T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _		— R	
	HAL034087	B. WING			к 31/2023
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HEIGHTS SENIOR LI	IVING COMMUNIT				
SUMMARY STA					(X5)
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	COMPLET DATE
Initial Comments		{D 000}			
follow-up survey on	08/29/23 to 08/30/23 with an				
10A NCAC 13F .04 Medication Staff	03(a) Qualifications Of	{D 125}			
Medication Staff (a) Adult care hom medications, herea aides, and their dire training, clinical skil written examination 131D-4.5B. Person occupational licens medications are ex	te staff who administer fter referred to as medication ect supervisors shall complete lls validation, and pass the n as set forth in G.S. us authorized by state ure laws to administer empt from this requirement.				
The Type B Violatic practice continues.	on was abated. Deficient				
facility failed to ens training was comple aides (MA) prior to the residents (Staff	ure the 5-hour medication aide eted for 1 of 6 medication administering medications to F) and an additional 10- hour	3			
The findings are:					
	ROVIDER OR SUPPLIER HEIGHTS SENIOR LL SUMMARY STA (EACH DEFICIENC) REGULATORY OR L Initial Comments The Adult Care Lica follow-up survey or exit via telephone of 10A NCAC 13F .04 Medication Staff 10A NCAC 13F .04 Medication Staff (a) Adult care hom medications, herea aides, and their direct training, clinical ski written examination 131D-4.5B. Person occupational licenss medications are ex Readopted Eff. July This Rule is not me The Type B Violation practice continues. Based on interview facility failed to ensi- training was compli- aides (MA) prior to the residents (Staff medication training 6 MAs (Staff E).	DF CORRECTION IDENTIFICATION NUMBER: HAL034087 HAL034087 ROVIDER OR SUPPLIER STREET A HEIGHTS SENIOR LIVING COMMUNIT 2500 PO WINSTO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 08/29/23 to 08/30/23 with an exit via telephone on 08/31/23. 10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff Initial complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: The Type B Violation was abated. Deficient practice continues. Based on interviews and record reviews, the facility failed to ensure the 5-hour medication aide training was completed for 1 of 6 medication aides (MA) prior to administering medications to the residents (Staff F) and an additional 10- hour medication training within 60 days of hire for 1 of 6 MAs (Staff E).	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL034087 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST HEIGHTS SENIOR LIVING COMMUNIT 2500 POLO RIDGE CO WINSTON SALEM, NC (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Initial Comments [D 000] The Adult Care Licensure Section conducted a follow-up survey on 08/29/23 to 08/30/23 with an exit via telephone on 08/31/23. [D 125] 10A NCAC 13F .0403(a) Qualifications Of Medication Staff [D 125] 10A NCAC 13F .0403 Qualifications Of Medication Staff [D 125] (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.58. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: The Type B Violation was abated. Deficient practice continues. Eased on interviews and record reviews, the facility failed to ensure the 5-hour medication aide training was completed for 1 of 6 medication aides (MA) prior to administering medications to the residents (Staff F) and an additional 10- hour medication training within 60 days of hire for 1 of 6 MAs (Staff E).	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL034087 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HEIGHTS SENIOR LIVING COMMUNIT 2500 POLO RIDGE COURT WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION) D PROVIDERS PLAN OF (EACH CORRECTIVE ACI (EACH CORRECTIVE ACI CROSS-REFERENCE) Initial Comments (D 000) The Adult Care Licensure Section conducted a follow-up survey on 08/29/23 to 08/30/23 with an exit via telephone on 08/31/23. (D 125) 10A NCAC 13F .0403 Qualifications Of Medication Staff (D 125) 10A NCAC 13F .0403 Qualifications Of Medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: The Type B Violation was abated. Deficient practice continues. Based on interviews and record reviews, the facility failed to ensure the 5-hour medication aide training was completed for 1 of 6 medication aides (MA) prior to administering medications to the residents (Staff F) and an additional 10- hour medication training within 60 days of hire for 1 of 6 MAs (Staff E).	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING:

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
ND FLAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM		
		HAL034087	B. WING			R 08/31/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ODEST	HEIGHTS SENIOR L		LO RIDGE CO	URT			
		WINSTO	N SALEM, NC	27106			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
(D 125}	Continued From pa	age 1	{D 125}				
	personnel record re -Staff E's date of hi -There was docum state approved 5-h -There was no doc the state approved -There was docum approved written m 10/02/06. -There was docum Medication Clinical Review of a resider Record (MAR) reve medications for 7 d Attempted telephor 08/31/23 at 12:00p Telephone interview Manager (BOM) or -She was responsil completed and had trainings in June or 10-hour, and 15-ho MAs in compliance -She knew Staff E I training. -Staff E did not atte -She informed the fain not attend the train	The was 05/24/22. entation Staff E completed the our MA training on 06/03/22. umentation Staff E completed 10-hour MA training. entation she passed the state redication aide exam in entation she completed the Skills Checklist on 06/03/22. Int's Medication Administration ealed Staff E administered lays in August 2023. The interview with Staff E on m unsuccessful. W with the Business Office 108/31/23 at 2:50pm revealed ble to ensure the training was 1 scheduled 5 separate 5 July 2023 for the 5-hour, but MA training to get all the thad not completed the 5-hour end the trainings. former DRC that Staff E did ings. one interview with the					
	-There was no doc	umentation Staff F completed					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		LO RIDGE CO	URT		
TOREST		WINSTO	N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 125}	Continued From pa	ge 2	{D 125}			
	the state approved -There was docume state approved 10-F -There was docume approved written m 12/19/14. -There was docume Medication Clinical Review of a resider Record (MAR) reve medications for 2 d Attempted telephon 08/31/23 at 12:02pr Telephone interview Manager (BOM) on -She was responsit completed and had trainings in June or	5-hour MA training. entation Staff F completed the nour MA training. entation she passed the state edication aide exam on entation she completed the Skills Checklist on 05/19/22. ht's Medication Administration ealed Staff F administered ays in August 2023. he interview with Staff F on m unsuccessful. w with the Business Office 08/31/23 at 2:50pm revealed: ble to ensure the training was scheduled 5 separate July 2023 for the 5-hour,				
	MAs in compliance. -Staff F had complet the BOM did not kn the 5-hour training. -Staff F did not atte	eted the 10-hour training but ow Staff F had not completed nd the trainings. former DRC that Staff F did no	t			
	Refer to the telepho	one interview with the (ED) on 08/31/23 at 2:20pm.				
	2:20pm revealed: -The BOM was resp required MA training	had to have their 5-hour				
)ivision of H		hat Staff E and Staff F had not	t			

6899

EURD12

If continuation sheet 3 of 54

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034087	B. WING		R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		LO RIDGE CO			
	SUMMARY STA		ID	PROVIDER'S PLAN OF CO		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE
{D 125}	Continued From pa	ige 3	{D 125}			
	completed the requ	ired 15-hours of MA training.				
{D 273}	10A NCAC 13F .09	02(b) Health Care	{D 273}			
	10A NCAC 13F .09	02 Health Care				
	(b) The facility sha	Il assure referral and follow-up)			
	of residents.	and acute health care needs				
	This Rule is not me					
		ions, record review and ity failed to ensure the primary	,			
	care provider (PCP) was notified for 1 of 5				
		(#1) who had an order to notify as a weight change of three or				
	more pounds.					
	The findings are:					
		t #1's current FL2 dated				
	04/26/23 revealed: -Diagnoses include	d atrial fibrillation,				
	cardiomegaly, and	mitral insufficiency.				
		er to check Resident #1's per week on Monday,				
		riday and to notify the primary) if there was a weight loss or				
	gain of three or mo					
	Observation of Res	sident #1 on 08/29/23 at				
		30/23 at 2:45pm revealed she				
		r room with compression ad no visible edema or				
	swelling.					
		t #1's July 2023 medication				
	administration reco through 07/31/23 re	rd (MAR) from 07/03/23				
	ealth Service Regulation					

Division	of Health Service Re	equlation			FORM	IAPPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR L		O RIDGE CO			
			N SALEM, NC		0000000000	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	nge 4	{D 273}			
	weekly every Mond and notify the PCP pounds. -There was docume was checked every Friday from 07/03/2 -There was no doc #1's weights were of contacted regarding decrease of greate Review of Resident 2023 from 07/03/23	y for weight check three times lay, Wednesday and Friday if loss or gain of greater than 3 entation Resident #1's weight Monday, Wednesday and 23 through 07/31/23. umentation of what Resident or if the PCP had been g a weight increase or r than 3 pounds. t #1's weight flowsheet for July 3 through 07/31/23 revealed from 148.0 pounds to 150.0				
	08/01/23 through 0 -There was an entr weekly every Mond and notify the PCP pounds. -There was docume was checked every Friday from 08/01/2 -There was no docu #1's weights were of	y for weight check three times ay, Wednesday and Friday if loss or gain of greater than 3 entation Resident #1's weight Monday, Wednesday and 23 through 08/29/23. umentation of what Resident or if the PCP had been g a weight increase or				
ivision of H	August 2023 from (revealed: -Resident #1's weig pounds, and on 08/ indicating a weight -There was no doct	t #1's weight flowsheet for 08/01/23 through 08/29/23 ght on 08/19/23 was 147.2 /20/23 was 152.1 pounds, increase of 4.9 pounds. umentation Resident #1's PCP d on 08/20/23 to report the				

EURD12

If continuation sheet 5 of 54

Division	of Health Service Re	equlation			FURIV	IAPPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
EODEST	HEIGHTS SENIOR LI		LO RIDGE CO	URT		
FUREST	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 5	{D 273}			
	pounds, and on 08/ indicating a weight -There was no door had been contacted weight decrease. -Resident #1's weig pounds, and on 08/ indicating a weight -There was no door had been contacted weight increase. -From 08/01/23 three	ht on 08/24/23 was 151.0 (25/23 was 147.2 pounds, decrease of 3.8 pounds. umentation Resident #1's PCP d on 08/25/23 to report the (28/23 was 150.2 pounds, increase of 3.1 pounds. umentation Resident #1's PCP d on 08/28/23 to report the bough 08/29/23, Resident #1's 147.1 pounds to 152.1				
	revealed: -The MAs told her withey did a weight of -Her most recent withey did not have a solution of have a she was supposed swelling in her legs -The swelling to her improved in the pre- When the swelling PCP sometimes or help get rid of the e Interview with a MA revealed: -Resident #1 had a checked every Mor	eight had been around 150 any shortness of breath, but to be weighed due to the r legs seemed to have vious week. in her legs was worse, her dered a medication for her to				
	she was never sho -Resident #1's PCF					

If continuation sheet 6 of 54

Division	of Health Service Re	egulation			-	IAPPROVE	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	FLETED	
		HAL034087	B. WING			R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
		2500 POI	LO RIDGE CO	URT			
FOREST	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLETE DATE	
				DEFICIENC	Y)		
{D 273}	Continued From pa	ige 6	{D 273}				
	-She had obtained	Resident #1's weight on					
		and 08/28/23 when her weight					
		ecreased by 3 or more					
	pounds.	-					
		sident #1's weight sheet to the					
)8/25/23 and 08/28/23.					
		he fax transmittal receipts					
	flowsheet to the PC	ed Resident #1's weight					
		/ed any new orders from the					
		ident #1's weight fluctuations					
	of 3 or more pound	0					
		v with Resident #1's PCP on					
	08/31/23 at 1:10pm						
		n order for a weight check					
		ek, because she had ilure and her fluid retention					
	fluctuated.						
		ed any communication or					
		ity staff regarding Resident					
	#1's weight increas	ing or decreasing more than 3					
	pounds.						
		anted to be notified about					
		hts on 08/20/23, 08/25/23 and she would have asked the					
		ing any increase in swelling or					
	other symptoms.						
		ident #1's weight and if she					
		, she might have prescribed a					
	short course of diur						
		/ed any reports of symptoms					
	of increased edema	a ior Resident #1.					
	Telephone interviev	v with the Director of Resident					
		31/23 at 12:25pm revealed:					
		of Resident #1's order for					
		e times per week and to notify					
		ht increased or decreased 3					
	or more pounds. ealth Service Regulation						

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI F	CONSTRUCTION	(X3) DATE	ESURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
						R
		HAL034087	B. WING	B. WING		31/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
EODEST	HEIGHTS SENIOR LI		LO RIDGE CO	URT		
FUREST		WINSTO	N SALEM, NC	27106		
(X4) ID	_	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO		DATE
-			_	DEFICIENC	CY)	
{D 273}	Continued From pa	ige 7	{D 273}			
. ,		-				
		ous DRC had been conducting				
		ation administration record				
		led reviewing Resident #1's				
		ut he did not know how often				
		ne or when the last audit had				
	been completed.					
		e of DRC one week prior and				
		portunity yet to audit Resident				
	#1's MAR and weig					
	-Resident #1's PCF	P reviewed her weight				
	flowsheet on Thurs	days when she was at the				
	facility.	-				
	-The MA who obtain	ned Resident #1's weight				
		ponsible for following the				
		the PCP as the order				
	instructed.					
	Tolonhono intorviou	wwith the Administrator on				
		w with the Administrator on				
	08/31/23 at 2:20pm	e of Resident #1's order for				
		e times per week and to notify				
	•	ht increased or decreased 3				
	or more pounds.					
		e the MA had not contacted the)			
		Resident #1's weight				
		more pounds three times in				
	August 2023.					
		ous DRC had been auditing				
		ht sheet so it would have been				
		nce the last audit had been				
	completed.					
		ecked Resident #1's weight				
		ip or down 3 or more pounds				
		t check was responsible for				
		owsheet to the PCP and also				
		ow so that the DRC could				
		as completed if any new				
	orders were receive					
		to the PCP's office, the MA				
	was expected to ke	ep the fax transmittal receipt				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		HAL034087	B. WING			R 08/31/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR L		LO RIDGE CO				
		WINSTO	N SALEM, NC				
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
{D 273}	Continued From pa	age 8	{D 273}				
	for documentation	and follow-up.					
{D 276}	10A NCAC 13F .09	002(c)(3-4) Health Care	{D 276}				
	following in the rest (3) written procedu a physician or othe and (4) implementation orders specified in Rule.	I assure documentation of the					
	Based on observat interviews, the facil physician's orders	ions, record reviews and lity failed to implement for 1 of 5 sampled residents der for weight checks three					
	The findings are:						
	04/26/23 revealed: -Diagnoses include cardiomegaly, and -There was an orde	mitral insufficiency. er to check Resident #1's per week on Monday,					
	2023 from 07/03/23 -There was no weig 07/07/23. -There was no weig 07/17/23.	t #1's weight flowsheet for July 3 through 07/31/23 revealed: ght documented for Friday, ght documented for Monday, ght documented for Monday,	/				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING: _				
		HAL034087	B. WING			R 08/31/2023	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
OREST	HEIGHTS SENIOR L		LO RIDGE CO N SALEM, NC				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
{D 276}	Continued From pa	age 9	{D 276}				
	Wednesday, 07/26 -There was no weig 07/28/23. -From 07/03/23 thr weight ranged from	ght documented for /23. ght documented for Friday, ough 07/31/23, Resident #1's n 148.0 pounds to 150.0					
	August 2023 from a revealed: -There was no weig Wednesday, 08/02 -There was no weig 08/04/23. -There was no weig Wednesday, 08/09 -There was no weig 08/11/23. -There was no weig 08/14/23. -There was no weig Wednesday, 08/16 -From 08/01/23 thr	ght documented for Friday, ght documented for /23. ght documented for Friday, ght documented for Monday, ght documented for					
	9:20am and on 08/ was sitting up in he stockings on and h swelling.	sident #1 on 08/29/23 at 30/23 at 2:45pm revealed she er room with compression ad no visible edema or					
	revealed: -The medication ai three times per we -She thought it had since someone at the	l been more than one month the facility last weighed her. veight had been around 150					

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL034087	B. WING			R 08/31/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR LI		LO RIDGE CO	-			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
{D 276}	Continued From pa	age 10	{D 276}				
	she was supposed swelling in her legs -The swelling to her improved in the pre- Interview with a MA revealed: -Resident #1 had a checked every Mor -Resident #1 had s she was never shor -Resident #1's prim reviewed her weigh she was at the facil -The days where the documented, she c	r legs seemed to have evious week. A on 08/30/23 at 3:05pm n order for her weight to be nday, Wednesday and Friday. ome swelling in her legs but rt of breath. nary care provider (PCP) at flowsheet every week when lity.					
	08/31/23 at 1:10pm -Resident #1 had a three times per wee congestive heart fa fluctuated. -She was aware tha not always done the she saw the missin weight flowsheet. -She had reminded check Resident #1' may have forgot. Telephone interview Care (DRC) on 08/3 -He was not aware	n order for a weight check ek because she had ilure and her fluid retention at Resident #1's weights were ree times per week because g dates when she checked the I the staff to remember to s weights as ordered, but they w with the Director of Resident 31/23 at 12:25pm revealed: of Resident #1's order for	9				
	weight checks three -The facility's previo ealth Service Regulation	e times per week. ous DRC had been conducting	3				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			PLETED	
		HAL034087	B. WING			R 08/31/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
ODEST	HEIGHTS SENIOR L	IVING COMMUNIT 2500 POL	O RIDGE CO	JRT			
UREST	HEIGHTS SENIOR L	WINSTON	SALEM, NC	27106			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
{D 276}	Continued From pa	age 11	{D 276}				
	(MAR) which includ weight flowsheet, b the audits were dor been completed. -He started in the re had not had the op #1's MAR and weig -Resident #1's PCF	ation administration record ded reviewing Resident #1's out he did not know how often ne or when the last audit had ole of DRC one week prior and portunity yet to audit Resident ght flowsheet. P reviewed her weight adays when she was at the					
	08/31/23 at 2:20pm -She was not award weight checks three were not being com -The facility's previo Resident #1's weig about two weeks si completed. -The DRC had not to her for Resident -The DRC should h who was working o weights were misse	e of Resident #1's order for e times per week or that they npleted as often as ordered. ous DRC had been auditing ht sheet so it would have been ince the last audit had been reported any missed weights #1. have followed up with the MA on the days Resident #1's ed to find out why the weight r why it was not documented					
{D 358}	(a) An adult care h preparation and ad prescription and no by staff are in acco	004 Medication Administration nome shall assure that the ministration of medications, on-prescription, and treatments rdance with:	{D 358}				
		ensed prescribing practitioner ed in the resident's record; and					

Division	of Health Service Re	equlation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
						R
		HAL034087	B. WING	B. WING		31/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR L					
(X4) ID	SUMMARY STA		N SALEM, NC	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE
{D 358}	Continued From pa	ige 12	{D 358}			
	(2) rules in this Sea and procedures.	ction and the facility's policies				
		et as evidenced by: YPE B VIOLATION				
	Based on these find Violation was not a	dings, the previous Type B bated.				
	interviews, the facil medications as ord #7, #8, #9) observe who had orders for medication, eye dro medication, eye dro (#6), an acid reflux analgesic (#8); and (#5, #4, #3) for reco for a topical antifum	ions, record reviews and ity failed to administer ered for 4 of 4 residents (#6, ed during the medication pass an antidepressant, pain ops and a diuretic (#9), a pain steroidal anti-inflammatory ops and acid reflux medication medication (#7), a topical for 3 of 5 sampled residents ord review who had an order gal medication (#5), an iron urinary frequency medication				
	The findings are:					
		or rate was 31% as evidenced 32 opportunities during the pass on 08/30/23.				
	09/06/22 revealed of fibrillation, coronary	ent #9's current FL2 dated diagnoses included atrial / artery disease, chronic / eyes, dementia, neuropathy,				
ivision of H	order dated 05/04/2	ent #9's signed physician's 23 revealed there was an order uretic used to treat fluid ery morning.				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction		A. BUILDING:			
		HAL034087	B. WING	B. WING		R 31/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR L		LO RIDGE CO N SALEM, NC	-		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	age 13	{D 358}			
	08/30/23 at 9:05am -The medication aid medications and a medication cart and bottle label to the m medication adminis -The medication cart atorsemide 20mg tal bubble on the card, administer 4 tablets -The MA popped on the medication cup with -The MA administe 3 and 1/2 tablets to with a cup of nectar observed Resident tablets in the medication Review of Resident revealed: -There was an entre tablet every mornin -There was docume administered on 08 Observation of medication cart 20mg tablets, take morning. -The medication cart 12/22/22 and a quar remaining. Observation of Resident	de (MA) removed 3 oral nasal spray from the d compared each medication nedications due on the stration record (MAR). Ind for torsemide contained blets, each tablet in a separate with label instruction to s (80mg) every morning. ne torsemide 20mg tablet from d and added it to the n 2 and 1/2 other tablets. red the nasal spray along with o Resident #9 in applesauce r-thickened water and #9 taking and swallowing the cation cup. t #9's August 2023 MAR y for torsemide 10mg, give 1 ig, scheduled at 8:00am. entation torsemide 10mg was b/30/23 at 8:00am. dication on hand for Resident 12:03pm revealed: edication card for torsemide 4 tablets (80mg) every and had a dispensed date of antity of 26 out of 30 tablets sident #9 on 08/30/23 at here was no visible edema				

Division	of Health Service Re	equlation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
EODEST	HEIGHTS SENIOR LI		LO RIDGE CO	URT		
FOREST	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 14	{D 358}			
	the facility's contract 1:00pm revealed: -Resident #9 had a 10mg, take 1 tablet -The prescription for morning was renew provider (PCP) on C -On 04/27/23 the ph of torsemide 10mg -There was no docu- had received a refill since it was last dis Interview with the N revealed: -She did not usually Resident #9 resided her medications. -She usually compa- dose to the order or discrepancy between she had administered MAR which was for Telephone interview nurse on 08/31/23 a -Resident #9's curred take 10mg daily. -She last saw Resid did not have any sy -On 08/08/23, Resid her fingers, but that Telephone interview 12:25pm revealed: -He was not aware Resident #9's torse	or torsemide 10mg every yed by the primary care 04/27/23. narmacy dispensed 30 tablets which would last one month. umentation that the pharmacy I request for torsemide 10mg pensed on 04/27/23. IA on 08/30/23 at 3:05pm y work in the area where d and was less familiar with ared each medication card and in the MAR but did not see the en the torsemide 20mg tablet ed and the instruction on the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		HAL034087	B. WING		R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE COU N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	ige 15	{D 358}			
	the MAR.					
	-The MAs were exp	pected to compare each				
	medication to the e	ntry on the MAR prior to				
		medication to ensure they				
	were administering					
		have been a medication card				
		22 on the medication cart.				
		uestion about what Resident for the termination of the formation of the formation of the termination of terminatio of termination of t				
		ministered any amount of				
		ification had been received.				
	Telephone interview	v with Resident #9's PCP on				
	08/31/23 at 1:10pm					
		rescribed torsemide due to				
		ngestive heart failure (CHF)				
		ving swelling to her legs.				
		's recent admission to hospice	•			
	,	been more bedbound and had				
	not been having sy	d 20mg of torsemide instead				
		se dehydration, but it would				
	5	hydration if she had just				
	received one doubl					
	-She had not been	notified that Resident #9 had				
		20mg instead of 10mg.				
	-	MAs to administer medications	5			
	as they were ordered	ed.				
	Telephone interviev	v with the Administrator on				
	08/31/23 at 2:20pm	revealed:				
		emide medication card from				
		ould have been caught during				
		udit, and removed from the				
		prevent medication errors.				
		y were ordered, which included	-			
		on the medication card to the				
	entry on the MAR.					
		repancy between the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE COU			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	N SALEM, NC	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENC)	(MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	ge 16	{D 358}			
	MA was expected to	d the entry on the MAR, the o contact the pharmacy or the n on the correct dose to				
		ions, record reviews and etermined Resident #9 was				
		one interview with the Director DRC) on 08/31/23 at 12:25pm.				
	Refer to the telepho Administrator on 08	one interview with the 3/31/23 at 2:20pm.				
	09/06/22 revealed t	ent #9's current FL2 dated here was an order for depressant medication used to 0mg daily.				
	08/30/23 at 9:05am -The medication aid medications and a medication cart and bottle label to the m medication administer 3 and 1/2 tablets to with a cup of nectar observed Resident contents in the medi- -The MA did not ad	de (MA) removed 3 oral nasal spray from the d compared each medication nedications due on the stration record (MAR). red the nasal spray along with Resident #9 in applesauce r-thickened water and #9 taking and swallowing the dication cup. minister duloxetine 20mg, available in the medication				
		t #9's July 2023 MAR revealed for review upon request.				
	Review of Resident	t #9's August 2023 MAR				

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE	E SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED	
						R	
		HAL034087	B. WING		08/	31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
FOREST	HEIGHTS SENIOR L		LO RIDGE COU				
		WINSTO	N SALEM, NC 2				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE	
				Deriolen			
{D 358}	Continued From pa	age 17	{D 358}				
	revealed:						
		y for duloxetine 20mg take 1					
		ning scheduled at 8:00am.					
		entation duloxetine 20mg was					
		n 08/30/23 at 8:00am.					
		entation duloxetine 20mg was 0 out of 30 opportunities for					
	August 2023.						
		entation on the back side of					
		23, 08/08/23 and 08/22/23 tha	t				
		as not administered due to the					
		n order with the pharmacy.					
	Observation of med	dication on hand for Resident					
	#9 on 08/30/23 at 1	2:03pm revealed there was ne	0				
	duloxetine 20mg av	vailable for administration.					
	Telephone interview	w with a representative from					
		cted pharmacy on 08/30/23 at					
	1:00pm revealed:						
		current order for duloxetine					
	20mg take 1 tablet						
		t dispensed duloxetine 20mg					
	tor Resident #9 on tablets which would	04/29/23 for a quantity of 30					
		umentation the facility had					
		f Resident #9's duloxetine					
		spensed on 04/29/23.					
	Interview with the N	/IA on 08/30/23 at 3:05pm					
	revealed:						
		dications that were running					
		tity was down to 12 doses.					
	-If a medication did	not arrive from the pharmacy					
	,	ing reordered, the MAs were					
	supposed to notify (DRC).	the Director of Resident Care					
	. ,	ally work on Resident #9's hall					
		medication pass often so she					
						1	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL034087	B. WING			R 08/31/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR L		LO RIDGE CO N SALEM, NC				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLE ⁻ DATE	
D 358}	Continued From pa	ge 18	{D 358}				
	refill for Resident #9's duloxetine or not. -She had not noticed any symptoms of depression for Resident #9.						
	11:10am revealed: -She last worked or	v with a MA on 08/31/23 at n Resident #9's hall and					
	-She was aware the duloxetine.	cations to her on 08/27/23. at Resident #9 was out of					
	duloxetine to the ph August 2023, but s	efill request for Resident #9's narmacy earlier in the month o he could not remember when. xing the pharmacy a refill	f				
	request for Resider the medication still	nt #9's duloxetine, she noticed had not arrived, so she st; she did not remember the					
	Resident #9 being	nber if she told the DRC about out of duloxetine.					
	to her before but sh Resident #9 ran ou						
	medication refill to there were no refills	harmacy did not send a the facility, it was because s remaining and the					
	the facility kept trac -Resident #9 was r	d to be renewed, but nobody a k of renewing prescriptions. ecently admitted to hospice	t				
	responsible for obta medication refills.	not know if hospice was aining Resident #9's					
	depression in Resid decline in her healt	ed any signs or symptoms of dent #9 aside from a physical h since her recent admission					
	Monday, but she ha	dication cart audits every ad not been doing them					
	regularly because r	nobody told her she had to. ibility of all the MAs and the					

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE CO N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{D 358}	Continued From pa	ge 19	{D 358}			
	DRC to ensure that available on the me administration.	all medications were edication cart for				
	nurse on 08/31/23 a -Resident #9 was a 08/04/23. -Hospice did not pr refills for Resident a responsible for orde medications runnin	v with Resident #9's hospice at 11:30am revealed: dmitted to hospice services or ovide or obtain medication #9 so the facility was ering refills prior to the g out. e that Resident #9 had ran out				
	12:25pm revealed: -He was not aware duloxetine 20mg. -The MAs were exp refills prior to the m the medication was -The facility's contra- that medication refi advance to ensure medication running -If a medication ran for contacting the p day. -The MAs were sup Resident #9 ran ou -Since starting the	out, the MA was responsible harmacy for a refill that same posed to notify hospice if t of a medication. position of DRC, one week we the opportunity to audit the				
	care provider (PCP revealed:	v with Resident #9's primary) on 08/31/23 at 1:10pm rescribed duloxetine to treat				

STATE FORM

Division	of Health Service Re	egulation			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE. ZIP CODE	•	
		2500 POI	O RIDGE CO			
FOREST	HEIGHTS SENIOR LI		N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 20	{D 358}			
	doses of duloxetine in her depression si -She had not been of duloxetine or nee to the pharmacy. -Resident #9 had be couple of weeks pri depressed or worrie Telephone interview 08/31/23 at 2:20pm -Resident #9's dulo been caught during -She did not know v audit had been com -Each MA who door duloxetine as not ac notified the DRC the	notified Resident #9 was out eded a new prescription sent een admitted to hospice a ior and occasionally appeared ed. v with the Administrator on a revealed: exetine being out should have a medication cart audit. when the last medication cart				
	of Resident Care (E	one interview with the Director DRC) on 08/31/23 at 12:25pm.				
	Administrator on 08	one interview with the 3/31/23 at 2:20pm.				
	order dated 05/04/2 for Refresh Optive a drops (lubricating e	ent #9's signed physician's 23 revealed there was an order Advanced 0.5%-1%-0.5% eye ye drops used to treat dry into both eyes three times				
	08/30/23 at 9:05am -The medication aid medications and a	morning medication pass on a revealed: de (MA) removed 3 oral nasal spray from the d compared each medication				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		BENTI ICATION NOMBER.	A. BUILDING:			
		HAL034087	B. WING		R 08/31/2023	
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE CO			
0(0) 15			N SALEM, NC			()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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 358}	Continued From pa	ge 21	{D 358}			
	medication adminis -The MA administer and 1/2 tablets to R a cup of nectar-thic Resident #9 taking the medication cup -The MA did not ad Advanced eye drop Review of Resident revealed: -There was an entry 0.5%-1%-0.5% eye eyes three times da 2:00pm and 8:00pn -There was no doct Advanced eye drop	minister Refresh Optive s to Resident #9. : #9's August 2023 MAR y for Refresh Optive Advanced drops, instill 1 drop into both aily scheduled at 8:00am, n. umentation Refresh Optive s were administered on i; the documentation space on	1			
	#9 on 08/30/23 at 1 -There was one box 0.5%-1%-0.5% eye single-use containe -The box was not la name, dispensed d	x of Refresh Optive Advanced drops with 3 out of 30 ers remaining in the box. abeled with Resident #9's ate, or instructions for use.				
	the facility's contract 1:00pm revealed: -Refresh Optive Ad backorder and unav -She was not able to if they had ever disp	with a representative from sted pharmacy on 08/30/23 at vanced eye drops were on vailable to the pharmacy. o find information on when or pensed Refresh Optive s to the facility for Resident				
	Intonviow with the M	1A on 08/30/23 at 3:05pm				

	of Health Service Re					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		LO RIDGE COU N SALEM, NC			
	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 358}	Continued From pa	ge 22	{D 358}			
	during the 8:00am i was less familiar wi -She usually looked resident's MAR to e medication, but she #9's Refresh Optive -She did not know wi were not labeled or purchased them ov them to the facility. -She had not notice administering Resid Telephone interview care provider (PCP revealed: -Resident #9 was p Advanced eye drop -Not receiving Refre drops could result i dry eyes and it coul her eyes. -She was not aware receive her Refresh on 08/30/23. -She expected the Optive Advanced eye ordered. Telephone interview 08/31/23 at 2:20pm -She was not aware receive Refresh Op during the morning -She expected the each resident's MA not missed during to	dent #9's eye drops. v with Resident #9's primary) on 08/31/23 at 1:10pm rescribed Refresh Optive is to help treat dry eyes. esh Optive Advanced eye in Resident #9 experiencing Id be uncomfortable to blink to that Resident #9 did not in Optive Advanced eye drops MAs to administer Refresh ye drops to Resident #9 as v with the Administrator on				

	_		COM	PLETED
HAL034087		B. WING		R 31/2023
STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	LO RIDGE COU N SALEM, NC			
MENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
e 23	{D 358}			
e interview with the Director C) on 08/31/23 at 12:25pm.				
e interview with the 1/23 at 2:20pm.				
t #9's physician's order led an order for Tylenol 00mg take 1 tablet twice				
orning medication pass on evealed: (MA) removed 3 oral isal spray from the compared each medication dications due on the ation record (MAR). d a nasal spry and 3 and 1/2 o in applesauce with a cup o er and observed Resident #9 g the contents in the inister Tylenol 500mg to	f			
0/23 at 8:00am; the on the MAR was blank. ation on hand for Resident				
ה ה ס ופ ס ופ ס ופ	and-written on the last page 500mg three times daily, 2:00pm, and 8:00pm. entation Tylenol 500mg was /23 at 8:00am; the on the MAR was blank.	and-written on the last page 500mg three times daily, 2:00pm, and 8:00pm. entation Tylenol 500mg was /23 at 8:00am; the on the MAR was blank. tion on hand for Resident 3pm revealed:	and-written on the last page 500mg three times daily, 2:00pm, and 8:00pm. entation Tylenol 500mg was /23 at 8:00am; the on the MAR was blank. tion on hand for Resident 3pm revealed:	and-written on the last page 500mg three times daily, 2:00pm, and 8:00pm. entation Tylenol 500mg was /23 at 8:00am; the on the MAR was blank. tion on hand for Resident 3pm revealed:

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL034087	B. WING			R 08/31/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR L						
(X4) ID	SUMMARY STA		N SALEM, NC	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLE	
D 358}	Continued From pa	age 24	{D 358}				
		blet twice daily. ard had a dispensed date of were 10 out of 30 tablets					
	the facility's contract 1:00pm revealed: -Resident #9 had a Tylenol 500mg take	w with a representative from cted pharmacy on 08/30/23 at in order dated 08/11/23 for e 1 tablet twice daily. pensed 30 tablets of Tylenol cy on 08/11/23.					
	revealed: -She did not norma during the 8:00am was less familiar w -She usually looked resident's MAR to e medication, but she #9's Tylenol 500mg handwritten on the was a new order. -She had not notice administering Resid -Resident #9 did no						
	care provider (PCF revealed: -Resident #9 was p 500mg twice daily t along with ongoing a previous inoperal -Not receiving Tyle result in Resident #	nol 500mg as ordered could					

	of Health Service Re				I	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		HAL034087	B. WING	B. WING		R 31/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LODEST		2500 PO	LO RIDGE CO	URT		
FUREST	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	nge 25	{D 358}			
	receive her Tylenol -She expected the Resident #9 as ord	MAs to administer Tylenol to				
	08/31/23 at 2:20pm -She was not aware Tylenol 500mg duri pass on 08/30/23. -She expected the each resident's MA not missed during t -She was not aware order was written o three times daily ins -She expected med ordered by the doct Refer to the telepho of Resident Care (II Refer to the telepho Administrator on 08 2. Review of Reside 06/07/23 revealed of	e Resident #9 did not receive ng the morning medication MAs to review each page of R so that medications were the medication pass. e that Resident #9's Tylenol n the MAR to be administered stead of twice daily. dications to be administered as tor. one interview with the Director DRC) on 08/31/23 at 12:25pm. one interview with the 8/31/23 at 2:20pm. ent #6's current FL2 dated diagnoses included chronic				
	gastroesophageal r allergies. a. Review of Reside 06/07/23 revealed t Celebrex (a non-ste	ge 3, hypertension, dementia, reflux disease (GERD), and ent #6's current FL2 dated there was an order for eroidal anti-inflammatory				
	Observation of the 08/30/23 at 8:15am -The medication aid medications from th	treat pain) 100mg daily. morning medication pass on n revealed: de (MA) removed 6 oral ne medication cart and edication bottle label to the				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		O RIDGE CO SALEM, NO			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 358}	Continued From page	ge 26	{D 358}			
	medications due on record (MAR). -The MA said there missing and not abl for the medications -The MA handed a p Resident #6 with a d asked the MA where -Resident #6 was at needed to reorder th because they had ra -The MA observed 1 swallowing her med -The MA did not adr was not available in administration. Review of Resident revealed: -There was an entry capsule daily sched -There was docume administered on 08/ Observation of med #6 on 08/30/23 at 1 Celebrex 100mg av Telephone interview Resident #6 had a 100mg take 1 tablet -The pharmacy last for Resident #6 on 0 tablets which would -There was no docu	the medication administration were 4 medications she was e to administer after looking in the medication cup to cup of water and Resident #6 e the rest of her pills were. dvised by the MA that she he rest of her medications an out. Resident #6 taking and lications. minister Celebrex, because it the medication cart for #6's August 2023 MAR y for Celebrex 100mg take 1 luled at 8:00am. entation Celebrex was /30/23 at 8:00am. lication on hand for Resident 2:03pm revealed there was no ailable for administration. y with a representative from nacy on 08/30/23 at 12:20pm current order for Celebrex t every morning. dispensed Celebrex 100mg 07/29/23 for a quantity of 30 last one month. umentation the facility had Resident #6's Celebrex since				
Division of H	ealth Service Regulation					

Division	of Health Service Re	eaulation			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
						R
		HAL034087	B. WING			31/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FORFOT		2500 POL	O RIDGE CO	URT		
FUREST	HEIGHTS SENIOR L	WINSTON	N SALEM, NC	27106		
(X4) ID	_		ID	PROVIDER'S PLAN OF C		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH		DATE
				DEFICIENCY)	
{D 358}	Continued From pa	age 27	{D 358}			
	-	o dent #6 on 08/30/23 at				
	11:55am revealed:	dent #0 011 00/30/23 at				
		as missing some of her pills in				
		earlier that morning.				
		ad received all of her				
	medications yester					
		any increase in her pain that				
	day after not receiv					
	5	5				
	Interview with the M	/IA on 08/30/23 at 3:05pm				
	revealed:					
		dications that were running				
		tity was down to 12 doses.				
		not arrive from the pharmacy				
		As were supposed to notify				
	the Director of Res					
		ally work on Resident #6's hall				
		medication pass often so she				
		other MAs had requested a				
		6's Celebrex or not.				
	administered that n	ted Resident #6's Celebrex as				
		norming in error.				
	Telephone interview	w with a second MA on				
	08/31/23 at 11:10a					
		n Resident #6's hall and				
	administered medic	cations to her on 08/27/23.				
	-She was aware that	at Resident #6 was out of				
	Celebrex, but did n	ot know exactly when she had				
	ran out.					
		sident #6's family member				
		ht the family member was				
		king up her medications from				
		did not remember which day				
	she had contacted					
		nent her phone call to Resident				
		r to request a refill of Celebrex.				
		e DRC about Resident #6				
	the family member	ex because she had contacted				
vision of !!	ealth Service Regulation	Instead.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
	or contraction		A. BUILDING:				
		HAL034087	B. WING			R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
OREST	HEIGHTS SENIOR LI		LO RIDGE COUI N SALEM, NC 2				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETI DATE	
{D 358}	Continued From pa	ige 28	{D 358}				
		ibility of all the MAs and the all medications were edication cart for					
	member on 08/31/2 -He had received a regarding Resident medications. -He was not respor or picking up any of -He sometimes offe prescriptions if she because he did not her medications. -Resident #6's phar medications to the had asked the staff medications from th Telephone interview 12:25pm revealed b	v with Resident #6's family 23 at 11:45am revealed: phone call several days prior #6 being out of a few of her nsible for reordering, refilling, f Resident #6's prescriptions. ered to pick up Resident #6's ran out of medication, want her to miss any doses of rmacy was able to deliver her facility free of charge and he to request refills of her ne pharmacy directly. w with the DRC on 08/31/23 at he was not aware that n out of Celebrex 100mg.					
	care provider (PCP revealed: -Resident #6 was p generalized joint pa -Not receiving Cele Resident #6 having -She expected the medications prior to -If a new prescriptio	brex as ordered could result in pain. facility staff to reorder them running out. on was needed, she wanted to prior to the medication running					

Division	of Health Service Re	egulation			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING	B. WING		R 31/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		2500 PO	LO RIDGE CO	URT		
FOREST	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLETE DATE
		·		DEFICIENC	SY)	
{D 358}	Continued From pa	ge 29	{D 358}			
	Telephone interviev	v with the Administrator on				
	08/31/23 at 2:20pm					
		fied by the DRC after the				
		n pass on 08/30/23 that				
		ot received Celebrex as				
	ordered.	· · · · · · · · · · · · · · · · · · ·				
		brex running low should have				
	reordered prior to it	a mediation cart audit and				
	Refer to the telepho	one interview with the Director				
		DRC) on 08/31/23 at 12:25pm.				
	Refer to the telepho	one interview with the				
	Administrator on 08					
	b. Review of Reside	ent #6's current FL2 dated				
		here was an order for				
		on-pump inhibitor used to treat	t			
	heartburn) 20mg da	aily.				
	Observation of the	morning medication pass on				
	08/30/23 at 8:15am					
		de (MA) removed 6 oral				
		ne medication cart and				
	•	edication bottle label to the				
	record (MAR).	the medication administration				
		were 4 medications she was				
		le to administer after looking				
		in the medication cart.				
	-The MA handed a	plastic medication cup to				
		cup of water and Resident #6				
		e the rest of her pills were.				
		dvised by the MA that she he rest of her medication				
	because they had r					
	•	Resident #6 taking and				
	swallowing her med					
		minister omeprazole, because				
sion of H	ealth Service Regulation					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						R
		HAL034087	B. WING		08/	31/2023
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
OREST	HEIGHTS SENIOR L		LO RIDGE CO	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
{D 358}	Continued From pa	ige 30	{D 358}			
	it was not available administration.	in the medication cart for				
	revealed: -There was an entr capsule daily scheo	entation omeprazole was not				
	#6 on 08/30/23 at 1	dication on hand for Resident 2:03pm revealed there was no capsules available for	5			
	Resident #6's phart revealed: -Resident #6 had a 20mg take 1 capsu -The pharmacy last Resident #6 on 05/ tablets which would -There was no doct	t dispensed omeprazole for 02/23 for a quantity of 30 I last one month. umentation the facility had Resident #6's omeprazole				
	11:55am revealed: -She noticed she w her medication cup -She thought she h medications yester	experiencing symptoms of				
	revealed: -She reordered me	IA on 08/30/23 at 3:05pm dications that were running tity was down to 12 doses.				

TATEMENT OF DEFICI ND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		D	
		HAL034087	B. WING		R 08/31/2023	
AME OF PROVIDER O	R SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
OREST HEIGHTS	SENIOR L		O RIDGE CO			
(X4) ID S	UMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX (EACH		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
[D 358] Continue	d From pa	age 31	{D 358}			
 within 3 of the Direct She did during the did not key refill for F Resident having system Telephorent Telephorent The last administer She had beer She had beer She had because responsite the pharm she had she had being our contacter It was the DRC to be available administer Telephorent 	lays, the N tor of Res not norma e 8:00am now if the Resident # t #6 had n (mptoms of revealed: worked of ered medic aware that of out of orm administer past. called Re she thoug pole for pick nacy; she contacted not docum ly to reque not tell the t of omepr d the famil e response ensure that on the me ration.	ered omeprazole to Resident sident #6's family member, ht the family member was king up her medications from did not remember which day				

If continuation sheet 32 of 54

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING		R 08/31/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
ODEST	HEIGHTS SENIOR LI	2500 PO	LO RIDGE CO	URT		
ORESI	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{D 358}	Continued From pa	ige 32	{D 358}			
	-He did sometimes prescriptions if she want her to miss ar -Resident #6's phar medications to the had asked the staff medications from th Telephone interview 12:25pm revealed H Resident #6 had ra Telephone interview care provider (PCP revealed: -Resident #6 was p heartburn. -Not receiving ome result in Resident # acid reflux or hearth -She expected the medications prior to -If a new prescription be notified 7 days p out. -She expected the #6's omeprazole as Telephone interview 08/31/23 at 2:20pm -She had been noti morning medication Resident #6 had no ordered. -Resident #6's ome	facility staff to reorder o them running out. on was needed, she wanted to prior to the medication running MAs to administer Resident s ordered. w with the Administrator on a revealed: fied by the DRC after the n pass on 08/30/23 that ot received omeprazole as				
	have been caught of and refilled prior to	during a mediation cart audit it running out.				
	Refer to the telepho ealth Service Regulation	one interview with the Director				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		HAL034087	B. WING	B. WING		R 31/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR L		LO RIDGE CO N SALEM, NC	-		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	age 33	{D 358}			
	of Resident Care (I	DRC) on 08/31/23 at 12:25pm.				
	Refer to the telepho Administrator on 08	one interview with the 3/31/23 at 2:20pm.				
	c. Review of Resident #6's current FL2 dated 06/07/23 revealed there was an order for Tylenol 500mg (used to treat pain) take 1 tablet daily.					
		n revealed: de (MA) removed 6 oral he medication cart and edication bottle label to the in the medication administration were four medications she of able to administer after lications in the medication cart plastic medication cup to cup of water and Resident #6 re the rest of her pills were. advised by the MA that she the rest of her medication, ran out. Resident #6 taking and dications. minister Tylenol 500mg, available in the medication ion.				
	revealed: -There was an entr tablet daily schedul -There was docum	t #6's August 2023 MAR y for Tylenol 500mg take 1 led at 8:00am. entation Tylenol 500mg was n 08/30/23 at 8:00am.				
	Observation of med	dication on hand for Resident 12:03pm revealed there was no				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL034087	B. WING	A. BUILDING:		R 08/31/2023	
	PROVIDER OR SUPPLIER		DDRESS, CITY, SI			51/2025	
		2500 PO	LO RIDGE CO				
OREST	HEIGHTS SENIOR L	IVING COMMUNIT	N SALEM, NC				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 358}	Continued From pa	age 34	{D 358}				
	Tylenol 500mg tab administration.	lets available for					
	Resident #6's phar revealed: -Resident #6 did no order on file at the daily. -The pharmacy has tablets to the facilit	w with a representative from macy on 08/30/23 at 12:20pm ot have a current medication pharmacy for Tylenol 500mg d not dispensed Tylenol 500mg y for Resident #6. n FL2 on file for Resident #6]				
	11:55am revealed: -She noticed she w her medication cup -She thought she h medications yester	vas missing some of her pills ir o earlier that morning. nad received all of her					
	revealed: -She reordered me low when the quan -If a medication did within 3 days, the I the Director of Res -She did not norma during the 8:00am was not familiar wi and she did not kn requested a refill for -The facility did not medications for res	ally work on Resident #6's hall medication pass often so she th Resident #6's medications ow if the other MAs had or Resident #6's Tylenol or not. t use house stock supply of sidents such as Tylenol. not complained about having					
		w with the DRC on 08/31/23 at					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:			R	
		HAL034087	B. WING			08/31/2023	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR L		LO RIDGE CO N SALEM, NC				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
[D 358}	Continued From pa	age 35	{D 358}				
	12:25pm revealed he was not aware that Resident #6 had ran out of Tylenol 500mg tablets.						
		w with Resident #6's primary ?) on 08/31/23 at 1:10pm					
	-Resident #6 was p 500mg daily to trea	prescribed scheduled Tylenol It generalized aches and pains					
; - -	a dose of Tylenol. -She expected the	b harm for Resident #6 missing facility staff to reorder					
	-If a new prescription	o them running out. on was needed, she wanted to orior to the medication running					
	out. -She expected the #6's Tylenol as ord	MAs to administer Resident ered.					
	08/31/23 at 2:20pm						
	morning medication Resident #6 had no	fied by the DRC after the n pass on 08/30/23 that ot received Tylenol as ordered.					
		nol running low should have a mediation cart audit and t running out.					
		one interview with the Director DRC) on 08/31/23 at 12:25pm.					
	Refer to the teleph Administrator on 08	one interview with the 3/31/23 at 2:20pm.					
	06/07/23 revealed (lubricating eye dro 0.6% eye drops, in	ent #6's current FL2 dated there was an order for Systane ps used to treat dry eyes) still 1 drop in each eye four					
	times daily.						
	Observation of the	morning medication pass on					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
					R	
		HAL034087	B. WING		08/31/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE COL N SALEM, NC			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	age 36	{D 358}			
	08/30/23 at 8:15am	revealed:				
		de (MA) removed 6 oral				
		he medication cart and				
		edication bottle label to the the medication administration				
	record (MAR).					
		e removed from the medication	1			
	cart.					
		were 4 medications she was				
	-	le to administer after looking in the medication cart.				
		plastic medication cup to				
		cup of water and Resident #6				
		e the rest of her pills were.				
		dvised by the MA that she				
	because they had r	the rest of her medication				
		minister Systane eye drops,				
	because it was not cart for administrati	available in the medication ion.				
	Review of Resident	t #6's August 2023 MAR				
	revealed:	-				
		y for Systane 0.6% eye drops				
		n eyes four times daily m, 12:00pm, 4:00pm, and				
	8:00pm.	in, 12.00pm, 4.00pm, and				
		umentation Systane eye drops				
		on 08/30/23 at 8:00am; the				
	documentation spa	ce on the MAR was blank.				
	Observation of med	dication on hand for Resident				
		2:03pm revealed there was no				
	Systane 0.6% eye					
	administration.					
	Telenhone interviou	v with a representative from				
		macy on 08/30/23 at 12:20pm				
	revealed:	,				
	-Resident #6 had a	n order for Systane 0.6% eye				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL034087	B. WING			R 08/31/2023	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR L		LO RIDGE CO				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE ⁻ DATE	
[D 358}	Continued From pa	age 37	{D 358}				
	daily.	op into each eye four times					
	for Resident #6 on	t dispensed Systane eye drops 03/24/22. drops were also sold	5				
	over-the-counter.						
	11:55am revealed:	dent #6 on 08/30/23 at					
	medication pass ar	red eye drops with her morning nd she had received them medication pass the previous					
	day, on 08/29/23.	ive her eye drops, her eyes					
	-Her eyes felt a little						
	Interview with the N revealed:	/A on 08/30/23 at 3:05pm					
	during the 8:00am	ally work on Resident #6's hall medication pass often so she th Resident #6's morning					
	medications and di had requested a re	d not know if the other MAs fill for Resident #6's Systane					
	eye drops or not. -Sometimes it was were low and need	hard to know when eye drops ed to be refilled.					
	12:25pm revealed	w with the DRC on 08/31/23 at he was not aware that in out of Systane 0.6% eye					
		w with Resident #6's primary ?) on 08/31/23 at 1:10pm					
	-Resident #6 was p 0.6% eye drops fou	prescribed scheduled Systane ur times daily to treat dry eyes.					
		Systane eye drops could 's eyes to feel dry while					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
					08/	31/2023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
OREST	HEIGHTS SENIOR LI		LO RIDGE COU N SALEM, NC			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	ge 38	{D 358}			
	medications prior to -If a new prescription be notified 7 days prout. -She expected the I #6's Systane eye du Telephone interview 08/31/23 at 2:20pm notified by the DRC pass on 08/30/23 th received Systane e Refer to the telephone of Resident Care (ID Refer to the telephone Administrator on 08 3. Review of Reside 05/01/23 revealed: -Diagnoses include disease (GERD). -There was an order medication used to tablet twice daily. Observation of the 08/30/23 at 8:30am -The medication aid medications from th compared each me	on was needed, she wanted to prior to the medication running MAs to administer Resident rops as ordered. with the Administrator on revealed she had been after the morning medication hat Resident #6 had not ye drops as ordered. one interview with the Director DRC) on 08/31/23 at 12:25pm. one interview with the 8/31/23 at 2:20pm. ent #7's current FL2 dated d gastroesophageal reflux er for famotidine (an antacid treat GERD) 20mg take 1 morning medication pass on revealed: de (MA) removed 9 oral he medication cart and edication bottle label to the				
	record (MAR). -The MA handed a Resident #7 contair water.	n the medication administration plastic medication cup to ning 9 tablets with a cup of Resident #7 taking his				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL034087	B. WING			R 08/31/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
FOREST	HEIGHTS SENIOR LI	VING COMMUNIT	LO RIDGE COI N SALEM, NC	-			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE	
{D 358}	Continued From pa	ge 39	{D 358}				
	 medication. The MA did not administer famotidine 20mg, because it was not available in the medication cart for administration. Review of Resident #7's August 2023 MAR revealed: There was an entry for famotidine 20mg, take 1 tablet twice daily scheduled at 8:00am and 						
	8:00pm. -There was docume administered at 8:0	entation famotidine had been 0am on 08/30/23.					
	Observation of medication on hand for Resident #7 on 08/30/23 at 12:00pm revealed there was an empty medication bottle for famotidine 20mg with a dispensed date of 03/17/23 and a dispensed quantity of 120 tablets.						
	revealed: -During the medicat Resident #7's famo another acid reflux administered.	IA on 08/30/23 at 3:05pm tion pass she had overlooked tidine, because he was on medication as well that she ed she had not administered					
	famotidine to Resid	ent #7 or that she Iministered the medication					
	revealed:	dent #7 on 08/30/23 at 3:45pm r with which medications he					
	had ordered, he jus the MA gave him.	t took whatever medications he y symptoms of heartburn that					
	day.	y experienced symptoms of					

Division	of Health Service Re	egulation			FURIN	APPROVED
STATEME	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		LO RIDGE CO N SALEM, NC			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
{D 358}	Continued From pa	ge 40	{D 358}			
	 11:10am revealed: -Resident #7 had be time she administer 08/27/23. She had not reque famotidine, but she second-shift MA tha -She did not know if been reordered and Telephone interview 12:25pm revealed f Resident #7 had ran tablets. Telephone interview care provider (PCP) revealed: -Resident #6 was p treat symptoms of a -Missing a dose of f Resident #7 to expe -She expected the f medications prior to -If a new prescription be notified 7 days p out. She expected the f medications prior to -If a new prescription be notified 7 days p out. She expected the f #7's famotidine twice Telephone interview 08/31/23 at 2:20pm made aware that Ref famotidine. 	Tamotidine could cause erience heart burn. Facility staff to reorder to them running out. In was needed, she wanted to rior to the medication running MAs to administer Resident the daily as ordered. If with the Administrator on revealed she had not been esident #7 had ran out of				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL034087	B. WING	B. WING		R 08/31/2023	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
OREST	HEIGHTS SENIOR L		LO RIDGE CO N SALEM, NC				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
D 358}	Continued From pa	age 41	{D 358}				
	Refer to the telephone interview with the Director of Resident Care (DRC) on 08/31/23 at 12:25pm.						
	 Refer to the telephone interview with the Administrator on 08/31/23 at 2:20pm. 4. Review of Resident #8's current FL2 dated 07/30/22 revealed: -Diagnoses included muscle weakness, type 2 						
	diabetes, and chro -There was an orde	nic kidney disease. er for Diclofenac 1% gel (a nedication) apply 1 gram					
		morning medication pass on					
	08/30/23 at 8:45an -The medication ai	n revealed: de (MA) removed 6 oral					
	compared each me medications due of	he medication cart and edication bottle label to the n the medication administratior	1				
	record (MAR). -There were no top the medication car	ical medications removed fron t.	n				
		plastic medication cup to ning 6 medications with a cup					
	-The MA observed medication.	Resident #8 taking her					
	-The MA did not ap	oply Diclofenac 1% gel.					
	revealed:	t #8's August 2023 MAR					
	gram topically to pa scheduled at 8:00a						
	had been applied a	umentation Diclofenac 1% gel at 8:00am on 08/30/23; the ace on the MAR was blank.					
	Observation of me						

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE CO			
		WINSTO	N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{D 358}	Continued From pa	ige 42	{D 358}			
	 #8 on 08/30/23 at 12:03pm revealed there was one 100-gram tube of Diclofenac 1% gel with a dispensed date of 08/03/23 and the tube was unopened. Telephone interview with a representative from the facility's contracted pharmacy on 08/30/23 at 1:00pm revealed: Resident #8 had an order for Diclofenac 1% gel to be applied twice daily to painful areas. The pharmacy last dispensed Diclofenac 1% gel to the facility for Resident #8 on 08/03/23 for a quantity of 100 grams which was a 50-day supply. Prior to 08/03/23, the pharmacy dispensed Diclofenac 1% gel for Resident #8 in February 2022. Diclofenac 1% gel was also available over-the-counter. 					
	revealed: -During her medica administered all of went back around t administer their trea medications. -She had planned to	IA on 08/30/23 at 3:05pm tion passes, she usually the oral medications first, then o all of the residents to atments or topical o go back to Resident #8 to ic gel, but she forgot to.				
	revealed: -She did not remen	dent #8 on 08/30/23 at 3:40pm nber the last time a MA applied ner ankles or other areas of any pain.				
	care provider (PCP revealed:	v with Resident #8's primary) on 08/31/23 at 1:10pm prescribed Diclofenac 1% gel to	5			

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: _	CONSTRUCTION		E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		LO RIDGE CO N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 43	{D 358}			
	ankle fracture. -Not receiving the D in Resident #8 havi -She expected the I 1% gel to Resident Telephone interview 08/31/23 at 2:20pm -She was not aware receive Diclofenac medication pass on -She expected the I each resident's MA not missed during the -She expected medi- ordered. Refer to the telephone Administrator on 08 5. Review of Resided 08/02/23 revealed: -Diagnoses include infection, type 2 dia -There was an order to treat yeast or fun- unit/gram cream ap- red two times daily through 08/07/23. Review of Resident administration recor- There was an entry unit/gram cream ap- for 14 days schedul	with the Administrator on revealed: e that Resident #8 did not 1% gel during the morning 08/30/23. MAs to review each page of R so that medications were he medication pass. lications to be administered as one interview with the Director DRC) on 08/31/23 at 12:25pm. one interview with the b/31/23 at 2:20pm. ent #5's current FL2 dated d history of urinary tract betes, and kidney disease. er for Nystatin (a cream used gal skin infections) 100,000 oply to penis where irritated or for 14 days from 07/24/23				

Division	of Health Service Re	egulation			FURI	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		HAL034087	B. WING			R 31/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
EODEST	HEIGHTS SENIOR LI		LO RIDGE CO	URT		
FUREST		WINSTO	N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 44	{D 358}			
	of the facility from 0 -There was docume not applied for 6 ou 8:00pm on 08/04/23 there was no docur medication was not Observation of meo #5 on 08/29/23 at 4 unopened 30-gram unit/gram cream wi 08/07/23. Interview with Resid revealed: -He had been in a r mid-July 2023 throu- -While at the rehab condom catheter in to the skin on his po- -After he returned to	 b8/01/23 through 08/04/23. b8/01/23 through 08/04/23. b8/01/23 through 08/04/23. b1/20 through 8:00am on 08/07/23 b1/20 through 08/04/23. 				
	affected area. -He had mentioned penis a couple of the some type of ointm it was and he could told.	pplied Nystatin cream to his having skin irritation to his mes and the MAs applied ent, but he did not know what not remember which MA he any irritation to the skin on his				
	revealed: -She was not aware Nystatin cream. -She had never app Resident #5, becau days from 08/04/23 -She saw the tube of	on 08/30/23 at 3:05pm e of Resident #5's order for blied Nystatin cream to se she had not worked on the through 08/07/23. of Nystatin cream in the had asked the facility's				

Division of Health Service Regulation STATE FORM

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EURD12

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:		R		
		HAL034087	B. WING	B. WING		08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
OREST	HEIGHTS SENIOR L		LO RIDGE CO				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
{D 358}	Continued From pa	age 45	{D 358}				
	previous Director of Resident Care (DRC) about it.						
		she would clarify with the should be extended since the					
	Nystatin cream was	s received at the facility the					
	day the order ende	d on 08/07/23. followed up with her about					
	whether she neede	ed to apply the Nystatin cream					
	to Resident #5.	d the facility's new DRC about					
		atin order and she had not					
		about whether or not he still needed the Nystatin cream.					
		complained to her about skin					
	pain or irritation to	his penis.					
		w with Resident #5's primary ?) on 08/31/23 at 1:10pm					
	-Resident #5 was c	ordered Nystatin cream while a cility due to skin irritation from					
	-She was not award never been applied	e the Nystatin cream had I.					
		ative outcome to Resident #5 n cream because he reported					
	his skin had healed	I, but not receiving the Nystatir in his skin condition	ו				
	worsening.	ous DRC had not contacted					
		g the dates of the order for					
	applying Nystatin c	ream.					
		w with the DRC on 08/31/23 at					
		that since starting his position prior, he had not been made					
		#5's Nystatin order.					
	Telephone interview 08/31/23 at 2:20pm	w with the Administrator on					

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		HAL034087	B. WING		R 08/31/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI		.O RIDGE CO I SALEM, NC	-		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLET
{D 358}	Continued From pa	ige 46	{D 358}			
	or that it had not be -She expected the that the Nystatin wa pharmacy to have t so it could be applie Refer to the telepho of Resident Care (I Refer to the telepho Administrator on 08 6. Review of Resider revealed diagnoses hypertension, and h accident (CVA). Review of Resident dated 05/04/23 revo	MAs who worked on the days as due, to contact the the Nystatin cream delivered ed as ordered. one interview with the Director DRC) on 08/31/23 at 12:25pm. one interview with the 8/31/23 at 2:20pm. ent #4's FL2 dated 07/30/22				
	at bedtime. Review of Resident Administration Rec 07/31/23 revealed: -There was an entr tablet take 1 tablet administration at 8: -There was docume	t #4's July 2023 Medication ord (MAR) from 07/03/23 to y for ferrous sulfate 325mg at bedtime scheduled for				
	Review of Resident revealed: -There was an entr tablet take 1 tablet administration at 8: -There was docume	t #4's August 2023 MAR y for ferrous sulfate 325mg at bedtime scheduled for 00pm. entation ferrous sulfate 325mg inistered from 08/16/23 to				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034087	B. WING	B. WING		R 31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ODEST	HEIGHTS SENIOR LI		LO RIDGE CO	URT			
OREST		WINSTO	N SALEM, NC	27106			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{D 358}	Continued From page 47		{D 358}				
	08/29/23. -There was docume was not administered documented as the 08/16/23, 08/17/23, 08/27/23 and 08/29 Observation of Res hand on 08/30/23 a no ferrous sulfate 3 administration. Telephone interview Resident #4's pharma revealed: -There was an active sulfate 325mg table -The pharmacy last tablets on 07/03/23 Telephone interview care provider (PCP revealed: -She was not aware Resident #4 missing -The indication for f was to prevent anellong term anticoagu -A potential outcom weeks of ferrous su -Resident #4's iron	entation ferrous sulfate 325mg ed and the reason medication was "on order" on 08/19/23, 08/22/23, 08/26/23 //23. ident #4's medications on t 3:20pm revealed there were 25mg tablets available for with a representative from macy on 08/30/23 at 1:20pm //e order on file for ferrous et daily. dispensed 30 ferrous sulfate which was a 30-day supply. with Resident #4's primary on 08/31/23 at 1:45pm e and was not contacted about g doses of ferrous sulfate. ferrous sulfate for Resident #4 mia as she was also ordered a ulant due to a history of CVA. e of missing about three					
	on 08/31/23 at 11:0 -She was not aware	v with a medication aide (MA) 6am revealed: e there was no ferrous sulfate istration on the medication car	t				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL034087		B. WING			R 31/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
OREST	HEIGHTS SENIOR LI		LO RIDGE CO N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{D 358}	Continued From pa	ge 48	{D 358}			
	by faxing the pharm	, she reordered the medication nacy. ere individually reordered at the				
	Telephone interview with the Director of Resident Care (DRC) on 08/31/23 at 12:25pm revealed he did not know there was no ferrous sulfate on the medication cart available for administration for Resident #4.					
	08/31/23 at 2:20pm there was no ferrou	v with the Administrator on revealed she was not aware is sulfate on the medication dministration for Resident #4.				
		one interview with the Director DRC) on 08/31/23 at 12:25pm.				
	Refer to the telepho Administrator on 08	one interview with the 3/31/23 at 2:20pm.				
	revealed: -Diagnoses include (BPH) and dementi	er for finasteride 5mg daily				
		t #4's signed physician's order ealed there was an order for ly.				
	Administration Rec 07/31/23 revealed: -There was an entry	t #3's July 2023 Medication ord (MAR) from 07/03/23 to y for finasteride 5mg take 1 cheduled for administration at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034087			CONSTRUCTION		E SURVEY PLETED	
					R	
		B. WING		08/	31/2023	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST L O RIDGE CO I			
OREST	HEIGHTS SENIOR LI		N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 358}	Continued From pa	ge 49	{D 358}			
	administered from (07/03/23 to 07/31/23.				
	revealed: -There was an entry tablet at bedtime so 8:00pm. -There was docume	#3's August 2023 MAR y for finasteride 5mg take 1 sheduled for administration at entation that finasteride 5mg rom 08/01/23 to 08/28/23.				
	Observation of Resident #3's medications on hand on 08/30/23 at 12:40pm revealed there was no finasteride 5mg available for administration.					
	the facility's contract 1:20pm revealed: -There was an active for finasteride 5mg -The pharmacy last Resident #3 on 07/2 tablets which was a	d not been requested for				
	08/31/23 at 1:46pm -She was not aware Resident #3 missin -The indication for f to help with urinary -A potential side eff	v with Resident #3's PCP on revealed: e and was not contacted about g doses of finasteride. inasteride for Resident #3 was symptoms and frequency. ect of Resident #3 missing finasteride was urinary				
	08/30/23 at 12:51pr -She was not aware	dication aide (MA) on m revealed: e that finasteride was not istration on the medication car	t			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING			R 31/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FOREST	HEIGHTS SENIOR LI	VING COMMUNIT	LO RIDGE CO N SALEM, NC	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	•	-	{D 358}			
	 -She administered medications to Resident #3 on 08/30/23. -She had not reordered and she did not know if anyone else had tried to reorder Resident #3's finasteride. -There were times when she worked the medication cart and medications were not available. -MAs faxed medication orders to the pharmacy and contacted the pharmacy to reorder medications. -If a resident ran out of a medication, MAs were supposed to fill out a reorder form and fax the form to the pharmacy. -The residents' medications had to be reordered individually as they ran low. -She tried to reorder medications when there were 7 doses left. 					
	Interview with the Administrator on 08/31/23 at 2:20pm revealed she was not aware finasteride was not available for administration on the medication cart for Resident #3.					
		ons, interviews and record rmined Resident #3 was not				
		one interview with the Director DRC) on 08/31/23 at 12:25pm.				
	Refer to the telepho Administrator on 08	one interview with the /31/23 at 2:20pm.				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL034087		B. WING		R 08/31/2023		
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
OREST	HEIGHTS SENIOR L		LO RIDGE CO			
			N SALEM, NC			(1-)
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
{D 358}	Continued From pa	age 51	{D 358}			
	12:25pm revealed: -He was not aware and not available for medication cart. -The MAs were exp refills prior to the m the medication was -The facility's contra- that medication refi advance to ensure medication running -If a medication ran for contacting the p day. -Since starting the prior, he had not has medication carts ye Telephone interview 08/31/23 at 2:20pm -The residents' me meaning that they h individually. -MAs were expected there was a 7-day s faxing the pharmac -MAs were also exp pharmacy via phon were received and time if the medication completed one-and	n out, the MA was responsible oharmacy for a refill that same position of DRC one week ad the opportunity to audit the et. w with the Administrator on n revealed: dication were "on demand," had to be reordered ed to reorder medications wher supply remaining by calling or cy. pected to follow-up with the e call to ensure that faxes to call the pharmacy a second on was not received the next				
vision of H		tion cart audits, the previous ecking that all the orders on the				

STATE FORM

	of Health Service Re					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034087		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED	
		B. WING			R 08/31/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2500 PO	LO RIDGE CO	URT		
ORESI	HEIGHTS SENIOR LI	WINSTO	N SALEM, NC	27106		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	ge 52	{D 358}			
	medication cards m	natched the order entry on the				
		rdered medications were				
	available on the me					
	-The DRC was resp	consible for faxing medication				
		e pharmacy if she noticed a				
	medication that had ran out or was running low					
	during her medication cart audit.					
	-The MAs were expected to administer medications as they were ordered.					
		y were ordered.				
	The facility failed to ensure medications were					
	administered as ordered for 4 of 4 residents					
	during the medication pass including a resident					
	who received the incorrect dose of diuretic					
	medication which placed her at risk for dehydration, and did not receive an					
	antidepressant which could result in an increase in symptoms of depression (#9), and a resident					
	who did not receive two pain medications and an					
	acid reflux medication which placed her at risk for		-			
		nd heartburn, and did not				
		esulting in the resident				
		ves (#6); a resident did not				
		I which placed the resident at and heart burn (#7); and a				
		ot receive a topical pain				
		laced the resident at risk for				
		; and for 3 of 5 residents for				
	record review include	ding a resident who did not				
		eatment for skin irritation				
		for a worsening skin condition				
		b did not receive an iron				
		her at risk for anemia (#4);				
	and a resident who did not receive a medication for an enlarged prostate which placed the					
		urinary frequency (#3). This				
		ntal to the health and safety of				
	the residents and c	onstitutes an Unabated Type E				
	Violation.					

PRINTED: 09/19/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
HAL034087		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
		HAL034087	B. WING		R 08/31/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
OREST	HEIGHTS SENIOR LI		LO RIDGE COU N SALEM, NC				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
RÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
D 358}	Continued From pa	ige 53	{D 358}				
	The facility provided accordance with G. this violation.	d a plan of protection in S. 131D-34 on 08/30/23 for					