STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 an annual and follow-up survey from 03/31/26 to 04/01/26.	D 000		
D 248	10A NCAC 13F .0704 (b) Resident Contract, Information On Facility & 10A NCAC 13F .0704 Resident Contract, Information On Facility, And Resident Register (b) The administrator or their management designee and the resident or the resident's representative shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall consist of the following: (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address; (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status; (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests; (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail; (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D-4.8; and (6) resident's consent including a signature	D 248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 248	Continued From page 1 confirming the review and receipt of information contained in the form. The Resident Register is available on the internet website, https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf at no charge. The facility may use a resident information form other than the Resident Register as long as it contains the same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Resident Register was signed and dated within 30 days following admission for 3 of 3 sampled residents (#1, #2 and #3). The findings are: 1. Review of Resident #1's current FL2 dated 07/14/25 revealed diagnoses included dementia, type 2 diabetes, colon polyps, chronic obstructive pulmonary disease, blindness in right eye and schizoaffective disorder. Review of Resident #1's Resident Register revealed: -Resident #1's date of admission was 06/28/14. -The Resident Register was not signed or dated by Resident #1 or their representative. -The Resident Register was not signed or dated by the Administrator or SIC.	D 248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 248	Continued From page 2 Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:30am revealed she was not aware that Resident #1's Resident Register was not signed or dated. Interview with the Administrator on 04/01/26 at 11:45am revealed: -She was not aware that Resident #1's Resident Register was not signed or dated. -At the time Resident #1 was admitted to the facility, the Business Office Manager (BOM) was responsible for ensuring the Resident Registers were completed and signed. Refer to interview with the SIC on 04/01/26 at 9:30am. Refer to interview with the Administrator on 04/01/26 at 11:45am. 2. Review of Resident #2's current FL2 dated 07/24/25 revealed diagnoses included psychosis, borderline intellectual functioning hypertension, asthma, tardive dyskinesia and schizophrenia Review of Resident #2's Resident Register revealed: -Resident #2's date of admission was 06/23/14. -The Resident Register was not signed or dated by Resident #2 or their representative. -The Resident Register was not signed or dated by the Administrator or SIC. Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:30am revealed she was not aware that Resident #2's Resident Register was not signed or dated. Interview with the Administrator on 04/01/26 at 11:45am revealed:	D 248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 248	Continued From page 3 -She was not aware that Resident #2's Resident Register was not signed or dated. -At the time Resident #2 was admitted to the facility, the Business Office Manager (BOM) was responsible for ensuring the Resident Registers were completed and signed. Refer to interview with the SIC on 04/01/26 at 9:30am. Refer to interview with the Administrator on 04/01/26 at 11:45am. 3. Review of Resident #3's current FL2 dated 7/14/25 revealed diagnoses included schizophrenia, hypertension, impaired renal function, cirrhosis, weight loss, hepatitis B and C and cerebral atrophy. Review of Resident #3's Resident Register revealed: -Resident #3's date of admission was 09/06/06. -The Resident Register was not signed or dated by Resident #2 or their representative. -The Resident Register was not signed or dated by the Administrator or SIC. Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:30am revealed she was not aware that Resident #3's Resident Register was not signed or dated. Interview with the Administrator on 04/01/26 at 11:45am revealed: -She was not aware that Resident #3's Resident Register was not signed or dated. -At the time Resident #3 was admitted to the facility, the Business Office Manager (BOM) was responsible for ensuring the Resident Registers were completed and signed.	D 248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 248	Continued From page 4 Refer to interview with the SIC on 04/01/26 at 9:30am. Refer to interview with the Administrator on 04/01/26 at 11:45am. _____ Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:30am revealed: -She was aware the Resident Register needed to be completed and signed prior to admission. -She was not responsible for auditing charts. -The Administrator was responsible for chart audits. Interview with the Administrator on 04/01/26 at 11:45am revealed: -She is currently responsible for ensuring the Resident Registry were completed and signed because there was no BOM. -She was responsible for completing chart audits. -She had not audited the charts to ensure that the Resident Registers were completed and signed. -Her expectation would be for the Resident Registries to be completed and signed prior to admission.	D 248		
D 253	10A NCAC 13F .0801 (a) (b) Resident Assessment 10A NCAC 13F .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 253	Continued From page 5 the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information; (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications; (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating; (6) mental health history; (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background; (8) mood and behaviors; (9) nutritional status, including specialized diet or dietary needs; (10)skin integrity; (11)memory, orientation and cognition; (12)vision and hearing;	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 253	Continued From page 6 (13)speech and communication; (14)assistive devices needed; and (15)a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 3 of 3 sampled residents (#1, #2 and #3) had an annual care plan completed that was signed by a physician. The findings are: 1. Review of Resident #1's current FL2 dated 07/14/25 revealed: - Diagnoses included dementia, type 2 diabetes, colon polyps, chronic obstructive pulmonary disease, blindness in right eye and schizoaffective disorder. -The resident was intermittently disoriented. -The resident was incontinent with bladder. Review of Resident #1's Resident Register revealed an admission of 06/28/14.	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 253	Continued From page 7 Review of Resident #1's record on 03/31/26 revealed: -There was a care plan completed on 06/24/25 that was not signed. -Resident #1 was verbally abusive and had a history of mental illness. -Resident #1 required no assistance from staff with bathing, dressing, toileting, and grooming. Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:am revealed: -She was not aware Residents #1 had no current signed care plan. -She had no knowledge of how care plans were completed or who was responsible for signing them. Interview with the Administrator on 04/01/26 at 11:55am revealed she was aware Residents #3 had no current signed care plan. Refer to interview with the Administrator on 04/01/26 at 11:55am. 2. Review of Resident #2's current FL2 dated 07/24/25 revealed: -Diagnoses included psychosis, borderline intellectual functioning hypertension, asthma, tardive dyskinesia and schizophrenia. -The resident was intermittently disoriented. -The resident was semi-ambulatory. -The resident was incontinent with bladder and bowel. Review of Resident #2's Resident Register revealed an admission date of 06/23/14. Review of Resident #2's record on 03/31/26 revealed:	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 253	Continued From page 8 -There was a care plan completed on 06/24/25 that was not signed. -Resident #2 required assistance from staff with bathing, dressing, toileting, transferring and grooming. Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:am revealed: -She was not aware Residents #2 had no current signed care plan. -She had no knowledge of how care plans were completed or who was responsible for signing them. Interview with the Administrator on 04/01/26 at 11:55am revealed she was aware Residents #2 had no current signed care plan. Refer to interview with the Administrator on 04/01/26 at 11:55am. 3. Review of Resident #3's current FL2 dated 7/14/25 revealed: -Diagnoses included schizophrenia, hypertension, impaired renal function, cirrhosis, weight loss, hepatitis B and C and cerebral atrophy. -The resident was constantly disoriented. -The resident was non-ambulatory. -The resident was incontinent with bladder and bowel. Review of Resident #3's Resident Register revealed an admission date of 09/06/06. Review of Resident #3's record on 03/31/26 revealed: -There was a care plan completed on 06/24/25 that was not signed. - Resident #3 had a history of mental illness.	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 253	Continued From page 9 -Resident #3 was totally dependent on assistance from staff with bathing, dressing, toileting, and grooming. Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:am revealed: -She was not aware Residents #3 had no current signed care plan. -She had no knowledge of how care plans were completed or who was responsible for signing them. Interview with the Administrator on 04/01/26 at 11:55am revealed she was aware Residents #3 had no current signed care plan. Refer to interview with the Administrator on 04/01/26 at 11:55am. _____ Interview with the Administrator on 04/01/26 at 11:55am revealed: -She usually sent the care plans with residents to their yearly appointments to be signed by the provider. -She did not send the care plans dated 06/24/25 to the provider to be signed and could not say why. -Her expectations were to have care plans completed and signed annually.	D 253		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 10 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure health care referral and follow-up for 2 of 3 sampled resident (#3, #4) related to notifying their Primary Care Physician (PCP) about medications that were not available for administration (#3) and a resident who had 2 missed appointments with her primary care provider (PCP) (#4). The findings are: 1. Review of Resident #3's FL2 dated 07/14/25 revealed: -Diagnoses included schizophrenia, hypertension and impaired renal function. -There was an order for prenatal plus vitamins (a medication used for vitamin deficiency) one tablet every day. -There was an order for aspirin 81mg (a medication used to prevent blood clots) one tablet every day. -There was an order for quetiapine 25mg (a medication used to treat schizophrenia) one every night. -There was an order for omeprazole 20mg (a medication used to reduce stomach acid) one tablet every day. -There was an order for fluoxetine 40mg (a medication used to treat mental health disorders) one tablet every morning. -There was an order for atenolol 52mg (a medication used to treat hypertension) half a tablet every day. -There was an order for amlodipine 5mg (a medication used to treat hypertension) one tablet every day. -There was an order for lisinopril 40mg (a	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 11	D 273		

medication used to treat hypertension) one tablet every day.
-There was an order for potassium chloride 10mEq (a medication used to treat low blood potassium levels) two tablets every day.
-There was an order for simvastatin 20mg (a medication used to lower cholesterol blood levels) one tablet every night.
-There was an order for brinzolamide 1%-2% (a medication used to treat high pressure inside the eye) one drop in both eyes, three times a day.
-There was an order for timolol maleate 0.5% (a medication used to treat high pressure inside the eye) one drop in both eyes, two times a day.
-There was an order for loratadine 10mg (a medication used to treat allergy symptoms) one tablet every day.
-There was an order for acetaminophen 325mg (a medication used to treat mild pain) two tablets two times a day as needed for pain.
-There was an order for latanoprost 0.005% (a medication used to treat high pressure inside the eye) one drop in both eyes every night.

Review of Resident #3's January 2026 Medication Administration Record (MAR) revealed:
-There was an entry for prenatal plus vitamins, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for aspirin 81mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for quetiapine 25mg, take one tablet every night, scheduled for administration at 5:00pm and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for omeprazole 20mg, take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 12 one tablet every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26. -There was an entry for fluoxetine 40mg, take one tablet every morning, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26. -There was an entry for atenolol 52mg, take half a tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26. -There was an entry for amlodipine 5mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26. -There was an entry for lisinopril 40mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26. -There was an entry for potassium chloride 10mEq, take two tablets every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26. -There was an entry for simvastatin 20mg, take one tablet every night, scheduled for administration at 8:00pm and was documented as administered from 01/01/26 to 01/31/26. -There was an entry for timolol maleate 0.5% , one drop in both eyes, two times a day, scheduled for administration at 8:00am and 8:00pm and was documented as administered from 01/01/26 to 01/31/26. -There was an entry for loratadine 10mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26. -There was an entry for acetaminophen 325mg, take two tablets two times a day as needed, with no documentation of administration from 01/01/26 to 01/31/26.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 13 -There was an entry for latanoprost 0.005%, one drop in both eyes every night scheduled for administration at 8:00pm and was documented as administered from 01/01/26 to 01/31/26. -There was an entry for brinzolamide 1%-2%, one drop in both eyes, three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm and was documented as administered from 01/01/26 to 01/31/26. Review of Resident #3's February 2026 MAR revealed: -There was an entry for prenatal plus vitamins, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26. -There was an entry for aspirin 81mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for quetiapine 25mg, take one tablet every night, scheduled for administration at 5:00pm and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for omeprazole 20mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for fluoxetine 40mg, take one tablet every morning, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26. -There was an entry for atenolol 52mg, take half a tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26. -There was an entry for amlodipine 5mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 14 -There was an entry for lisinopril 40mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for potassium chloride 10mEq, take two tablets every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for simvastatin 20mg, take one tablet every night, scheduled for administration at 8:00pm and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for timolol maleate 0.5% , one drop in both eyes, two times a day, scheduled for administration at 8:00am and 8:00pm and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for loratadine 10mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26. -There was an entry for acetaminophen 325mg, take two tablets two times a day as needed, with no documentation of administration from 02/01/26 to 02/28/26. -There was an entry for latanoprost 0.005%, one drop in both eyes every night scheduled for administration at 8:00pm and was documented as administered from 02/01/26 to 02/28/26. -There was an entry for brinzolamide 1%-2%, one drop in both eyes, three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm with no documentation of administration from 02/01/26 to 02/28/26. Review of Resident #3's March 2026 MAR revealed: -There was an entry for prenatal plus vitamins, take one tablet every day, scheduled for administration at 8:00am and was documented	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 15	D 273		

as not administered from 03/01/26 to 03/31/26.
-There was an entry for aspirin 81mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for quetiapine 25mg, take one tablet every night, scheduled for administration at 5:00pm and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for omeprazole 20mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for fluoxetine 40mg, take one tablet every morning, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for atenolol 52mg, take half a tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for amlodipine 5mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for lisinopril 40mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for potassium chloride 10mEq, take two tablets every day, scheduled for administration at 8:00am and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for simvastatin 20mg, take one tablet every night, scheduled for administration at 8:00pm and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for timolol maleate 0.5% , one drop in both eyes, two times a day, scheduled for administration at 8:00am and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 16	D 273		

8:00pm and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for loratadine 10mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for acetaminophen 325mg, take two tablets two times a day as needed, with no documentation of administration from 03/01/26 to 03/31/26.
-There was an entry for latanoprost 0.005%, one drop in both eyes every night scheduled for administration at 8:00pm and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for brinzolamide 1%-2%, one drop in both eyes, three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm with no documentation of administration from 03/01/26 to 03/31/26.

Observation of Resident #3's medications on hand on 03/31/26 at 11:00am revealed:
-There was a bottle of latanoprost 0.005%, with a dispense date of 12/09/25, available for administration.
-There was a bottle of brinzolamide 1%-2%, with a dispense date of 12/22/25, available for administration.
-There were no other medications available for administration.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 03/31/26 at 11:05am revealed:
-Resident #3's tablet medications were sent to the facility in multidose packages.
-The multidose packages contained all of Resident #3's medication tablets.
-Resident #3's multidose medication package was last dispensed on 08/04/25 with a 28-day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 17	D 273		

quantity.
-No other multidose medication packages had been filled and dispensed since 08/04/25.
-There was an issue with payment and insurance which was why the pharmacy was unable to refill Resident #3's multidose medication package.
-They had communicated Resident #3 insurance issues with the facility.

Telephone interview with a representative from Resident #3's PCPs office on 03/31/26 at 3:46pm revealed:
-Resident #3 was last seen by her PCP on 06/26/25.
-Resident #3's PCP was not aware that Resident #3 only had two medications available for administration.
-There were no notes in Resident #3's file that stated the facility had contacted Resident #3's PCP about the medication issue.
-It was imperative that Resident #3 take all medications as prescribed.

Interview with a medication aide (MA) on 04/01/26 at 8:55am revealed:
-She was aware Resident #3 only had 2 medications available for administration.
-She had never contacted Resident #3's PCP about the medications not being available for administration.
-She did not know why she had not contacted Resident #3's PCP.
-She did not know how long Resident #3 had gone without her medication.
-She knew she should have contacted Resident #3's PCP about medications not being available for administration.

Interview with the Supervisor in Charge (SIC) on 04/01/26 at 9:08am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 18	D 273		

-She was aware Resident #3 only had 2 medications available for administration.
-She had never contacted Resident #3's PCP about the medications not being available for administration.
-The facility kept a communication log to document physician contact.
-There was no documentation in the communication log that anyone had contacted Resident #3's PCP about medications not being available for administration.
-She did not know why Resident #3's medication were not available for administration.

Interview with the Administrator on 04/01/26 at 11:52am revealed:
-She was aware Resident #3 only had 2 medications available for administration.
-She was not aware Resident #3's PCP had not been contacted about medications not being available for administration.
-She had never contacted Resident #3's PCP about the medications not being available for administration.
-She expected MAs to contact physicians if there was an issue with medications.

2. Review of Resident #4's FL-2 dated 07/21/25 revealed:
-Diagnosis included schizophrenia.
-She was constantly disoriented.

Review of Resident #4's record on 03/31/26 revealed she had an medical appointment scheduled with her PCP on 03/03/26.

Telephone interview with a staff member at Resident #4's PCP's office on 03/31/26 at 3:13pm revealed:
-Resident #4 had an appointment on 03/03/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 19	D 273		

that was cancelled by staff at the facility and rescheduled for 03/16/26.
-On 03/16/26, the facility called to reschedule Resident #4's appointment and was informed by a staff member at the PCP's office that a $25 fee would be assessed if the appointment was missed, unless Resident #4 could do a telehealth appointment instead.
-Staff at the facility told staff at Resident #4's PCP office that they would call back later that day to confirm the telehealth appointment.
-No one from the facility called Resident #4's PCP's office back to confirm the telehealth appointment, and the appointment was never rescheduled.

Interview with Resident #4 on 04/01/26 at 8:46am revealed:
-She was aware of her missed PCP appointments.
-She missed the appointments due to no driver being available.
-She missed PCP appointments often due to transportation issues.

Interview with a medication aide (MA) on 04/01/26 at 8:53am revealed:
-She was aware of Resident #4's missed PCP appointments.
-The reason Resident #4 missed her appointment was due to no driver being available to take her.
-She was not sure why the driver was not available on the day of Resident #4's appointments.
-She or the Supervisor were responsible for setting up transportation for medical appointments.

Interview with the Supervisor on 04/01/26 at 9:00am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 20	D 273		

-She was aware of Resident #4's missed PCP appointments.
-She was not sure why Resident #4 missed her appointment on 03/03/26.
-All records of the residents medical appointments were kept in a transportation log.
-According to the transportation log, Resident #4's 03/16/26 appointment was missed due to a $25 fee.
-Any Supervisor on duty was in charge of coordinating medical appointments for residents.
-The transportation specialist was in charge of driving residents to their appointments.
-She informed the transportation specialist the day before any of the residents medical appointments.

Interview with the transportation specialist on 04/01/26 at 9:17am revealed:
-He was only in charge of driving residents to their medical appointments.
-He was not aware of Resident #4's 03/03/26 missed PCP appointment.
-On 03/16/26, he took Resident #4 to her PCP appointment, but the PCP would not see her due to an unpaid $25 fee.
-He was not sure why a staff member at Resident #4's PCP office stated Resident #4 was a no-show for her 03/16/26 appointment.
-When he is unavailable to transport residents, the administrator was supposed to transport residents, but she typically did not do so.

Interview with the Administrator on 04/01/26 at 11:59am revealed:
-She was not aware of Resident #4's missed PCP appointments.
-MAs and Supervisors looked at the transportation log at the beginning of each week to see who had medical appointments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 273	Continued From page 21 -If the transportation specialist was not available other staff at the facility, including herself, were to transport residents to their appointments. -She expected all residents not to miss any medical appointments. _____ The facility failed to ensure referral and follow up with a physician about medications that were not available for administration for Resident #3 including an antipsychotic medication, an antidepressant medication, and 3 blood pressure medications, and a resident who had 2 missed appointments with her PCP . This failure was detrimental to the health, safety and well-being of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on March 31, 2026 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 15, 2026.	D 273		
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.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 22 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#3) including a medication used to treat reflux, a medication used to treat hypertension, a medication used to treat schizophrenia, a medication used to treat depression, a medication used to treat high cholesterol, three eyedrops, an allergy medication, and two supplements. The findings are: Review of Resident #3's FL2 dated 07/14/25 revealed: -Diagnoses included schizophrenia, hypertension, and impaired renal function. -There was an order for prenatal plus vitamins (a medication used for vitamin deficiency) one tablet every day. -There was an order for aspirin 81mg (a medication used to prevent blood clots) one tablet every day. -There was an order for quetiapine 25mg (a medication used to treat schizophrenia) one tablet every night. -There was an order for omeprazole 20mg (a medication used to reduce stomach acid) one tablet every day. -There was an order for fluoxetine 40mg (a medication used to treat mental health disorders) one tablet every morning. -There was an order for atenolol 52mg (a medication used to treat hypertension) half a tablet every day. -There was an order for amlodipine 5mg (a medication used to treat hypertension) one tablet	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 23	D 358		

every day.
-There was an order for lisinopril 40mg (a medication used to treat hypertension) one tablet every day.
-There was an order for potassium chloride 10mEq (a medication used to treat low blood potassium levels) two tablets every day.
-There was an order for simvastatin 20mg (a medication used to lower cholesterol blood levels) one tablet every night.
-There was an order for brinzolamide 1%-2% (a medication used to treat high pressure inside the eye) one drop in both eyes, three times a day.
-There was an order for timolol maleate 0.5% (a medication used to treat high pressure inside the eye) one drop in both eyes, two times a day.
-There was an order for loratadine 10mg (a medication used to treat allergy symptoms) one tablet every day.
-There was an order for acetaminophen 325mg (a medication used to treat mild pain) two tablets two times a day as needed for pain.
-There was an order for latanoprost 0.005% (a medication used to treat high pressure inside the eye) one drop in both eyes every night.

Review of Resident #3's January 2026 Medication Administration Record (MAR) revealed:
-There was an entry for prenatal plus vitamins, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for aspirin 81mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for quetiapine 25mg, take one tablet every night, scheduled for administration at 5:00pm and was documented

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 24	D 358		

as not administered from 01/01/26 to 01/31/26.
-There was an entry for omeprazole 20mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for fluoxetine 40mg, take one tablet every morning, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for atenolol 52mg, take half a tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for amlodipine 5mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for lisinopril 40mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for potassium chloride 10mEq, take two tablets every day, scheduled for administration at 8:00am and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for simvastatin 20mg, take one tablet every night, scheduled for administration at 8:00pm and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for timolol maleate 0.5% , one drop in both eyes, two times a day, scheduled for administration at 8:00am and 8:00pm and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for loratadine 10mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 01/01/26 to 01/31/26.
-There was an entry for acetaminophen 325mg, take two tablets two times a day as needed, with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 25	D 358		

no documentation of administration from 01/01/26 to 01/31/26.
-There was an entry for latanoprost 0.005%, one drop in both eyes every night scheduled for administration at 8:00pm and was documented as administered from 01/01/26 to 01/31/26.
-There was an entry for brinzolamide 1%-2%, one drop in both eyes, three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm and was documented as administered from 01/01/26 to 01/31/26.

Review of Resident #3's February 2026 MAR revealed:
-There was an entry for prenatal plus vitamins, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26.
-There was an entry for aspirin 81mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for quetiapine 25mg, take one tablet every night, scheduled for administration at 5:00pm and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for omeprazole 20mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for fluoxetine 40mg, take one tablet every morning, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26.
-There was an entry for atenolol 52mg, take half a tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26.
-There was an entry for amlodipine 5mg, take one tablet every day, scheduled for administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 26	D 358		

at 8:00am and was documented as not administered from 02/01/26 to 02/28/26.
-There was an entry for lisinopril 40mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for potassium chloride 10mEq, take two tablets every day, scheduled for administration at 8:00am and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for simvastatin 20mg, take one tablet every night, scheduled for administration at 8:00pm and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for timolol maleate 0.5% , one drop in both eyes, two times a day, scheduled for administration at 8:00am and 8:00pm and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for loratadine 10mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 02/01/26 to 02/28/26.
-There was an entry for acetaminophen 325mg, take two tablets two times a day as needed, with no documentation of administration from 02/01/26 to 02/28/26.
-There was an entry for latanoprost 0.005%, one drop in both eyes every night scheduled for administration at 8:00pm and was documented as administered from 02/01/26 to 02/28/26.
-There was an entry for brinzolamide 1%-2%, one drop in both eyes, three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm with no documentation of administration from 02/01/26 to 02/28/26.

Review of Resident #3's March 2026 MAR revealed:
-There was an entry for prenatal plus vitamins,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 27	D 358		

take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for aspirin 81mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for quetiapine 25mg, take one tablet every night, scheduled for administration at 5:00pm and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for omeprazole 20mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for fluoxetine 40mg, take one tablet every morning, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for atenolol 52mg, take half a tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for amlodipine 5mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for lisinopril 40mg, take one tablet every day, scheduled for administration at 8:00am and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for potassium chloride 10mEq, take two tablets every day, scheduled for administration at 8:00am and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for simvastatin 20mg, take one tablet every night, scheduled for administration at 8:00pm and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for timolol maleate 0.5% ,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 28	D 358		

one drop in both eyes, two times a day, scheduled for administration at 8:00am and 8:00pm and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for loratadine 10mg, take one tablet every day, scheduled for administration at 8:00am and was documented as not administered from 03/01/26 to 03/31/26.
-There was an entry for acetaminophen 325mg, take two tablets two times a day as needed, with no documentation of administration from 03/01/26 to 03/31/26.
-There was an entry for latanoprost 0.005%, one drop in both eyes every night scheduled for administration at 8:00pm and was documented as administered from 03/01/26 to 03/31/26.
-There was an entry for brinzolamide 1%-2%, one drop in both eyes, three times a day, scheduled for administration at 8:00am, 2:00pm, and 8:00pm with no documentation of administration from 03/01/26 to 03/31/26.

Observation of Resident #3's medications on hand on 03/31/26 at 11:00am revealed:
-There was a bottle of latanoprost 0.005%, with a dispense date of 12/09/25, available for administration.
-There was a bottle of brinzolamide 1%-2%, with a dispense date of 12/22/25, available for administration.
-There were no other medications available for administration.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 03/31/26 at 11:05am revealed:
-Resident #3's tablet medications were sent to the facility in multidose packages.
-The multidose packages contained all of Resident #3's medication tablets.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 29 -Resident #3's multidose medication package was last dispensed on 08/04/25 with a 28-day quantity. -No other multidose medication packages had been filled and dispensed since 08/04/25. -There was an issue with payment and insurance which is why the pharmacy was unable to refill Resident #3's multidose medication package. Telephone interview with a representative from Resident #3's primary care provider (PCP) office on 03/31/26 at 3:46pm revealed: -Resident #3 was last seen by her PCP on 06/26/25. -On that visit, the PCP wrote a 28-day supply prescription for all medications with 12 refills. -Resident #3's PCP was not aware that Resident #3 only had two medications available for administration. -It was imperative that Resident #3 take all medications as prescribed. Interview with Resident #3's responsible party on 03/31/26 at 12:30pm revealed: -She visited the facility, on average, once a week. -She was not aware Resident #3 only had 2 medications available for administration. -The facility had contacted her in late 2025 about payment for an eyedrop medication, but it was too expensive for her to cover. -She assumed the facility figured out the issue with Resident #3's eyedrops because no one had contacted her again about any medications. -The last time she visited the facility, Resident #3 was crying uncontrollably, but she was not sure if the crying was due to news of a family member death or because of missed medications. Interview with a medication aide (MA) on 03/31/26 at 12:25pm revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 30	D 358		

-She was aware Resident #3 only had 2 medications available for administration.
-The Supervisor or the Administrator was in charge of making sure all medications were available for administration.
-She administered Resident #3's medications according to the MAR.
-When she did not administer a medication, she documented on the MAR by circling her initials.
-She had not noticed any adverse effects in Resident #3 due to not receiving her medications as prescribed.

Interview with the Supervisor on 04/01/26 at 9:08am revealed:
-She was aware Resident #3 only had 2 medications available for administration.
-She was not sure how long Resident #3 had been without her medications.
-She had contacted the facility's contracted pharmacy about Resident #3's medications and was told there was an issue with medical insurance.
-She did not know why there was an issue with Resident #3's insurance.

Interview with the Administrator on 04/01/26 at 11:45am revealed:
-She was aware Resident #3 only had 2 medications available for administration.
-Resident #3 ran out of "some meds" on the morning of 03/31/26.
-She was not sure how Resident #3 could have still had medications available on the morning of 03/31/26, despite the medications being last dispensed on 08/04/26 for a 28-day supply.
-Resident #3's family had not brought any medications to the facility.
-She was aware of Resident #3's medical insurance issue, she had just not had the time to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 358	Continued From page 31 handle it. -She expected all ordered medications to be available for administration. Based on observations, interviews and record reviews, it was determined that Resident #3 was not interviewable. The facility failed to ensure medications were administered as ordered for a resident (#3) including a medication used to treat reflux, a medication used to treat hypertension, a medication used to treat schizophrenia, a medication used to treat depression, a medication used to treat high cholesterol, three eyedrops, an allergy medication, and two supplements. This failure was detrimental to the health and safety of the resident and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/31/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 16, 2025.	D 358		
D 400	10A NCAC 13F .1009 (a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 400	Continued From page 32 Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the quarterly pharmaceutical reviews were completed for 3 of 3 sampled residents (#1, #2 and #3). The findings are:	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 400	Continued From page 33 1. Review of Resident #1's current FL2 dated 07/14/25 revealed diagnoses included dementia, type 2 diabetes, colon polyps, chronic obstructive pulmonary disease, blindness in right eye and schizoaffective disorder. Review of Resident #1's Resident Register revealed an admission of 06/28/14. Review of Resident #1's record revealed there were no quarterly pharmaceutical reviews. Interview with the Administrator on 04/01/26 at 11:50am revealed she was not aware Resident #1 had no documentation of quarterly pharmacy reviews in their record. Refer to interview with the Administrator on 04/01/26 at 11:50am. 2. Review of Resident #2's current FL2 dated 07/24/25 revealed diagnoses included psychosis, borderline intellectual functioning hypertension, asthma, tardive dyskinesia and schizophrenia. Review of Resident #2's Resident Register revealed an admission date of 06/23/14. Review of Resident #2's record revealed there were no quarterly pharmaceutical reviews. Interview with the Administrator on 04/01/26 at 11:50am revealed she was not aware Resident #3 had no documentation of quarterly pharmacy reviews in their record. Refer to interview with the Administrator on 04/01/26 at 11:50am. Interview with the Administrator on 04/01/26 at	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 400	Continued From page 34 11:50am revealed she was not aware Resident #2 had no documentation of quarterly pharmacy reviews in their record. Refer to interview with the Administrator on 04/01/26 at 11:50am. 3. Review of Resident #3's current FL2 dated 7/14/25 revealed diagnoses included schizophrenia, hypertension, impaired renal function, cirrhosis, weight loss, hepatitis B and C and cerebral atrophy. Review of Resident #3's Resident Register revealed an admission date of 09/06/06. Review of Resident #3's record revealed there were no quarterly pharmaceutical reviews. Interview with the Administrator on 04/01/26 at 11:50am revealed she was not aware Resident #3 had no documentation of quarterly pharmacy reviews in their record. Refer to interview with the Administrator on 04/01/26 at 11:50am. _____ Interview with a pharmacy representative on 04/01/26 at 8:45am revealed: -They were responsible for completing pharmacy reviews for any resident they provided medication for that resided in the facility. -They have not completed pharmacy reviews this year due to lack of payment from the facility for medication. -The last time they completed pharmacy reviews was approximately two years ago. Interview with the Supervisor in Charge (SIC) on	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 400	Continued From page 35 04/01/26 at 9:30am revealed: -She was not aware Residents #1, #2 and #3 had no pharmacy reviews in their chart. -The residents' pharmacy reviews are completed by the pharmacy. -She was not sure when the last reviews were completed. -She was not aware pharmacy reviews were completed quarterly. -The Administrator was responsible for completing chart audits. Interview with the Administrator on 04/01/26 at 11:50am revealed. -She was not aware Residents #1, #2 and #3 had no documentation of pharmacy reviews i charts for 2026. -The pharmacy used to come to the facility to complete the quarterly reviews. -She had no knowledge of the pharmacy not doing the pharmacy reviews due to nonpayment of medication. -She cannot remember that last time the pharmacy reviews were completed. -It was her responsibly to contact the pharmacy if the pharmacy had not completed the quarterly reviews. -She was responsible for doing chart audits to ensure the pharmacy reviews were completed quarterly. -She had not audited the charts in over one year and could not say why. -Her expectation would be for the charts to be audited every six months to ensure the pharmacy reviews were completed each quarter.	D 400		