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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034027	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WINSTON-SALEM	275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104

(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 survey on March 31, 2026 and April 1, 2026.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#1) had completed the two-step tuberculosis (TB) testing in compliance with the control measures of the Commission for Health Services. The findings are: Review of Resident #1's current FL2 dated 02/17/26 revealed diagnoses included Alzheimer's disease, hypothyroidism, vitamin D deficiency, vitamin B12 deficiency anemia, prediabetes and gastro esophageal reflux disease without esophagitis. Review of Resident #1's Resident Register	D 234		

Executive Director 4.21.26

Reviewed and Acknowledged 5-15-26

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D 234	Continued From page 1 revealed the resident was admitted to the facility on 12/28/23. Review of Resident #1's TB skin tests revealed: -A TB skin test was administered on 10/20/23 and read as negative on 10/23/23. -There was no documentation the resident had received a second step TB skin test since admission to the facility. Interview with the Admissions Director (AD) on 04/01/26 at 8:55am revealed she was responsible for obtaining proof of the first step TB skin test for all admitted residents but not responsible for obtaining the second step. Interview with the Health and Wellness Director (HWD) on 04/01/26 at 9:01am revealed: -She or the Health and Wellness Coordinator (HWC) were responsible for obtaining the second step TB skin test for all new admissions if they had not been ordered a TB blood test. -She was not aware that the second step TB skin test had not been completed for Resident #1. -She completed 2-3 resident chart audits per week with the assistance of the HWC. -When assessments are completed for potential new admissions, the resident's family is offered the option of a two-step TB test or a TB blood test prior to admission. Interview with the Administrator on 04/01/26 at 10:02am revealed: -He was not aware that the second step TB skin test had not been completed for Resident #1. -The HWD and HWC were responsible for monitoring and obtaining TB tests for all residents and utilizing a clinical tracker. -He expected TB tests to be administered within the required timeframe and for the clinical tracker	D 234		

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D 234	Continued From page 2 to be updated accordingly. Attempted interview with the HWC on 04/01/26 at 11:46am was unsuccessful.	D 234		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure therapeutic diets were served as ordered for 1 of 5 sampled residents (#3), who was ordered a carbohydrate-controlled, modified texture diet. The findings are: Review of Resident #3's current FL2 dated 02/10/26 revealed diagnoses included maxillary fracture right side, dislocation of tooth, history of falling, type 1 diabetes mellitus, age related osteoporosis, dysphagia, muscle weakness and difficulty walking. Review of a signed physician order for Resident #3 dated 03/24/26 revealed an order for speech therapy to evaluate dysphagia and a texture modified diet. Review of the diet order list in the kitchen on 03/31/26 at 9:46am and 04/01/26 at 9:24am	D 310		

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D 310	Continued From page 3 revealed Resident #3 was listed as a carbohydrate-controlled diet. Review of the therapeutic menu for carbohydrate-controlled, modified texture lunch meal on 03/31/26 revealed: -The barbecue braised beef should be ground and dispensed with two 10 scoops and served with barbecue sauce or another sauce. -The macaroni and cheese should be omitted and substituted with 0.5 cup buttered noodles. Observation of the lunch meal on 03/31/26 at 12:06pm revealed: -Resident #3 was served beef that was cut into elongated pieces but not ground and had no sauce , macaroni and cheese and 3-bean salad. -Resident #3 ate 25% of her meat, 25% of her macaroni and cheese, and none of the bean salad. Review of the therapeutic menu for carbohydrate-controlled, modified texture breakfast meal on 04/01/26 revealed: -The eggs to order should be served with 0.5 cups of hot cereal. -The bacon should be omitted and substituted with a ground sausage patty using a 10 scoop and served with beef gravy or other gravy. -The fruit compote should be omitted and substituted with 0.5 cup of chilled peaches. Observation of the breakfast meal on 04/01/26 at 8:17am revealed: -Resident #3 was served strips of sausage that were not ground, hot cereal and a ½ piece of toast. -Resident #3 was not served eggs or fruit. Interview with Resident #3's primary care provider	D 310		

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D 310	Continued From page 4 (PCP) on 03/31/26 at 11:12am revealed: -She met with Resident #3's family on 03/24/26 and changed her diet to modified texture based on family reporting difficulty swallowing during mealtimes. She also ordered a speech therapy evaluation on 03/24/26. -She did not change the carbohydrate-controlled portion of Resident #3's diet but added the modified texture order on 03/24/26. -Resident #3 could be at risk for aspiration if the diet was not served as ordered and she expected her orders to be followed. Interview with a medication aide (MA) on 04/01/26 at 8:49am revealed: -Dietary staff plated resident meals in the kitchen. -MAs and personal care assistants (PCAs) delivered the meals to the dining room tables based on assigned cards in the kitchen and poured drinks. Interview with the lead cook on 04/01/26 at 9:26am revealed: -Cooks plated resident meals and MAs delivered them to the dining room tables. -She was not aware of the diet order change for Resident #3 and did not receive a copy of the order. -The facility did not employ dietary aides, only cooks and the dietary manager (DM). -The DM was responsible for changing resident diets and posting pictures of residents on therapeutic diets on a board in the kitchen. -The dietary department would usually receive a paper form from either an MA or nurse when a resident diet was changed. Interview with the Health and Wellness Director (HWD) on 04/01/26 at 9:11am revealed: -Resident #3's PCP visited weekly and	D 310		

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D 310	Continued From page 5	D 310		

communicated order changes verbally and in writing. Order changes between visits were faxed to the facility.
-MAs received diet order changes first and entered them into residents' electronic records, providing a paper copy to the dietary department.
-She was aware of Resident #3's diet order change and recalled verbally reporting the change to a member of the dietary staff but could not recall the date.
-She and the Health and Wellness Coordinator (HWC), along with MAs were all responsible for sending diet order changes to the dietary department.

Interview with the Dietary Manager (DM) on 04/01/26 at 2:21pm revealed:
-She was not aware of the diet order change for Resident #3 and did not receive a copy of the order.
-The HWD usually provided a paper copy of the diet order to whoever was on duty in the dietary department.
-She updated the diet order book and the diet order board in the kitchen immediately upon receiving diet orders.

Interview with the Administrator on 04/01/26 at 9:56am revealed:
-He was aware of the diet order change for Resident #3 but was not aware that meals were not being served according to the order.
-Either the HWD or HWC processed order changes and met with dietary staff.
-It was his expectation that clinical staff should meet with both dietary staff and MAs regarding diet order changes and the diet board in the kitchen should be updated immediately.

The following is a summary of the Plan of Correction for Brookdale Winston Salem. This Plan of Correction is in regards to the Corrective Action Report dates April 1, 2026. This Plan of Correction is not to be constructed as an admission of or agreement with the findings and conclusions in the State of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation, nor have we identified mitigating factors.

10A NCAC 13F. 0703(a) Tuberculosis Test, Medical Exam & Immunizations

Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health in 10A NCAC 41A. .0205 including subsequent amendments and editions.

- The Health & Wellness Director/Nurse/Executive Director or designee will audit current residents for compliance with Tuberculosis Testing.
- To assist with ongoing compliance the Health & Wellness Director/Nurse/Executive Director or designee will review the new admission medical records weekly for six (6) weeks and then monthly for two (2) months.
- Plan of correction to be completed by May 5th 2026.

10A NCAC 13F .0904(e)(4) Nutrition and food service

(e)Therapeutic diets in Adult Care Homes (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.

- The Health & Wellness Director/Nurse/Executive Director or designee will conduct an audit on all current residents prescribed diet orders to verify the Dining Services Manager and dining staff have the current physician ordered diet.
- The Health & Wellness Director/Nurse/Executive Director/ Dining Services Manager, or designee will provide retraining on diets for all associates who serve resident meals.
- To assist with ongoing compliance, the Health & Wellness Director/Nurse/Executive Director or designee will verify resident diets weekly for six (6) weeks.
- Plan of correction to be completed by May 5th, 2026.

Christopher Smith, Executive Director