

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Salemtowne		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Babcock Drive Winston-Salem, NC 27106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, record review, staff interviews, and manufacturer's recommendations, the facility failed to remove an expired insulin lispro kwikpen (an insulin pen) and failed to label the insulin lispro kwikpen with resident information for 1 of 5 medication carts reviewed for medication storage (Mill Place medication cart). The findings included: The manufacturer's 2023 storage recommendation for Insulin Lispro KwikPen stated that the pen should be discarded 28 days after opening. During an observation of the Mill Place medication cart on 12/10/25 at 11:45 a.m., Nurse #4 confirmed that a multidose Insulin Lispro KwikPen, opened on 10/16/25, remained in the cart for use. The pen was not labeled, and no information identified the resident's name or room number. In an interview at 11:54 a.m. on 12/10/25, Nurse #4 acknowledged that the insulin should have been discarded 28 days after opening. She stated that all nurses using the cart were responsible for checking and removing expired medications. In a follow-up interview at 12:06 p.m., Nurse #4 identified the insulin as belonging to Resident #36 and stated that both the KwikPen and its storage box should have been labeled with the resident's name and room number. During an interview on 12/11/25 at 10:57 a.m., the interim Director of Nursing (DON) stated that nurses assigned to the medication cart were responsible for identifying and removing expired medications. She added that the third shift (11 p.m. to 7 a.m.) was designated to check one cart per week. The DON also stated the kwikpen should have the pharmacy label with resident's name and the room number. In an interview on 12/11/25 at 12:58 p.m., the Administrator emphasized that nursing staff must follow the manufacturer's guidelines and audit both the medication cart and the medication room during their shifts.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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