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 07/30/2026

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 a follow-up survey from 07/28/26 to 07/30/26.	D 000		
D 224	10A NCAC 13F .0702 (b) Discharge Of Residents 10A NCAC 13F .0702 Discharge Of Residents (b) The discharge of a resident initiated by the facility at the direction of the administrator or their designee shall be based on one of the following reasons: (1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs of the resident, as documented by the resident's physician, physician assistant, or nurse practitioner in the resident's record; (2) the health of the resident has improved sufficiently so that the resident is no longer in need of the services provided by the facility, as documented by the resident's physician, physician assistant, or nurse practitioner in the resident's record; (3) the safety of the resident or other individuals in the facility is endangered as determined by the facility at the direction of the administrator or their designee in consultation with the resident's physician, physician assistant, or nurse practitioner; (4) the health of the resident or other individuals in the facility is endangered as documented by a physician, physician assistant, or nurse practitioner in the resident's record; or (5) the resident has failed to pay the costs of services and accommodations by the payment due date according to the resident's contract after receiving written notice of warning of discharge for failure to pay.	D 224	The CRT Golden Lamb will discharge a resident @ the direction of the administrator based on the welfare of the resident to protect the resident's needs. It must be documented by the resident's ~~PH~~ physician and recorded in the resident's record. A mandatory discharge checklist has been created and implemented. Quarterly training on discharge regulations will be required for all staff involved in resident transitions. The facility will align discharge procedures with current state rules.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Darleen D. Scales (Kelly) | TITLE: Administrator | (X6) DATE: 9/15/26

Reviewed and Acknowledged
09/28/26 BB

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 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1615 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 224	Continued From page 1 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to initiate the discharge of 1 of 1 resident (#4) who was recommended for a higher level of care by the primary care provider (PCP). The findings are: Review of Resident #4's current FL2 dated 04/03/26 revealed: -Diagnoses included psychosis-negative of symptoms (NOS), schizophrenia-unspecified type, tardive dyskinesia, and borderline intellectual functioning. -She was incontinent of bowel and bladder, and semi-ambulatory. -She was intermittently disoriented and verbally abusive. -The recommended level of care was a skilled nursing facility (SNF). Review of Resident #4's FL2 dated 03/09/26 revealed: -Diagnoses included tardive dyskinesia, schizophrenia, annual wellness visit, and behavior disturbance. -She was incontinent of bowel and bladder, and semi-ambulatory. -She was intermittently disoriented and verbally abusive.	D 224	This will be monitored by the nursing department and signed by the administrator if a resident is discharged. The administrator will audit all discharges to ensure full compliance with the state requirements 9/1/26	

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 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1616 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 224	Continued From page 11 injury on 07/28/26. This failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/30/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 13, 2026.	D 224		
D 235	10A NCAC 13F .0703 (b & c) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the facility and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. (c) The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility, except in the case of emergency admission.	D 235	The ~~rest~~ CRT Golden lamb will ensure each resident have a medical examination completed by a licensed physician prior to admission to the facility and annual thereafter. The residents have been assigned to the nursing supervisors for auditing their charts to ensure all required documents are completed.	

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 07/30/2026

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 235	Continued From page 12 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 4 sampled residents (#3) had a current FL2 completed annually. The findings are: Review of Resident #3's current FL2 dated 07/07/22 revealed diagnosis included hyperlipidemia and right shoulder pain. Review of Resident #3's record revealed that Resident #3 did not have an updated FL2 completed since 07/07/22. Based on observations, interviews, and record review, it was determined Resident #3 was not interviewable. Interview with the medication aide/Supervisor (MA/S) on 07/28/26 at 10:29am revealed: -She was not aware Resident #3's FL2 was not updated since 07/07/22. -The Administrator was in charge of updating all the residents' FL2s. Interview with the Administrator on 07/28/26 at 3:05pm revealed: -She was not aware that Resident #3's FL2 was not updated since 07/07/22. -She was responsible for ensuring that resident FL2s were completed annually. -Resident #3 had a medical appointment in early June, and she sent his FL2 with him however the FL2 was never returned to her. -She had a difficult time getting providers to send FL2's back to the facility. -She expected all FL2's to be updated annually.	D 235	Licensed physicians will be contacted by email, phone or faxed regarding information needed. The will use the doctor's notes when information is sent to the doctor requested informatia The nursing department will monitor, including the administrator. 9/10/26	

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 07/30/2026

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 13	D 248		
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 confirming the review and receipt of information contained in the form. The Resident Register is available on the internet website,	D 248	The CRT Golden lamb shall complete and sign the resident register prior to admission to the facility. The resident register will be signed by the resident or the resident's designee. The residents have been assigned to nursing supervisors to audit charts and ensure all required documents are in their charts. They will audit them often to ensure compliance. 9/1/26	

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 07/30/2026

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 18 signed on admission 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. -There was a problem with obtaining signatures on residents' paperwork because it seemed the family members did not want to sign admission paperwork or any paperwork and assume responsibilities. -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 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.	D 253	The CRT Golden Lamb shall complete an assessment of each resident within 30 days following admission and annually thereafter. The nursing supervisors have been assigned to audit the residents charts to ensure all documents are completed to be in compliance with the state rules 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 07/30/2026

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 19 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; (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.	D 253	regulations. Contact with the licensed physicians will be made by email, phone or fax. If needed they will contact the administrator by text for information that is needed. The administrator will also monitor this. 9/1/26	

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 07/30/2026

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 24 Resident #3's primary care provider (PCP) appointment in June 2026 but never received it back. -She expected Resident #3 to have a current assessment and care plan. Attempted telephone interview with an office assistant at Resident #2's PCP clinic on 07/30/26 at 11:28am was unsuccessful.	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. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION The Type B violation was abated. Non-compliance continues. Based on observations, interviews and record reviews, the facility failed to ensure health care referral and follow-up for 2 of 4 sampled resident related to notifying the eye doctor about an unfilled medication prescription (#2) and notifying the Primary Care Physician (PCP) about changes in behaviors (#4). The findings are: 1. Review of Resident #2's current FL2 dated 07/14/25 revealed diagnoses included glaucoma, hypertension, and schizophrenia. Review of Resident #2's physician orders signed 04/09/26 revealed there was an order for	D 273	The CRT Golden Lamb shall assure ~~referral~~ referral and follow-up to meet the routine and acute health care needs of residents. Receiving proper information from some licensed physicians can be difficult to obtain. Residents have be assigned to nursing supervisors to ensure documents are completed by state rules.	

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 07/30/2026

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 25 brinzolamide (a medication used to treat glaucoma) 1% place one drop into both eyes three times a day. Review of Resident #2's May 2026 medication administration record (MAR) revealed there was no entry or documentation for brinzolamide 1% place one drop into both eyes three times a day. Review of Resident #2's June 2026 MAR revealed there was no entry or documentation for brinzolamide 1% place one drop into both eyes three times a day. Review of Resident #2's July 2026 MAR from 07/01/26 to 07/29/26 revealed there was no entry or documentation for brinzolamide 1% place one drop into both eyes three times a day. Observation of Resident #2's medications on hand on 07/29/26 at 11:39am revealed there was no brinzolamide 1% for Resident #2 available for administration. Telephone interview with a representative from the facility's contracted pharmacy on 07/29/26 at 9:45am revealed: -They did have an active order on file for brinzolamide 1% for Resident #2. -Resident #2's brinzolamide 1% was never picked up by the facility due to the out-of-pocket cost of the medication. Telephone interview with a representative from Resident #2's eye doctor on 07/30/26 at 8:52am revealed: -The last time Resident #2 was seen at the eye doctor, she had a severe amount of glaucoma and was sent to the emergency department. -Resident #2's eye doctor was not aware the	D 273	Nursing staff will email, phone or fax physicians, pharmacy for information regarding residents and their changes. This will be monitored by the nursing department and the admistrator. 8/1/26	

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 07/30/2026

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 29 Attempted telephone interviews with Resident #4's PCP on 07/29/26 at 1:40pm and on 07/30/26 at 11:45am were unsuccessful.	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. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 4 sampled residents (#3) with an order for a medication used to prevent wheezing, chest tightness, and coughing. The findings are: Review of Resident #3's current FL2 dated 07/07/22 revealed diagnoses included hyperlipidemia and right shoulder pain. Review of Resident #3's physician appointment after visit summary (AVS) medication lists dated 06/08/26 revealed there was an order for fluticasone (a medication used to prevent wheezing, chest tightness, and coughing) nasal spray, inhale 2 sprays, in each nostril, two times daily as needed.	D 358	The CRT Golden Lamb shall assure that the preparation and adminstration of medications, prescription and non-prescriptions by a licensed prescribing practitioner be maintained in the residents record. The nursing staff have be assigned residents to audit their charts. If a resident is refusing a medication it is to be charted on the MAR and a licensed physician shall be notified by phone, email or fax. Dates 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 07/30/2026

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 Review of Resident #3's May 2026 medication administration record (MAR) revealed there was no entry or documentation for fluticasone nasal spray, inhale 2 sprays, in each nostril, two times daily as needed. Review of Resident #3's June 2026 MAR revealed there was no entry or documentation for fluticasone nasal spray, inhale 2 sprays, in each nostril, two times daily as needed. Review of Resident #3's July 2026 MAR from 07/01/26 to 07/29/26 revealed there was no entry or documentation for fluticasone nasal spray, inhale 2 sprays, in each nostril, two times daily as needed. Observation of Resident #3's medications on hand on 07/29/26 at 2:13pm revealed there was no fluticasone nasal spray for Resident #3 available for administration. Telephone interview with the facility's contracted pharmacy on 07/30/26 at 11:45am revealed: -A staff member from the facility brings Resident #3's medication list into the pharmacy so the medications can be filled. -There was an order on file for Resident #3 for fluticasone nasal spray, inhale 2 sprays, in each nostril, two times daily as needed. -Resident #3's fluticasone nasal spray was last filled in September 2025. -Resident #3's fluticasone was never picked up from the pharmacy. -He was not sure why Resident #2's fluticasone was never picked up from the pharmacy. -If Resident #3 did not have fluticasone available for administration, he was at risk for wheezing, chest tightness, and coughing.	D 358	time will be noted in our notes. This is monitored by the nursing department/ administrator. 9/1/26	

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 07/30/2026

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 Interview with the Supervisor on 07/30/26 at 11:40am revealed: -She was a medication aide (MA) and administered medications to Resident #3. -She was not aware of Resident #3's fluticasone nasal spray order. -If the medication was not listed on the MAR, she did not administer it. -The Administrator was in charge of Resident #3's chart review. -Resident #3 had not complained of wheezing, chest tightness, and coughing. Interview with the Administrator on 07/30/26 at 3:36pm revealed: -She was aware of Resident #3's fluticasone nasal spray order. -She was in charge of Resident #3's chart review. -During chart reviews, she compared medication list to that months' MARs. -Medication lists were not always accurate due to Resident #3 having multiple providers, so it was difficult to know exactly what the resident was supposed to be taking. -She was not sure how she missed Resident #3's fluticasone nasal spray order. -She expected prescribed medications to be available and administered per physicians orders. Attempted telephone interview with Resident #3's primary care provider (PCP) on 07/30/26 at 11:28am unsuccessful.	D 358		