Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL034116		B. WING			-C
NAME OF I	PROVIDER OR SUPPLIER	HALU34116	STDEET AD	<u> </u>	STATE, ZIP CODE	11/1	15/2024
		INO AT WINGTON		SALISBUR			
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	WINSTON	SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
	The Adult Care Lice follow up survey an 11/13/24 through 1' investigation was in Department of Soci	d complaint investion 1/15/24. The complaintiated by the Forsy	gation from aint th County				
D 269	9 10A NCAC 13F .0901(a) Personal Care and Supervision			D 269			
	10A NCAC 13F .09 Supervision (a) Adult care hom care to residents ac plans and attend to needs residents ma themselves.	e staff shall provide ccording to the residually any other personal	personal lents' care care				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide personal care for 2 of 2 sampled residents, (#8 and #9) related to fingernails that needed to be trimmed (#8) and toenails that needed to be trimmed (#9).						
	The findings are:						
	Review of the facilit dated October 2020 -Residents fingerna check with each ba -Nail care included trimmingProper nail care coskin problems arou -Trimmed and smo resident from accid the skinStaff should report	o revealed: alls and nailbeds sho th. daily cleaning and r buld aid in the preve nd the nail bed. oth nails prevented entally scratching a	ention of the nd injuring				

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
		HAL034116	B. WING		R- 11/1	C 5/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1	<u> </u>
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 1	D 269			
	1. Review of Resident #8's current FL-2 dated 10/11/24 revealed diagnoses included cerebral vascular accident with right-sided weakness and right-hand contractures. Review of Resident #8's Resident Register revealed: -There was an admission date of 05/27/15Resident #8 required assistance with skin care. Review of Resident #8's care plan dated 10/01/24 revealed Resident #8 required extensive assistance with grooming and hygiene.					
	Observation of Resident #8's fingernails on his right hand on 11/14/24 at 9:58am revealed: -Resident #8's right hand was contracted and closed into a fistResident #8 opened his right hand with partial extension of his fingers when asked to do so by the surveyorResident #8's second and third fingernails extended past the fingers ¾ inchResident #8's fourth and fifth fingernails extended past the fingers 1 inchThere were nail impressions on the palm of Resident #8's right hand.					
	member on 11/14/2 -He was not able to -He would call the f staff about Residen -The facility called h problemThe last call he rec	w with Resident #8's family 44 at 2:08pm revealed: visit his family member often. acility often to speak to the at #8. him if Resident #8 had a beived from the facility was ause Resident #8 fell in the				

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Division of Health Service Regulation

	IT OF DEFICIENCIES		LIED/CLIA	(VO) MULTIPL	E CONCERNICATION	(V2) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP		` ′	E CONSTRUCTION	(X3) DATE	LETED
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. JOHNEOHON			A. BUILDING:			
						R-	·C
		HAL034116		B. WING		11/1	5/2024
		•				•	
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIVI	NG AT WINSTON		SALISBURY			
0.0.0.0			WINSTON	SALEM, NO	27127		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENC	CIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED		PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATURY OR L	SC IDENTIFYING INFOR	IMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
					,		
D 269	Continued From pa	ge 2		D 269			
	Interview with the Primary Care Provider (PCP						
	on 11/15/24 at 10:20am revealed:						
	-Dirty feet and long		ause				
	infection in and aro						
	-She expected Res		care to				
	meet his daily need		33 3 13				
	·						
	Interview with the A						
	10:34am revealed F	** -					
	wound in his hand f	rom his fingernails	i.				
	Based on observati	ons interviews an	nd record				
	reviews, it was dete						
	interviewable.	mined Resident #	o was not				
	intorviewable.						
	Refer to the intervie	ew with a personal	care aide				
	(PCA) on 11/14/24						
	` ,	•					
	Refer to the intervie	w with a second P	CA on				
	11/14/24 1:48pm.						
	Refer to the intervie	ew with a third PCA	on				
	11/14/24 at 1:51pm						
	Refer to the intervie	ew with a MA on 11	/14/24 at				
	1:01pm.						
	56		4444404				
	Refer to the intervie	ew with the SCC or	า 11/14/24				
	at 2:17pm.						
	Defer to the intervi-	www.ith the Adminis	atrotor on				
	Refer to the intervient 11/15/24 at 10:34ar		Suator on				
	11/10/24 at 10.54ar	11.					
	2. Review of Reside	ent #9's current FI	-2 dated				
	11/28/23 revealed of						
	impairment, corona						
	impairment, corona	iry artery disease, i	ฉบน สอนแแส.				
	Review of Resident	#9's Resident Re	nister				
	revealed.	. ,, o o i tosidelit i te	9.001				

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-There was an admission date of 11/04/2020.

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		` ′	E CONSTRUCTION		SURVEY PLETED
							-C
		HAL034116		B. WING		11/	15/2024
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIVI	ING AT WINSTON		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 3		D 269			
	-Resident #9 required assistance with nail care.						
	revealed: -Resident #9 requir bathing.	#9's care plan date ed limited assistanc ed supervision with	e with				
	at 9:31am revealed -Resident #9 was s elevated and resting -Resident #9 was n -The bottom of the were soiled with dir -The first, second a foot and the first, se toenails on the left	eated in his chair wi g on his rollator walk ot wearing shoes or right and left feet an	th his feet ker. socks. d toenails the right orth				
	revealed: -The doctor would t -The facility staff did	d not trim his toenail e last time his toena	S.				
	on 11/15/24 at 10:2 -Long toenails could -Resident #9's toen	rimary Care Provide Oam revealed: d lead to an infectior ails should be cut re f increase infection i	n. egularly to				
	10:34am revealed F	dministrator on 11/1 Resident # 9 could g s a break in the skir	et an				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
					R-0	
		HAL034116	B. WING		11/15	5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIVI	ING AT WINSTON	SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 269	Continued From page 4		D 269			
	Attempted telephone interview with Resident #9's family member on 11/14/24 at 3:41pm was unsuccessful.					
	Refer to the interview with a personal care aide (PCA) on 11/14/24 at 1:40pm.					
	Refer to the intervient 11/14/24 1:48pm.	ew with a second PCA on				
	Refer to the interview with a third PCA on 11/14/24 at 1:51pm.					
	Refer to the intervient:01pm.	ew with a MA on 11/14/24 at				
	Refer to the intervie at 2:17pm.	ew with the SCC on 11/14/24				
	Refer to the intervie 11/15/24 at 10:34ar	ew with the Administrator on m.				
	revealed:	A on 11/14/24 at 1:40pm				
	hygiene.	sidents with personal care and dany residents with long				
	fingernails or toena	ils. esidents with long fingernails				
	1:48pm revealed:	cond PCA on 11/14/24 R ents with personal care and				
	hygieneHe would trim the resident was not did	nails of residents if the abetic.				
		diabetic and needed the nails tell the medication aide (MA).				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	
		HAL034116	B. WING		R-	C 5/2024
NAME OF 1			<u> </u>		1 11/1	5/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S SALISBUR	STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIV	ING AT WINSTON	SALISBUR I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 5	D 269			
	-He had not noticed fingernails or toena	d any residents' who needed ils trimmed.				
	revealed:	d PCA on 11/14/24 at 1:51pm				
	-She did not trim fir residents.	gernails or toenails of the				
		penails needed trimming, she r Special Care Coordinator				
	-She had not noticed any residents' fingernails or toenails that needed trimming.					
	revealed:	on 11/14/24 at 1:01pm				
		SCC were allowed to trim s and toenails if the residents				
	-She had not notice toenails that neede					
		residents with their baths and would notice if nails needed e MA or the SCC.				
	Interview with the S revealed:	CC on 11/14/24 at 2:17pm				
	fingernails and toer	ere some residents with long nails. o get consents signed for the				
	Podiatrist to come t	to the facility and trim nails. pted to trim residents' nails.				
	Interview with the A 10:34am revealed:	dministrator on 11/15/24 at				
	-The facility staff did -The Podiatrist cam trim all resident's na	ne to the facility quarterly to				
	-If a resident neede the Podiatrist return	ed their nails trimmed before ned, an appointment could be ent to be taken to the Podiatrist				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL034116	B. WING		R-	C 5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	D SALISBUR' N SALEM, NO			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269		age 6 C were responsible for seeing re cleaned and trimmed.	D 269			
D 310	10A NCAC 13F .09 Service	004(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Die(4) All therapeutic supplements and the	004 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.				
		et as evidenced by: THE TYPE A1 VIOLATION				
	The Type A1 Violati Non-compliance co					
	reviews, the facility diet as ordered by t sampled residents	ions, interviews, and record failed to serve a therapeutic the physician for 2 of 7 (#6 and #7) who had an order oft diet and a pureed diet.				
	The findings are:					
	10/18/24 revealed:					
		t #6's signed physician order ealed there was an order for a uble portions.				
	Review of the facilit	ty's therapeutic diet menu for				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL034116	B. WING		R- 11/1	C 5/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 11/1	0.202-
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 7	D 310			
	the pureed diet con	rice dated 11/13/24 revealed sisted of roast beef, scalloped blend, a roll, and sweet				
	11/13/24 from 11:58 -Resident #6 was s	lunch meal service on Bam to 12:25pm revealed: erved pureed pot roast, pureed green beans, and ot served bread.				
	Review of the facility's therapeutic diet menu for the breakfast meal service dated 11/14/24 revealed the pureed diet consisted of hot cereal, eggs, and a biscuit with sausage gravy.					
	Observation of the breakfast meal service on 11/14/24 between 8:05am and 8:45am revealedResident #6 was served hot oatmeal and pureed eggsResident #6 was not served a biscuit with sausage gravyResident #6 ate 100% of her breakfast.					
	11/15/24 at 9:12am -Resident #6 receiv -He had not seen b					
	Provider (PCP) on -Resident #6 was o dysphagia and to p -Resident #6 should sausage if she wan	dent #6's Primary Care 11/15/24 at 10:20am revealed: n a pureed diet because of revent aspiration. d be served pureed bread and ted the bread and sausage, therapeutic menu for Resident				

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL034116	B. WING		1	-C 5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY,	STATE ZIP CODE		
		2609 (OLD SALISBUR			
GRAND '	VILLA ASSISTED LIV	ING AT WINSTON	TON SALEM, NO			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	Continued From pa	nge 8	D 310			
	revealed: -Resident #6 receive -Residents who receive bread becastick to the roof of the she had never pureuse -She had been told not to puree breadShe would cook preceive -She would cook preceive -She had been told necessary to puree #6 already had profeservedShe knew bread a but did not serve the she was instructedShe knew bread a but did not serve the she was instructedThe cooks were form -He ordered pureedThe cooks would the bread and servedThe sausage could but the casing on the pureedThe sausage shound to know why it was since the sausage shound the casing on the pureedThe sausage shound the sausage shound the casing on the sausage shound the casing on the sausage shound the sausage shound the casing on the sausage shound the casing on the sausage shound the sausage shou	ceived a pureed diet did not huse it was too thick and work the mouth. Treed bread. by the Dietary Manager (DI re-ordered pureed bread for it was available in the facility of receive pureed sausage yield double portions of eggs. The sausage was not and serve because Reside tein with the eggs that were not sausage was on the mere bread and sausage because too. OM on 11/15/24 at 8:55am of the more discounting the therapeutic mened bread for Resident #6. haw the pureed bread, heat	nt nu use u. ed			

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10:34am revealed:

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· · · · ·	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING.		R-	C
	HAL034116	B. WING			5/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
GRAND VILLA ASSISTED LIVING A	AT WINSTON	SALISBURY SALEM, NO			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
called for breadResident #6 should have sausage as was listed of the Attempted telephone into Power of Attorney (POA was unsuccessful. Based on observations, reviews, it was determine interviewable. Refer to the interview with 11/15/24 at 10:34am. 2. Review of Resident #10/08/24 revealed: -Diagnoses included acideficiency, and wheezing-There was no diet order Review of Resident #7's dated 08/20/24 revealed mechanical soft diet with double portions. Review of the facility's the lunch meal service of the mechanical soft diet with mechanical soft diet with mechanical soft diet.	der for a pureed diet. have bread because it sistency. idents on pureed diets bureed therapeutic menu ve received pureed on the therapeutic menu. terview with Resident #6's A) on 11/14/24 at 2:30pm interviews, and record ned Resident #6 was not ith the Administrator on ith the Administrator on ith reflux, vitamin D ng. er listed. s signed physician order d there was an order for a th thickened liquids and therapeutic diet menu for dated 11/13/24 revealed t consisting of ground otatoes, vegetable blend, a iie. h meal service on	D 310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		E SURVEY PLETED		
		HAL034116		B. WING		I	R-C 15/2024
	PROVIDER OR SUPPLIER VILLA ASSISTED LIV	ING AT WINSTON	2609 OLD	ORESS, CITY, S SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	-Resident #7 was s creamed potatoes, vanilla puddingResident #7 was n -Resident #7 ate 10 medley, vanilla pud potatoes. Review of the facilit the breakfast meal revealed the mechacereal, eggs, groun wheat toast. Observation of the 11/14/24 between 8 -Resident #7 was s sausage, and oatm -Resident #7 was n -Resident #7 ate 10 sausage and 50% of Interview with Resident #1 ate the food he -He always had end -He did not know if Interview with Resident #7 was obecause of dysphage-Resident #7 should bread, especially if menu.	erved ground pot roas soft vegetable medley ot served bread. 20% of the pot roast, very service dated 11/14/24 anical soft diet consisted turkey sausage links breakfast meal service deturkey sausage links breakfast meal service described turkey sausage links breakfast meal service erved eggs, chopped eal. ot served wheat toast. 20% of the eggs and chof the oatmeal dent #7 on 11/14/24 at was brought. Dugh food to eat. The received bread or received bread or received bread or received an a mechanical soft diegia. It is a problem with the Dietician had it on the served bread it on the problem with the dietician had it on the served bread it on the problem with the dietician had it on the served bread it on the served bread it on the problem with the dietician had it on the served bread it on the served bread it on the problem with the dietician had it on the served bread it on the served bread it on the problem with the dietician had it on the served bread it on the served bread it on the problem with the dietician had it on the served bread it on the problem with the dietician had it on the served bread it on the problem with the dietician had it on the problem with the proble	egetable reamed enu for 4 ed of hot and e on vealed. hopped 9:20am not. e evealed: et with the	D 310			
	revealed:	ook on 11/15/24 at 8:4 diet order for a mecha					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING			0
		HAL034116	B. WING			-C I 5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIVI	INGALWINSTON	.D SALISBUR ON SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From pa	_	D 310			
	diets did not receive-Sometimes the resloaf bread with the e-Biscuits and toast served with mechan-Resident #7 did not 11/13/24 or breakfal Interview with the Did 11/15/24 at 8:55am-Resident #7 had a diet. -Bread was availab order for a mechan-Sometimes resident diet could manage of the PCAs told her have bread. -He realized the Diefor mechanically so Interview with the A 10:34am revealed: -A mechanical soft or a slice of bread work and the therapeutic of the resident #7 should on the therapeutic of the server with the A 10:34am revealed:	sidents could have a slice of edges cut off. were not soft and could not be nically soft diets. In the receive bread for lunch on ast on 11/14/24. Dietary Manager (DM) on revealed: In order for a mechanically soft lefor residents who had an ically soft diet. Ints with a mechanically soft bread and others could not. In that Resident #7 could not etician had bread on the ment off diets. Indicate the diet include soft bread with the crust cut off. In the diet is diet menu. It would include soft bread diet menu. It would include soft bread diet menu.	ft			
	10:34am revealed: -She expected therefollowed.	administrator on 11/15/24 at apeutic diet order to be peutic menus to follow for all				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		` ′	E CONSTRUCTION		SURVEY PLETED
		HAL034116		B. WING			-C 15/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIVI	NG AT WINSTON		SALISBURY	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	 ge 12		D 358			
D 358	3 10A NCAC 13F .1004(a) Medication Administration			D 358			
	(a) An adult care h preparation and adult prescription and no by staff are in accord (1) orders by a lice which are maintaine (2) rules in this Secand procedures. This Rule is not me	nsed prescribing pra ed in the resident's re ction and the facility's	t the ations, eatments ctitioner ecord; and policies				
		dings, the Type A2 Vi					
	interviews, the facili medications as orderesidents (#5) who	ons, record reviews a ty failed to administe ered for 1 of 5 sampl had orders for a blad edication and to hold cation.	r ed der				
	The findings are:						
	10/04/24 revealed of	rder, neurocognitive					
	from a local hospital -Resident #5 was a local hospital with d and being hyperten	ent #5's after-visit sur il dated 10/11/24 reve dmitted on 10/03/24 iagnoses of urinary r sive with a BP level o er to start tamsulosin	ealed: to the etention of 197/58.				

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		` ′	E CONSTRUCTION		SURVEY PLETED
				A. BOILDING.		l R	-C
		HAL034116		B. WING			15/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON		SALISBURY			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	nge 13		D 358			
	relax muscles in the bladder) 0.4mg 1 capsule after dinner.						
	administration reco through 10/23/24 re -There was no entr capsule after dinne -There was no doc administered for 13 10/11/24 to 10/23/2 Review of Resident (PCP) progress not medication change referenced by the F 0.4mg from the 10/ the local hospital.	y for tamsulosin 0.4n er. umentation tamsulos 3 of 13 opportunities t	1/24 ng 1 in was from rovider's evealed re not sulosin mary from				
	10/23/24 revealed I	Resident #5 was sen ue to a low BP of 72/	t out to				
	A request was made on 11/14/24 at 3:05pm for the after-visit summary related to Resident #5's hospital visit on 10/23/24 but was not provided prior to exit.		ent #5's				
	the facility's contract 10:52am revealed: -Resident #5 did no 0.4mg 1 tablet after	ot have an order for to r dinner. not receive a new or	/14/24 at amsulosin				
	on 11/14/24 at 2:20	w with Resident #5's open revealed: sident #5 had an orde					

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BOILDING.		l R	-C
		HAL034116	B. WING		1	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	nge 14	D 358			
	10/11/24 after-visit hospital due to Res routinelyHe was not aware	1 tablet after dinner on the summary from the local sident #5 not voiding urine Resident #5 had not been ulosin as ordered on the				
	Interview with a medication aide (MA) on 11/14/24 at 3:10pm revealed: -She was not aware of the after-visit order to start tamsulosin for Resident #5She was not aware tamsulosin was not on the eMAR and had not been administered to Resident #5.					
	Interview with a second MA on 11/14/24 at 3:25pm revealed: -She was not aware of the after-visit order to start tamsulosin for Resident #5 because she was not working when Resident #5 returned to the facility on 10/11/24She was not aware tamsulosin was not on the eMAR and had not been administered to Resident #5.					
	9:00am revealed sl outcome for Reside aggravation with th did not administer t	dent #5's PCP on 11/15/24 at he expected a possible ent #5 to have bladder e inability to void if the facility the tamsulosin as ordered by er at the local hospital.				
	revealed she was r	RCC on 11/15/24 at 9:45am not aware the tamsulosin was ered to Resident #5 as it must ked.				
	Interview with the A 10:35am revealed:	Administrator on 11/15/24 at				

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R-	
		HAL034116	B. WING		11/1	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBUR' SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 15	D 358			
	for Resident #5 from after-visit summary -She did not know I tamsulosin from 10 Based on interview determined Reside Refer to the telephorepresentative from pharmacy on 11/14 Refer to the telephorepresentative from pharmacy on 11/14 Refer to the interview 3:10pm.	Resident #5 missed doses of 1/11/24 through 10/23/24. Is and record reviews, it was not #5 was not interviewable. In the facility's contracted 1/24 at 10:52am. In the record reviews, it was not #5 was not interviewable. In the facility's contracted 1/24 at 10:52am. In the interview with Resident				
	11/14/24 at 3:25pm Refer to the intervie 11/15/24 at 9:00am	ew with Resident #5's PCP on				
	Refer to the intervie at 9:45am.	ew with the RCC on 11/15/24				
	Refer to the interview with the Administrator on 11/15/24 at 10:35am.					
	from a local hospital -Resident #5 was a local hospital with cand being hyperten -There was an order treat high blood pre-	ent #5's after-visit summary al dated 10/11/24 revealed: admitted on 10/03/24 to the diagnoses of urinary retention asive with a BP level of 197/58 er to hold lisinopril (used to essure) 40mg 1 tablet daily provider (PCP) follow-up.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		` ′	E CONSTRUCTION		SURVEY PLETED
			7 20.25 10.		R	-C
	HAL034116		B. WING		11/	15/2024
NAME OF PROVIDER OR SUPPLIE	R			STATE, ZIP CODE		
GRAND VILLA ASSISTED L	IVING AT WINSTON) SALISBUR' N SALEM, NO			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY R LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
administration re through 10/23/24 -There was an er once dailyThere was docu administered for 10/11/24 to 10/23 -Lisinopril should administered to Follow-up to proving the PC 10/13/24 reveale Resident #5 were hold lisinopril 40 resummary from the Review of the fact 10/23/24 reveale the local hospital low pulse of 46. A request was must the after-visit sur hospital visit on 10 prior to exit. Telephone intervithe facility's continuity continuity continuity and 10:52 me reveale -Resident #5 had 40 mg 1 tablet on -The pharmacy is lisinopril on 11/05 -The pharmacy of lisinopril dated 10	ent #5's medication cord (MAR) from 10/11 revealed: htry for lisinopril 40mg mentation lisinopril wa 13 of 13 opportunities 1/24. have been held and not resident #5 until the Production. EP's progress notes dailed medication changes in not referenced by the region of the 10/11/24 at e local hospital. Elitity charting notes dated Resident #5 was ser due to a low BP of 72/2 and and active order for list acted pharmacy on 11 dimension and active order for list ce daily. Est dispensed 30 tables 1/24. Est dispensed 30 tables 1/24. Ew with Resident #5's	1 tablet s from not CP sted for e PCP to after-visit red nt out to /40 and a 5pm for dent #5's rovided ve from 1/14/24 at inopril ts for	D 358			

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		SURVEY PLETED
		HAL034116	B. WING			-C 15/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 11/	13/2024
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBUR' I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
D 358	lisinopril 40mg 1 tal after-visit summary -He was not aware administered lisinop from the after-visit summary -He was not aware lisinopril for Reside -She was not aware lisinopril for Reside -She was aware lisinad been administed -She was not aware lisinopril for Reside working when Reside she was not aware from the 10/11/24 alisinopril. -She was not aware from the 10/11/24 alisinopril. -She expected a post of the state of the	sident #5 had a hold order for blet once daily on the 10/11/24 of from the local hospital. Resident #5 had been oril and not held as ordered summary. A on 11/14/24 at 3:10pm e of the after-visit order to hold int #5. inopril was on the eMAR and ered to Resident #5. cond MA on 11/14/24 at e of the after-visit order to hold int #5 because she was not dent #5 returned to the facility inopril was on the eMAR and ered to Resident #5. dent #5 returned to the facility inopril was on the eMAR and ered to Resident #5. dent #5's PCP on 11/15/24 at e Resident #5 had an order of the resident with possible outcome for Resident with possible so, and fatigue if the facility ld lisinopril as ordered by the the local hospital. CCC on 11/15/24 at 9:45am not aware the lisinopril was to Resident #5 as it must	D 358			
	Interview with the A	dministrator on 11/15/24 at				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		R-	
		HAL034116	B. WING			5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	age 18	D 358			
	orders to hold lising	she was not aware of the opril for Resident #5 from the oital after-visit summary.				
		s and record reviews, it was nt #5 was not interviewable.				
	Refer to the telephone interview with a representative from the facility's contracted pharmacy on 11/14/24 at 10:52am.					
	Refer to the telephoral #5's guardian on 1	one interview with Resident 1/14/24 at 2:20pm.				
	Refer to the intervience 3:10pm.	ew with a MA on 11/14/24 at				
	Refer to the intervient 11/14/24 at 3:25pm	ew with a second MA on ı.				
	Refer to the intervient 11/15/24 at 9:00am	ew with Resident #5's PCP on				
	Refer to the intervient 9:45am.	ew with the RCC on 11/15/24				
	Refer to the intervient 11/15/24 at 10:35ar	ew with the Administrator on m.				
	the facility's contract 10:52am revealed: -The facility was re summaries and ne	sponsible to send after-visit w orders to the pharmacy. ved the after-visit summary				
	on 11/14/24 at 2:20	w with Resident #5's guardian)pm revealed: sident #5 had been admitted to				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUI AND PLAN OF CORRECTION IDENTIFICATIO		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		A. BOILDING.		R.	-C
HAL034116	3	B. WING			5/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND VILLA ASSISTED LIVING AT WINSTON		SALISBURY SALEM, NO			
(X4) ID SUMMARY STATEMENT OF DEFICIE PREFIX (EACH DEFICIENCY MUST BE PRECEDE TAG REGULATORY OR LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
the hospital on 10/03/24 and on 10/2 -Resident #5 had been admitted to to on 10/03/24 for altered mental statu high BP, and urinary retentionResident #5 had been admitted to to hospital on 10/23/24 for altered menagitation, low BP, low pulse, and urin-He expected the facility to administ #5's medication as ordered by a phy Interview with a MA on 11/14/24 at 3 revealed: -The MAs, the Resident Care Coord and the Special Care Coordinator (6 responsible to review the after-visits when residents returned from a hosen-the MAs, the RCC, and the SCC was responsible to fax new orders received medical providers and the hospital to pharmacy. Interview with a second MA on 11/14 3:25pm revealed: -The MAs, the RCC, and the SCC was responsible to review the after-visits when residents returned from a hosen-maked the top the medical providers and the hospital top harmacy. Interview with Resident #5's PCP or 9:00am revealed: -She was not aware of Resident #5's after-visit summary from the local hospitalShe expected the facility to community her for Resident #5's medication chaother medical providers and from af summaries from the local hospital.	the hospital s, agitation, the local htal status, nary retention. er Resident vsician. 3:10pm dinator (RCC), SCC) were summaries pital visit. vere ved from the summaries pital visit. vere ved from the https://exammaries.pital.visit.vere ved from the https://exammaries.pital.visit	D 358			

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DIVISION	of Health Service Re	guiation					
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPP	LIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	NUMBER:	A. BUILDING:		COMP	LETED
						_	_
				D WING		R-	
		HAL034116		B. WING		11/1	5/2024
			0.7.0.5.7.4.0.	DDEGG OITY	7175 710 00D5		
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CDAND	VILLA ASSISTED LIVI	NC AT WINCTON	2609 OLD	SALISBUR	Y ROAD		
GRAND	VILLA ASSISTED LIVI	NG AT WINSTON	WINSTON	I SALEM, NO	27127		
0(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENC			PROVIDER'S PLAN OF CORRECTION	DNI .	()(5)
(X4) ID PREFIX		MUST BE PRECEDED E		ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFOR		TAG	CROSS-REFERENCED TO THE APPRO		DATE
					DEFICIENCY)		
D 358	Continued From page 20			D 358			
	Interview with the R	CC on 11/15/24 at	9:45am				
	revealed:						
	-She, the SCC, and	the MAs were res	ponsible to				
	review the after-visi	t summaries when	residents				
	returned from a hos	spital visit.					
	-She, the SCC, and		ponsible to				
	fax new orders fron						
	hospital to the phar	•	and the				
			d not				
	-She was not aware						
	received the after-v						
	for Resident #5 with						
	-She had faxed the						
	after-visit summary	to the pharmacy o	n 10/11/24				
	but did not follow up	o with the pharmac	y to make				
	sure the fax was re	ceived from somed	ne at the				
	pharmacy.						
	-She was not aware	e the PCP had not	received				
	the after-visit summ						
	Resident #5 with m						
	-The MAs were res	•					
	summaries in the P						
	the PCP to review of						
	-She and the SCC	-					
	eMARs weekly to e						
	administered as ord	der by the physiciar	٦.				
	Interview with the A	dministrator on 11/	15/24 at				
	10:35am revealed:]
	-She expected the l	MAs, the RCC, and	the SCC]
	to review the after-						
	residents returned f]
	-She expected the						
]
	eMARS on a weekl		ะนเบลแบทร				
	not being administe						
	-She expected MAs						
	medications as orde	ered by the physici	an.				
]
	The facility failed to	ensure medication	ns were				
	administered as ord						

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BUILDING:			
		HAL034116	B. WING			-C 5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	O SALISBURY N SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	medication which c symptoms of urinar to void urine, and re medication which c blood pressure with was sent back to th pressure. This failu health and safety a and constitutes an	e a bladder muscle relaxant ould result in an increase in ry retention due to the inability eceived a held blood pressure ould result in a decrease of a confusion and fatigue and he hospital with a low blood re was detrimental to the nd welfare of the residents Unabated Type A2 Violation. d a plan of protection in .S. 131D-34 on 11/15/24 for	D 358			
D 367	(j) The resident's n record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for a or treatment; (5) reason or justific medications or treadocumenting the re (6) date and time of (7) documentation of medications or treadomission, including (8) name or initials the medication or tresignature equivalent	04 Medication Administration nedication administration be accurate and include the e; dication or treatment order; sage or quantity of medication administering the medication cation for the administration of the treatment as needed (PRN) and esulting effect on the resident; f administration; of any omission of the treatments and the reason for the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		E SURVEY PLETED
		HAL034116	B. WING			I-C 15/2024
	PROVIDER OR SUPPLIER VILLA ASSISTED LIVI	ING AT WINSTON 2609 OL	DDRESS, CITY, S D SALISBURY N SALEM, NC	ROAD		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pa		D 367			
	interviews, the facil electronic medication (eMAR) were accurated residents (#2 and # insulin (#2 and #3) The findings are: 1. Review of Reside	et as evidenced by: ions, record reviews, and ity failed to ensure the on administration records rate for 2 of 5 sampled i3) regarding sliding scale and a supplement (#2).				
	mellitus type 2, hyp mental impairment, a. Review of Reside	erlipidemia, hypertension, and psychotic disorder. ent #2's signed physician				
	(FSBS) checks before -There was an order units/ml (a fast-action blood sugar levels) meals for FSBS reagive 0 units; 151 to	er for fingerstick blood sugar ore meals and at bedtime. er for Novolog Flexpen 100 ng insulin used to treat high sliding scale insulin before adings as follows: 70 to 150 200 give 1 unit; 201 to 250 300 give 3 units; 301 to 350				
	electronic medicatic (eMAR) from 09/22 -There was an entry units/ml per SSI be of 70 to 150 give 0 un to 250 give 2 units; 350 give 4 units; 35	t #2's September 2024 on administration record t/24 to 09/30/24 revealed: y for Novolog Flexpen 100 fore meals for FSBS readings its; 151 to 200 give 1 unit; 201 251 to 300 give 3 units; 301 to 10 400 give 6 units with a tration time of 7:30am,	ı			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL034116		B. WING			R-C 15/2024
	PROVIDER OR SUPPLIER VILLA ASSISTED LIV	ING AT WINSTON	2609 OLD	DRESS, CITY, S SALISBURY I SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	-The eMAR had a sinitials of the staff in the site of administrative amount of Novolog amount of Novolog amount of Novolog administer from 09/22/24 to 09 Review of Resident revealed: -There was an entrunits/ml per SSI be of 70 to 150 give 0 un to 250 give 2 units; 350 give 4 units; 35 scheduled administrative eMAR had a sinitials of the staff in the site of administrative was no space amount of Novolog administer from 10/01/24 to 10 Review of Resident from 11/01/24 to 11 There was an entrunits/ml per SSI be of 70 to 150 give 0 un to 250 give 2 units; 350 give 4 un	om. Inged from 53 to 588 space for documentation and the FSBS ce for documentation SSI administered. Interest of 25 opposition of the arred for 25 of 25 opposition of the arred for 87 of 87 opposition and the FSBS ce for documentation and the FSBS ce for documentation of the arred for 87 of 87 opposition of 87 oppositi	ation of the e FSBS, or reading. In of the mount of ortunities eMAR en 100 or readings 1 unit; 201 nits; 301 to swith a m, or of the e FSBS, or reading. In of the mount of ortunities 24 eMAR en 100 or readings 1 unit; 201 nits; 301 to swith a m, or of the mount of ortunities 24 eMAR en 100 or readings 1 unit; 201 nits; 301 to swith a mits; 301 to swith a mits or the mount of ortunities	D 367			

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	Of Fleatur Service IN	i galation				т	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPP		` ′	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	NUMBER:	A. BUILDING:		COMP	LETED
						R-	ر ا
		HAL034116		B. WING		1	5/2024
		IIAL034110				11/1	5/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			2609 OLD	SALISBUR	(ROAD		
GRAND	VILLA ASSISTED LIVI	ING AT WINSTON		I SALEM, NO			
(X4) ID PREFIX		TEMENT OF DEFICIENC MUST BE PRECEDED E		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFOR		TAG	CROSS-REFERENCED TO THE APPRO		DATE
					DEFICIENCY)		
D 007	0 " 1=			D 007			
D 367	Continued From pa	ige 24		D 367			
	11:30am and 4:30p	ım					
	-FSBS readings rar		6				
	-The eMAR had a s						
	initials of the staff m						
	the site of administr						
	-There was no space						
	amount of Novolog		on or the				
	-There was no docu		mount of				
	Novolog administer						
	from 11/01/24 to 11		ortunities				
	110111 11/01/24 to 11	/12/24.					
	Observation of man	diaatiawa ayailabla t	f				
	Observation of med						
	administration for R						
	2:20pm revealed th						
	Flexpen insulin 100						
	remaining and avai		ition that				
	was dispensed on '	11/01/24.					
	-	''					
	Telephone interview						
	facility's contracted	pharmacy on 11/1	4/24 at				
	10:27am revealed:						
	-The pharmacy had						
	100 units/ml per SS	31 before meals for	FSBS				
	readings of						
	70 to 150 give 0 un						
	to 250 give 2 units;						
	350 give 4 units; 35						
	-She did not know v						
	document the amou	unt of insulin admir	istered to				
	Resident #2.						
	-There was no docu						
	contacted the pharr						
	eMAR not having a						
	amount of SSI adm						
	her blood sugars w						
	-The facility staff ha						
	the eMAR to docum	nent the number of	units				
	administered to Res	sident #2 when her	· blood				
	sugars were greate	er than 150					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		R-	
		HAL034116	B. WING		1	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 367	at 1:01pm revealed -Resident #2's FSB and at bedtime and Novolog insulin bas was orderedShe had administer Resident #2She did not docum Novolog insulin she -She had noticed the number of units administrationShe had not mentic Coordinator (SCC) document the numbadministered. Interview with a secrevealed: -There was no space the amount of insul SSI orderShe could place the administered in the -She had not told movere to document to administered to Resident #2's SSI and insulin were administered the Resident #2's SSI and of insulin were administered to received the correct documented.	dication aide (MA) on 11/14/24 : S was checked before meals was administered additional sed on the sliding scale that ered extra units of Novolog to ment the number of units of administered. There was nowhere to document administered during the SSI coned to the Special Care there was nowhere to ber of units of insulin ered on the eman administered when with a mean amount of insulin notes, but she did not management that there was nowhere amount of SSI sident #2. Primary Care Provider (PCP) Oam revealed: facility staff to administer and document how many units	D 367			
	revealed:	•				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R-	
		HAL034116	B. WING		11/1	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	the units of insulin a -There would be no of insulin was admid documentedShe had not been the eMAR to docun administered to Re -The MA could doc administered in the place on the eMAR -She expected the insulin administered Interview with the A 10:34am revealed: -The MA should han nowhere to docume administered to Re -The MA could have insulin administered eMAR or in the pro- She had not been to document the an until this morning. b. Review of Reside orders dated 09/17 order for sodium ch electrolyte replenish and Friday. Review of Resident from 09/22/24 to 09	e documenting on the eMAR administered to Resident #2. It way to know how many units nistered if the units were not notified there was no space on nent the units of insulin sident #2. It was not the units of insulin notes since there was not to document. MAs to document the units of to Resident #2. It was notified the SCC there was not to the amount of insulin sident #2. It was not the amount of insulin sident #2. It documented the amount of the gress notes. Informed there was not were nount of insulin administered the signal physician (24 revealed there was an alloride 1gm (used as an her) on Monday, Wednesday, it #2's September 2024 eMAR	D 367	DEFICIENCY)		
	Monday, Wednesda -There was docum	ay, and Friday. entation sodium chloride 1gm every Tuesday, Thursday,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL034116		B. WING		l l	-C 15/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIVI	NG AT WINSTON		SALISBURY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 27		D 367			
	Review of Resident revealed: -There was an entry Monday, Wednesda -There was docume was administered e Saturday, and Sund Review of Resident from 11/01/24 to 11 -There was an entry Monday, Wednesda -There was docume was administered e Saturday, and Sund Observation of medical control of the second seco	#2's October 2024 et ay, and Friday. entation sodium chloride very Tuesday, Thursday. #2's November 2024/14/24 revealed: y for sodium chloride ay, and Friday. entation sodium chloride very Tuesday, Thursday, Thursday	1gm on ride 1gm day, 4 eMAR 1gm on ride 1gm day,				
	facility's contracted 10:27am revealed: -The pharmacy had 1gm every Monday -Tuesday, Thursday should not pop up vordered Monday, Worder was entered italiant -The facility staff had ays of the week pormedications to be a linterview with a me at 1:01pm revealed -She administered on Monday, Wednesshe administered yesterday, on Wednesshe administered yesterday.	dication aide (MA) or : Resident #2's sodium sday, and Fridays as Resident #2 sodium	chloride chloride day as ay if the ctly. ge which the 11/14/24 a chloride chloride				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		R-	_
		HAL034116	B. WING			5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	7 Continued From page 28		D 367			
	being documented was not given. She administered t	ed the initials of the MAs were on the days the medication he medication based on the which was Monday,				
	Interview with the Primary Care Provider (PCP) on 11/15/24 at 10:20am revealed: -She reviewed Resident #2's eMAR to verify medications were administered as orderedIf the eMAR was not accurate, she would think the medication was not being administered as ordered.					
	Interview with the Special Care Coordinator (SCC) on 11/14/24 at 2:05pm revealed: -She did not know the incorrect days popped up on the eMAR to administer medication to Resident #2The MAs had not informed her that the incorrect days popped up on the eMARThe pharmacy could have been called to correct this issue if she had known about it.					
	10:34am revealed: -Resident #2's eMA-Resident #2's PCF adjust medications -The eMARs should reviewed the eMAF	ARs should be correct. Previewed the eMARs to as needed. d be accurate when the PCP RS because new medication itten based on what the PCP				
	10/21/24 revealed: -Diagnoses include	ent #3's current FL2 dated ed type 2 diabetes mellitus, onic pain, and generalized				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL034116		B. WING			R-C 15/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE, ZIP CODE	, , ,	
TW TWIL OF	THOUBER OR GOLF EIER			SALISBUR	•		
GRAND	VILLA ASSISTED LIVI	ING AT WINSTON		SALEM, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
D 367	7 Continued From page 29			D 367			
	muscle weakness.						
		er for Lispro flex pen	(a				
		sed to treat high blo					
		heck fingerstick blo					
	(FSBS) and inject S		3				
		t #3's physician's ord					
		an order for Lispro fl					
		SBS and inject four s: 151-200=2u, 201-:					
		50=8u, 351-400=10					
	greater give 12 unit		u, +0 i alia				
	greater give in a						
	Review of Resident	#3's September 20	24				
		on administration red					
		/24 through 09/30/2	4				
	revealed:	f 1: 400 '	/ 1.61				
		y for Lispro 100units					
		nd inject four times o 51-200=2u, 201-250					
		50=8u, 351-400=10					
		s scheduled for adm					
		n, 4:30pm, and 8:00					
	-FSBS's ranged fro						
		space for documenta					
		ning the FSBS, a sp	ace for the				
	site of administration						
		values, but no space					
		mount of Lispro adm umentation of the an					
		d for 36 of 36 opport					
	09/22/24 to 09/30/2		u. 111100				
		dent #3's FSBS valu	es				
		September 2024 el					
		tion for the amount o					
	administered were						
		S was 238 and 4 uni					
		been administered					
	on the eMAR.	documented as adm	ınıstered				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	' '	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A. BUILDING:			
		HAL034116	B. WING		I	-C I 5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY N SALEM, NO			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 367	Continued From pa	age 30	D 367			
D 367	-On 09/25/24, FSB Lispro should have Lispro insulin was on the eMAROn 09/27/24, FSB Lispro should have Lispro insulin was on the eMAROn 09/29/24, FSB Lispro should have Lispro insulin was on the eMAR. Review of Residen revealed: -There was an entropen check FSBS a SSI parameters: 15/251-300=6u, 301-3 greater give 12 united to the emain site of administration of administration of administration of administration of administration of administration of administered from 10/01/24 to 10-Examples of Residucumented on the but not documental administered were -On 10/07/24, FSB Lispro should have Lispro insulin was on the eMAR.	S was 206 and 4 units of been administered but no documented as administered S was 186 and 2 units of been administered but no documented as administered S was 189 and 2 units of been administered but no documented as administered S was 189 and 2 units of been administered but no documented as administered the thickness of the been administered but no documented as administered the thickness of thickness of the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL034116	B. WING		R- 11/1	.C 5/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND VILLA ASSISTED LIVING	AT WINSTON	SALISBURY			
	WINSTON	I SALEM, NC			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367 Continued From page	31	D 367			
Lispro insulin was docton the eMAR. -On 10/22/24, FSBS w Lispro should have been Lispro insulin was docton the eMAR. -On 10/30/24, FSBS w Lispro should have been Lispro insulin was docton the eMAR. Review of Resident #3 from 11/01/24 through -There was an entry for pen check FSBS and it SSI parameters: 151-2251-300=6u, 301-350=6u, 301-35	umented as administered vas 235 and 4 units of en administered but no umented as administered vas 271 and 6 units of en administered but no umented as administered vas 271 and 6 units of en administered but no umented as administered vas 271 and 6 units of en administered but no umented as administered vas 271 and 6 units of en administered vas 271 and 6 units of en administered vas 271 and 6 units of en administration vas 200-24 eMAR 11/12/24 revealed: vas 201-250-44, vas 201-250-	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	l \ /	(X3) DATE SURVEY COMPLETED		
		HAL034116		B. WING			R-C 15/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	2609 OLD	SALISBURY	(ROAD		
OKAND	VILLA AGGIOTED LIVI		WINSTON	I SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	7 Continued From page 32			D 367			
	Lispro should have Lispro insulin was on on the eMAR. -On 11/11/24, FSBS Lispro should have Lispro insulin was on on the eMAR.	S was 231 and 4 uni been administered l documented as adm S was 216 and 4 uni been administered l documented as adm	but no inistered ts of but no inistered				
	Telephone interview with the Pharmacist at the facility's contracted pharmacy on 11/14/24 at 10:52am revealed: -She had worked with the facility to ensure the eMAR was updated with Resident #3's sliding scale parameters, but the facility was responsible to review and update the eMAR for the amounts of insulin administeredShe was not aware of why the orders were set up the way they were in the eMARs, leaving out a space to document insulin amount and site on the residents' eMARs with SSI ordersThere was no documentation the facility had contacted the pharmacy regarding Resident #3's eMAR not properly documenting the administration of Lispro SSIShe would have worked with the facility to correct the problem.						
	administration for R 1:40pm revealed Li administration and	dications available for Resident #3 on 11/14 spro insulin was ava was dispensed on 1 dent #3 on 11/14/24	./24 at ailable for 0/15/24.				
	revealed: -The medication aid frequently every da changesHe was not sure he	des (MA) completed y and sometimes his ow much insulin he ived the insulin ever	his FSBS s insulin				

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DIVISION	Of Fleatur Service IN	guiation	1			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL034116	B. WING		R- 11/1	C 5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
004410		2609 OLD	SALISBURY	Y ROAD		
GRAND	VILLA ASSISTED LIVI	NG AT WINSTON WINSTON	SALEM, NO	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 33	D 367			
	-He denied any curi headaches or dizzir	rent symptoms related to ness.				
	revealed:	on 11/14/24 at 1:50pm				
	** -	n order for FSBS checks for				
	four times every da	y with sliding scale r FSBS were always 96-230 in				
	the past 2-3 months	s. ,				
		e eMAR system did not have a #3's FSBS order entry to				
		unt of insulin administered and				
		ught this to the Resident Care				
	Coordinator's (RCC -She was not able t	o enter the amounts of insulin				
		sident #3 into the eMAR.				
	-She was not aware document the amou	e of any additional methods to				
	administered to Res					
	-	oonsible for auditing the				
	eMARS.					
	Interview with a sec 3:10pm revealed:	cond MA on 11/14/24 at				
	eMAR for documen	SCRC audited the residents' tation of FSBS and amount of				
	insulin administered	d. n order for FSBS checks for				
		y and her FSBS were always				
	82-270's, and she h	nad to give him insulin when				
	she had worked as -The eMAR did not	a MA. have a space on Resident				
	#3's FSBS order en	try to document the amount of				
	insulin administered	d when she was trained, but this to the RCC's attention.				
		v with Resident #3's primary) on 11/15/24 at 9:00am				
	revealed:) on 11/10/24 at 3.00am				
	-She expected the	facility staff to administer				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		` ′	E CONSTRUCTION		SURVEY PLETED
				A. BUILDING:			
		HAL034116		B. WING		I	-C 15/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON		SALISBURY I SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pa	nge 34		D 367			
	document how man administered. -She would not be received the correct documented.	ro per the sliding scany units of insulin we able to tell if Resider at amount of insulin it	ere nt #3 f it was not				
	revealed: -The medication air administration of moutinelyShe and the Speciaudited the resident documentation and noticed that Resident have a space to Lispro SSI adminising -No staff had followe MAR system not the amount of insuland it must have be a specific the amount of insuland it must have be a specific to monitor administered to Residents moving for the staff of insulin units administered for the sidents moving for the staff of the st	des (MAs) document redications on the electrications on the electrications on the electrication and the electr	ted the MAR (SCC) or nad not entry did ount of rding the ocument tesident #3 e could ro SSI e amount uR for all				
	10:35am revealed: -She was not award Lispro insulin admit documented by the -The MAs should h know about the mis SSIShe expected the eMARS on a week	e Resident #3's amo nistered was not bein MAs. ave let the RCC and asing documentation RCC and the SCC to	ount of ng I SCC areas for o audit the				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				71. BOILBING.		R	-c
		HAL034116		B. WING		11/1	15/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON		SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pa	ige 35		D 367			
	administered to be documented correctly by the MAs.						
D 423	10A NCAC 13F .11 Resident's Persona	04 (e) Accounting For al Funds		D 423			
	Personal Funds (e) All or any portion funds shall be avail authorized represent the facility's established.	04 Accounting For Resident on of a resident's personal able to the resident or the ntative upon request during shed business days and hin Rule .1105 of this Section	al eir ng nours				
	This Rule is not me FOLLOW-UP TO T	et as evidenced by: YPE B VIOLATION.					
	The Type B Violation Non-compliance co						
	facility failed to ens were available duri	s and record reviews, the ure residents' personal fu ng regular established irs for 4 of 4 sampled resi #10 and #11).	ınds				
	The findings are:						
	4/10/24 revealed di syndrome (a neuro	ent #1's current FL2 dated agnoses included stiff ma logical disorder that caused spasms), Parkinson's ailure to thrive.	an				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		R-C		
		HAL034116	B. WING			5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIVI	NG AT WINSTON	SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 423	Continued From pa	ge 36	D 423			
	from October 2024, the of \$31.00 and an er 10/10/24 deposit of withdrawal of \$100. In November 2024 balance of \$21.00 v \$64.00 and a withdrawal of \$100. There was an endition of the revealed: There was a sign of Manager's (BOM)/A door for resident bath of the received his per 11/12/24. He went to the from announcement was to the front office to the 10th of the monout money on a regent and the received his per 10:00 am again until the nexture of 2 days during the 10:00 am again until the nexture of the telephore Refer to the telephore Refer to the telephore and the state of the monout money on a regent and the state of the monout money on a regent and the state of the monout money on a regent and the state of the monout money on a regent and the state of the monout money on a regent and the state of the monout money on a regent and the state of the	there was a beginning with a 11/11/24 deposit of rawal on 11/11/24 of \$75.00. In the property of the property				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		R-C 11/15/2024		
					11/1	5/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S SALISBURY	STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 423	Continued From pa	ge 37	D 423			
	10:20am.					
	Refer to the intervient 11/15/24 at 10:35ar	ew with the Administrator on m.				
	2. Review of Resident #3's current FL2 dated 10/24/24 revealed diagnoses included gout, osteoarthritis, diabetes mellitus, chronic pain, and insomnia.					
	Review of Resident #3's personal funds ledger from October 2024 to November 2024 revealed: -In October 2024, there was a beginning balance of \$0.00 and an ending balance of \$0.00 with a 10/10/24 deposit of \$90.00 and 10/10/24 withdrawal of \$90.00In November 2024, there was a beginning balance of \$0.00 with a 11/11/24 deposit of \$90.00 and a withdrawal on 11/11/24 of \$90.00There was an ending balance of \$0.00 on 11/15/24. Interview with Resident #3 on 11/15/24 at 9:30am revealed: -Residents' bank hours were Monday through Friday from 11am to 2pmHe received his personal funds on 10/10/24 and 11/12/24He went to the front office when an announcement was made for residents to come to the front office to collect resident funds around the 10th of the monthHe used his personal funds to shop for clothes and buy snacks every month.					
	Refer to the telephone interview with the BOM/Assistant Administrator on 11/15/24 at 10:20am.					

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Refer to the interview with the Administrator on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					ATE SURVEY DMPLETED	
		B. WING		R-C		
HAL034116			B. WING		11/1	5/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBUR			
(V4) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES	SALEM, NO	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 423	Continued From pa	ige 38	D 423			
	11/15/24 at 10:35aı	m.				
	11/04/24 revealed of bipolar disorder and Review of Resident from October 2024 -In October 2024, to f \$90.00 and an eta 10/10/24 deposit of withdrawal of \$180 -In November 2024 balance of \$0.00 w \$90.00 and a withdrawal of \$10.00 w \$10.00 and a withdrawal of \$10.00 w	ent #10's current FL2 dated diagnoses included dementia, d benign prostatic hyperplasia. It #10's personal funds ledger to November 2024 revealed: here was a beginning balance nding balance of \$90.00 with a f \$90.00 and on 10/10/24 a .00. If, there was a beginning ith a 11/11/24 deposit of rawal on 11/11/24 of \$90.00. ing balance of \$0.00 on				
	Interview with Resident #10 on 11/15/24 at 8:45am revealed: -Residents' bank hours were Monday through Friday from 11am to 2pmHe received his personal funds on 10/10/24 and 11/12/24He went to the front office when an announcement was made for residents to come to the front office to collect resident funds around the 10th of the monthAfter the 10th or 11th of each month, he could not get out money on a regular basis during bank hours because the Administrator and BOM were not there every dayThe Administrator and BOM were at the facility 2 or 3 days during the week for 2-3 hours around 10:00am-11:00amHe used his personal funds to shop and buy lunch when he volunteered at his church. Refer to the telephone interview with the BOM/Assistant Administrator on 11/15/24 at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
1141 004440		B. WING		R-C 11/15/2024		
		HAL034116	<u> </u>		11/1	5/2024
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
GRAND '	VILLA ASSISTED LIV	ING AT WINSTON	SALISBURY SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
D 423	Continued From pa	ge 39	D 423			
	10:20am.					
	Refer to the intervient 11/15/24 at 10:35ar	ew with the Administrator on m.				
	4. Review of Resident #11's current FL2 dated 01/14/24 revealed diagnoses included chronic kidney disease and diabetes type 2.					
	from October 2024, the of \$260.00 and an example a 10/10/24 deposition 10/18/24 and 10 ln November 2024 balance of \$30.00 where \$90.00 and a withden to the option of \$90.00 and a withden of \$10.00 km and \$10.00 k	t #11's personal funds ledger to November 2024 revealed: here was a beginning balance ending balance of \$30.00 with of \$90.00 and 2 withdrawals 1/31/24 of \$100.00 each. Here was a beginning with a 11/11/24 deposit of rawal on 11/11/24 of \$90.00. ng balance of \$30.00 on				
	9:08am revealed: -She had received and Tuesday of this bank holiday 11/11/ -The residents' ban Monday through Fri-The Administrator (BOM) had resident after the funds were each month and disresidentsIf she did not get he deposited, she wou 10th of the monthThe Administrator office every day dur	dent #11 on 11/13/24 at resident funds on 10/10/24 s week (11/12/24) due to a 24. k hours were posted to be iday 11:00am-2:00pm. or Business Office Manager ts line up at the front office deposited around the 10th of spersed money to those er funds as soon as it was all not be able to get it after the and BOM were not in the ring the posted bank hours only ones who gave out				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
		B. WING		R-C		
HAL034116			b. WING		11/1	5/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GRAND	VILLA ASSISTED LIV	ING AT WINSTON	SALISBUR SALEM, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
D 423	Continued From pa	ge 40	D 423			
	-She used her reside puzzle books and co	dent funds to purchase snacks, raft items.				
	Refer to the telephone interview with the BOM/Assistant Administrator on 11/15/24 at 10:20am.					
	Refer to the interview with the Administrator on 11/15/24 at 10:35am.					
	Telephone interview with the Assistant Administrator/BOM on 11/15/24 at 10:20am revealed: -Resident bank hours were Monday through Friday form 10:00am-2:00pm as posted on his doorHe and the Administrator were responsible for dispersing resident funds during resident bank hours and the receptionist had been training to help give out residents' fundsHe was at the facility's office every weekday and available to give residents their fundsOn the rare occasion he would not be in the office, the Administrator or receptionist were available to give residents their funds.					
	Interview with the receptionist on 11/15/24 at 10:40am revealed: -She witnessed resident funds dispersments with the Administrator or BOM around the 10th of each monthShe did not have access to the money to disperse funds herself if the Administrator or BOM were not in the officeThe Administrator and BOM were in the office "sporadically" after the 10th of each month for residents to get their money.					
Interview with the Administrator on 11/15/24 at 10:35am revealed:						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED	
		HAL034116	B. WING			-C 15/2024
	PROVIDER OR SUPPLIER VILLA ASSISTED LIVI	2609 OL		·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 423	-She and the BOM dispersing resident 11:00am-2:00pmShe or the BOM wavailable to give resultable to give r	ge 41 were responsible for funds Monday thru Friday ere in the office every day and sidents their money. e available for residents on onth and residents could get during the residents' bank	D 423			

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