STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345092	A. BUILDING _____ B. WING _____	C 10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CITADEL AT WINSTON SALEM	1900 W 1ST STREET 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) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted from 10/4/21-10/7/21. As a result of the survey, F 550 was cited. The facility is not in substantial compliance. 15 of the 15 complaint allegations were unsubstantiated.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		10/29/21

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

Electronically Signed | 10/26/2021

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.

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F 550	Continued From page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews, the facility failed to allow Resident #1 the right to receive, sign and decide what to do with a reimbursement check prior to the facility applying the funds toward her patient monthly liability for one of one resident sampled for exercising resident rights. Findings include: Resident #1 admitted to the facility on 10/1/19. Resident #1 ' s annual Minimum Data Set dated 7/30/21 revealed an assessment of intact cognition. Interview with Resident #1 on 10/4/21 at 4:09 pm revealed the facility received a reimbursement check that was sent to her from Medicare and the facility took her money without her consent. An observation of a check made payable to Resident #1 from Medicare (Part B/ income-related monthly adjustment amount Reimbursement) dated 4/16/21 was stamped with	F 550	The facility failed to allow Resident #1 the right to receive, sign and decide what to do with a reimbursement check prior to the facility applying the funds toward her patient monthly liability. The check made payable to Resident #1 from Medicare (Part B/ income-related monthly adjustment amount Reimbursement) dated 4/16/21 was stamped with endorsed for deposit only at facility bank. Resident #1 ' s signature was not observed on the check. 2. No other residents were affected; all residents have the potential to be affected. 3.The facility will ensure all residents personal mail will be delivered directly to them when they are identified with their name in the address box of any letter or package, any checks that are recieved that requires a resident□s signature will be obtained before the facility proceeds with applying any check to their account	

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F 550	Continued From page 2 endorsed for deposit only at facility bank. Resident #1 ' s signature was not observed on the check. During an interview on 10/5/21 at 3:45 pm with Business Office Manager (BOM), the BOM indicated Resident #1 had received mail addressed to the facility. The BOM stated she opened the mail and noted a check that was payable to Resident #1. She stated she then reached out to Resident #1 ' s Medicaid case worker to inquire about the check and was informed the check was payment for patient monthly liability to the facility. The BOM stated the caseworker informed her it was a past due payment from another year. The BOM stated she informed Resident #1 of the check and that it was a payment for her patient liability as per her conversation with caseworker, and Resident #1 stated she understood. During interview with facility Administrator on 10/5/21 at 4:15 pm she indicated the BOM had mentioned to her that a check that was addressed to Resident #1 had been opened. She stated she was informed by the BOM that the mail (envelope) was addressed to the facility, however the check was addressed to Resident #1 and was informed by BOM that she had contacted the caseworker who stated the check was payment for Resident #1 ' s patient monthly liability.	F 550	balance.The buisness office manager was educated in a one on one inservice by the administrator on 10-25-21.The activities staff was inserviced by the administrator on the process for recieving and delivering residents mail on 10-25-21. 4. The facility will observe and or interview the residents to ensure satisfaction with the mail delivery service and the assistance that is provided. Customer service audits will be done 2 x per week x 4 weeks, then weekly x 4 weeks by the administrator or designee. 5.Data obtained during the audit process will be analyzed for patterns and trends and reported to Quality Assurance and Performance Improvement Committee monthly x 3 months. At that time, the Quality Assurance and Performance Improvement committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. completion Date is 10-29-2021	