Received via email on 5/4/26

PRINTED: 04/10/2026
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
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 24, 2026 and March 25, 2026.	D 000	The facility will assure that an appropriate licensed healthcare professional will participate in the on-site review and evaluation of all residents health status, careplan and care provided for all residents and all records of resident records are maintained in the resident record.	Effective Immediately & Ongoing
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow	D 278	The LHPS for Resident #2 was reviewed and updated on 4/6/2026 to reflect current care needs. The Resident Care Director will be responsible for completing and maintaining the RCD Tracking form to ensure compliance and for scheduling the appropriate licensed healthcare proessional to be present at the facility to perform all required evaluations and paperwork. See Attachment A - RCD Tracking Form The Adminnistrator will review the RCD Tracking Form for compliance monthly to ensure all tasks are updated and new admissions are added.	Completed 4/6/2026 Effective Immediately & Ongoing Effective Immediately & Ongoing

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kendra Hunter
TITLE: Administrator
(X6) DATE: 05/04/26

STATE FORM 6899 4ISY11 If continuation sheet 1 of 16

Received and acknowledged on 5/5/26

Katherine Spencer

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 278	Continued From page 1	D 278		

crater;
(11) inhalation medication by machine;
(12) forcing and restricting fluids;
(13) maintaining accurate intake and output data;
(14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);
(15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin.
(16) oxygen administration and monitoring;
(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;
(18) oral suctioning;
(19) care of well-established tracheostomy, not to include indo-tracheal suctioning;
(20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule);
(21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP);
(22) application of prescribed heat therapy;
(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;
(24) ambulation using assistive devices that requires physical assistance;
(25) range of motion exercises;
(26) any other prescribed physical or occupational therapy;
(27) transferring semi-ambulatory or non-ambulatory residents; or
(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 278	Continued From page 2 Act and rules promulgated under that act in 21 NCAC 36.	D 278		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure licensed health professional support (LHPS) evaluations were completed quarterly for 1 of 3 sampled residents (#2) who required assistance with tasks including ambulation with assistive device, transferring, physical therapy, and occupational therapy.

The findings are:

Review of Resident #2's FL2 dated 09/01/25 revealed diagnoses included dementia, Alzheimer's disorder, delirium, and hypertension.

Review of Resident #2's Resident Register revealed an admission date of 08/08/25.

Review of Resident #2's current care plan dated 03/17/25 revealed Resident #2 needed extensive assistance with bathing, dressing, toileting, grooming, hygiene, and transferring.

Observation of Resident #2 on 03/25/26 at 12:20pm revealed Resident #2 laying in her bed, with a Geri chair next to her bed.

Review of Resident #2's Licensed Health Professional Support (LHPS) evaluation dated 09/11/25 revealed:
-There was documentation for an LHPS review for transferring and ambulation using assistive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 278	Continued From page 3 devise that require physical assistance. -There was documentation for an LHPS review for physical therapy and occupational therapy. Interview with a patient care assistant (PCA) on 03/25/26 at 12:40pm revealed: -Resident #2 needed total assistance with all activities of daily living. -Resident #2 needed feeding assistance. Interview with the Memory Care Coordinator (MCC) on 03/25/26 at 12:53pm revealed: -She was aware LHPS needed to be complete quarterly. -She was not aware Resident #2 did not have an updated LHPS. -The facilities contracted Registered Nurse (RN) completed residents' LHPSs and sent them to her via email. -She was responsible for ensuring residents' LHPSs were completed and signed by the RN quarterly. Interview with the Administrator on 03/25/26 at 12:55pm revealed: -She was aware LHPSs needed to be complete quarterly. -She was not aware Resident #2 did not have an updated LHPS. -The facilities contracted RN was in the hospital, so she was unable to be contacted to inquire if Resident #2's LHPS was completed. -She and the MCC were responsible for ensuring residents' LHPSs were completed and signed by the RN quarterly. Based on observations, interviews and record reviews, it was determined Resident #2 was not interviewable.	D 278		

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
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 344	Continued From page 4	D 344	The facility will assure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments. All documentation will be completed as per policy.	Effective Immediately & Ongoing
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to clarify medication orders for 1 of 3 sampled residents (#1) including an antidepressant medication. The findings are: Review of Resident #1's current FL2 dated 05/28/25 revealed diagnoses included depression, cognition impairment, and type 2 diabetes mellitus. Review of Resident #1's physician orders dated 12/28/25 revealed there was an order for trazadone (a medication used to treat depression) 50mg, take half a tablet every night. Review of Resident #1's primary care provider	D 344	The Physician Order for Resident #1 was clarified with the provider and updated in the resident chart and on the MAR on 3/24/2026. In order to assure compliance, the Resident Care Director is responsible for completing and maintaining the New Order Tracking Form to ensure all orders are processed, tracked, and clarified with the appropriate follow up. A New Order Tracking Form has been created and the Resident Care Director has been trained on the use of the form. The Resident Care Director has been educated on proper follow-up for all orders to ensure verification and/or clarification of orders for medications and treatments. See Attachment B - New Order Tracking Form To prevent further occurrence, the cart audit form and policy have been reviewed and updated. All Med Techs responsible for medication administration and cart audits will be retrained utilizing the updated cart audit form and policy and procedure. The Resident Care Director will be responsible for review of the cart audit forms completed weekly by auditors for clarification and/or verification of orders. See Attachment C - Cart Audit Policy & Procedure See Attachment D - Cart Audit Form The Administrator will review the New Order Tracking Form monthly to ensure verification, compliance, accuracy, and that all orders are processed in accordance with policy.	Completed 3/24/2026 Effective Immediately & Ongoing Completion 05/11/2026 & Ongoing Effective Immediately & Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 344	Continued From page 5 (PCP) triage note signed 01/19/26 revealed and order for trazadone 25mg, take one tablet every night. Review of Resident #1's pharmacy prescription note signed 01/19/26 revealed and order for trazadone 50mg take one tablet every night. Review of Resident #1's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for trazadone 50mg take half a tablet every night scheduled for administration at 8:00pm. -There was documentation trazadone 50mg take half a tablet every night was administered 01/01/26 to 01/09/26. -There was a second entry for trazadone 50mg take one tablet every night scheduled for administration at 8:00pm. -There was documentation trazadone 50mg take one tablet every night was administered 01/21/26 to 01/31/26. Review of Resident #1's February 2026 eMAR revealed: -There was an entry for trazadone 50mg take one tablet every night scheduled for administration at 8:00pm. -There was documentation trazadone 50mg take one tablet every night was administered 02/01/26 to 02/28/26. Review of Resident #1's March 2026 eMAR from 03/01/26 to 03/24/26 revealed: -There was an entry for trazadone 50mg take one tablet every night scheduled for administration at 8:00pm. -There was documentation trazadone 50mg take one tablet every night was administered 03/01/26	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 344	Continued From page 6 to 03/23/26. Observation of Resident #1's medications on hand on 03/24/26 at 1:00pm revealed there was a bubble pack of trazadone 50mg, take one tablet every night, dispensed 03/15/26 with 22 of 30 tablets available. Telephone interview with a pharmacist from the facility's contracted pharmacy on 03/25/26 at 10:43am revealed: -The pharmacy received an order on 03/24/26 for Resident #1's trazadone 50mg take half a tablet every night. -The previous order for Resident #1's trazadone 50mg was one tablet every night. Telephone interview with Resident #1's PCP on 03/24/26 at 3:25pm revealed: -On 01/19/26, he made a mistake on Resident #1's pharmacy prescription note. -He meant to put trazadone 50mg take half a tablet every night, instead of trazadone 50mg take one a tablet every night. -He intended for Resident #1 to take trazadone 50mg half a tablet every night (25mg). Interview with a medication aide (MA) on 03/25/26 at 10:22am revealed: -The PCP sent new medication orders directly to the facilities contracted pharmacy electronically. -The PCP sent electronic triage notes to the facility for review by the Resident Care Coordinator (RCC) or MAs. -She was in charge of completing cart audits twice a week. -The facilities contracted pharmacy entered new or changed orders into the eMAR. -MAs and the RCC were in charge of clarifying orders with the PCP.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 344	Continued From page 7 -She was not aware of Resident #1's trazadone 50mg or 25mg order. -She was not sure why Resident #1's trazadone order was not clarified with the PCP. Interview with the RCC on 03/25/26 at 11:15am revealed: -She was aware of Resident #1's trazadone 50mg and 25mg order. -On 02/23/26, she reached out to the PCP regarding clarification of Resident #1's trazadone order. -She thought the PCP fixed the trazadone issue by sending the correct order to the pharmacy. -She had not rechecked to see if Resident #1's trazadone order was corrected. Interview with the Administrator on 03/25/26 at 11:38am revealed: -The RCC and MAs were responsible for clarifying physician orders. -She expected all orders to be clarified and administered as ordered.	D 344		
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: Based on observations, interviews, and record	D 358	The facility shall assure that the preparation and administration of medications, prescription, and non-prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner. All orders for resident #1 Donepezil 10mg, Reguloid 400mg, Loperamide 2mg, and Mupirocin 2% were reviewed and updated in the Resident chart and MAR on 04/29/2026	Effective Immediately & Ongoing Completed 4/29/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 8 reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (#1) related to a medication used to treat cognition impairment, a medication used to treat constipation, a medication used to treat diarrhea, and a topical medication used to treat bacterial skin infections. The findings are: Review of Resident #1's current FL2 dated 05/28/25 revealed diagnoses included depression, cognition impairment, and type 2 diabetes mellitus. a. Review of Resident #1's physician orders signed 12/28/25 revealed there was an order for donepezil (a medication used to treat cognition impairment) 10mg take one tablet every night. Review of Resident #1's physician orders signed 01/19/26 revealed there was an order to hold donepezil 10mg that night. Review of Resident #1's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for donepezil 10mg take one tablet every night scheduled for administration at 8:00pm. -There was documentation donepezil 10mg was administered on 01/19/26 at 8:00pm. Telephone interview with a pharmacist from the facilities contracted pharmacy on 03/25/26 at 10:51am revealed: -When a medication was held by a physician, the order was sent electronically to the pharmacy. -The pharmacy was responsible for adding hold orders to the eMAR.	D 358	The Resident Care Director is responsible for maintaining compliance and ensuring that all medications and treatments are administered in accordance with licensed prescribing practitioner orders and reflected on the MAR and in the Resident chart. A New Order Tracking Form has been created and implented to ensure that all orders are management correctly and all follow up is completed in a timely manner. The Resident Care Director has been trained on the form. In addition, to prevent reoccurrence, all staff that work with medications and treatments have reviewed medication administration practices through an in-service conducted on 4/30/2026. Ongoing education will continue. See Attachment B - New Order Tracking Form The facility will also collaborate with the pharmacy provider to redefine and identify the processing system of physician orders and treatments. Additional training will be arranged for the Resident Care Director on the e-MAR system so that orders can be entered in real time upon receiving physicain orders if required to ensure compliance. The Administrator will review the New Order Tracking Form monthly to ensure compliance, accuracy, and medication administration of all orders in accordance with policy.	Effective Immediately & Ongoing Completion 05/11/2026 Completion 05/21/2026 Effective Immediately & Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 9 -On the eMAR, held orders were greyed out to represent the hold. -If an order was held for one dose, the facility could have held the order without needing the order grayed out on the eMAR. Interview with the medication aide (MA) on 03/25/26 at 10:30am revealed: -When a medication was held by a physician, the order was sent electronically to the contracted pharmacy. -The facilities contracted pharmacy put hold orders into the eMAR but MAs had the ability to do so as well. -She was not aware Resident #1's donepezil 10mg and reguloid 400mg was supposed to be held the night of 01/19/26. -Neither medication order was grayed out on the eMAR on 01/19/26. -She was not sure if the hold order was faxed to the pharmacy. Interview with the Resident Care Coordinator (RCC) on 03/25/26 at 11:20am revealed: -She was aware of Resident #1's donepezil 10mg and reguloid 400mg order to hold for one dose on 01/19/26. -She faxed the hold order to the facilities contracted pharmacy. -She was not sure why the facilities contracted pharmacy did not add the hold order to the eMAR. -She could not remember if she informed the MA on duty on 01/19/26 of Resident #1's hold orders. Interview with the Administrator on 03/25/26 at 11:48am revealed: -She was not aware of Resident #1's donepezil 10mg and reguloid 400mg order to hold for one dose on 01/19/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 10 -She expected the RCC or MAs to follow up with pharmacy to assure new orders were entered into the eMAR. -If there was an order for a medication to be held for one dose, she expected MAs to hold that medication, even if the eMAR did not reflect the hold order, and document as not administered. Attempted telephone interview with Resident #1's physician on 03/25/26 at 10:40am was unsuccessful. b. Review of Resident #1's physician orders signed 12/28/25 revealed there was an order for reguloid (a medication used to treat constipation) 400mg take one capsule every night. Review of Resident #1's physician orders signed 01/19/26 revealed there was an order to hold reguloid 400mg that night. Review of Resident #1's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for reguloid 400mg take one capsule every night scheduled for administration at 8:00pm. -There was documentation reguloid 400mg was administered on 01/19/26 at 8:00pm. Telephone interview with a pharmacist from the facilities contracted pharmacy on 03/25/26 at 10:51am revealed: -When a medication was held by a physician, the order was sent electronically to the pharmacy. -The pharmacy was responsible for adding hold orders to the eMAR. -On the eMAR, held orders were greyed out to represent the hold. -If an order was held for one dose, the facility	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 11 could have held the order without needing the order grayed out on the eMAR. Interview with the medication aide (MA) on 03/25/26 at 10:30am revealed: -When a medication was held by a physician, the order was sent electronically to the contracted pharmacy. -The facilities contracted pharmacy put hold orders into the eMAR but MAs had the ability to do so as well. -She was not aware Resident #1's donepezil 10mg and reguloid 400mg was supposed to be held the night of 01/19/26. -Neither medication order was grayed out on the eMAR on 01/19/26. -She was not sure if the hold order was faxed to the pharmacy. Interview with the Resident Care Coordinator (RCC) on 03/25/26 at 11:20am revealed: -She was aware of Resident #1's donepezil 10mg and reguloid 400mg order to hold for one dose on 01/19/26. -She faxed the hold order to the facilities contracted pharmacy. -She was not sure why the facilities contracted pharmacy did not add the hold order to the eMAR. -She could not remember if she informed the MA on duty on 01/19/26 of Resident #1's hold orders. Interview with the Administrator on 03/25/26 at 11:48am revealed: -She was not aware of Resident #1's donepezil 10mg and reguloid 400mg order to hold for one dose on 01/19/26. -She expected the RCC or MAs to follow up with pharmacy to assure new orders were entered into the eMAR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 12 -If there was an order for a medication to be held for one dose, she expected MAs to hold that medication, even if the eMAR did not reflect the hold order, and document as not administered. Attempted telephone interview with Resident #1's physician on 03/25/26 at 10:40am was unsuccessful. c. Review of Resident #1's physician orders signed 01/19/26 revealed there was an order to administer loperamide (a medication used to treat diarrhea) 2mg that day for one dose. Review of Resident #1's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for loperamide 2mg take one tablet for one dose scheduled for administration at 12:00am. -There was no documentation that loperamide 2mg was administered on 01/19/26. Telephone interview with a pharmacist from the facilities contracted pharmacy on 03/25/26 at 10:51am revealed loperamide 2mg was last dispensed on 01/19/26 for one dose. Interview with the medication aide (MA) on 03/25/26 at 10:30am revealed: -She was responsible for completing eMAR and medication cart audits twice a week. -New orders were faxed to the facilities contracted pharmacy. -She was not aware of Resident #1's order to administer loperamide 2mg for one dose on 01/19/26. -She was not sure why Resident #1's loperamide 2mg was not administered on 01/19/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 13 Interview with the Resident Care Coordinator (RCC) on 03/25/26 at 11:20am revealed: -She was aware of Resident #1's order to administer loperamide 2mg for one dose on 01/19/26. -She faxed the loperamide 2mg order to the facilities contracted pharmacy. -She was not sure why the MA on duty did not administer Resident #1's loperamide 2mg. Interview with the Administrator on 03/25/26 at 11:48am revealed: -She was not aware of Resident #1's loperamide 2mg order. -She expected MAs to implement orders as prescribed. Attempted telephone interview with Resident #1's physician on 03/25/26 at 10:40am was unsuccessful. d. Review of Resident #1's physician orders signed 12/30/25 revealed there was an order for mupirocin (a topical medication used to treat bacterial skin infections) 2% apply to wound daily. Review of Resident #1's physician orders signed 01/20/26 revealed there was an order to discontinue mupirocin 2%. Observation of Resident #1's medications on hands on 03/24/26 at 11:00am revealed there was a tube of mupirocin 2%, dispensed 02/20/26, available for administration. Telephone interview with a pharmacist from the facilities contracted pharmacy on 03/25/26 at 10:51am revealed: -The only order in their system for Resident #1's mupirocin 2% was dispensed on 02/20/26 and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 14 discontinued on 02/23/26. -There were no previous orders for mupirocin 2% for Resident #1. Interview with the medication aide (MA) on 03/25/26 at 10:30am revealed: -Mupirocin 2% was originally ordered for Resident #1 due to a wound. -During a medication cart audit on 02/20/26, she noticed that Resident #1's mupirocin 2% was empty and reordered it from the facilities contracted pharmacy. -She was not aware Resident #1's mupirocin 2% was supposed to be discontinued on 01/20/26. -She or the Resident Care Coordinator (RCC) was responsible for reviewing and faxing new orders to the facilities contracted pharmacy. -It was possible that the discontinued order for mupirocin 2% was never faxed to the facilities contracted pharmacy. -The facility did keep fax confirmations, but those documents were not made available to the surveyor. -She was not sure why the medication was not discontinued until 02/23/26. Interview with the RCC on 03/25/26 at 11:20am revealed: -She was not aware Resident #1's mupirocin 2% was supposed to be discontinued on 01/20/26. -She and MAs were responsible for reviewing and faxing new physician orders. -Resident #1's wound was healed which is why the mupirocin 2% was discontinued on 02/23/26. -Only the facilities contracted registered nurse (RN) or a physician could determine if Resident #1's wound was healed. -There was documentation of the wound and when it healed but those documents were not made available to the surveyor.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034102	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 15 -She was not sure why the facilities contracted pharmacy only had an order from 02/20/26 for Resident #1's mupirocin 2% Interview with the Administrator on 03/25/26 at 11:48am revealed: -She was not aware Resident #1's mupirocin 2% was supposed to be discontinued on 01/20/26. -Resident #1's family had not supplied any medications. -She was not sure why the facilities contracted pharmacy only had an order from 02/20/26 for Resident #1's mupirocin 2%. -She expected the RCC and MAs to follow up and implement new orders as prescribed. Attempted telephone interview with Resident #1's physician on 03/25/26 at 10:40am was unsuccessful.	D 358		

Attachment A

RCD Tracking Form

Resident Name	Resident Photo	Physician	DNR/ Most Form	FL2 Yearly	Physician Orders Q 6 months	Standing Orders Q 6 months	Diet Orders Q 6 months	Care Plan Review 90 Day	Careplan Yearly or Sig. Change	Elopement Assessment	Fall Assessment Q 3 months	LHPS Q 3 Months	Tasks	Pre-Admit Assessment	2-Step TB	Pharmacy Review

Attachment B

New Order Tracking Form

Room #	Resident Name	Date Order Received	Name and Dosage (Medication)	Order Faxed (Date/Time)	Confirmation Received (Y/N)	Original Physican Order for (Chart)	Verify Physican Order (MAR)	Copy Physican Order for (Order Tracking Book)	Follow Up Needed

Attachment C

Cart Audit Policy & Procedure

POLICY

Card audits will be done weekly.

The RCD will assign cart audits on a rotating basis to ensure that all residents' medication and treatment information is audited every week. Each cart audit will include comparing each resident's original medical orders to the MAR; and comparing the MAR to all of the medications and treatments on the cart. This audit will include checking expiration dates on all medications and treatments and re-ordering medications and treatments if there is less than a 7-day supply in place. Staff doing the audit will report concerns related to narcotics to the RCD in writing at the conclusion of the audit.

Omissions and refusal of medications will be noted and reported to the RCD in writing at the conclusion of the audit.

PROCEDURE

1. Copies of all original orders will be kept in the Physician Order Verification Book and used to compare to the resident MAR and medications and treatments found in the medication cart.

   Step 1 - Auditor will review all medication and treatment orders in the Physician Order Verification Book and compare that information against all medications and treatments listed on the MAR.

   Step 2 – Auditor will compare all orders and treatments on the MAR to the medications and treatments in the medication cart.

Continue Attachment C

Step 3 – Auditor will report cart audit results by completing the Cart Audit Form. Cart Audit Form will be submitted to the RCD at the conclusion of the audit.

Additional Information

2. Expiration dates on all medications and treatments will be noted on the Cart Audit Form. Any expired medications and/or treatment supplies will be re-ordered.

3. The Cart Audit Form will be utilized to list all medications and treatment supplies that need reordering and have been ordered. A copy of the order confirmation will be attached to the cart audit form.

4. Discontinued medications and expired medications will be removed from the cart and sent back to the pharmacy. All required documentation will be attached to the Cart Audit Form.

5. The pharmacy will be contacted for new labels for any liquid medications that have labels that are hard to read.

Attachment D

CART AUDIT
RESIDENT NAME: ______________________

Medication Name	Original Order Match MAR	MAR & LABELS MATCH	DATE MED RECEIVED	# OF PILLS IN CART	NEED TO REORDER	REORDER DONE	EYE DROPS DATE OPENED	INSULIN DATE OPEN	D/C or Expired Meds or Treatments Returned
	Y/N	Y/N			Y/N	Y/N			Y/N

MED TECH SIGNATURE VERIFYING ACCURACY OF WORK

DATE