STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034023	A. BUILDING: _____ B. WING _____	R-C 12/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD HILLS ASSISTED LIVING	2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103

RECEIVED DEC 2 2015 ADULT CARE LICENSURE SECTION RALEIGH

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on December 2 and 3, 2015.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION THIS IS A TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications (metformin, Preservision and glucosamine-chondroitin) were administered as ordered by a licensed prescribing practitioner for 3 of 5 residents (Residents #1, #6 and #7) observed during a medication pass and for 1 of 5 Residents (Resident #3) sampled for record review. The findings are: A. Review of Resident #3's current FL-2 dated 06/02/15 revealed: -Diagnoses included diabetes with ketoacidosis, metabolic encephalopathy, vascular dementia, and peripheral neuropathy. -An order for metformin 500 mg twice daily.	{D 358}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Raymond Cooper — TITLE: Administrator — (X6) DATE: December 28, 2015

Reviewed & Accepted
Heather Bingham RN, BSN
1-03-16