents on the assisted living side were 7:30am for breakfast, 11:30am for lunch, and 4:30pm for dinner. Snacks were served at 10:00am, 2:00pm and 7:30pm.</li> <li>Review of Resident #6's August 2019 electronic Medication Administration Record (eMAR) revealed:</li> <li>There was an entry for Novolog Flexpen U-100 inject 10 units subcutaneously three times daily before meals. Hold for blood sugar less than 50 was listed and scheduled for administration at 6:30am, 11:30am, and 4:30pm.</li> <li>Novolog Flexpen U-100 was documented as late administration, given (gvn) for 4 of 93 opportunities with examples as follows:</li> <li>On 08/08/19, scheduled for 11:30am and documented as late administration at 7:33am.</li> <li>On 08/11/19, scheduled for 11:30am and documented as late administration at 1:56pm.</li> <li>On 08/26/19, scheduled for 4:30pm and documented as late administration at 5:33pm.</li> </ul>						
	revealed: -There was an entry inject 10 units subcut before meals. Hold fo	#6's September 2019 eMAR for Novolog Flexpen U-100 taneously three times daily or blood sugar less than 50 luled for administration at					

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If continuation sheet 239 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page 239		D 366			
	-Novolog Flexpen U- administration, given scheduled for 4:30pn					
October 2019 revealed: -There was a inject 10 units before meals was listed an 7:30am, 11:3 -Novolog Flez administration	October 2019 and No revealed:	#6's September 2019, and ovember 2019 eMAR				
	-There was an entry for Novolog Flexpen U-100 inject 10 units subcutaneously three times daily before meals. Hold for blood sugar less than 50 was listed and scheduled for administration at					
	7:30am, 11:30am, and 4:30pm. -Novolog Flexpen U-100 was documented as late administration-charted late, given (gvn) as follows					
	on 09/03/19, scheduled for 4:30pm and documented as late administration-charted late at 5:37pm and given. -Novolog Flexpen U-100 was documented aslate,					
	given (gvn) for 3 of 90 opportunities for October 2019 and 2 of 30 opportunities in November 2019 with examples as follows:					
	-On 10/05/19, sched documented as late a	uled for 7:30am and administration at 9:40am.				
	documented as late a -On 10/15/19, sched					
	-On 11/05/19, schedu	administration at 8:35am.				
		administration at 5:58pm.				
	Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	2. Review of Resider 05/27/19 revealed:	nt #4's current FL-2 dated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 366	Continued From pag	e 240	D 366			
	disturbance, traumat neurocognitive disore	dementia with behavioral ic brain injury, major der with behaviors, anxiety, ation deficit, and history of				
	a. Review of Resident #4's FL-2 dated 5/27/19 revealed there was an order for carbamazepine (used to treat mood and agitation) 200mg 3 times a day.					
	2019, and October 2 Administration Record carbamazepine 200r for administration 8:0 daily. Examples of carbam	ng 3 times daily scheduled 00am, 2:00pm, and 8:00pm azepine documented as late,				
	-On 09/05/19, sched documented as late -On 10/01/19, sched	uled for 9:00pm and administration at 10:19pm.				
	Based on record revi interviews with staff i Resident #4 was not	t was determined that				
	Refer to the interviev medication aide on 1					
	Refer to the interviev 11/14/19 at 5:31pm.	v with the Administrator on				
	revealed there was a	nt #4's FL-2 dated 05/27/19 an order for trazadone (used ers) 200mg daily at bedtime.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
AND PLAN C	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	RKE MILL ROAD			
DANBY H	DUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	) THE APPROPRIATE	COMPLETE DATE
D 366	Continued From page	e 241	D 366			
	Review of Resident #	#4's August 2019, September				
	2019, and October 2019 electronic Medication					
	Administration Recor					
		ily at bedtime scheduled for				
	administration 8:00 p	-				
	•	ne documented as late,				
	given (gvn) were as f -On 08/10/19, schedu					
	-	administration at 10:19pm.				
	-On 09/27/19, schedu	•				
		administration at 10:54pm.				
	-On 10/04/19, schedu	•				
	documented as late a	administration at 10:56pm.				
	Based on record review, observation and					
	interviews with staff it was determined that					
	Resident #4 was not interviewable.					
	Refer to the interview	w with a second shift				
	medication aide on 1	1/07/19 at 3:00pm.				
	Refer to the interview with the Administrator on					
	11/14/19 at 5:31pm.					
		nt #4's FL-2 dated 05/27/19				
		in order for benztropine				
	(used to treat involun times a day.	tary movements) 0.5mg 2				
	Review of Resident #	#4's August 2019, September				
	2019, October 2019					
		Administration Record				
		nztropine 0.5mg twice daily				
		stration 8:00am and 8:00pm				
	daily.	ning documented as late				
	given (gvn) were as f	pine documented as late,				
	-On 08/22/19, schedu					
		administration at 9:53pm.				
	-On 09/05/19, schedu		1			1

Division of Health Service Regulation STATE FORM

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(EACH DEFICIENC	3150 BU	A. BUILDING: B. WING ADDRESS, CITY, STATE IRKE MILL ROAD DN SALEM, NC 271		COMPLETED R-C 11/15/2019
USE SUMMARY ST. (EACH DEFICIENC	STREET A 3150 BU WINSTC	ADDRESS, CITY, STATE	, ZIP CODE	
USE SUMMARY ST. (EACH DEFICIENC	3150 BU WINSTC	IRKE MILL ROAD	, ZIP CODE	
SUMMARY ST. (EACH DEFICIENC	WINSTO			
(EACH DEFICIENC		N SALEM NC 271		
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	NOALLIN, NO 211		
	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLE
Continued From page	e 242	D 366		
documented as late a	idministration at 10.40pm			
-On 10/13/19, scheduled for 8:00am and				
documented as late a	dministration at 9:57am.			
Based on record revie	ew. observation and			
Resident #4 was not	interviewable.			
d. Review of Resident #4's FL-2 dated 05/27/19 revealed there was an order for famotidine (used to treat gastroesophageal reflux) 20mg twice daily.				
Peview of a physician	s order dated 10/05/10			
revealed an order to o	decrease famotidine to			
. ,	<b>U</b>			
	stration 8:00am and 8:00pm			
-	ne documented as late			
-On 09/05/19, schedu	iled for 8:00pm and			
	•			
	-			
	•			
	documented as late a On 10/13/19, schedu documented as late a On 11/04/19, schedu documented as late a Based on record revie nterviews with staff it Resident #4 was not Refer to the interview medication aide on 11 Refer to the interview 11/14/19 at 5:31pm. d. Review of Residen revealed there was an o treat gastroesopha daily. Review of a physiciar revealed an order to o 20mg daily at bedtime Review of Resident # 2019, October 2019 a electronic Medication (eMAR) revealed fam scheduled for adminis daily. Examples of famotidii administration, given On 09/05/19, schedu documented as late a On 10/01/19, schedu documented as late a On 11/01/19, schedu	<ul> <li>documented as late administration at 9:23am. On 11/04/19, scheduled for 8:00am and documented as late administration at 9:57am.</li> <li>Based on record review, observation and interviews with staff it was determined that Resident #4 was not interviewable.</li> <li>Refer to the interview with a second shift medication aide on 11/07/19 at 3:00pm.</li> <li>Refer to the interview with the Administrator on 11/14/19 at 5:31pm.</li> <li>d. Review of Resident #4's FL-2 dated 05/27/19 revealed there was an order for famotidine (used there was an order for famotidine (used to treat gastroesophageal reflux) 20mg twice daily.</li> <li>Review of a physician's order dated 10/05/19 revealed an order to decrease famotidine to 20mg daily at bedtime.</li> <li>Review of Resident #4's August 2019, September 2019, October 2019 and November 2019 electronic Medication Administration Record (eMAR) revealed famotidine 20mg twice daily scheduled for administration 8:00am and 8:00pm daily.</li> <li>Examples of famotidine documented as late administration, given (gvn) as follows: On 09/05/19, scheduled for 8:00pm and documented as late administration at 10:42pm. On 10/01/19, scheduled for 8:00pm and documented as late administration at 9:11pm. On 11/01/19, scheduled for 8:00pm and documented as late administration at 9:22pm.</li> </ul>	<ul> <li>documented as late administration at 10:40pm. On 10/13/19, scheduled for 8:00am and documented as late administration at 9:23am. On 11/04/19, scheduled for 8:00am and documented as late administration at 9:57am.</li> <li>Based on record review, observation and nterviews with staff it was determined that Resident #4 was not interviewable.</li> <li>Refer to the interview with a second shift medication aide on 11/07/19 at 3:00pm.</li> <li>Refer to the interview with the Administrator on 11/14/19 at 5:31pm.</li> <li>d. Review of Resident #4's FL-2 dated 05/27/19 revealed there was an order for famotidine (used to treat gastroesophageal reflux) 20mg twice daily.</li> <li>Review of a physician's order dated 10/05/19 revealed an order to decrease famotidine to 20mg daily at bedtime.</li> <li>Review of Resident #4's August 2019, September 2019, October 2019 and November 2019 electronic Medication Administration Record (eMAR) revealed famotidine 20mg twice daily scheduled for administration 8:00am and 8:00pm daily.</li> <li>Examples of famotidine documented as late administration, given (gvn) as follows: On 09/05/19, scheduled for 8:00pm and documented as late administration at 10:42pm. On 10/011/9, scheduled for 8:00pm and documented as late administration at 9:11pm. On 11/01/19, scheduled for 8:00pm and documented as late administration at 9:22pm.</li> </ul>	Jocumented as late administration at 10:40pm.       On 10/13/19, scheduled for 8:00am and         Jocumented as late administration at 9:23am.       On 11/04/19, scheduled for 8:00am and         Jocumented as late administration at 9:73am.       Sased on record review, observation and         Jocumented as late administration at 9:75am.       Sased on record review, observation and         Based on record review, observation and       Interviews with staff it was determined that         Resident #4 was not interviewable.       Refer to the interview with a second shift         medication aide on 11/07/19 at 3:00pm.       Refer to the interview with the Administrator on         11/14/19 at 5:31pm.       Interview of Resident #4's FL-2 dated 05/27/19         revealed there was an order for famotidine (used or treat gastroesophageal reflux) 20mg twice       July         Review of a physician's order dated 10/05/19       evealed an order to decrease famotidine to         20mg daily at bedtime.       Review of Resident #4's August 2019, September         2019. October 2019 and November 2019       Jelectronic Medication Administration Record         JeMAR) revealed famotidine 20mg twice daily       Scheduled for administration 8:00am and 8:00pm         faily.       Scheduled for 8:00pm and 8:00pm         for ON 00/19, scheduled for 8:00pm and       Jocumented as late administration at 9:11pm.         On 100/01/19, scheduled for 8:00pm and       Jocumented as late

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 243	D 366			
	Based on record revious interviews with staff it Resident #4 was not	was determined that				
	Refer to the interview with a second shift medication aide on 11/07/19 at 3:00pm. Refer to the interview with the Administrator on 11/14/19 at 5:31pm.					
	revealed there was a	t #4's FL-2 dated 05/27/19 n order for atorvastatin olesterol) 20mg daily.				
	2019, October 2019 a electronic Medication (eMAR) revealed Ato scheduled for administ	Administration Record				
	-On 10/01/19, schedu	iled for 8:00pm and administration at 9:06 pm. iled for 8:00pm and				
	-On 11/01/19, schedu	administration at 9:11pm. led for 8:00pm and administration at 9:13 pm.				
	Based on record revie interviews with staff it Resident #4 was not	was determined that				
	Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
		: #4's FL-2 dated 05/27/19 n order for docusate sodium				

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If continuation sheet 244 of 339

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	••		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 244	D 366			
	(used to treat constip	ation) 100mg twice daily.				
	2019, October 2019 a electronic Medication (eMAR) revealed doo daily scheduled for ac 8:00pm daily. Examples of docusate late administration, gi -On 09/05/19, schedu documented as late a -On 10/01/19, schedu documented as late a -On 11/01/19, schedu	Administration Record cusate sodium 100mg twice dministration 8:00am and e sodium documented as iven (gvn) as follows: uled for 8:00pm and administration at 10:42pm. uled for 8:00pm and administration at 9:11pm. uled for 8:00pm and administration at 9:22pm. ew, observation and t was determined that interviewable.				
	Refer to the interview 11/14/19 at 5:31pm.	1/07/19 at 3:00pm.				
	dated 07/25/19 revea	t #4's physician's order led there was an order for reat pain) 7.5mg 2 times				
	2019, October 2019 a electronic Medication (eMAR) revealed mel scheduled for adminis daily.	Administration Record loxicam 7.5mg twice daily stration 8:00am and 8:00pm am documented as late				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BERTH TO ATTOM TO ME DETA.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	0.2		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 366	Continued From page	e 245	D 366			
	-On 10/01/19, sched documented as late a -On 11/01/19, sched	administration at 10:42pm. uled for 8:00pm and administration at 9:11pm.				
	Based on record revi interviews with staff i Resident #4 was not	t was determined that				
	Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
	3. Review of Resider revealed diagnoses i	nt #3's FL-2 dated 05/29/19 ncluded dementia.				
		nt #3's FL-2 dated 05/29/19 in order for diltiazem (used to 0mg 3 times daily.				
	2019, and October 2 Administration Recor for diltiazem 90mg 3	#4's August 2019, September 019 electronic Medication rd (eMAR) revealed an entry times daily scheduled for m, 1:00pm, and 9:00pm				
	Examples of diltiazer administration, given -On 08/09/19, sched	uled for 9:00pm and administration at 10:48pm.				
	documented as late a -On 10/02/19, sched	administration at 11:29am.				
	Based on record revi	iew, observation and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	13		
(X4) ID SUMMARY		TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 366	Continued From pag	e 246	D 366			
	interviews with staff i Resident #3 was not	t was determined that interviewable.				
	Refer to the interview medication aide on 1					
	Refer to the interview with the Administrator on 11/14/19 at 5:31pm.					
	b. Review of Resident #3's FL-2 dated 05/29/19 revealed there was an order for metoprolol (used to treat hypertension) 100mg 2 times daily.					
	2019, and October 2 Administration Recor metoprolol 100mg 2 administration 8:00ar Examples of metopro administration, given -On 09/10/19, sched documented as late a -On 09/20/19, sched documented as late a -On 09/23/19, sched	olol documented as late (gvn) as follows: uled for 9:00pm and administration at 10:09pm. uled for 9:00pm and administration at 10:57pm.				
	Based on record revi interviews with staff i Resident #3 was not	t was determined that				
	Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on				
		nt #3's FL-2 dated 05/29/19 in order for Eliquis (a blood daily.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	IRKE MILL ROAD			
	500L	WINSTO	N SALEM, NC 271	03		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLE DATE
D 366	Continued From page	e 247	D 366			
		#4's August 2019, September				
		Administration Record				
		entry for Eliquis 5mg 2 times dministration 8:00am and				
	Examples of Eliquis of administration, given					
	-On 09/20/19, schedu					
	-On 09/23/19, schedu	•				
	-On 10/02/19, schedu	uled for 9:00pm and administration at 10:52pm.				
	-On 10/26/19, schedu	•				
		administration at 10:51pm.				
	Based on record revi					
	Resident #3 was not	t was determined that interviewable.				
	Refer to the interview medication aide on 1					
		1/0// 19 at 5.00pm.				
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
		nt #3's FL-2 dated 05/29/19 In order for divalproex (used				
		ers) 125mg 2 capsules 3				
	Review of Resident #	#4's August 2019, September				
	2019, October 2019 a electronic Medication	and November 2019 Administration Record				
	(eMAR) revealed an capsules 3 times dail	entry for divalproex 125mg 2				
	administration 7:00ar	m, 1:00pm, and 6:00pm				
	daily. Examples of divalpro	ex documented as late				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			₹-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
	OUSE		IRKE MILL ROAD			
			ON SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 248	D 366			
	administration, given	(gvn) as follows:				
	-On 08/05/19, schedu	led for 6:00pm and				
		administration at 7:41pm.				
	-On 09/10/19, schedu					
		administration at 10:09pm.				
	-On 10/26/19, schedu	administration at 10:51pm.				
	uocumenteu as late a	administration at 10.5 rpm.				
	Based on record revie	ew, observation and				
	interviews with staff it					
	Resident #3 was not	interviewable.				
	Refer to the interview medication aide on 1 <sup>o</sup>					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	revealed there was a	t #3's FL-2 dated 05/29/19 n order for Restasis (used to 0.05% 1 drop in both eyes 2				
	Review of Resident #	4's August 2019, September				
	2019, October 2019 a	0 / 1				
		Administration Record				
	(eMAR) revealed an e	entry for Restasis 0.05% 1				
		mes daily scheduled for				
	administration 8:00an					
	Examples of Restasis					
	administration, given -On 09/20/19, schedu					
		administration at 10:57pm.				
	-On 09/23/19, schedu	-				
		administration at 11:29am.				
	-On 10/02/19, schedu					
	documented as late a	administration at 10:52pm.				
	Based on record revie	ew, observation and				
		was determined that				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 366	Continued From page	e 249	D 366			
	Resident #3 was not	interviewable.				
	Refer to the interview medication aide on 1					
	Refer to the interview with the Administrator on 11/14/19 at 5:31pm. f. Review of Resident #3's physician's order dated 06/05/19 revealed an order for triamcinolone (used to treat rash) 0.1% apply to rash 4 times a daily.					
	2019, October 2019 a electronic Medication (eMAR) revealed an o apply 4 times daily so 9:00am, 1:00pm, 5:00 Examples of triamcing administration, given -On 08/09/19, schedu documented as late a -On 09/23/19, schedu documented as late a -On 10/02/19, schedu	Administration Record entry for triamcinolone 0.1% cheduled for administration Opm, and 9:00 pm daily. olone documented as late (gvn) as follows: uled for 9:00pm and administration at 10:48pm. uled for 9:00am and administration at 11:29am.				
	Based on record revie interviews with staff it Resident #3 was not	was determined that				
	Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
		t #3's physician's order led an order for donepezil				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			<-C /15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE			<b>00</b>		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 250	D 366			
	(used to enhance me bedtime.	mory) 10mg daily at				
	2019, October 2019 a electronic Medication (eMAR) revealed and daily at bedtime. Examples of donepez administration, given -On 08/05/19, schedu documented as late a -On 09/20/19, schedu documented as late a -On 10/02/19, schedu documented as late a Based on record revia interviews with staff it Resident #3 was not Refer to the interview medication aide on 15	Administration Record entry for donepezil 10mg zil documented as late (gvn) as follows: uled for 6:00pm and administration at 7:41pm. uled for 9:00pm and administration at 10:57pm. uled for 9:00pm and administration at 10:52pm. ew, observation and t was determined that interviewable.				
		nt #3's physician's order Iled an order for melatonin				
	2019, October 2019 a electronic Medication (eMAR) revealed an o daily at bedtime.	4's August 2019, September and November 2019 Administration Record entry for melatonin 15mg in 5mg documented as late				
	administration, given -On 08/09/19, schedu	(gvn) as follows:				

Division of Health Serv STATE FORM

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	ge 251	D 366		, 	
	<ul> <li>-On 09/20/19, scheduled for 9:00pm and documented as late administration at 10:57pm.</li> <li>-On 10/02/19, scheduled for 9:00pm and documented as late administration at 10:52pm.</li> <li>Based on record review, observation and interviews with staff it was determined that Resident #3 was not interviewable.</li> <li>Refer to the interview with a second shift medication aide on 11/07/19 at 3:00pm.</li> <li>Refer to the interview with the Administrator on 11/14/19 at 5:31pm.</li> </ul>					
	4. Review of Reside 05/21/19 revealed d	ent #5's current FL2 dated liagnoses included diabetes veakness, and gastrostomy				
	revealed: -In the medications which stated to see -There were physici	an's orders attached to the 4/19 which included orders for				
	Administration Reco revealed: -There was an entry scheduled for admir 7:00pm. -There was a secon and scheduled for a 9:00pm. -Amlodipine was do	at #5's electronic Medication ord (eMAR) for August 2019 of for amlodipine 2.5 mg and histration at 8:00am and d entry for amlodipine 2.5 mg dministration at 9:00am and cumented as administered 4 of 62 opportunities and				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		HAL034093				R-C 11/15/2019
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
	NOVIDER OR OUT FIER					
ANBY H	OUSE		N SALEM, NC 271	03		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 366	Continued From page	e 252	D 366			
	08/01/19 through 08/	31/19				
	-Examples of amloding					
		ven (gvn) were as follows:				
		pine was scheduled for				
	administration at 7:00	pm but was documented as				
	administered at 8:5pr					
		pine was scheduled for				
		am but was documented as				
	administered at 9:23a	am.				
		5's electronic eMAR for				
	October 2019 reveale					
	-There was an entry for amlodipine 2.5 mg and scheduled for administration at 9:00am and					
		stration at 9:00am and				
	9:00pm.	umanted as administered				
	-Amlodipine was documented as administered late, given (gvn) for 1 of 62 opportunities from					
	10/01/19 through 10/					
		pine was scheduled for				
		am but was documented as				
	administered at 10:27	1am				
		5's electronic eMAR for				
	November 2019 reve					
	-	for amlodipine 2.5 mg and				
	9:00pm.	stration at 9:00am and				
	-	umented as administered				
		of 10 opportunities from				
	10/01/19 through 11/					
	_	pine was scheduled for				
		)pm but was documented as				
	administered at 11:11	•				
		pine was scheduled for				
		Opm but was documented as				
	administered at 12:27					
		pine was scheduled for Opm but was documented as				
	administered at 10:4	•				
		· h				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED	
						R-C	
		HAL034093	B. WING		11	11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	OUSE		IRKE MILL ROAD				
			ON SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 366	Continued From page 253		D 366				
		n, interview, and record nined Resident #5 was not					
	Refer to the interview medication aide on 1						
	Refer to the interview with the Administrator on 11/14/19 at 5:31pm.						
	revealed:	Resident #5's current FL2					
	which stated to see p	ection, there was a note ohysician's orders. n's orders attached to the					
		/19 which included orders for capsule three times daily.					
		#5's electronic Medication d (eMAR) for August 2019					
		for divalproex 125 mg 1					
	administration at 8:00	daily and scheduled for Dam, 1:00pm, and 7:00pm.					
		umented as administered of 93 from 08/01/19 through					
	administration, given -On 08/10/19, divalpr	oex documented as late (gvn) were as follows: roex was scheduled for					
	administered at 8:50	Opm but was documented as om. roex was scheduled for					
		Opm but was documented as					
	September 2019 reve						
		for divalproex 125 mg 1 daily and scheduled for					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	RKE MILL ROAD				
	503E	WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
D 366	Continued From page 254		D 366				
	administration at 0.00	)am, 1:00pm, and 9:00pm.					
		umented as administered					
		1 of 90 opportunities from					
	09/01/19 through 09/3						
	•	oex was scheduled for					
		)pm but was documented as					
	administered at 2:35p	om.					
		5's electronic eMAR for					
	October 2019 reveale						
		for divalproex 125 mg 1					
	-	laily and scheduled for					
		)am, 1:00pm, and 9:00pm.					
		umented as administered 2 of 93 opportunities from					
	10/01/19 through 10/3						
	•	oex was scheduled for					
		Opm but was documented as					
	administered at 10:32	•					
	-On 10/19/19, divalpr	oex was scheduled for					
	administration at 1:00	)pm but was documented as					
	administered at 2:19p	om.					
	Review of Resident # November 2019 reve	5's electronic eMAR for aled:					
		for divalproex 125 mg 1					
		aily and scheduled for					
		)am, 1:00pm, and 9:00pm.					
		umented as administered					
		of 15 opportunities from					
	11/01/19 through 11/0	bex documented as late					
		(gvn) were as follows:					
		oex was scheduled for					
		Opm but was documented as					
	administered at 11:11	•					
		oex was scheduled for					
	-	0pm but was documented as					
	administered at 12:27	-					

	of Health Service Regu r of DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
					R-C	
		HAL034093	B. WING		11	/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
	OUSE		IRKE MILL ROAD			
	1		ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 366	Continued From page 255		D 366			
		n, interview, and record ined Resident #5 was not				
	Refer to the interview with a second shift medication aide on 11/07/19 at 3:00pm. Refer to the interview with the Administrator on 11/14/19 at 5:31pm.					
	revealed:	Resident #5's current FL2 ection, there was a note				
	which stated to see p -There were physicia FL2 and dated 05/14					
		5's electronic Medication d (eMAR) for August 2019				
	administer per sliding scheduled for admini	for humalog 100 unit/mL scale before meals and stration at 7:00am, 11:30am,				
	given (gvn) for 2 of 9 08/01/19 through 08/	••				
	administration at 11:3 as administered at 2:	30am but was documented				
		Dam but was documented as				
	September 2019 reve	≉5's electronic eMAR for ealed: for humalog 100 unit/mL				
		scale before meals and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING		11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 366	Continued From page	e 256	D 366			
	scheduled for administand 4:30pm. -Humalog was docum given (gvn) for 3 of 90 09/01/19 through 09/3 -On 09/06/19, humald administration at 7:30 administered at 9:12a -On 09/20/19, humald administration at 7:30 administered at 8:34a -On 09/24/19, humald administration at 11:3 as administered at 8:34a -On 09/24/19, humald administration at 11:3 as administered at 12 Review of Resident # October 2019 reveale -There was an entry for administer per sliding scheduled for administ and 4:30pm. -Humalog was docum given (gvn) for 3 of 93 10/01/19 through 10/3 -On 10/01/19, humald administration at 7:30 administered at 9:01a -On 10/05/19, humald administration at 4:30 administration at 4:30 administration at 4:30 administered at 9:01a -On 10/23/19, humald administered at 9:01a -On 10/23/19, humald administered at 6:11p	stration at 7:00am, 11:30am, hented as administered late, 0 opportunities from 30/19. bg was scheduled for 0 am but was documented as am. bg was scheduled for 0 am but was documented as am. bg was scheduled for 0 am but was documented 2:36pm. 5's electronic eMAR for ed: for humalog 100 unit/mL g scale before meals and stration at 7:00am, 11:30am, hented as administered late, 3 opportunities from 31/19. bg was scheduled for 0 am but was documented as am. bg was scheduled for 0 am but was documented as am.				
	Refer to the interview medication aide on 1 <sup>-</sup> alth Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BERNI ISKIIGI NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE	3150 BU	IRKE MILL ROAD			
DANDIII	0002	WINSTO	ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 257	D 366			
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				
	5. Review of Resident #7's FL2 dated 05/14/19 revealed diagnoses included dementia, breast cancer, hypertension, and history of rib fracture.					
	a. Review of Resident #7's physician's orders dated 05/14/19 revealed a physician's order for acetaminophen (used for comfort) 325mg 2 tablets four times a day.					
	Administration Recor revealed: -There was an entry t tablets four times dail administration at 9:00	7's electronic Medication d (eMAR) for August 2019 for acetaminophen 325 mg 2 ly and scheduled for Dam, 1:00pm, 5:00pm, and				
	325 mg 2 tablets four for administration at 8 and 8:00pm.	entry for acetaminophen times daily and scheduled 3:00am, 12:00pm, 4:00pm,				
	opportunities from 08 -Examples of acetam administration, given	ven (gvn) for 10 of 124 v/01/19 through 08/31/19. inophen documented as late (gvn) were as follows:				
	administration at 5:00 administered at 8:25p -On 08/24/19, acetan	ninophen was scheduled for				
	administered at 9:48p Review of Resident #	7's electronic eMAR for				
	tablets four times dai	for acetaminophen 325 mg 2				

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO			E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
			JRKE MILL ROAD			
DANBY H	OUSE	WINSTO	ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 366	Continued From page	e 258	D 366			
	8:00pm. -Acetaminophen was administered-charted 120 opportunities from 09/30/19. -Examples of acetam administration, given -On 09/10/19, acetam administration at 8:00 administered at 10:03 -On 09/24/19, acetam administration at 4:00 administered at 6:11p Based on interviews, reviews, it was determinterviewable. Refer to the interview medication aide on 1 Refer to the interview 11/14/19 at 5:31pm. b. Review of Resident # Administration Recom- revealed:	a documented as I late, given (gvn) for 13 of m 09/01/19 through inophen documented as late (gvn) were as follows: ninophen was scheduled for Opm but was documented as Bpm. ninophen was scheduled for Opm but was documented as om. observations, and record mined Resident #7 was not				
	and scheduled for ad 8:00pm. -Diclofenac sodium g administered late, giv	01/19 through 08/31/19.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			K-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
040.15				PROVIDER'S PLAN O		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 366	Continued From page	e 259	D 366			
	scheduled for administration at 8:00pm but was documented as administered at 9:03pm. -On 08/25/19, diclofenac sodium gel was scheduled for administration at 8:00pm but was documented as administered at 9:03pm.					
	September 2019 reve -There was an entry f apply 2 gm topically t and scheduled for ad 8:00pm. -Diclofenac sodium g administered late, giv opportunities from 09 -On 09/10/19, diclofe scheduled for admini- documented as admi	for diclofenac sodium gel 1% o affected area twice daily ministration at 8:00am and el was documented as ren (gvn) for 1 of 60 /01/19 through 09/30/19. nac sodium gel was stration at 8:00pm but was nistered at 10:03pm. observations, and record mined Resident #7 was not				
	<ul><li>11/14/19 at 5:31pm.</li><li>c. Review of Residen dated 05/14/19 revea</li></ul>	with the Administrator on t #7's physician's orders led a physician's order for g (used to treat low iron) 1 meals.				
	Administration Recor revealed: -There was an entry f	7's electronic Medication d (eMAR) for August 2019 for ferrous sulfate 325 mg 1 meals and scheduled for Dam and 8:00pm.				

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 366	-On 08/07/19, ferrous administration at 8:00 administration at 8:00 administered at 9:03p -On 08/24/19, ferrous administration at 8:00 administered at 9:50p -On 08/25/19, ferrous administration at 8:00 sdministered at 9:03p Review of Resident # September 2019 reve -There was an entry f tablet twice daily with administration at 8:00 -Ferrous Sulfate was administered late, giv opportunities from 09 -On 09/10/19, ferrous administration at 8:00 administered at 10:03	documented as ren (gvn) for 3 of 62 /01/19 through 08/31/19. s sulfate was scheduled for opm but was documented as om. s sulfate was scheduled for opm but was documented as om. s sulfate was scheduled for opm but was documented as om. 7's electronic eMAR for ealed: for ferrous sulfate 325 mg 1 meals and scheduled for oam and 8:00pm. documented as ren (gvn) for 1 of 60 /01/19 through 09/30/19. s sulfate was scheduled for opm but was documented as	D 366			
	Refer to the interview medication aide on 1 <sup>o</sup> Refer to the interview					
	dated 05/14/19 revea hydroxyzine HCL 25	t #7's physician's orders led a physician's order for mg (used to treat allergy ) 1 tablet three times daily.				

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R-C
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE
D 366	Continued From page 261		D 366			
	Administration Reco revealed: -There was an entry tablet three times da administration at 9:0 -Hydroxyzine was do late, given (gvn) for 08/01/19 through 08 -On 08/09/19, hydro administration at 9:0 administration at 9:0 administration at 9:0 administration at 9:0 administration at 9:0 administration at 9:0 -There was an entry tablet three times da administration at 8:0 -Hydroxyzine was do late, given (gvn) for 09/01/19 through 09 -On 09/10/19, hydro administration at 8:0 administration at 8:0	xyzine, was scheduled for 10pm but was documented as 13pm. #7's electronic eMAR for vealed: 1 for hydroxyzine HCL 25 mg 1 1 hily and scheduled for 10am, 2:00, and 8:00pm. 1 of 90 opportunities from 1/30/19. xyzine was scheduled for 10pm but was documented as				
	interviewable.	rmined Resident #7 was not w with a second shift 11/07/19 at 3:00pm.				
		w with the Administrator on				
	dated 05/14/19 reve	nt #7's physician's orders aled a physician's order for sed to treat symptoms of ) 1 tablet twice daily.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 366	Continued From page	e 262	D 366			
	Review of Resident # Administration Recorrevealed: -There was an entry twice daily and scheet 8:00am and 8:00pm. -Memantine was doc late, given (gvn) for 3 08/01/19 through 08/ -On 08/07/19, mema administration at 8:00 administered at 9:03 -On 08/24/19, mema administration at 8:00 administered at 9:50 -On 08/25/19, mema administration at 8:00 administered at 9:03 Review of Resident # September 2019 reve -There was an entry twice daily and scheet 8:00am and 8:00pm. -Memantine was doc administered-charted opportunities from 09 -On 09/10/19, mema administered at 10:03	<ul> <li>#7's electronic Medication rd (eMAR) for August 2019</li> <li>for memantine 5 mg 1 tablet duled for administration at</li> <li>umented as administered 8 of 62 opportunities from 31/19.</li> <li>ntine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>ntine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>ntine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>trine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>trine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>trine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>trine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>trine was scheduled for</li> <li>Opm but was documented as</li> <li>om.</li> <li>trine was scheduled for</li> <li>the memantine 5 mg 1 tablet</li> <li>duled for administration at</li> <li>umented as</li> <li>d late, given (gvn) for 1 of 60</li> <li>0/01/19 through 09/30/19.</li> <li>ntine was scheduled for</li> <li>Opm but was documented as</li> </ul>				
	interviewable. Refer to the interview medication aide on 1					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	IRKE MILL ROAD			
DANDIIN	COOL	WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 366	Continued From page	e 263	D 366			
	f. Review of Resident #7's physician's orders dated 05/14/19 revealed a physician's order for tramadol 50 mg (used to treat pain) 1 tablet three times daily. Review of Resident #7's electronic Medication Administration Record (eMAR) for August 2019 revealed: -There was an entry for tramadol 50 mg 1 tablet three times daily and scheduled for administration at 9:00am, 1:00pm, and 8:00pm.					
	-There was a second tablet three times dai administration at 8:00	l entry for tramadol 50 mg 1 ly and scheduled for Dam, 2:00pm, and 8:00pm. mented as administered late,				
		dol was scheduled for Opm but was documented as om.				
	administration at 8:00 administered at 9:02	Opm but was documented as om.				
	September 2019 reve	f7's electronic eMAR for ealed: for tramadol 50 mg 1 tablet				
	at 8:00am, 2:00pm, a	•				
	,	for tramadol 50 mg 1 tablet scheduled for administration				
		mented as administered late, 0 opportunities from				
	-On 09/11/19, tramac					
	administered at 10:55 -On 09/20/19, tramad	5am.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED	
			A. BUILDING:		R-C		
		HAL034093	B. WING			11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	03			
	SUMMARY ST			PROVIDER'S PLAN OF		(XE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 366	Continued From page	e 264	D 366				
	administration at 9:00 administered at 10:58	Opm but was documented as 8pm.					
	Review of Resident #7's electronic eMAR for October 2019 revealed:						
	-There was an entry for tramadol 50 mg 1 tablet						
	three times daily and scheduled for administration at 9:00am, 1:00pm, and 9:00pm.						
		-Tramaol was documented as administered late,					
	given (gvn) for 2 of 9						
	10/01/19 through 10/ -On 10/02/19 tramac	31/19. dol was scheduled for					
		Opm but was documented as					
	administered at 10:52pm. -On 10/30/19, tramadol was scheduled for						
		Opm but was documented as					
	administered at 2:20	•					
		observations, and record mined Resident #7 was not					
	Refer to the interview medication aide on 1						
	Refer to the interview 11/14/19 at 5:31pm.	v with the Administrator on					
	dated 05/14/19 revea	nt #7's physician's orders aled a physician's order for					
		ide cream 0.7% (used to					
	eczema) apply to ras	such as rash, allergies, and h 4 times daily.					
		F7's electronic Medication d (eMAR) for August 2019					
	revealed:						
		for triamcinolone acetonide 4 times daily and scheduled					
	for application at 9:00						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY HO	DUSE		IRKE MILL ROAD				
		WINSTO	ON SALEM, NC 2710	)3			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 366	Continued From page	e 265	D 366				
	9:00pm.						
	-Triamcinolone aceto	nide cream was					
	documented as applied						
		3/01/19 through 08/31/19.					
		nolone acetonide cream					
		oplication were as follows:					
		nolone acetonide cream					
	documented as appli						
		nolone acetonide cream					
		oplication at 4:00pm but was					
	documented as applie	• •					
	Review of Resident #7's electronic eMAR for						
	September 2019 reve						
	-	for triamcinolone acetonide					
	· · ·	times daily and scheduled					
	8:00pm.	0am, 12:00pm, 4:00pm and					
	- Triamcinolone aceto	onide cream was					
	documented as appli						
		/01/19 through 09/30/19.					
		nolone acetonide cream					
	dcoumented as late a	application were as follows:					
		nolone acetonide cream was					
		tion at 4:00pm but was					
	documented as applie	nolone acetonide cream					
		pplication at 8:00pm but was					
	documented as applie	• •					
	Based on interviews,	observations, and record					
	reviews, it was deterr	mined Resident #7 was not					
	interviewable.						
	Refer to the interview	with a second shift					
	medication aide on 1	1/07/19 at 3:00pm.					
	Refer to the interview 11/14/19 at 5:31pm.	with the Administrator on					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY HO	OUSE	3150 BL	JRKE MILL ROAD			
	5002	WINSTO	ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 266	D 366			
	05/09/19 revealed: -Diagnoses included gastroesophageal ref obstructive pulmonar neuropathy, hyperlipin hypothyroidism, coror deficiency and depres- -There was a physicial sulfate solution 2.5mg treatment COPD and 1 vial four times daily a. Review of a hospit dated 04/26/19 reveal -Resident #2 was adm -The discharge order	Tux disease, chronic y disease (COPD) demia, anemia, nary disease, vitamin D ssion. an's order for albuterol g (0.083%) (used to shortness of breath) inhale al discharge summary report				
	#2's record signed by Practitioner (PCP) da medication orders for	n's order sheet in Resident v the Primary Care ted 09/18/19 revealed v albuterol sulfate solution le 1 vial four times daily.				
	Medication Administra revealed: -There was an entry f	2's August 2019 electronic ation Record (eMARs) for albuterol sulfate solution				
	-There was documen solution 2.5mg (0.083 scheduled for administ	stration daily at 9:00am,				
		entry for albuterol sulfate 3%) inhale 1 vial four times				

6899

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-		
			RKE MILL ROAD				
DANBY H	OUSE		N SALEM, NC 271	03			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
D 366	Continued From page	e 267	D 366				
	solution 2.5mg (0.08	3%) inhale 1 vial was					
	scheduled for administered daily at 8:00am,						
	12:00pm, 4:00pm, ar	<b>,</b>					
	-There was documer						
		inistered late 14 times of 124					
		bles of late administration as					
	follows:						
	-On 08/09/19, sched	uled for 9:00pm and					
	documented as admi	inistered at 10:43pm.					
	-On 08/11/19, schedu	uled for 9:00am and					
	documented as admi	inistered at 10:47am.					
	-On 08/12/19, sched	uled for 9:00pm and					
	documented as admi	•					
	-On 08/14/19, scheduled for 9:00pm and						
	documented as administered at 10:37pm.						
	On 08/22/19, scheduled for 5:00pm and						
	documented as admi	•					
	-On 08/25/19, sched						
		inistration-charted late at					
	10:20am.						
	-On 08/30/19, sched						
	documented as admi						
	-On 08/30/19, sched documented as admi	•					
	Review of Resident # revealed:	#2's September 2019 eMAR					
	-There was an entry	for albuterol sulfate solution					
		le 1 vial four times daily.					
		ntation albuterol sulfate					
	solution 2.5mg (0.08	,					
		stration daily at 9:00am,					
	1:00pm, 5:00pm, and	•					
		l entry for albuterol sulfate					
	• •	3%) inhale 1 vial four times					
	daily.						
		ntation albuterol sulfate					
		3%) inhale 1 vial was					
		stered daily at 8:00am,					
	12:00pm, 4:00pm, ar	nd 8:00pm.					

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BERTH IOMION NOMBER.	A. BUILDING:		R-C		
		HAL034093	B. WING			11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
OANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE	
D 366	Continued From page	ge 268	D 366				
	documented as adm opportunities. Exam follows: -On 09/04/19, schee documented as late 1:40 pm. -On 09/07/19, schee documented as adm -On 09/08/19, schee documented as adm -On 09/09/19, schee documented as adm -On 09/10/19, schee documented as adm -On 09/13/19, schee documented as adm -On 09/13/19, schee documented as adm -On 09/13/19, schee documented as adm -On 09/24/19, schee documented as adm -On 09/24/19, schee documented as adm -On 09/24/19, schee documented as adm -On 09/24/19, schee documented as adm -On 09/25/19, schee documented as adm -On 09/30/19, schee documented as adm	entation albuterol was ninistered late 19 times of 124 aples of late administration as duled for 12:00pm and e administration-charted late at duled for 4:00pm and ninistered at 6:27pm. duled for 4:00pm and ninistered at 6:07pm. duled for 4:00pm and ninistered at 6:05pm. duled for 4:00pm and ninistered at 5:34pm. duled for 8:00am and ninistered at 9:32am. duled for 8:00am and ninistered at 9:32am. duled for 12:00pm and ninistered at 5:31pm. duled for 4:00pm and ninistered at 5:31pm. duled for 4:00pm and ninistered at 5:52pm. duled for 4:00pm and ninistered at 5:52pm. duled for 4:00pm and ninistered at 5:52pm. duled for 4:00pm and ninistered at 5:48pm. #2's October 2019 eMAR y for albuterol sulfate solution vale 1 vial four times daily. entation albuterol sulfate 83%) inhale 1 vial was nistration daily at 9:00am, nd 9:00pm.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			۲-C /15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 269	D 366			
	daily.					
	,	tation albuterol sulfate				
	solution 2.5mg (0.083	3%) inhale 1 vial was				
		stered daily at 8:00am,				
	12:00pm, 4:00pm, an	-				
	-There was documen					
		nistered late 11 times of 124				
		les of late administration as				
	follows:					
	-On 10/07/19, schedu	uled for 4:00pm and				
	documented as admi	•				
	-On 10/09/19, schedu	•				
	documented as admi	•				
	-On 10/11/19, schedu	•				
	documented as administered at 10:37am.					
	-On 10/17/19, scheduled for 4:00pm and					
	•					
		documented as administered at 5:33pm. -On 10/20/19, scheduled for 12:00pm and				
	documented as admi	•				
	-On 10/22/19. sched	-				
	documented as admi					
	-On 10/30/19, schedu					
	documented as admi	•				
	-On 10/30/19, schedu	-				
	documented as admi	1				
	uocumenteu as aumi	nistered at 2. ropin.				
	Pefer to interview wit	h a second shift medication				
	aide on 11/07/19 at 3					
	Refer to the interview	with the Administrator on				
	11/14/19 at 5:31pm.					
	h Review of Residen	nt #2's current FL2 dated				
	05/09/19 revealed a					
		ide cream (used to treat				
		and itching) 1% apply to skin				
	four times daily.					
	Poviow of a physicia	n's order sheet in Resident				
		n's order sheet in Resident				
	#2's record signed by	ule Filliary Gale				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:		D.C.	
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 270	D 366			
		ited 09/18/19 with orders for ide cream 1% apply to skin				
	Review of Resident #2's August 2019 electronic Medication Administration Record (eMARs) revealed:					
	-There was an entry for triamcinolone acetonide cream 1% apply to skin four times daily. -There was documentation for triamcinolone acetonide cream 1% apply to skin four times daily					
	was scheduled for application daily at 9:00am, 1:00pm, 5:00pm, and 9:00pm.					
	-There was documentation triamcinolone acetonide cream 1% apply to skin four times daily was documented as applied late 12 times of 124					
		opportunities. Examples of late application as				
	-On 08/09/19, schedu documented as appli	ed at 10:43pm.				
	-On 08/11/19, schedu documented as appli	ed at 10:47am.				
	-On 08/12/19, schedu documented as appli	ed at 11:00pm.				
	-On 08/14/19, schedu documented as appli	ed at 10:37pm.				
	-On 08/22/19, schedu documented as appli	ed at 6:21pm.				
	-On 08/25/19, schedu documented as appli					
		2's September 2019 Administration Record				
		for triamcinolone acetonide				
		tation for triamcinolone				
		apply to skin four times daily plication daily at 9:00am,				

Division of Health Servic STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		IDENTIFICATION NOWIDER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H		3150 BU	RKE MILL ROAD				
	503E	WINSTO	N SALEM, NC 271	03			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
D 366	Continued From page	e 271	D 366				
	-There was documen	tation triamcinolone					
		apply to skin four times daily					
		nes of 124 opportunities.					
	Examples of late app						
	-On 09/07/19, schedu	-					
	documented as appli	•					
	-On 09/10/19, schedu	-					
	documented as appli	•					
	-On 09/13/19, schedu	•					
	documented as appli -On 09/13/19, schedu	•					
	documented as appli	-					
	-On 09/15/19, schedu	-					
	documented as appli	•					
	-On 09/19/19, schedu	•					
	documented as appli	ed at 6:22pm.					
	-On 09/20/19, schedu	uled for 9:00pm and					
	documented as appli	ed at 10:59pm.					
		2's October 2019 electronic					
	revealed:	ation Record (eMARs)					
	-	for triamcinolone acetonide					
	cream 1% apply to sl	-					
		ntation for triamcinolone					
		apply to skin four times daily					
	1:00pm, 5:00pm, and	pplication daily at 9:00am,					
	-There was documen	•					
		apply to skin four times daily					
		nes of 124 opportunities.					
	Examples of late app						
	-On 09/20/19, schedu	•					
	documented as appli						
	-On 10/07/19, schedu	-					
	documented as appli	•					
	-On 10/10/19, schedu	-					
	documented as appli -On 10/13/19, schedu	•					
	-OILI0/13/19, SCHEOL		1				

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
AND PLAN (	JF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID			ID	PROVIDER'S PLAN OI (EACH CORRECTIVE AC		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE	
D 366	Continued From page	e 272	D 366				
	-On 10/13/19, schedu	uled for 1:00pm and					
	documented as appli						
	-On 10/15/19 schedu	led for 5:00pm and					
	documented as applie						
	-On 10/17/19 schedu	•					
	documented as applie						
	-On 10/19/19 schedu documented as appli	•					
	-On 10/20/19 schedu	•					
	documented as applie	•					
	Based on record revi						
		was determined that					
	Resident #2 was not	interviewable.					
	Refer to the interview						
	medication aide on 1	1/07/19 at 3:00pm.					
		with the Administrator on					
	11/14/19 at 5:31pm.						
		nd shift medication aide on					
	11/07/19 at 3:00pm re						
		as one hour past the Iministration, the medication					
	flagged as late.						
		umenting "gvn" (given)					
	which she understood	d was to be used if the					
	medication was admi						
		mented on the eMAR at the					
	late medication.	and later showed up as a					
		administer medications and					
		eMAR (clicking off for					
	-	going to the next resident. ccasional entry that had be					
		computer may not have					
		iFi in order to document at					
	the time the medication						
	-She suspected most	of the entries documented					

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9MMQ11

If continuation sheet 273 of 339

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BU	RKE MILL ROAD			
DANDIN	OUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 273	D 366			
	of the eMAR), but we	documented late (accuracy re administered late due to ) work load and staff call outs				
	<ul> <li>5:31 pm revealed:</li> <li>She expected the M after they administered going to the next resi administration.</li> <li>The Administrator rato see if medications or if medications were did not run the report.</li> <li>There was not a rou</li> </ul>	ndomly ran an audit report were administered on time e not administered but she				
D 367	10A NCAC 13F .1004 Administration	4(j) Medication	D 367			
	<ul> <li>(j) The resident's merecord (MAR) shall be following:</li> <li>(1) resident's name;</li> <li>(2) name of the medi</li> <li>(3) strength and dosa administered;</li> <li>(4) instructions for ad or treatment;</li> <li>(5) reason or justifica medications or treatment documenting the resu</li> <li>(6) date and time of a</li> <li>(7) documentation of</li> </ul>	any omission of nents and the reason for the efusals; and,				

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		IDENTIFICATION NOWDER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
D 367	Continued From pag	e 274	D 367				
	signature equivalent	atment. If initials are used, a to those initials is to be intained with the medication d (MAR).					
	interviews, the facility accuracy of the elect Administration Recor sampled residents (F	ns, record reviews, and y failed to assure the tronic Medication rds (eMAR) for 2 of 7 Residents #2, and #3) related n of administration of an ent (#3), and a reflux					
	The findings are:						
	revealed: -Diagnoses included -There was an order	nt #3's FL-2 dated 05/29/19 dementia. for L-Carnitine (an amino 0mg 4 tablets (1,000mg) 2					
	revealed: -There was an entry tablets (1,000mg) 2 t administration 9:00a -L-Carnitine was door	umented as administered 36 om 10/01/19 to 10/31/19.					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN O		(X5) COMPLET
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
D 367	Continued From page 275 administered 22 of 62 opportunities with a		D 367			
		of "drug/item unavailable" for				
	21 of 62 opportunities and with a documented reason of "Discontinued" for 5 of 62 opportunities. Review of Resident #3's November 2019 eMAR revealed:					
		for L-Carnitine 250mg 4				
		mes daily scheduled for				
	administration 9:00ar					
		umented as administered 3				
	-L-Carnitine was doci	om 11/01/19 to 11/05/19.				
	administered 7 of 10					
		of "drug/item unavailable" 7				
	of 10 opportunities.					
	Observation of medic	ations on hand on 11/07/19				
		there was no L-Carnitine				
	available on the medi	ication cart, or in over-stock.				
		3's progress notes revealed:				
		ministrator documented that				
	the contracted pharm	lacy did not put the litidose pack; the pack was				
		v. She reordered on 10/23/19				
		dication by late the next day.				
	-	ecial Care Unit (SCU)				
		nted that she spoke with a				
	representative from F	Resident #3's physicians				
	office regarding the L					
		g on back order and there				
	was no known date fo	or availability.				
		cation aide (MA) on 11/14/19				
	at 9:47am revealed:					
		nistered L-Carnitine to				
	Resident #3, but she medications.	had administered her other				
		he had marked L-Carnitine				
	alth Service Regulation					1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD				
		WINSTO	N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 367	Continued From page	e 276	D 367				
	-She noticed last nigh L-Carnitine available reported it to the SCL -The contracted phan for Resident #3. -She had not called th L-Carnitine not being	for Resident #3 and JC. macy provided medications he pharmacy regarding					
	the contracted pharm revealed: -They had tried to fill L-Carnitine for Reside each time it got cance by the facility. -L-Carnitine was on b	the prescription for ent #3 several times but eled either by insurance or pack order with the					
	Resident #3. -The facility and the p on 05/08/19, 07/10/19 10/13/19, and 10/19/ -The pharmacy had n either the facility or th	not received a response from ne physician. not received an order to					
	at 2:46pm revealed: -She expected MAs to medications were not -Medications should of	U Coordinator on 11/14/19 o contact the pharmacy if t available. only be documented as edication was given to the					
	5:31pm revealed: -MAs were responsib medications.	ministrator on 11/14/19 at le for administering As to document accurately.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:		R-C		
		HAL034093	B. WING			R-C 1/ <b>15/2019</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	T ADDRESS, CITY, STATE, ZIP CODE				
	OUSE		RKE MILL ROAD	13			
				PROVIDER'S PLAN C		(275)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
D 367	Continued From page	e 277	D 367				
	the pharmacy. -MAs were to notify th and let the physician not have medications -MAs were responsib managers and the RC should follow up after -MAs audit the medic -The facility changed the beginning of Octo -The RCCs were resp medications were in the resident had an adeq -She could run a report to see what medication in the building. -She tried to run the run in a few days. -There were no corport medications. 2. Review of Resident 05/09/19 revealed: -Diagnoses included. gastroesophageal refinyperlipidemia, anem disease, vitamin D de -There was a physician magnesium (used to daily. a. Review of a physic	All he for notifying the care CC and SCU Coordinator r medications were ordered. eation carts weekly. over to a multidose pack at ober 2019. bonsible for ensuring all the building and that the guate supply. ort for drug/item unavailable ons were documented as not report daily, but had not ran it orate audits completed on at #2's current FL2 dated Alzheimer's disease, flux disease, neuropathy, nia, hypothyroidism, coronary eficiency and depression. an's order for esomeprazole treat acid reflux) 40mg once					
		v the Primary Care ated 09/18/19 revealed an ole magnesium 40mg once					
		<sup>‡</sup> 2's October 2019 electronic ation Records (eMARs)					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE					
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 367	Continued From page	e 278	D 367			
	Revealed:					
		esomeprazole magnesium				
	-	flux) 40mg was scheduled				
		Itation esomeprazole 40mg				
		0/10/19, 10/11/19, 10/12/19,				
	10/15/19, 10/16/19, 10/17/19, and 10/18/19.					
	-There was also docu					
	administered esomer 10/14/19, 10/19/19 ar	orazole 40mg on 10/13/19, nd 10/20/19.				
	Interview with a phar	macist from the contracted				
		9 at 12:42 pm revealed:				
	-On 08/21/19, the pharmacy dispensed 30 tablets					
	of esomeprazole 40m	•				
	-in September 2019, dispensed.	no esomeprazole was				
	•	armacy dispensed 30 tablets				
	of Esomeprazole 40n	• •				
	-	ors (PPI) medications used				
	for long-lasting reduc					
	production were not a	-				
		to call and request a refill of				
	the medication.					
	Interview with Reside	ent #2's Primary Care				
	Provider (PCP) on 11	/15/19 at 10:57 am				
	revealed:					
		ed a new order to refill				
	contacted her office.	cility staff should have				
	-She expected facility	v staff administer				
	medications as order					
	Interview with a medi	ication aide (MA) on 11/13/19				
	at 4:07pm revealed:					
		meprazole was not available				
		ocument the medications				
	were administered.					
	-If a medication was i alth Service Regulation	not available the MA should				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE			00			
			ON SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 367	Continued From page	e 279	D 367				
	try to find out why the available. -They should docume	e medication was not ent the medication was not					
	available.						
	Interview with the Adi 5:50 pm revealed:	ministrator on 11/14/19 at					
	-	A to document accurately on					
	-If a medication was initial and document	not available staff should the medication was					
	administered. -The eMARs were not reviewed for medication not administered.						
	<ul> <li>b. Review of Resident #2's current FL2 dated</li> <li>05/09/19 revealed:</li> <li>-Diagnoses included Alzheimer's disease and</li> <li>vitamin D deficiency.</li> </ul>						
	50,000 units weekly.	an's order for vitamin D2					
	Review of a physiciar #2's record signed by	n's order sheet in Resident					
		ated 09/18/19 revealed an					
	Review of Resident #						
	(eMARs) revealed:	s Administration Records					
	scheduled weekly.	for vitamin D2 50,000 units					
	vitamin D2 50,000 ev 09/11/19, 09/13/19, 0	tation staff administered very day on 09/10/19, 19/16/19, 09/22/19, 09/23/19,					
	and 09/30/19.						
	5:50 pm revealed:	ministrator on 11/14/19 at					
delese of the		o document accurately on					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From page	e 280	D 367			
	initial and document administered.	not available staff should not the medication was ot reviewed for medication				
D 427	10A NCAC 13F .1106 Care	6 Settlement Of Cost Of	D 427			
	10A NCAC 13F .1106 Care	6 Settlement Of Cost Of				
	being notified by the discharge the resider .0702 of this Subchar before the period of t has elapsed, the faci an amount equal to the remainder of the more the facility during the	n adult care home, after facility of its intent to nt in accordance with Rule pter, moves out of the facility ime specified in the notice lity shall refund the resident he cost of care for the nth minus any nights spent in notice period. The refund 14 days after the resident				
	facility failed to ensur sampled resident's (# refunded within 14 da	and record reviews, the re the balance of 1 of 1 #9) cost of care funds were				
	The findings are:					
		#9's Resident Register 9 was admitted to the facility				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
D 427	Continued From page	e 281	D 427			
	on 01/07/16.					
	Review of Resident # was no documentatic discharge/death.	9's record revealed there on of the date of				
	Review of the facility's Refund Policy dated 05/23/16 revealed: -Refunds shall occur when there is death of a resident. -Refunds will be processed and sent to the resident or responsible person within 14 days of move-out.					
	assistant dated 09/30 -The email was addre	om the corporate treasury )/19 at 11:11am revealed: essed to the assistant ger and another corporate				
	•	e Invoice which documented refund due in the amount of				
		tation Resident #9 had and a check was to be made of Resident #9.				
	cash manager dated revealed:	om the assistant corporate 09/30/19 at 11:21am essed to another corporate				
	staff. -There were direction	is for the corporate staff to sident #9's refund and mail				
	Review of an email fr 09/30/19 at 11:50am	om a corporate staff dated revealed the staff had Resident #9's refund and				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
D 427	Continued From pag	e 282	D 427			
	dated 10/15/19 at 11 #9's refund check ha	rom the facility Administrator :17am revealed Resident id been received at the y to be mailed out or picked				
	Review of an Account Detail for Resident #9 revealed: -Income of \$1515 was received by the facility on 03/01/19. -There was a monthly room charge of \$488.71 deducted for 03/01/19 through 03/10/19. -There was \$582.30 applied to an outstanding balance for the monthly room charge for January 2017. -The balance for March 2019 totaled \$0 but there was no documentation of the refund of \$443.99.					
	member on 11/06/19 -Resident #9 passed -She was told by the (BOM) that 11 days of Resident #9's month receive the balance of -She had contacted to different occasions b October 2019 regard funds. -She received a settl in October 2019, but exact date. -The settlement of fut little over \$400, but s amount received. -She was told Reside balance which was d	Business Office Manager would be deducted from ly income and she would of around \$1000.				

STATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	CORRECTION	IDENTIFICATION NONIDEN.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF PF	OVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
DANBY HO		3150 BU	RKE MILL ROAD				
	03E	WINSTO	N SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
D 427	Continued From page	e 283	D 427				
	Interview with the BOM on 11/07/19 at 4:50pm revealed:						
		ility to request resident					
	refunds from the corp						
	corporate office sent a check to the facility to						
	distribute to the resident or responsible party. -The check was usually distributed to the						
		-					
		hin 30 days if a resident					
	passed away.	nat happened with Resident					
	#9's refund as she wa						
		to the facility, she was not					
		cess of obtaining a refund for					
	Resident #9.	5					
	-She did not know ho	ow much Resident #9's					
	refund check should have been, but she knew						
		outstanding balance which					
	had not been satisfie	d.					
	Interview with the Administrator on 11/08/19 at 8:05am revealed:						
		ng at the facility since July					
	-Resident #9 passed	away on 03/11/19.					
		member contacted her in					
	July 2019 regarding t						
		with the corporate office and					
		heck for Resident #9 in July					
	2019, but it was not is	ny the refund check was not					
	issued when she req	-					
	-	th staff in the corporate					
	-	ent who left the company and					
	she had to start over	with her request for a refund					
	from a new staff pers						
		he dates of her requests for					
	a refund.						
		as issued by the corporate					
		id mailed to the facility.					
vision of Hea	-The refund check wa Ith Service Regulation	as mailed from the facility to					

If continuation sheet 284 of 339

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	COMPLET DATE	
D 427	Continued From page	e 284	D 427				
	Resident #9's family	member on 10/15/19.					
	accounting departmenervealed: -The refund process of request for a refund to check was forwarded forwarded the check of discharged resident. -The refund process of sometimes longer. -There was a request generated in the com -There did not appear refund prior to 06/12/ -A check in the amound the facility on 09/30/1 -She did not know who	o the corporate office, the to the facility and the facility to the family of the took about 30 days and t for Resident #9's refund puter system on 06/12/19. r to be any requests for a 19. nt of \$443.99 was sent to 9. by the check was not issued y prior to 09/30/19 when					
D 451	and Incidents	2(a) Reporting of Accidents 2 Reporting of Accidents and	D 451				
	department of social incident resulting in re accident or incident re resident requiring refe						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
	ST CONTRECTION	BENTI TOATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 451	Continued From page	e 285	D 451			
	facility failed to imme Department of Social incidents involving 1 (Resident #1), and 2 residents (#10 and # were repeatedly sent health evaluations (# medical care for injur The findings are: 1. Review of Resider 05/08/19 revealed: -Diagnoses dementia gastroesophageal re- -The resident was do disoriented.	and record reviews, the diately notify the local county I Services (DSS) for of 7 sampled residents of 10 extended sampled 11) regarding residents who to the hospital for mental 10) and who received ries (#1 and #11).				
	05/20/19 revealed: -Resident #10 reside -The resident had un behavioral disturband -The resident had an physiological conditio -The resident signific be directed. -There was document history that Resident depression/anxiety/d -There was document wandered. -There was document history of mental illne	specified dementia without ce. xiety disorder due to known on. ant memory loss and must ntation in the social/mental #10 had ementia. ntation the resident htation the resident had a				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
DANBY H	OUSE			22			
			ON SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 451	Continued From pag	e 286	D 451				
	"injurious to self, othe	ers, and property."					
	record revealed: -On 06/26/19 the pro- Administrator. -The Administrator de impairment assessed The intervention doc assistance. -The Administrator de assessed change wa intervention used wa -On 10/01/19 the pro- Administrator. -The Administrator de impairment assessed The intervention doc assistance. -The Administrator doc assistance. -The Administrator doc	d change was "dementia." umented was staff ocumented behavior pattern as "combative." The s staff monitoring. file was completed by the ocumented cognitive d change was "dementia."					
	2. Review of Resider 05/08/19 revealed: -Diagnoses included depression, and gast -The resident was do disoriented.	nted was staff monitoring. nt #10's current FL2 dated dementia, anxiety, troesophageal reflux disease. ocumented as intermittently evel of care was Special					
	behavioral disturband -The resident had an physiological condition	d in the SCU. specified dementia without ce. xiety disorder due to known					

	TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034093	B. WING			R-C	
	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, STATE, ZIP CODE				
	ROVIDER OR SUFFLIER			, ZIF GODE			
DANBY H	OUSE		N SALEM, NC 271	03			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLE DATE	
D 451	Continued From pag	e 287	D 451				
	must be directed.						
		ntation in the social/mental					
	history that Resident	:#10 had					
	depression/anxiety/d						
	-There was docume	ntation the resident					
	wandered.						
		ntation the resident had a					
	history of mental illne	mentation in the section titled					
	"injurious to self, oth						
	a. Review of Resider	nt #10's progress notes dated					
		4:21pm, Resident #10 was					
	Review of Resident a dated 07/28/19 revea	#10's Accident/Incident report aled:					
	-At 4:07 pm, Resider	nt #10 was observed going in					
	and out of other resident to be agitated.	dents' rooms and appeared					
	-	cy Medical Service (911)					
		eports for Resident #10					
		aled at 3:03pm, Resident #10					
	0 00	e yelling at other residents. nsported to the hospital.					
	Interview with a med	ication aide supervisor in the					
	SCU on 11/13/19 at	•					
		was agitated he went up					
		y and forced the other					
	residents out of their						
		e other residents to fight					
	back to try and keep						
	-She tried to give Re medication if "he was	sident #10 an as-needed					
		s able to talk Resident #10					
	out of the agitation.						
		uld not talk Resident #10 out					
		as sent out to the hospital.'					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
DANBY H	OUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D 451	Continued From page 288		D 451				
	-On 07/28/19, Reside attempted to fight res	ent #10 was combative and idents and staff.					
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on					
	b. Review of Resident #10's progress notes dated 09/02/19 revealed at 11:21pm, Resident #10 was combative and trying to remove residents from their bed.						
	dated 09/02/19 revea #10 was observed go trying to hit other resi	10's Accident/Incident report aled at 10:49pm, Resident bing in and out of rooms, dents. Resident #10 was or psychiatric evaluation.					
	SCU on 11/13/19 at 3 -On 09/02/19, Reside he tried to remove ot	cation aide supervisor in the 3:19pm revealed: ent #10 was combative, and her residents from their					
	so the resident was s evaluation.	the resident to calm down, ent to the hospital for an as completed and given to					
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on					
		t #10's progress notes dated 2:10pm Resident #10 was nother resident.					
	dated 09/05/19 revea	10's Accident/Incident report led at 9:15am, Resident #10 towards another resident.					
	Interview with a medi	cation aide supervisor in the					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 451	Continued From page 289 SCU on 11/13/19 at 3:19pm revealed: -This would cause the residents to fight back to try and keep their room. -She tried to give Resident #10 an as-needed medication if "he was not too far gone". -Some days she was able to talk Resident #10 out of the agitation. -On the days she could not talk Resident #10 out of the agitation he was sent out to the hospital. -On 09/05/19 Resident #10 was combative, and he went into residents' rooms and was hitting the residents. When staff tried to take him out of the room, but he started swinging trying to hit staff. Refer to interview with the Administrator on 11/14/19 at 4:15pm. d. Review of Resident #10's progress notes dated 09/13/19 revealed at 1:25pm, Resident #10 was in the dining room and pushed another resident, grabbed other residents' walkers and verbalized "everyone can get out." Resident #10 attempted to strike a resident that was sitting in a wheelchair.		D 451			
	dated 09/13/19 revea was in the dining roo resident, grabbed oth verbalized "everyone	#10's Accident/Incident report aled at 1:13pm, Resident #10 m and pushed another her residents' walkers and a can get out." Resident #10 resident that was sitting in a				
		#10's record revealed there on of Resident #10 was				
	SCU on 11/13/19 at 3	ication aide supervisor in the 3:19pm revealed: e residents to fight back to				

STATEMENT	of Health Service Regunt TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE	3150 BU	IRKE MILL ROAD			
DANDIN		WINSTO	N SALEM, NC 271	03		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 451	Continued From page	e 290	D 451			
	try and keep their roo	om.				
		sident #10 an as-needed				
	medication if "he was					
		able to talk Resident #10				
	out of the agitation.					
		uld not talk Resident #10 out				
		as sent out to the hospital.				
	•	nt #10 was combative and				
	attempted to attack s					
		d redirect the resident, he				
	started hitting staff.					
		ent to the hospital and an				
	Accident/Incident report was prepared and given					
	to the SCU Coordina					
	Refer to interview with the Administrator on 11/14/19 at 4:15pm.					
	e. Review of Resider	nt #10's Accident/Incident				
	reports dated 10/20/1	19 revealed at 5:52pm,				
	Resident #10 was ob throwing items.	oserved combative and				
	Review of 911 comm	unication log reports for				
		10/201/9 revealed at 5:21pm,				
		sident #10] was pouring hot				
	liquid on people."					
		y Medical Services (EMS)				
	reports for Resident					
		nt #10 was violent and				
	00	EMS the resident "acts like				
	that all time." Staff to					
		nd tried to take another				
		m them. The supervisor told				
		e resident went to the				
	-	has been worse than				
	normal for a while no					
		c episodes with behavioral				
	disturbance".					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		HAL034093				R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
	OUSE		IRKE MILL ROAD				
		WINSTO	ON SALEM, NC 2710	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 451	Continued From page	e 291	D 451				
	SCU on 11/13/19 at 3 -On 10/20/19, was ver things. -He was in the dining coffee. -Attempting to take ha -She called the Admir send the resident to t -She prepared an Acc was given to the SCU Refer to interview with 11/14/19 at 4:15pm. f. Review of the Resid reports dated 11/01/1	ery combative and throwing room and throwing hot arm other residents. histrator and was told to he hospital. cident/Incident report and it J Coordinator. h the Administrator on dent #10's Accident/Incident 9 revealed at 1:20pm					
		served in an altercation with					
	Resident #10 dated 1 Resident #10 was in t	unication log reports for 1/01/19 revealed at 1:40pm, the day room being dent was sent to the hospital					
	SCU on 11/13/19 at 3 -On 11/01/19, Reside with another resident -Attempts to redirect to was sent out to the ho	ent #10 was in an altercation the resident failed, so he ospital. cident/Incident report and it					
	Refer to interview with 11/14/19 at 4:15pm.	h the Administrator on					
	a Review of Residen	t #10's progress notes					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			R-C 1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	OUSE		IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
D 451	Continued From page	e 292	D 451			
	revealed:					
		am, Resident #10 was trying				
		lent out of her room. He				
		ut of the room and was trying				
	to get into the room a					
	-On 11/05/19 at 10:50am Resident #10 was in the					
		e agitated and punched				
	-	e mouth. The resident that				
	was punched in the n	nouth fell to the floor.				
	Review of Resident #	10's Accident/Incident report				
	dated 11/05/19 revea	lled at 10:50 am, Resident				
	#10 was observed st	riking another resident in the				
	mouth. The resident	that was punched fell to the				
	floor.					
	Review of Emergency Medical Services (911)					
		communication log report for Resident #10				
		at 10:53am, Resident #10				
	••	essive behaviors and refused				
	medications. Resider hospital.	nt #10 was transported to the				
	0	y Medical Services (EMS)				
		#10 revealed on 11/05/19 at				
	11:10am, Resident # behavioral/psychiatric					
	Interview with a medi	ication aide supervisor in the				
	SCU on 11/13/19 at 3					
		ent #10 was aggressive all				
	morning.					
	-The resident had an	altercation with several				
	residents.					
	-The resident had ag	gressive behaviors and was				
	sent to the hospital.					
		ports were completed and				
	given to the SCU Co					
		or or the Administrator were				
	responsible for sendi	ng the reports to the county				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			R-C 1/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	COMPLET
D 451	Continued From page	e 293	D 451			
	Adult Home Specialis	st.				
	11/12/19 at 11:41am					
	-She did not have any incident reports for Resident #10.					
		e facility many times that Accident/Incident reports.				
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on				
	04/08/19 revealed:	t #1's current FL2 dated				
	diverticulitis, synovitis	dementia unspecified, s, and history of falls. cumented as intermittently				
	disoriented. -The recommended l	evel of care was SCU.				
		ut #1's hospital discharge ) revealed Resident #1 was sed head injury.				
	dated 04/10/19 revea	41's Accident/Incident report Iled at 10:40 am Resident #1 ace by another resident.				
		ent #1 family member on				
	-Resident #1 was adr 03/06/19.	mitted to the SCU on				
	-On 04/10/19 Reside chair and received st	nt #1 fell to the floor out of a itches.				
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on				
		nt #1's hospital discharge ∂ revealed Resident #1 was				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING: B. WING		R-C	
		HAL034093				۲-C /15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		JRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	) THE APPROPRIATE	COMPLET DATE
D 451	Continued From page	e 294	D 451			
	<ul> <li>assaulted by another resident and received an injury to head, abrasion to face and right upper extremity.</li> <li>Review of Resident #1's Accident/Incident report dated 04/27/19 revealed Resident #1 got into an altercation with another resident.</li> <li>Interview with Resident #1 family member on 11/05/19 at 2:50 pm revealed on 04/27/19 Resident #1 was assaulted by another resident.</li> <li>She visited Resident #1 at least once weekly.</li> <li>Since Resident #1 moved into the facility he was assaulted by other residents twice and by a staff.</li> <li>Refer to interview with the Administrator on 11/14/19 at 4:15pm.</li> </ul>					
		at #1's hospital discharge 9 revealed Resident #1 had a 1 red head injury with				
	dated 05/11/19 revea	ind lying on the floor with a				
	Interview with Reside 11/05/19 at 2:50 pm -On 05/11/19, Reside -Resident #1 had fall	ent #1 fell to the floor.				
	incidents. -Resident #1 told her -If Resident #1 had b	not call to inform her of the about all the incidents. ehavior problems no one at her about the behaviors.				
		h the Administrator on				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 451	Continued From page	e 295	D 451			
	d. Review of Resident #1's progress notes dated 05/13/19 revealed at 11:34 am Resident #1 found lying on the floor on his left side.					
		1's Accident/Incident reports o accident/Incident report for				
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on				
	report dated 06/13/19	nt #1's hospital discharge 9 revealed Resident #1 had a 9 ration repair with stitches.				
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on				
	dated 06/13/19 revea was found lying on th	41's Accident/Incident report led at 2:15 pm Resident #1 le floor on his left side. The e fall prevention program.				
	report dated 06/13/19 -Resident #1 fell.					
	left side of his head a	orted the resident was				
	11/05/19 at 2:50pm r -On 06/13/19, Reside	ent #1 family member on evealed: ent #1 was assaulted by fell to the floor and Resident				
	#1 received stitches. -Resident #1 had fall					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093				11/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET
D 451	Continued From page	e 296	D 451			
	Refer to interview wit 11/14/19 at 4:15pm.	h the Administrator on				
	Interview with a personal care aide (PCA) dated 11/13/19 at 5:26pm revealed: -If a resident had an accident/incident she					
	immediately got the medication aide (MA)					
	supervisor that was c -The MA completed a					
	Interview with a MA c revealed:	on 11/14/19 at 10:21pm				
	-When a resident had an Accident/Incident resulting in injury she completed an accident/incident report.					
	-The report was given review.	n to the SCU Coordinator for				
		or or the Administrator were the reports to county Adult				
	11/12/19 at 11:41am					
	04/10/19 and 05/11/1	oort for Resident #1 dated 9. y other incident reports for				
		e facility many times that				
	-	her Accident/Incident reports sident was sent out to the				
	Refer to interview wit 11/14/19 at 4:15 pm.	h the Administrator on				
	05/10/19 revealed:	t #11's current FL-2 dated				
	-Diagnoses included behaviors, anxiety, a alth Service Regulation	vascular dementia with nd hypertension.				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
						R-C
		HAL034093	B. WING		11	/15/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271(	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 451	Continued From page	e 297	D 451			
	Continued From page 297 -Resident #11 was constantly disoriented. -Resident #11 was ambulatory. -Resident #11 had wandering behaviors. -The recommended level of care was documented as special care unit (SCU). Review of the facility's progress notes revealed: -On 09/05/19 Resident #11 drank/ate water from a bucket, that housekeeping used to catch the water that leaked from the air conditioner located in the television room. Resident #11 was observed dipping tissue paper in the bucket then eating it. Review of the facility's Accident/Incident reports for Resident #11 revealed: -On 09/05/19 at 5:38pm Resident #11 was observed eating tissue that had been dipped in a bucket. She was transported to the emergency					
	reports for Resident # Resident #11 was tra	y Medical Services (EMS) #4 revealed on 09/05/19 nsported to local emergency ue to drinking an unknown nixture.				
	11/13/19 at 10:23am	ent #11's family member on revealed the resident was y room for drinking an all turned out okay.				
	revealed: -She was not on duty ate tissue dipped in a -Resident #11 was ea	asily redirected. be watched closely as she				

STATEMENT	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
		DENTIFICATION NOMBER.	A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OUSE		RKE MILL ROAD	02			
	SUMMARY ST		N SALEM, NC 271	PROVIDER'S PLAN O		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLETI DATE	
D 451	Continued From page	e 298	D 451				
	11/12/19 at 11:41am -She did not have any Resident #11. -She had informed th they should send her Refer to interview witt 11/14/19 at 4:15pm. Interview with the Add 4:15pm. -She did not send even out to the hospital to -She thought that she	y incident reports for re facility many times that raccident/incident reports. h the Administrator on ministrator on 11/14/19 at ery report of a resident going DSS. e only had to send reports if ange in her health status					
D 453	and Incidents 10A NCAC 13F .1212 Incidents (d) The facility shall in department of social G.S. 108A-102 and the authority as required physical abuse, negler resident.	2(d) Reporting of Accidents 2 Reporting of Accidents and immediately notify the county services in accordance with he local law enforcement by law of any mental or ect or exploitation of a	D 453				
	facility failed to imme Department of Social incidents involving 1	and record reviews, the diately notify the local county					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:			R-C	
		HAL034093	B. WING			K-C I/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	02			
	CUMMADY C		ON SALEM, NC 271	PROVIDER'S PLAN (			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 453	Continued From pag	e 299	D 453				
	The findings are:						
	dated 07/21/19 revea for dizziness, closed behavioral disturband type, and acute urina	#1's hospital discharge report aled Resident #1 was seen head injury, dementia with ce, unspecified dementia ury tract infection. The that the staff hit him with a					
	07/21/19 revealed Re	#1's progress notes dated esident #1 got into an ff. The staff appeared to hit					
	dated 07/21/19 revea	#1's Accident/Incident report aled at 11:30 am staff it appearing to be hit by a					
	11/05/19 at 2:50pm r -Resident #1 was ad 03/06/19. -On 07/21/19 Reside member hit him in the complained of dizzine hospital. -She visited Residen						
	assaulted by other re -The facility staff did incidents.	esidents twice and by a staff. not call to inform her of the					
	11/13/19 at 5:26pm r	accident/incident she nedication aide (MA)					

Division of Health Service Regulat STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	ST CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLET
D 453	Continued From page	e 300	D 453			
	-The MA completed a	an incident report.				
		on 11/14/19 at 10:21pm				
	revealed: -When a resident had	d an Accident/Incident				
	resulting in injury she	completed an				
	accident/incident repo					
	<ul> <li>I ne report was giver review.</li> </ul>	n to the SCU Coordinator for				
		or or the Administrator were				
	responsible for faxing Home Specialist.	the reports to county Adult				
	Interview with the Adu 11/12/19 at 11:41am	ult Home Specialist on revealed:				
	-She had incident rep 04/10/19 and 05/11/1	oort for Resident #1 dated 9.				
	-She did not have any Resident #1.	y other incident reports for				
	The staff involved in t was not available for	the incident with Resident #1 interview.				
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	B Special Care Unit Staff sent in the unit at all times in neet the needs of the me shall there be less than o meets the orientation and				
	training requirements Section, for up to eigl second shifts and 1 h					
	10 residents on third time for each addition	shift and .8 hours of staff nal resident.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			<-C /15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	· ·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 465	Continued From page	e 301	D 465			
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	Based on record revi	ews and interviews, the				
	-	e the minimum number of all times to meet the needs				
		in the Special Care Unit				
		nifts sampled for 30 days in				
	May 2019, August 20 	19, and September 2019.				
	The findings are:					
	Review of the facility'	s 2019 license from the				
	Division of Health Se	rvice Regulation revealed				
	•	ed for an Assisted Living beds and a Special Care				
	Unit (SCU) with a cap	•				
	Review of the Reside 05/03/19 revealed:	ent Bed List Report dated				
	-There was a SCU ce required 43 staff hour	ensus of 43 residents, which				
	-There was a census	of 47 residents in the AL				
	unit, which required 2 shift.	28 staff hours on second				
	-There should have b	been a total of 71 hours				
	between the SCU and	d AL unit on second shift.				
	Review of the Employ 05/03/19 revealed:	yee Time Detail dated				
		al staff hours provided on				
	second shift between	the SCU and the AL unit.				
		mined how many of the 52.0				
	total staff hours work	ed were worked in the SCU				
	on second shift.					
		ent Bed List Report dated				
	05/04/19 revealed:	pour of 12 residents which				
ining -111	I nere was a SCU ce alth Service Regulation	ensus of 43 residents, which				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 465	Continued From page	e 302	D 465			
	required 43 staff hours on first shift. -There was a census of 48 residents in the AL unit, which required 28 staff hours on first shift. -There should have been a total of 71 hours between the SCU and AL unit on first shift. Review of the Employee Time Detail dated 05/04/19 revealed: -There were 59 total staff hours provided on first shift between the SCU and the AL unit. -There was a shortage of 12 staff hours. -It could not be determined how many of the 59 total staff hours worked were worked in the SCU on first shift.					
	05/04/19 revealed: -There was a SCU ca required 43 staff hour -There was a census required 28 staff hour -There should have b	of 48 in the AL unit, which				
	05/04/19 revealed: -There were 49.75 to second shift between -There was a shortag -It could not be deter	mined how many of the s worked were worked in the				
	05/05/19 revealed: -There was a SCU ce required 43 staff hour -There was a census required 28 staff hour	of 47 in the AL unit, which				

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If continuation sheet 303 of 339

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	D THE APPROPRIATE	COMPLET DATE
D 465	Continued From page	e 303	D 465			
	between the SCU and	d AL unit on first shift.				
		yee Time Detail dated				
	05/05/19 revealed: -There were 51 total staff hours provided on first					
	shift between the SCU and the AL unit.					
	-There was a shortage of 20 hours.					
		mined how many of the 51				
	total staff hours worke on first shift.	ed were worked in the SCU				
	Review of the Reside 05/05/19 revealed:	ent Bed List Report dated				
	-There was a SCU census of 43 residents, which					
	required 43 staff hour					
		of 47 in the AL unit, which				
	required 28 staff hour	rs on second shift. been a total of 71 hours				
		d AL unit on second shift.				
		yee Time Detail dated				
	05/05/19 revealed:	tal staff hours provided on				
		the SCU and the AL unit.				
	-There was a shortag					
		mined how many of the				
	42.25 total staff hours SCU on second shift.	s worked were worked in the				
	Review of the Reside	ent Bed List Report dated				
	08/18/19 revealed:					
		ensus of 39 residents, which				
	required 39 staff hour	rs on second shift. of 48 in the AL unit, which				
	required 28 staff hour					
	-There should have b	een a total of 67 hours				
	between the SCU and	d AL unit on second shift.				
	Review of the Employ	yee Time Detail dated				
	08/18/19 revealed:					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	DI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093				R-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	IRKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 465	Continued From page	e 304	D 465			
	second shift between -There was a shortag -It could not be detern total staff hours worke on second shift. Review of the Reside 08/19/19 revealed: -There was a SCU ce required 39 staff hour -There was a census required 28 staff hour -There should have b between the SCU and Review of the Employ 08/19/19 revealed: -There were 48.25 to second shift between -There was a shortag	mined how many of the 55 ed were worked in the SCU ent Bed List Report dated ensus of 39 residents, which rs on second shift. of 48 in the AL unit, which rs on second shift. been a total of 67 hours d AL unit on second shift. yee Time Detail dated tal staff hours provided on the SCU and the AL unit.				
	<ul> <li>48.25 total staff hours worked were worked in the SCU on second shift.</li> <li>Review of the Resident Bed List Report dated 08/20/19 revealed:</li> <li>There was a SCU census of 39 residents, which required 39 staff hours on second shift.</li> <li>There was a census of 48 in the AL unit, which required 28 staff hours on second shift.</li> <li>There should have been a total of 67 hours between the SCU and AL unit on second shift.</li> </ul>					
	second shift between -There was a shortag	al staff hours provided on the SCU and the AL unit.				

Division of Health

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093				R-C 1/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE			22		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
D 465	Continued From page	e 305	D 465			
	total staff hours work on second shift.	ed were worked in the SCU				
	Review of the Resident Bed List Report dated 08/20/19 revealed: -There was a SCU census of 39 residents, which required 31.2 staff hours on third shift. -There was a census of 48 in the AL unit, which required 16 staff hours on third shift. -There should have been a total of 47.2 hours					
	between the SCU an	d AL unit on third shift.				
	Review of the Employee Time Detail dated 08/20/19 revealed:					
	-There were 45.5 total staff hours provided on third shift between the SCU and the AL unit.					
	-There was a shortag	mined how many of the 45.5				
		ed were worked in the SCU				
	Review of the Reside 08/21/19 revealed:	ent Bed List Report dated				
	-There was a SCU ce required 39 staff hou	ensus of 39 residents, which rs on second shift.				
	required 28 staff hou					
		been a total of 67 hours d AL unit on second shift.				
	Review of the Employ 08/21/19 revealed:	yee Time Detail dated				
	second shift between	al staff hours provided on the SCU and the AL unit.				
	-There was a shortag	pe of 9.5 nours. mined how many of the 57.5				
		ed were worked in the SCU				
	Review of the Reside	ent Bed List Report dated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	DUSE		IRKE MILL ROAD ON SALEM, NC 2710	13		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 465	Continued From page 306		D 465			
	08/22/19 revealed:					
	-There was a SCU census of 39 residents, which					
	required 31.2 staff ho	ours on third shift.				
	required 16 staff hou					
	There should have been a total of 47.2 hours					
	between the SCU an	d AL unit on third shift.				
	Review of the Employ	yee Time Detail dated				
	08/22/19 revealed:					
		al staff hours provided on				
		e SCU and the AL unit.				
	-There was a shortage of 8.7 hours. -It could not be determined how many of the 38.5					
		ed were worked in the SCU				
	on third shift.					
	Review of the Reside	Review of the Resident Bed List Report dated				
		ensus of 40 residents, which				
	required 40 staff hou					
		of 48 in the AL unit, which				
	required 28 staff hou					
		been a total of 68 hours d AL unit on second shift.				
		yee Time Detail dated				
	08/23/19 revealed:	tal staff hours provided on				
		the SCU and the AL unit.				
	-There was a shortag					
	-It could not be deter	mined how many of the				
		s worked were worked in the				
	SCU on second shift					
		ent Bed List Report dated				
	08/23/19 revealed:	angue of 10 regidente which				
	required 32 staff hou	ensus of 40 residents, which rs on third shift.				
	-There was a census					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		HAL034093	B. WING			1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 307	D 465			
		rs on third shift. been a total of 48 hours d AL unit on third shift.				
	Review of the Employee Time Detail dated 08/23/19 revealed: -There were 46.5 total staff hours provided on					
	third shift between the SCU and the AL unit. -There was a shortage of 1.5 hours. -It could not be determined how many of the 46.5 total staff hours worked were worked in the SCU on third shift.					
	08/24/19 revealed: -There was a SCU ca required 39 staff hour -There was a census required 28 staff hour -There should have b	of 48 in the AL unit, which				
	08/24/19 revealed: -There were 60 total second shift between -There was a shortag -It could not be deter	yee Time Detail dated staff hours provided on the SCU and the AL unit. Je of 7 hours. mined how many of the 60 ed were worked in the SCU				
	08/24/19 revealed: -There was a SCU care required 31.2 staff hor- -There was a census required 16 staff hou- -There should have b	of 48 in the AL unit, which				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
	F CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H		3150 BU	IRKE MILL ROAD			
	503E	WINSTO	ON SALEM, NC 271	03		
(X4) ID			ID	PROVIDER'S PLAN		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	O THE APPROPRIATE	COMPLE DATE
D 465	Continued From page	e 308	D 465			
	Review of the Employee Time Detail dated 08/24/19 revealed:					
	-There were 39.5 tota	al staff hours provided on				
	third shift between th -There was a shortage	e SCU and the AL unit.				
		mined how many of the 39.5				
		ed were worked in the SCU				
	on third shift.					
	Review of the Reside	ent Bed List Report dated				
	08/25/19 revealed:					
	<ul> <li>There was a SCU ce required 39 staff hou</li> </ul>	ensus of 39 residents, which				
	•	of 48 in the AL unit, which				
	required 28 staff hou					
		been a total of 67 hours				
	between the SCU an	d AL unit on first shift.				
	Review of the Emplo 08/25/19 revealed:	yee Time Detail dated				
		tal staff hours provided on				
	-There was a shortag	e SCU and the AL unit.				
	-	mined how many of the				
		s worked were worked in the				
	SCU on first shift.					
		ent Bed List Report dated				
	08/25/19 revealed:	ensus of 39 residents, which				
	required 39 staff hou					
		of 48 in the AL unit, which				
	required 28 staff hou					
		been a total of 67 hours d AL unit on second shift.				
	Review of the Emploi 08/25/19 revealed:	yee Time Detail dated				
		tal staff hours provided on				
	second shift between	-				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD IN SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 465	Continued From page	e 309	D 465			
	-There was a shortage of 2.75 hours. -It could not be determined how many of the 64.25 total staff hours worked were worked in the SCU on second shift.					
	08/25/19 revealed: -There was a SCU care required 31.2 staff hor -There was a census required 16 staff hou -There should have b	of 48 in the AL unit, which				
	08/25/19 revealed: -There were 44 total shift between the SC -There was a shortag -It could not be deter					
	08/30/19 revealed: -There was a SCU carequired 31.2 staff hore -There was a census required 16 staff hou -There should have b	of 49 in the AL unit, which				
	08/30/19 revealed: -There were 49.5 tota third shift between th -There was a shortag -It could not be deter	yee Time Detail dated al staff hours provided on e SCU and the AL unit. ge of 5.7 hours. mined how many of the 49.5 ed were worked in the SCU				

STATE FORM

ATEMENT OF DEFICIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			K-C 1/15/2019
ME OF PROVIDER OF	RSUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ANBY HOUSE			JRKE MILL ROAD	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN		(X5)
PREFIX (E	ACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET DATE
D 465 Continue	ed From page	e 310	D 465			
09/02/19 -There w required -There w unit, whi -There s between Review 09/02/19 -There w third shi -There w -It could 47.50 to SCU un Review revealed -On 09/0 resident shift. -There v unit, whi -There v unit, whi -There v unit, whi -There w unit, whi -There w -On 09/0 provided the SCU -There w -It could	evealed: vas a SCU ca 32 staff hour vas a census ch required 2 hould have b the AL unit a of the Employ evealed: vere 47.50 to t between th vas a shortag not be detern tal staff hours t on third shift of the Reside 13/19, there w s, which required 2 hould have b the AL unit a of the Employ 13/19, there w ch required 2 hould have b the AL unit a of the Employ 13/19, there w 100 third shift vas a shortag not be detern tal staff hours the AL unit a of the Employ	ent Bed List Report dated ensus of 40 residents, which rs on third shift. of 47 residents in the AL 24 staff hours on third shift. been a total of 56 staff hours and the SCU on third shift. yee Time Detail dated tal staff hours provided on e AL unit and the SCU. ge of 8.50 aide hours. mined how many of the s worked were worked in the ft. ent Bed List Reports vas a SCU census of 39 uired 31.2 hours on third of 47 residents in the AL 24 hours on third shift. been a total of 55.2 hours and the SCU on third shift. yee Time Detail reports vere 45.25 total staff hours t between the AL unit and ge of 9.95 aide hours. mined how many of the s worked were worked in the				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		HAL034093				R-C 11/15/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY HO		3150 BU	RKE MILL ROAD			
	JUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 311	D 465			
	revealed:	vac a SCI Leanaura of 29				
		vas a SCU census of 38				
	shift.	ired 38 hours on second				
		of 47 residents in the AL				
		8 hours on second shift.				
	· ·	een a total of 66 hours				
		and the SCU on second shift.				
	Review of the Employ	yee Time Detail reports				
	revealed:	, · · · · · · · · · · · · · ·				
		vere 58.25 total staff hours				
		hift between the AL unit and				
	-There was a shortag	e of 8.75 aide hours.				
		mined how many of the				
	57.25 total staff hours	s worked were worked in the				
	SCU unit on second s	shift.				
	Review of the Reside	nt Bed List Report dated				
	09/07/19 revealed:					
	-There was a SCU ce	ensus of 38 residents, which				
	required 38 hours on	first shift.				
		of 48 residents in the AL				
	unit which required 28					
		een a total of 66 hours				
		and the SCU on first shift.				
		ensus of 38 residents, which				
	required 38 hours on					
		of 48 residents in the AL				
	•	8 hours on second shift. een a total of 66 hours				
		and the SCU on second shift.				
		ensus of 38 residents, which				
	required 30.4 hours o					
	•	of 48 residents in the AL				
	unit which required 24					
		een a total of 54.4 hours				
		and the SCU on third shift.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO				
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		HAL034093	B. WING			R-C 11/15/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		3150 BU	IRKE MILL ROAD				
DANBY H	JUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG	(	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLE DATE	
D 465	Continued From page	e 312	D 465				
	Review of the Emplo 09/07/19 revealed:	yee Time Detail dated					
		tal staff hours provided on					
		AL unit and the SCU.					
		ge of 2.75 aide hours.					
	-It could not be determined how many of the						
	63.25 total staff hours worked were worked in the SCU unit on first shift.						
		ι. tal staff hours provided on					
		the AL unit and the SCU.					
		ge of 16.75 aide hours.					
-		mined how many of the					
	49.25 total staff hour	s worked were worked in the					
	SCU unit on second						
		staff hours provided on third					
	shift between the AL	ge of 13.4 aide hours.					
		mined how many of the 41					
		ed were worked in the SCU					
	unit on third shift.						
		ent Bed List Report dated					
	09/19/19 revealed:	ensus of 38 residents, which					
	required 30.4 hours of						
		of 48 residents in the AL					
		4 hours on third shift.					
	-There should have b	been a total of 54.4 hours					
		and the SCU on third shift.					
		ensus of 38 residents, which					
	required 38 hours on						
		of 48 residents in the AL 8 hours on second shift.					
	•	been a total of 66 hours					
		and the SCU on second shift.					
		yee Time Detail dated					
	09/19/19 revealed:						
		tal staff hours provided on eAL unit and the SCU.					
						1	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE		IRKE MILL ROAD	0.5		
				PROVIDER'S PLAN O		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 465	Continued From page	e 313	D 465			
	<ul> <li>-There was a shortage of 9.65 aide hours.</li> <li>-It could not be determined how many of the 44.75 total staff hours worked were worked in the SCU unit on third shift.</li> <li>Review of the Resident Bed List Report dated 09/20/19 revealed:</li> <li>-There was a SCU census of 38 residents, which required 38 hours on second shift.</li> <li>-There was a census of 48 residents in the AL unit which required 28 hours on second shift.</li> <li>-There should have been a total of 66 hours between the SCU and the AL unit on second shift.</li> </ul>					
	09/20/19 revealed: -There were 63.25 to second shift between -There was a shortag -It could not be detern	yee Time Detail dated tal staff hours provided on the AL unit and the SCU. ge of 20.75 aide hours. mined how many of the s worked were worked in the shift.				
	Review of the Resident Bed List Report dated 09/21/19 revealed: -There was a census of 48 residents in the AL unit which required 28 hours on first shift. -There was a SCU census of 38 residents, which required 38 hours on first shift. -There should have been a total of 66 hours between the AL unit and the SCU on first shift. -There was a census of 48 residents in the AL unit which required 28 hours on second shift. -There was a SCU census of 38 residents, which required 38 hours on second shift. -There should have been a total of 66 hours between the AL unit and the SCU on second shift.					
	Review of the Employ 09/21/19 revealed:	yee Time Detail dated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	DUSE		IRKE MILL ROAD IN SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 465	Continued From page 314		D 465			
	shift between the AL -There was a shortag -It could not be deter total staff hours work unit on first shift. -There were 51.5 tota second shift between -There was a shortag -It could not be deter total staff hours work unit on second shift. Interview with a Pers 11/06/19 at 4:30am r -There were routinely assisted living (AL) u -There was a medica Care Unit (SCU) and -If there were not 2 M back and forth between	mined how many of the 56 ed were worked in the AL al staff hours provided on the AL unit and the SCU. ge of 14.5 aide hours. mined how many of the 51.5 ed were worked in the AL conal Care Aide (PCA) on evealed: y 2 PCA working on the nit during the third shift. tion aide (MA) in the Special in the AL unit some nights. MAs working, the MA went ten the SCU and the AL unit. unit did not routinely assist in				
	revealed: -She was the only M on 11/06/19. -A second MA was so					
	revealed: -The SCU was some shift.	on 11/13/19 at 5:26 pm times short staffed on 2nd ould usually try to call staff				
		ask another staff member				

	of Health Service Reginstruction of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			B. WING			R-C 11/15/2019	
		HAL034093					
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		N SALEM, NC 271	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
D 465	Continued From pag	e 315	D 465				
	work long enough to	all the residents went to bed.					
	11/14/19 at 1:30pm r						
	-On first shift there w Aides (MAs) and 3 to						
	called out.	ere less than 3 PCAs if staff ot replaced if they called out					
	Interview with anothe 1:33pm revealed:	•					
		ft in the SCU and the AL unit. 2 MAs and 3 to 4 PCAs on					
	1 MA and 3 PCAs.	e were 2 MAs and 2 PCAs or work, most of the time that					
	staff was not replace -It was sometimes di	ed during the shift. ifficult to provide care for					
	included 15-minute a	ete all assigned tasks which and 30-minute checks on sing 2 snacks during her					
	shift, taking residents setting up for lunch,	s out for 3 smoke breaks, in addition to bathing, nd 2-hour resident checks.					
	Interview with a 5th I revealed:	PCA on 11/14/19 at 2:05 pm					
	behaviors on the SC	1st shift in the SCU. ugh staff to handle all the U. They needed 4-5 more					
		isy on 1st shift as they got s up and bathed them, got					
	them to breakfast an had 3 cigarette breal	d lunch, passed 2 snacks, ks, and completed regular s with some residents being					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED	
			A. BUILDING:			 	
		HAL034093	B. WING			11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		JRKE MILL ROAD	03			
(X4) ID			ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLET DATE	
D 465	Continued From pag	ge 316	D 465				
	rounded on every 1	5-30 minutes.					
	Interview with a hou	sekeeper on 11/14/19 at 2:18					
	pm revealed:	first shift in the SCU.					
		ed to assist with personal care					
	but could walk the re	esidents down the hallway.					
		shift needed more staff due to					
	the number of reside	ents with behaviors.					
		on 11/14/19 at 4:47pm					
	revealed:	t in the SCU on either second					
	or third shifts.						
	-There were usually						
	sometimes 3 PCAs,						
	- There were usually third shift.	1 MA and 3 to 4 PCAs on					
		cility was understaffed often					
	between the hours of	of 2pm and 5pm due to staff					
	coming to work late.						
		A on 11/15/19 at 11:54am					
	revealed: -She usually worked	d in the SCU on 3rd shift.					
		1 MA and 2 PCA on third shift.					
	-If a PCA called out	on third shift, that staff was					
	usually not replaced	l.					
	Interview with the S	pecial Care Unit (SCU)					
		4/19 at 3:28pm revealed:					
		vas responsible for creating a					
	monthly staffing sch						
		ed out of work, she and the coordinator (RCC) were					
		ng staff to fill that shift.					
		t care as needed about 3 to 6					
	times a day.						
		vas enough staff on first,					
	second, and third sh	nifts to meet the residents'					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			R-C 1/15/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	DUSE		IRKE MILL ROAD	22		
			IN SALEM, NC 271	PROVIDER'S PLAN O		(175)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 465	Continued From page	e 317	D 465			
	needs.					
	<ul> <li>5:31 pm revealed:</li> <li>-She determined the monthly schedule for</li> <li>-She scheduled staff number of residents.</li> <li>-She staffed over the able to do so.</li> <li>-She did not know of understaffed since sh Administrator.</li> <li>-She did not know if t in May 2019 as she with the.</li> <li>-She usually staffed t shared the MA with the shared the shared the shared the shared the shared the MA with the shared t</li></ul>	at the minimum to meet the minimum when she was any days the facility was he had been the he facility was understaffed vas not the Administrator at he AL side with 2 PCAs and he SCU on 3rd shift. he SCU with 1 MA and 5 d shift, but she preferred 2 1 st and 2nd shifts in the he SCU with 1 MA and 4 it she preferred 1 MA on to inform management if or did not show up for their not contact management if for their shift. would try to call in another is a known callout. e staff who clocked into work break which caused that t to be less than 8 hours.				
	Residents Rights].					
	[Refer to Tag 270 104	A NCAC 13F .0901(b)				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD			
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 465	Continued From page 318		D 465			
	Personal Care and S	upervision].				
	The facility failed to assure aide hours met the minimum requirements for a special care unit (SCU) and Assisted Living (AL) and staff on duty were present at all times for 27 of 90 sampled shifts for 30 days in May 2019, August 2019, and September 2019, resulting in a resident elopement without staff's knowledge and sustaining a fractured hip; a confused resident who consumed an unknown substance; two residents who displayed agitation and aggressive behaviors and physically abused other residents, and a resident was forced to sit in the hallway all day to maintain continuous oxygen and 7 residents receiving injuries and bruises after being hit by other residents. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.					
		a plan of protection in . 131D-34 on 11/08/19 for				
		DATE FOR THE TYPE B NOT EXCEED DECEMBER				
D914	G.S. 131D-21(4) Dec	laration of Residents' Rights	D914			
	Every resident shall h	ration of Residents' Rights have the following rights: al and physical abuse, tion.				
	alth Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D914	Continued From page	e 319	D914			
	interviews, the facility were free from negle and other staffing, Ac and competency, hea staff, Personal Care a Rights and implemen The findings are: 1. Based on observa reviews, the facility fa according to resident current symptoms for (#1, #4, #10, #11 and who eloped from the without staff's knowle hip (#13), a confused unknown substance displayed agitation a physically abused oth and a resident with a [Refer to Tag D0270 Personal Care and S Violation).]	ns, record reviews and y failed to assure all residents ct related to personal care ch medication aide training alth care, Special Care Unit and Supervision, Residents' ntation. ations, interviews and record ailed to provide supervision ts' assessed needs and r 5 of 9 sampled residents d #13) including a resident Special Care Unit (SCU) edge, resulting in a fractured d resident who consumed an (#11), two residents who nd aggressive behaviors and her residents (#4 and #10), Itercations and falls (#1). 10A NCAC 13F .0901(b) supervision (Type A1				
	Administrator failed to operations, and police implemented and rule personal and other so staff, personal care a resident rights, medice reporting of accidents cost of care, Ach infe- requirements and Acc	h medication aides; training efer to Tag 980 G.S. 131D-25				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	DUSE		IRKE MILL ROAD	2		
			ON SALEM, NC 2710	PROVIDER'S PLAN C		(25)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D914	<ul> <li>Continued From page 320</li> <li>Based on observations, interviews, and record reviews the facility failed to assure residents' rights for 10 of 15 residents (Residents #1, #2 #11, #12, #14, #15, #16, #17, #18, and #20) regarding staff yelling at a resident (#12), a staff (Staff G, personal care aide (PCA)) hitting a resident (#1), a resident being forced to sit in the hallway all day due to not having portable oxygen (#2) and residents receiving injuries and bruises after being hit by other residents (#11, #14, #15, #16, #17, #18, and #20). [Refer to Tag D0338 10A NCAC 13F .0909 Resident Rights (Type A2 Violation).]</li> </ul>		D914			
	facility failed to assur- staff were present at of residents residing i unit for 27 of 90 shifts 2019, August 2019, a to Tag D 0188 10A N	eviews and interviews, the e the minimum number of all times to meet the needs in the Assisted Living (AL) s sampled for 30 days in May and September 2019. [Refer CAC 13F .0604(d) Personal ing (Type B Violation).]				
	reviews, the facility fa referral and follow-up (#2, #3, #4, #6, and # medical equipment p equipment (#2) and n notifying the primary	• • • •				
	for residents with hist chronic obstructive pu #7); medications not refusal of medications					
	6. Based on record r					

	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			२-C / <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
((()))		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D914	Continued From page	e 321	D914			
	facility failed to assur	e the minimum number of				
	staff were present at all times to meet the needs					
	of residents residing	in the Special Care Unit				
	. ,	nifts sampled for 30 days in				
		019, and September 2019.				
		10A NCAC 13F .1308				
	Special Care Unit Sta	aff (Type B Violation).]				
		ations, interviews, and record				
	reviews, the facility fa					
		A, Staff B, and Staff F) who				
		tions, had employment				
	-	eted the 5, 10, or 15-hour				
		ation courses (Staff A, Staff				
		bassed the state written				
		m (Staff B and Staff F) prior lications. [Refer to Tag D				
	-	B)(b) Ach Medication Aides;				
		tency (Type B Violation).]				
D932	G.S. 131D-4.4A (b) A	ACH Infection Prevention	D932			
	Requirements					
	G.S. 131D-4.4A Adul	t Care Home Infection				
	Prevention Requirem	nents				
	(b) In order to prever	nt transmission of HIV,				
	hepatitis B, hepatitis	C, and other bloodborne				
		Ilt care home shall do all of				
	the following, beginn					
		en infection control policy				
		deral Centers for Disease				
		on guidelines on infection				
		es at least all of the following:				
		single-use equipment used solutions membranes, and other				
	-	lisinfection of reusable				
		at are used for multiple				
	residents.					
						1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R-C	
			A. BUILDING:			
		HAL034093	B. WING			/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
DANBY H	OUSE		IRKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D932	Continued From page 322		D932			
	cleaning procedures, c. Accessibility of infe supplies. d. Blood and bodily fl e. Procedures to be f home staff is expose fluids of another pers significant risk of tran hepatitis C, or other to f. Procedures to proh with exudative lesion engaging in direct res potential for contact to equipment, or device dermatitis until the co (2) Require and mon facility's infection con (3) Update the infection necessary to prevent hepatitis B, hepatitis pathogens.	followed when adult care d to blood or other body son in a manner that poses a assission of HIV, hepatitis B, bloodborne pathogens. hibit adult care home staff s or weeping dermatitis from sident care that involves the between the resident, as and the lesion or bridition resolves. htor compliance with the trol policy. on control policy as the transmission of HIV, C, and other bloodborne				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	of connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	IRKE MILL ROAD			
		WINSTO	ON SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D932	Continued From page	e 323	D932			
	procedures, agents, sampled residents (F continuous oxygen.	and schedules 1 of 1 Resident #2) with orders for				
	The findings are:					
	Based on observations, interviews, and record reviews, the facility failed to assure sanitation of oxygen equipment, including cleaning procedures, agents, and schedules 1 of 1 sampled resident (Resident #2) with orders for continuous oxygen. The findings are:					
	05/09/19 revealed: -Diagnoses included obstructive pulmonar coronary disease, an -The recommended I was Special Care Un	evel of care for Resident #2				
		discharge summary report aled Resident #2 was ory failure.				
	-There was a green t for "Preventive Maint	6/19 at 8:00 am revealed: ag attached to the machine enance check."				
	next date for the equ 06/12/17.	erviced on 12/27/16, the ipment to be serviced was				
	near the port where t to the machine.	substance on the machine he nasal cannula connects substance splattered at				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	03			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	COMPLET	
D932	Continued From page	e 324	D932				
	various spots on the	machine.					
		ew, observations, interviews mined that Resident #2 was					
	at 4:07 pm revealed	MA supervisor on 11/13/19 no staff at the facility had 's oxygen machine or called serviced.					
	4:07 pm revealed: -She did not clean Re equipment. -She did not know the to be serviced.	e oxygen equipment needed red the oxygen equipment					
	at 9:21 am revealed: -She had worked at t -She had not noticed equipment needed to	he facility since July 2019. Resident #2's oxygen be cleaned and serviced. e oxygen concentrator did					
	11:10am revealed sh	ministrator on 11/08/19 at e was not aware Resident rator needed to be cleaned					
	Veteran's Administra revealed: -The refillable concer	esentative from the local tion on 11/06/19 at 9:34am ntrator and stand alone					
	concentrator identifie #2 were not dispense alth Service Regulation	ed as being used by Resident ed to Resident #2.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
D PLAN C	F CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		HAL034093	B. WING		R-C 11/15/2019	
ME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
NBY HO		3150 BU	RKE MILL ROAD			
	503E	WINSTO	N SALEM, NC 271	03		
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D932	Continued From page	e 325	D932			
	any oxygen equipme -No one at the facility equipment needed re -If the facility had call equipment for Reside told the equipment or individual it was dispe -They would have pic because it could only was dispensed for. -It is recommended or	r had called to inform the epair. ed regarding repairing the ent #2, they would have been buld only be repaired for the				
	home care company revealed: -The company receiv oxygen equipment fo -On 05/10/19, the con oxygen equipment, c home-fill refillable com portable tanks. -No one at the facility Resident #2's oxygen working. -If Resident #2 was n dispensed on 05/09/ identify where the eq	mpany delivered brand-new oncentrator with an attached ncentrator and two refillable r had called to inform n equipment was not not using the equipment 19, then the facility should				
D935	Training and Compet G.S. § 131D-4.5B (b)	Adult Care Home	D935			
	Medication Aides; Tra Evaluation Requirem	aining and Competency ents.				

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	OF CORRECTION			A. BUILDING:		
		HAL034093	B. WING			R-C / <b>15/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
	OUSE	3150 BU	RKE MILL ROAD			
DANBY H	0032	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY F		ED BY FULL PREFIX (EACH CORRECTIVE A			(X5) COMPLETE DATE
D935	Continued From page	e 326	D935			
	<ul> <li>home is prohibited from any unsupervised methat individual has promedication aide during an adult care home of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(1) A five-hour trainin Department that incluin all of the following:</li> <li>(2) A five-hour training and instruction (3) Within 60 days from individual must have a. An additional 10-he developed by the Department that incluing and instruction (1). The key principles administration.</li> <li>2) The federal Center Prevention guidelines applicable, safe inject procedures for monited bleeding occurs or the exists.</li> <li>(2) A n examination deby the Division of Heat the provention for the training and the procedures for monited bleeding occurs or the exists.</li> </ul>	ng the previous 24 months in or successfully completed all g program developed by the udes training and instruction of medication rs for Disease Control and s on infection control and, if tion practices and oring or testing in which e potential for bleeding aluation consistent with 10A d 10A NCAC 13G .0503. om the date of hire, the completed the following: our training program partment that includes on in all of the following: of medication rs of Disease Control and s on infection control and, if				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION DER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD DN SALEM, NC 271	03		
			,			()(5)
(X4) ID PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D935	Continued From pag	Continued From page 327				
	This Dula is ask ask					
	This Rule is not met as evidenced by: TYPE B VIOLATION					
	reviews, the facility fa sampled staff (Staff A administered medica verification or comple medication administr B, and Staff F), and p	A, Staff B, and Staff F) who tions, had employment eted the 5, 10, or 15-hour ation courses (Staff A, Staff passed the state written n (Staff B and Staff F) prior				
	The findings are:					
	personnel record rev -Staff A was hired on Care Aide (PCA). -Staff A was transferr	s, Medication Aide (MA), ealed: 03/27/18 as a Personal red to the position of MA on				
	-There was documer	ation course dated 08/16/19.				
	verification showing s medication aide withi -There was documer	in the last 24 months. ntation she completed her				
	Review of residents' Administration Recor	kills Checklist on 09/17/19. electronic Medication rds (eMARS) for September A documented administration				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY IPLETED
			A. BUILDING:			R-C
		HAL034093	D34093 B. WING			1/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE	(X5) COMPLET DATE
D935	Continued From page	e 328	D935			
	of medications on 09/21/19.					
	2019 revealed Staff A of medications for 12 Interview with Staff A revealed: -She had worked at t months. -She was hired as a l September 2019. -She remembered co medication training o -She started working but she did not remen -She was pulled from work on the floor for a and completed her 5- 2019. -The facility's commu after she completed to computer. -She had not taken h exam yet, but she wa exam on 12/11/19. -She had been scheo administration exam	ds (eMARS) for October A documented administration days in October 2019. on 11/12/19 at 9:55am he facility for about 8 PCA and became a MA in mpleting her 5 and 10-hour n the computer. on the 10-hour training first, mber when. her computer training to a while and then went back hour training in August nity nurse checked her off he 5-hour training on the er medication administration as scheduled to take the duled to take the medication previously, but she had to				
		foreseen circumstances. with the facility's community 5:00pm.				
	Refer to interview wit Manager (BOM) on 1	h the Business Office 1/14/19 at 2:18pm.				
	Refer to interview wit Coordinator (RCC) or	h the Resident Care n 11/14/19 at 2:27pm.				

Division of Health Service Regulatio STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL034093	HAL034093 B. WING			R-C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
DANBY H	OUSE		IRKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D935	Continued From page	e 329	D935				
	Refer to interview with the Special Care Unit Coordinator (SCUC) on 11/14/19 at 3:29pm. Refer to interview with the Administrator on 10/14/19 at 5:31pm.						
	<ul> <li>10/14/19 at 5:31pm.</li> <li>2. Review of Staff B's, Medication Aide (MA), personnel record revealed: <ul> <li>Staff B was hired on 12/04/18 as a Personal Care Aide (PCA).</li> <li>Staff B was transferred to the position of MA on 08/22/19.</li> <li>There was documentation of a 5-hour medication administration course dated 07/31/19.</li> <li>There was documentation of a 10-hour medication administration course dated 04/02/19.</li> <li>There was no documentation of employment verification showing Staff B worked as a medication aide within the last 24 months.</li> <li>There was documentation she completed her Medication Clinical Skills Checklist on 08/22/19.</li> <li>There was no documentation Staff B had passed the state written MA exam.</li> </ul> </li> <li>Review of residents' electronic Medication Administration Records (eMARs) for August 2019 revealed Staff B documented administration of among staff B documented administration of a figure 2019 revealed Staff B documented administration of a figure 2019 revealed Staff B documented administration of a figure 2019 revealed Staff B documented administration of administration of a figure 2019 revealed Staff B documented administration of a figure 2019 revealed Staff B documented administration of administration of a figure 2019 revealed Staff B documented administration of a figure 2019 revealed Staff B documented administration of administration of administration of administration of administration of a figure 2019 revealed Staff B documented administration of administration of</li></ul>						
	revealed Staff B docu	ys on August 2019. eMARs for September 2019 umented adminstration of ays in September 2019.					
	2019 revealed Staff E	electronic Medication ds (eMARS) for October 3 documented administration days in October 2019.					
	Interview with Staff B revealed:	on 11/08/19 at 5:34 pm					

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BUILDING:			
	HAL034093	B. WING			R-C I/ <b>15/2019</b>
IAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ANBY HOUSE		JRKE MILL ROAD ON SALEM, NC 2710	3		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D935 Continued From page	330	D935			
<ul> <li>end of August 2019.</li> <li>She thought she took in August 2019 on the -After she completed on the computer, the five watched her completed fingerstick blood suga -The facility's communany of her training.</li> <li>She had not taken the exam, but she planne 2019.</li> <li>Refer to the interview nurse on 11/08/19 at 4 Refer to interview with Manager (BOM) on 11</li> <li>Refer to interview with Coordinator (RCC) on Refer to interview with Unit(SCU) Coordinate Refer to interview with 10/14/19 at 5:31pm.</li> <li>Review of Staff F's, personnel record reve- -Staff F was hired on Care Aide (PCA).</li> <li>There was document</li> </ul>	the 5 and 10-hour training facility's community nurse a medication pass, obtain irs, and give insulin. hity nurse did not conduct e medication administration d to take it in December with the facility's community 5:00pm. h the Business Office 1/14/19 at 2:18pm. h the Resident Care h 11/14/19 at 2:27pm. h the Special Care for on 11/14/19 at 3:29pm. h the Administrator on Medication Aide (MA), ealed: 03/27/19 as a Personal ed to the position of MA on tation of a 5-hour tion course dated 05/12/19.				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/15/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
DANBY HO	DUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CC       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTIO       REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THIDEFICIENCY			CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D935	Continued From page	e 331	D935			
	Medication Clinical Skills Validation Checklist on 06/05/19.					
	-There was documen	tation she completed a linical Skills Validation				
		nentation Staff F had passed				
	Review of residents' eMARs for September 2019 revealed Staff F documented administration of medications for 6 days in September 2019.					
		eMARS for October 2019 Imented administration of Is in October 2019.				
	Review of residents' eMARS for November 2019 revealed Staff F documented administration of medications on 11/06/19.					
	revealed:	on 11/06/19 at 5:00am at the facility as a MA a few				
	months ago. -She administered m	edications including insulin				
	blood sugar values for	, and obtained finger stick or residents on the Assisted pecial Care Unit (SCU). ne written medication				
	4:50pm revealed:	ministrator on 11/08/19 at				
	had audited staff reco discovered Staff F ha	ss Office Mananger (BOM) ords in October 2019 and id not taken the state				
	Clinical Skills Validati	could have a new Medication on checklist completed in redications for 60 more days				

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY	
		HAL034093	B. WING			R-C 11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE		10/2013	
			RKE MILL ROAD	, •••			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
D935	Continued From page	e 332	D935				
	while awaiting to sche medication aide test.						
		le to schedule and take the					
	Attempted telephone interview with Staff F on 11/13/19 and 11/14/19 was unsuccessful.						
	Refer to the interview nurse on 11/08/19 at	<i>v</i> with the facility's community 5:00pm.					
	Refer to interview wit Manager (BOM) on 1	h the Business Office 1/14/19 at 2:18pm.					
	Refer to interview wit Coordinator (RCC) or	h the Resident Care n 11/14/19 at 2:27pm.					
		h the Special Care Unit n 11/14/19 at 3:29pm.					
	Refer to interview wit 10/14/19 at 5:31pm.	h the Administrator on					
	11/08/19 at 5:00pm r						
		training records and did					
		our, or 10 hour certificate ication aide completed					
	(BOM) on 11/14/19 a	•					
		d SCU Coordinator were ing the 5, 10, and 15-hour					
		C or the SCU Coordinator					
	know if the 5, 10, or 2	15-hour medication					
		g needed to be completed					
	and they would sche	-					
alam af 11-	alth Service Regulation	5, 10, or 15-hour training on					

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034093	B. WING			R-C I/ <b>15/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		JRKE MILL ROAD	03		
	SUMMARY ST			PROVIDER'S PLAN O		(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
D935	Continued From page	e 333	D935			
	Continued From page 333 the computer and then the facility's community nurse came to the facility to complete checkoffs for the MAs. -Letting the RCC and the SCU Coordinator know a staff needed to take the medication administration exam may have been something she was supposed to do, but she had never told either that a staff needed to take the medication administration test. Interview with the Resident Care Coordinator (RCC) on 11/14/19 at 2:27pm revealed: -The Administrator or the BOM were responsible for making sure the 5, 10, or 15-hour medication administration training was completed. -She thought the Administrator was responsible for making sure MAs passed the medication administration test. -She did not know the 5, 10, or 15-hour medication administration training was supposed to be taught by a qualified instructor.					
	at 3:29pm revealed: -She assumed the fa responsible for makin medication administr completed. -She did not know ho completed (on the co instructor).	w the 5, 10, or 15-hour was imputer or with by an no was responsible for ok and passed the				
	Interview with the Ad 5:31pm revealed: -The BOM was respo or 15-hour training ar	ministrator on 10/14/19 at onsible for ensuring the 5, 10,				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENTI IOATION NOMBER.	A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY HO	OUSE		RKE MILL ROAD			
		WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX         REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG		PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPLET DATE
D935	Continued From page	e 334	D935			
	staff and gave a copy the SCUC. -The BOM, RCC, and responsible for follow and tests had been of -The 5, 10, or 15-hou trainings were completed -The 5, 10, or 15-hou trainings were completed completed. -There were two different 10-hour certificates of computer training on off by the facility com- -It was her understar or 15-hour training we for MAs. -She did not know the needed to be taught The facility failed to ex- medication aide train medication aide withing the state approved M passed within 60 days sampled staff (Staff E staff administering m This failure increased errors and was detrinand welfare of reside B Violation. The facility provided	lendar of training dates for y to the BOM, the RCC and d the SCU Coordinator were <i>v</i> ing up to ensure trainings				
	this violation.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED	
				A. BUILDING:			
		HAL034093	B. WING		R-C 11/15/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
DANBY H	OUSE		JRKE MILL ROAD ON SALEM, NC 2710	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORREC       REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCE		(EACH CORRECTIVE AC CROSS-REFERENCED TO	S PLAN OF CORRECTION CCTIVE ACTION SHOULD BE INCED TO THE APPROPRIATE DEFICIENCY)		
D935	Continued From page	e 335	D935				
	CORRECTION DATE VIOLATION SHALL N 30, 2019.	E FOR THIS TYPE B NOT EXCEED DECEMBER					
D980	0 G.S. § 131D-25 Implementation		D980				
	G.S. 131D-25 Implen	nentation					
	Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21.						
	This Rule is not met as evidenced by: TYPE A1 VIOLATION						
	Administrator failed to operations, and polici implemented and rule personal care and oth Unit staff, personal ca care, resident rights, reporting of accidents cost of care, Ach infe	and record reviews, the o assure the management, ies of the facility were es were maintained for her staffing, Special Care are and supervision, health medication administration, and incidents, settlement of ction prevention h medication aides; training					
	The findings are:						
	Non-compliance was the following rule are	identified at violation level in as:					
		tions, interviews and record iled to provide supervision s' assessed needs and					

Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         HAL034093		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		R-C 11/15/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
		3150 BU	IRKE MILL ROAD			
DANBY H	OUSE	WINSTO	N SALEM, NC 271	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET D THE APPROPRIATE DATE	
D980	Continued From page	e 336	D980			
	(#1, #4, #10, #11 and who eloped from the without staff's knowle hip (#13), a confused unknown substance displayed agitation at physically abused ott and a resident with a [Refer to Tag D0270 Personal Care and S Violation)].					
	reviews the facility fa rights for 10 of 15 res #11, #12, #14, #15, # regarding staff yelling (Staff G, personal ca resident (#1), a resid hallway all day due to (#2) and residents re after being hit by othe #16, #17, #18, and #	tions, interviews, and record iled to assure residents' sidents (Residents #1, #2 #16, #17, #18, and #20) g at a resident (#12), a staff re aide (PCA)) hitting a ent being forced to sit in the p not having portable oxygen ceiving injuries and bruises er residents (#11, #14, #15, 20). [Refer to Tag D338 10A sident Rights (Type A2				
	reviews, the facility fareferral and follow-up (#2, #3, #4, #6, and # medical equipment p equipment (#2) and r notifying the primary regarding medical eq for residents with hist chronic obstructive p #7); medications not refusal of medication	tions, interviews and record ailed to assure health care of for 5 of 7 sampled residents #7) including follow-up with a rovider for portable oxygen nebulizer equipment (#7); care provider (PCP) uppment not being available tory of respiratory failure and ulmonary disease (#2 and being available (#2 and #3); s, blood pressures and pulse veights and a medication				

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R-C
	HAL034093		B. WING		11/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DANBY H	OUSE		RKE MILL ROAD	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE	
D980	Continued From page 337		D980			
	(#6). [Refer to Tag D273 10A NCAC 13F .0902(b) Health Care (Type B Violation)].					
	facility failed to assur staff were present at of residents residing unit for 27 of 90 shifts 2019, August 2019, a to Tag D0188 10A NC Care and other Staffi 5. Based on record re facility failed to assur staff were present at of residents residing (SCU) for 27 of 90 sh May 2019, August 20 [Refer to Tag D465 1 Care Unit Staffing (Ty 6. Based on observa reviews, the facility fa sampled staff (Staff A administered medica verification or complet	ations, interviews, and record ailed to assure 3 of 4 A, Staff B, and Staff F) who tions, had employment eted the 5, 10, or 15-hour				
	B, and Staff F), and p medication aide exan to administering med 0935 G.S. 131D4.5(E	ation courses (Staff A, Staff bassed the state written n (Staff B and Staff F) prior lications. [Refer to Tag D B)(b) Ach Medication Aides; tency (Type B Violation).]				
	the facility resulting ir SCU without staff's k fractured hip; a confu	-				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R-C	
		B. WING		11/15/2019			
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
DANBY HO	DUSE		RKE MILL ROAD	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE		
D980	abused other residen a staff hitting another forced to sit in the ha having portable oxyg injuries and bruises a residents; notifying th (PCP) regarding med available for residents failure and chronic ob disease; medications of medications, a min present at all times to residents residing in to of 90 shifts sampled th administering medicat in serious physical ha and constitutes a Typ The facility provided a accordance with G.S	sive behaviors and physically its; staff yelling at a resident, resident; a resident being llway all day due to not en, and residents receiving after being hit by other ne primary care provider lical equipment not being s with history of respiratory ostructive pulmonary not being available; refusal himum number of staff were o meet the needs of the AL and SCU unit for 27 for 30 days; and 3 MAs who e MA requirements prior to ations. This neglect resulted arm and injury to residents be A1 Violation.	D980				