STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 via off-site paper review and on-site review from 4/20/20 to 4/24/20, 04/27/20 to 05/01/20, and 05/04/20 to 05/06/20, with an exit conference via telephone on 05/07/20.	{D 000}		
{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 A TYPE A1 VIOLATION Based on these findings, the previous Type A1 Violation was not abated. Based on interviews and record reviews, the facility failed to ensure referral and follow-up for 1 of 7 sampled residents related to a change in the resident's condition, an order for an antibiotic, and two falls (#5). The findings are: 1. Review of Resident #5's current FL2 dated 02/14/20 revealed diagnoses included hemiplegia nondominant side due to stroke, rhabdomyolysis (breakdown of skeletal muscle) and diabetes. Review of an undated document titled "Change in Condition" revealed: -Staff was supposed to notify the on-site supervisor and primary care provider (PCP) when a resident displayed a change in condition. -Staff was supposed to call 911 and notify the	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 1 resident's PCP if a resident's change in condition progressed to an emergency. -Staff was supposed to document the date and time the PCP was contacted. a. Review of Resident #5's electronic progress note dated 03/25/20 at 8:57pm revealed: -The note was entered by a medication aide (MA). -Resident #5 fell head first out of her wheelchair and hit her head on the floor. -Resident #5 had a cut over her right eyebrow. -Emergency Medical Services (EMS) was called and Resident #5 was transported to the emergency department (ED). -Resident #5's family member, primary care provider (PCP), and the Resident Care Director were notified of the incident. -Resident #5's blood pressure was 196/110, pulse was 105, respirations were 20, and temperature was 99.6°F. Review of an electronic Incident Report dated 03/25/20 at 9:22pm revealed: -The Incident Report was entered by a MA. -Resident #5 fell out of her wheelchair when staff was getting her ready for bed. -Resident #5 fell head first and hit her head on the floor. -Resident #5 was sent to the hospital for observation. -Resident #5's family member and the Director of Clinical Services (DCS) were notified. Review of Resident #5's electronic progress note dated 03/26/20 12:16pm revealed: -The note was entered by a MA. -Resident #5 had an appointment on 03/26/20 for a CT scan.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 2 Review of the emergency medical services (EMS) record for Resident #5 dated 03/25/20 revealed: -EMS arrived at the facility at 6:53pm in response to a call for a fall from a wheelchair. -Resident #5's vital signs were taken at 7:16pm; blood pressure was 150/69, pulse was 98, and respirations were 16. -Resident #5 arrived at the ED at 7:15pm. Review of the ED record for Resident #5 dated 03/25/20 revealed: -Resident #5's vital signs were taken at 7:22pm; blood pressure was 164/80; pulse was 104, respirations were 18, and temperature was 97.8°F. -Resident #5 had CT scans of her head, neck, and facial bones. -The cut over Resident #5's eye was repaired. -Resident #5 was discharged from the ED with a diagnosis of closed head injury and facial laceration. Review of a hospital discharge summary dated 03/28/20 revealed: -The radiology department recommended another CT scan be performed on Resident #5 on 03/26/20 and admitted Resident #5 to the hospital on 03/26/20. -Resident #5 was discharged on 03/28/20 with diagnoses of traumatic brain hemorrhage with loss of consciousness, history of stroke, and subarachnoid hemorrhage. -Resident #5 was also diagnosed with a urinary tract infection (UTI) which was present on admission to the hospital. -There was an order for Keflex 500mg (an antibiotic) every 12 hours for 7 days to be administered from 03/29/20-04/05/20 for treatment of a UTI.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 3 Review of a hospital after visit summary dated 03/28/20 revealed: -Resident #5 was hospitalized from 03/26/20-03/28/20. -The medication list indicated Resident #5 was to start taking Keflex 500mg every 12 hours for 7 days starting on 03/29/20. -There were instructions to "ask your doctor where to pick up" the Keflex. Review of Resident #5's handwritten progress note dated 03/29/20 revealed: -A first shift medication aide (MA) contacted the hospital to get a hard copy of Resident #5's Keflex order. -The name of the physician who treated Resident #5 at the hospital was not listed on the hospital after visit summary. -The MA was informed a nurse from the hospital would call back. Review of Resident #5's handwritten progress note dated 03/31/20 revealed the MA left a voicemail for the nurse at the hospital. Review of Resident #5's handwritten progress note dated 04/02/20 revealed the MA "tried to speak with someone else" at the hospital but was still unable to obtain an order. Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed there was no entry for Keflex 500mg every 12 hours for 7 days to be started on 03/29/20. Review of Resident #5's electronic medication administration record (eMAR) for March 2020 revealed there was no entry for Keflex 500mg	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 4 every 12 hours for 7 days to be started on 03/29/20. Review of Resident #5's eMAR for April 2020 revealed there was no entry for Keflex 500mg every 12 hours for 7 days that had been ordered to start on 03/29/20. Telephone interview with a nurse from Resident #5's PCP's office on 04/24/20 at 4:21pm revealed: -The PCP was not notified about Resident #5's fall on 03/25/20 and hospitalization from 03/26/20-03/28/20. -The PCP was not informed about the difficulty staff was having regarding Resident #5's Keflex order dated 03/28/20. Telephone interview with a representative from Resident #5's pharmacy on 04/27/20 at 4:56pm revealed the pharmacy did not receive an order for Keflex for Resident #5 during the month of March 2020. Telephone interview with a representative from the facility's contracted pharmacy on 04/27/20 at 5:20pm revealed: -The pharmacy did not receive an order for Keflex for Resident #5 during the month of March 2020. -Resident #5's medications were provided by another pharmacy. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed: -The PCP and the resident's family or power of attorney (POA) was supposed to be called whenever a resident was sent to the ED or admitted to the hospital. -She did not know what happened with Resident #5's Keflex order from 03/28/20.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 5 Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -The MA was supposed to notify the PCP and the resident's family member or POA by phone when a resident went to the ED or was admitted to the hospital. -The MA had tried to get in touch with the hospital and/or Resident's #5's family member to get information on the Keflex order from 03/28/20. -The DCS did not know if Resident #5's PCP was notified about Resident #5's Keflex not being administered as ordered. Telephone interview with a MA on 04/30/20 at 10:30am revealed: -She did not see a paper prescription among Resident #5's after visit summary from 03/28/20. -She tried to contact Resident #5's family member on 03/29/20, but was unsuccessful. -She called the hospital on 03/29/20, 03/31/20, and 04/01/20 to find out the name of the physician who wrote the Keflex order for Resident #5. -She never received a call from the nurse at the hospital. -She did not call Resident #5's primary care provider (PCP). -On an unknown date, she told the Lead Supervisor and the DCS about this situation. -She did not follow-up on this matter after informing the Lead Supervisor and the DCS. Second telephone interview with the DCS on 05/01/20 at 8:20am revealed: -The hospital normally provided a written prescription with the after visit summary. -On an unknown date, the MA told her there was not an order for Keflex in the after visit summary packet.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 6 -She instructed the MA to call the hospital to get information about the Keflex order. -The MA did not tell her anything else about this situation. -She did not follow-up with the MA about the Keflex order. -It was the MA's responsibility to follow-up on the Keflex order. -Her expectation was that the order would have been faxed by staff to the pharmacy. -She did not know if anyone notified Resident #5's PCP about the Keflex order. Second telephone interview with the Lead Supervisor on 05/04/20 at 2:44pm revealed: -Resident #5's family member was supposed to get the order from the hospital. -She did not know about the difficulty in getting the 03/28/20 Keflex order filled. Telephone interview with the Clinical Director from Resident #5's PCP's office on 05/06/20 at 1:55pm revealed: -The PCP expected to be notified by the facility about Resident #5's care. -The PCP had no knowledge of Resident #5's Keflex not being administered at all. -The PCP was not contacted by the facility to assist with getting an order for Keflex. Third telephone interview with the Lead Supervisor on 05/06/20 at 2:35pm revealed: -She did not review Resident #5's discharge summary dated 03/28/20. -The DCS was responsible for reviewing discharge summaries. -The DCS was responsible for notifying Resident #5's PCP when Resident #5 was taken to the hospital.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 7 b. Review of Resident #5's electronic progress note dated 04/08/20 at 2:41pm revealed: -The note was entered by a medication aide (MA). -Resident #5 was heard screaming in her room. -Resident #5 had fallen out of her wheelchair. -Resident #5 was bleeding from the right side of her face. -The MA called emergency medical services (EMS) for assistance. -Resident #5 was transported by EMS to the emergency department (ED). Review of the emergency medical services (EMS) record for Resident #5 dated 04/08/20 revealed: -EMS arrived at the facility at 2:26pm in response to a call for an unwitnessed fall. -Resident #5's vital signs at 2:26pm were blood pressure 103/54, pulse 85, and respirations 18. -Resident #5's blood sugar was 164. -Resident #5 arrived at the emergency department (ED) at 2:55pm. Review of the ED record for Resident #5 dated 04/08/20 revealed: -Resident #5 was transported to the ED after sustaining a fall. -Resident #5's vital signs at 3:01pm were within normal limits. -Resident #5 had a CT scan of her head and a urinalysis. -The cut over her right eye did not require repair. -Resident #5 was discharged from the ED with a final diagnosis of closed head injury and urinary tract infection (UTI). -Resident #5 had an order for Keflex 250mg (an antibiotic) take two capsules (500mg) twice a day for 7 days starting 04/08/20 until 04/15/20. Review of Resident #5's electronic progress	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 8 noted dated 04/08/20 at 9:55pm revealed: -The note was entered by a MA. -Resident #5 returned from the hospital on 04/08/20. -Resident #5 was diagnosed with a urinary tract infection (UTI). -Resident #5 had an order for Keflex 250mg take two capsules two times daily for 7 days for treatment of a UTI. Telephone interview with a nurse at Resident #5's PCP's office on 04/24/20 at 4:21pm revealed staff did not notify the PCP of Resident #5's fall on 04/08/20, ED visit, and/or UTI diagnosis. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed the PCP and the resident's family or power of attorney (POA) was supposed to be called whenever a resident was sent to the ED or admitted to the hospital. Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed the MA was supposed to notify the PCP and the resident's family member or POA by phone when a resident went to the ED or was admitted to the hospital. Telephone interview with the Clinical Director from Resident #5's PCP's office on 05/06/20 at 1:55pm revealed: -The PCP expected to be notified by the facility about Resident #5's care. -The PCP had no knowledge of Resident #5's fall and subsequent ED visit on 04/08/20. Second telephone interview with the Lead Supervisor on 05/06/20 at 2:35pm revealed: -She did not review Resident #5's after visit summary dated 04/08/20.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 9 -The DCS was responsible for reviewing discharge summaries. -The DCS was responsible for notifying Resident #5's PCP when Resident #5 was taken to the hospital. c. Review of Resident #5's electronic progress note dated 04/21/20 at 10:05pm revealed: -The note was entered by a medication aide (MA). -Resident #5 had trouble swallowing her medications during the 8:00pm medication administration. -It "sounded like the water was collecting in the back of her mouth and wasn't going down." -Resident #5's speech was "slightly off also." -Resident #5 was going to be monitored closely. -There was no documentation Resident #5's primary care provider (PCP) was notified. Review of Resident #5's electronic progress note dated 04/22/20 at 6:27am revealed: -The note was entered by a MA. -Resident #5 was "not herself this morning." -Resident #5 was having a hard time swallowing her morning medication. -There was no documentation Resident #5's PCP was notified. Review of Resident #5's electronic progress note dated 04/22/20 at 7:04am revealed: -It was entered by the same MA who had written the 6:27am note. -Resident #5 was sent to the emergency department (ED) at 6:55am due to difficulty swallowing, drooping on the right side of her face, drooling, and speech that was "off." -Resident #5's blood pressure was 115/99, pulse was 99, respirations were 22, and temperature was 98.7°F.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 10 -There was no documentation Resident #5's PCP was notified. Review of the emergency medical services (EMS) record for Resident #5 dated 04/22/20 revealed: -EMS arrived at the facility at 6:47am in response to a call for stroke-like symptoms. -The facility staff was unsure of the last time Resident #5 was her "normal" self. -Resident #5's vitals signs were taken at 6:57am; blood pressure was 143/66, pulse was 80, respirations were 18, and temperature was 97.2°F. -Resident #5 blood sugar was 121. -Resident #5 arrived at the ED at 7:14am. Review of the ED record for Resident #5 dated 04/22/20 revealed: -Resident #5 was reported as last seen normal before 11:00pm on 04/21/20. -Resident #5's vital signs were within normal limits. -Resident #5 was diagnosed with a stroke and was admitted to the hospital. Telephone interview with a nurse at Resident #5's PCP's office on 04/24/20 at 4:21pm revealed: -Staff did not notify the PCP of Resident #5's change in condition on 04/21/20 or 04/22/20. -Staff did not notify the PCP of Resident #5's 04/22/20 hospitalization. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed the PCP was supposed to be called whenever a resident was sent to the ED or admitted to the hospital. Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed staff was supposed to notify the PCP when a	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 11 resident went to the ED or was admitted to the hospital. Telephone interview with a MA on 04/30/20 at 4:08pm revealed: -Resident #5 had a total of four pills to take on 04/21/20 at 8:00pm. -Resident #5 kept sipping water while she was trying to swallow the medication on 04/21/20. -Resident #5 said she was trying to swallow. -The MA told Resident #5, "I really need you to swallow." -Resident #5 took "a couple of minutes" to swallow her medication. -Resident #5 was able to swallow the medication after taking three small sips. -The MA could hear the water "gurgling" in Resident #5's throat. -Resident #5 said she was fine. -Resident #5 was "usually perky," but that night her speech was delayed and slow. -She checked on Resident #5 three times before she left. -Between 9:15pm and 9:30pm, Resident #5 was resting with her eyes open and slowly said she was fine. -At 10:00pm, Resident #5's eyes were closed and she was breathing; the MA did not speak with her at that time. -At 11:03pm she observed that Resident #5 was breathing; the MA did not speak with her at that time. -"I was really worried about her." -She could not remember if there was a supervisor during second shift on 04/21/20 and she did not inform anyone on second shift of her concern about Resident #5's condition. -She would have reported her concern to the supervisor on second shift if there had been one. -She reported the situation to the third shift	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 12	{D 273}		

supervisor at the change of shift.
-The third shift supervisor said she would watch Resident #5.
-She could not remember who else was working on 04/21/20.
-On 04/22/20, she was told Resident #5 had been transported to the hospital.
-She would notify the PCP if vital signs were "off," if a resident had altered mental status, if a resident refused medication three times, or if she had a question about having to send a resident out for treatment.
-The signs and symptoms of a stroke were weakness, a droopy mouth, abnormal vital signs, and slurred speech.

Telephone interview with another MA on 05/01/20 at 7:25am revealed:
-On 04/21/20, the second shift MA reported she was going to call the PCP to get an order for Resident #5 to have a swallow test.
-She did not know if the second shift MA called Resident #5's PCP.
-Resident #5 was asleep as normal when the MA arrived for third shift on 04/21/20.
-The MA did the 3:00am rounds while the personal care aide (PCA) took a break.
-The PCA did all the other rounds during the shift and did not report anything out of the ordinary related to Resident #5.
-She and the PCA woke up Resident #5 at 6:00am.
-Resident #5 was trying to speak.
-Resident #5 had a hard time taking her morning medication.
-The right side of Resident #5's face was drooping.
-She was familiar with Resident #5 and knew something was wrong.
-The MA took Resident #5's vital signs and called

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 13 911 between 6:30-7:00am. -She did not notify Resident #5's PCP about this matter. -She left work at 7:30am on 04/22/20. Second telephone interview with the Director of Clinical Services (DCS) on 05/01/20 at 8:20am revealed: -She was the supervisor of the MAs. -Symptoms or behaviors outside a resident's normal status would prompt a call to the PCP or notice to the shift supervisor. -The shift supervisor should have been notified of Resident #5's change in condition on 04/21/20. -The DCS was not notified of the change in Resident #5's condition. Telephone interview with the Regional Director of Clinical Services (RDCS) on 05/01/20 at 11:55am revealed: -Staff should have informed the shift supervisor about Resident #5's change in condition on 04/21/20. -The supervisor on site was responsible for notifying the PCP. -Resident #5's PCP should have been informed about Resident #5's change in condition on 04/21/20. -The DCS was available to staff at all hours and had access to the facility's policies. -The RDCS had not been informed of this situation by staff. Telephone interview with a third MA on 05/01/20 at 12:11pm revealed: -She worked on 04/21/20, but could not remember if she was the second shift supervisor. -She did not remember speaking with another MA regarding Resident #5 on 04/21/20. -She did not receive any report of Resident #5 not	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 14 being herself on 04/21/20. -She found out a couple of days ago that Resident #5 was sent to the ED. Telephone interview with a representative from the admissions department of a rehabilitation facility on 05/05/20 at 5:05pm revealed Resident #5 was admitted to the rehabilitation facility on 04/25/20 with a diagnosis of stroke. Interview with the Clinical Director from Resident #5's PCP's office on 05/06/20 at 1:55pm revealed: -The PCP would have expected the facility to contact him about Resident #5's change in condition on 04/21/20. -The PCP would have expected the facility to contact him about Resident #5's change in condition on 04/22/20 and subsequent hospitalization. -The ED physician could provide information regarding any negative outcome resulting from the failure to have Resident #5 examined when symptoms were initially observed on 04/21/20. _____ The facility failed to ensure referral and follow-up by notifying the primary care provider (PCP) for a resident not being sent out in a timely manner when exhibiting signs and symptoms of stroke, falls with a head injury not reported and no contact with the PCP regarding not receiving an antibiotic ordered for a urinary tract infection . This failure resulted in significant harm and serious neglect to the resident which constitutes a Type Unabated A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on April 28, 2020 and an amended plan of protection on May 05,	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 15 2020 for this violation.	{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: FOLLOW-UP TO A TYPE A2 VIOLATION Non-compliance continues with increased severity resulting in death, serious physical harm, abuse, neglect or exploitation. THIS IS A TYPE A1 VIOLATION Based on interviews and record reviews, the facility failed to administer medications as ordered for 7 of 7 residents sampled, including errors with an antibiotic, an antidepressant, and a medication to treat gastroesophageal reflux disease (GERD) (#5); a long acting and a short acting insulin for lowering elevated blood sugar, 3 medications to treat mental health disorders, a medication to lower cholesterol, 2 blood pressure medications, and one medication to treat diabetes (#6); an eye drop to treat glaucoma and a medication to treat stomach ulcers/esophagitis (#4); 2 medications to treat mental health disorders (#1); 3 medications to treat mental health disorders, a medication to treat blood flow	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 16	{D 358}		

in the legs, a supplement to treat a vitamin deficiency and a medication to treat pain (#7); 3 medications to treat mental health disorders, a medication to treat insomnia, a stool softener, 2 supplements to treat a vitamin deficiency, an inhaler to treat asthma, and a cream to treat fungus (#3); and a medication to treat mental health disorders (#2).

The findings are:

1. Review of Resident #5's current FL-2 dated 02/14/20 revealed diagnoses included hemiplegia nondominant side due to stroke, rhabdomyolysis (breakdown of skeletal muscle), and diabetes.

a. Review of Resident #5's hospital after visit summary dated 03/28/20 revealed:
-Resident #5 was hospitalized from 03/26/20-03/28/20 related to a fall sustained on 03/25/20.
-Resident #5 was diagnosed with a urinary tract infection (UTI).
-The medication list indicated Resident #5 was to start taking Keflex 500mg (an antibiotic) every 12 hours for 7 days starting on 03/29/20.
-There were instructions to "ask your doctor where to pick up" the Keflex.

Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed there was no entry for Keflex 500mg every 12 hours for 7 days to be started on 03/29/20.

Review of Resident #5's electronic medication administration record (eMAR) for March 2020 revealed there was no entry for Keflex 500mg every 12 hours for 7 days to be started on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 17 03/29/20. Review of Resident #5's eMAR for April 2020 revealed there was no entry for Keflex 500mg every 12 hours for 7 days that had been ordered to start on 03/29/20. Review of Resident #5's handwritten progress note dated 03/29/20 revealed: -A first shift medication aide (MA) contacted the hospital to get a hard copy of Resident #5's Keflex order. -The name of the physician who treated Resident #5 at the hospital was not listed on the hospital after visit summary. -The MA was informed a nurse from the hospital would call back. Review of Resident #5's handwritten progress note dated 03/31/20 revealed the MA left a voicemail for the nurse at the hospital. Review of Resident #5's handwritten progress note dated 04/02/20 revealed the MA "tried to speak with someone else" at the hospital but was still unable to obtain an order. Telephone interview with a representative from Resident #5's pharmacy on 04/27/20 at 4:56pm revealed the pharmacy did not receive an order for Keflex for Resident #5 during the month of March 2020. Telephone interview with a representative from the facility's contracted pharmacy on 04/27/20 at 5:20pm revealed: -The pharmacy did not receive an order for Keflex for Resident #5 during the month of March 2020. -Resident #5's medications were provided by another pharmacy.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 18 Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed she did not know what happened with Resident #5's Keflex order from 03/28/20. Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed the MA had tried to get in touch with the hospital and/or Resident's #5's family member to get information on the Keflex order from 03/28/20. Telephone interview with a MA on 04/30/20 at 10:30am revealed: -She did not see a paper prescription among Resident #5's after visit summary from 03/28/20. -She tried to contact Resident #5's family member on 03/29/20, but was unsuccessful. -She called the hospital on 03/29/20, 03/31/20, and 04/01/20 to find out the name of the physician who wrote the Keflex order for Resident #5. -She never received a call from the nurse at the hospital. -She did not call Resident #5's primary care provider (PCP). -On an unknown date, she told the Lead Supervisor and the DCS about this situation. -She did not follow-up on this matter after informing the Lead Supervisor and the DCS. Second telephone interview with the DCS on 05/01/20 at 8:20am revealed: -The hospital normally provided a written prescription with the after visit summary. -On an unknown date, the MA told her there was not an order for Keflex in the after visit summary packet. -She instructed the MA to call the hospital to get information about the Keflex order.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 19 -The MA did not tell her anything else about this situation. -She did not follow-up with the MA about the Keflex order. -It was the MA's responsibility to follow-up on the Keflex order. -Her expectation was that the order would have been faxed by staff to the pharmacy. Second telephone interview with the Lead Supervisor on 05/04/20 at 2:44pm revealed: -Resident #5's family member was supposed to get the order from the hospital. -She did not know about the difficulty in getting the 03/28/20 Keflex order filled. Telephone interview with the Clinical Director from Resident #5's PCP's office on 05/06/20 at 1:55pm revealed the PCP was not contacted by the facility to assist with getting an order for Keflex. b. Review of Resident #5's emergency department (ED) record dated 04/08/20 revealed: -Resident #5 was transported to the ED after sustaining a fall. -Resident #5 was diagnosed with a urinary tract infection (UTI). -An order for Keflex 250mg (an antibiotic) take two capsules (500mg) twice daily for 7 days for treatment of a UTI. Review of Resident #5's electronic medication administration record (eMAR) for April 2020 revealed: -There was an entry for Keflex 250mg take two capsules (500mg) twice daily for 7 days starting on 04/08/20 scheduled at 8:00am and 8:00pm. -All entry dates, except from 04/08/20-04/14/20, were blacked out on the eMAR.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 20 -There was no documentation Keflex 250mg had been administered on 04/08/20. -The first dose of Keflex 250mg two capsules (500mg) twice a day was documented as administered at 7:41pm on 04/09/20. -The last dose of Keflex 250mg two capsules (500mg) twice a day was administered at 8:21am on 04/14/19. -Keflex 250mg two capsules (500mg) twice a day had been administered 10 of 14 opportunities and had been refused 1 of 14 opportunities. Review of Resident #5's electronic progress notes revealed: -There was an entry dated 04/08/20 at 9:55pm indicating Resident #5 had a new order for Keflex 250mg take two capsules twice a day for 7 days. -There was an entry dated 04/09/20 at 11:56am indicating the order for Keflex was refaxed to Resident #5's pharmacy and would need to be picked up by Resident #5's family member. -There was an entry dated 04/09/20 at 10:24pm indicating Resident #5 started Keflex 250mg take two capsules twice a day for 7 days. -There was an entry dated 04/11/20 at 10:56am indicating Resident #5 refused her morning Keflex dose. -There were seven entries dated from 04/11/20-04/17/20 indicating Resident #5 continued to receive Keflex. -There was an entry dated 04/20/20 at 10:04pm indicating Resident #5 continued to receive Keflex, but refused her 8:00pm dose. -There were two entries dated 04/21/20 indicating Resident #5 continued to receive Keflex. Telephone interview with a pharmacist from Resident #5's pharmacy on 04/24/20 at 1:39pm revealed: -The order for Keflex 250mg take two capsules	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 21	{D 358}		

(500mg) twice a day for 7 days was faxed to the pharmacy by the hospital on 04/09/20.
-On 04/09/20, 28 Keflex 250mg capsules were dispensed by the pharmacy.
-Keflex was eliminated by the body quickly and may not kill an infection if it was not administered as ordered.

Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed:
-The April 2020 eMAR indicated Resident #5 was administered Keflex 250mg 2 capsules (500mg) twice a day from 04/09/20-04/14/20.
-She did not know why the medication aides (MA) had documented administration of the Keflex for almost two weeks in the electronic progress notes.

Telephone interview with the Regional Director of Clinical Services (RDCS) on 04/29/20 at 4:23pm revealed:
-She did not know why the MAs documented in the progress notes the administration of Keflex beyond the time the order should have been discontinued.
-The MAs may have been trying to make up for the days Resident #5 had refused the medication.

Telephone interview with a MA on 04/30/20 at 10:30am revealed:
-She did not know why the dates were blacked out on the April 2020 eMAR.
-Resident #5's Keflex was first administered with the 8:00pm dose on 04/09/20.
-Resident #5 was still receiving Keflex 250mg two capsules (500mg) twice a day on 04/21/20.
-She did not notice more than seven days had passed since Resident #5 had started receiving the Keflex.
-She did not notify management that Keflex

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 22	{D 358}		

continued to be administered after seven days.
-There were seven Keflex 250mg capsules remaining among Resident #5's medication available for administration.
-Resident #5 may have received one Keflex 250mg capsule at a time instead of two capsules as ordered.

Telephone interview with a second MA on 04/30/20 at 4:08pm revealed:
-She administered two Keflex 250mg (500mg) capsules to Resident #5 as ordered.
-She did not know why the April 2020 eMAR was not showing all the dates Resident #5's Keflex had been administered.
-On the April 2020 eMAR, it looked like Resident #5 received the Keflex for 5½ days and not seven days as ordered.
-She could not explain why there were seven Keflex 250mg capsules remaining among Resident #5's medication available for administration.
-Resident #5 should have been administered all the Keflex as ordered.
-She could not remember if anyone informed the Lead Supervisor or the Director of Clinical Services (DCS) that the Keflex was administered longer than seven days.
-She remembered giving Resident #5 one Keflex capsule during the 8:00pm medication administration on 04/21/20.

Telephone interview with the DCS on 05/01/20 at 8:20am revealed:
-She could not tell how long Resident #5 received the Keflex because of the glitches in the eMAR system.
-She did not verify the MAs were administering the Keflex correctly and the MAs never reported anything to her regarding the administration of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 23 Keflex. Telephone interview with the Clinical Director from Resident #5's primary care provider's (PCP) office on 05/01/20 at 2:38pm revealed the administration of Keflex 250mg take two capsules (500mg) twice a day for 7 days should not have gone beyond seven days. Second telephone interview with the Clinical Director from Resident #5's PCP's office on 05/06/20 at 1:55pm revealed the PCP had no knowledge of Resident #5's Keflex 250mg capsules not being administered as ordered. c. Review of Resident #5's current FL-2 dated 02/14/20 revealed there was an order for Escitalopram 5mg (used to treat depression and anxiety) daily. Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed there was no entry for Escitalopram 5mg daily. Review of Resident #5's electronic medication administration record (eMAR) for March 2020 revealed: -There was an entry for Escitalopram 5mg daily at 8:00am. -There was no documentation Escitalopram 5mg daily had been administered during the month of March 2020. -There was no documentation indicating a reason Escitalopram 5mg had not been administered during the month of March 2020. Telephone interview with a medication aide (MA) on 04/27/20 at 10:32am regarding Resident #5's	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 24	{D 358}		

medication revealed:
-There were 57 Escitalopram 5mg tablets available for administration.
-There was one bottle of 27 tablets of Escitalopram 5mg with a label indicating 30 tablets were dispensed on 03/24/20.
-There was a second bottle of 30 tablets of Escitalopram 5mg with a label indicating 30 tablets were dispensed on 04/21/20.

Telephone interview with a representative from Resident #5's pharmacy on 04/29/20 at 5:33pm revealed one bottle of 30 tablets of Escitalopram 5mg was dispensed on both 03/24/20 and 04/21/20.

Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed:
-She could not verify Resident #5's Escitalopram 5mg had been administered as ordered in March 2020.
-The MAs did not inform her of the extra Escitalopram tablets available for administration.

Second telephone interview with the DCS on 05/01/20 at 8:20am revealed:
-The previous Resident Care Director (RCD) was supposed to review the March 2020 eMAR.
-She did not know if the previous RCD had reviewed the March 2020 eMAR.
-The eMAR system had glitches and was not consistently recording the administration of medication.
-She was not informed by the MAs that there were any problems administering Resident #5's Escitalopram.
-It looked like Resident #5's Escitalopram 5mg had not been administered in March 2020.

Based on the interview with a MA related to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 25 Resident #5's Escitalopram 5mg available for administration and record reviews for March 2020 and April 2020: -There should have been 30 Escitalopram 5mg tablets available for administration; fifty-seven tablets were available to be administered. -Escitalopram could not have been administered as documented. d. Review of Resident #5's current FL-2 dated 02/14/20 revealed there was an order for Pantoprazole 40mg (used to treat gastroesophageal reflux disease [GERD]) twice a day. Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed there was no entry for Pantoprazole 40mg twice a day. Review of Resident #5's electronic medication administration record (eMAR) for March 2020 revealed: -There was an entry for Pantoprazole 40mg twice a day scheduled at 6:00am and 4:00pm. -There was no documentation Pantoprazole had been administered during the month of March 2020. -There was no documentation indicating a reason Pantoprazole had not been administered during the month of March 2020. Review of Resident #5's eMAR for April 2020 revealed: -There was an entry for Pantoprazole 40mg twice a day scheduled at 6:00am and 4:00pm. -There was documentation Pantoprazole had been administered 34 of 43 opportunities between 04/01/20-04/22/20.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 26 -There was documentation Pantoprazole had been refused 3 of 43 opportunities between 04/01/20-04/22/20. -There were six blank areas for the 6:00am dose on the eMAR from 04/03/20-04/07/20 and on 04/14/20. -There was no information on the eMAR indicating the reason the 6:00am dose of Pantoprazole was not administered from 04/03/20-04/07/20 and on 04/14/20. Telephone interview with a medication aide on 04/27/20 at 10:32am regarding Resident #5's medication revealed there was one bottle containing approximately 60 tablets of Pantoprazole with a label indicating 60 tablets were dispensed on 03/10/20. Telephone interview with a representative from Resident #5's pharmacy on 04/29/20 at 5:33pm revealed on both 03/10/20 and 04/09/20, one bottle of 60 tablets of Pantoprazole 40mg was dispensed. Telephone interview with the DCS on 04/28/20 at 3:17pm revealed: -She could not verify Resident #5's Pantoprazole was administered as ordered in March 2020. -The MAs did not inform her of the extra Pantoprazole tablets available for administration. Second telephone interview with the DCS on 05/01/20 at 8:20am revealed: -The previous Resident Care Director (RCD) was supposed to review the March 2020 MARs. -She was unsure if the previous RCD had reviewed the March 2020 MARs. -The eMAR system had glitches and was not consistently recording the administration of medication.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 27 -She was not informed by the MAs that there were any problems administering Resident #5's Pantoprazole during the month of March 2020, and from 04/03/20-04/07/20, and on 04/14/20. -It looked like Resident #5's Pantoprazole had not been administered in March 2020, and from 04/03/20-04/07/20, and on 04/14/20. Based on the interview with a MA related to Resident #5's Pantoprazole 40mg available for administration and record reviews for March 2020 and April 2020: -There should have been 33 Pantoprazole 40mg tablets available for administration; approximately 60 tablets were available to be administered. -Pantoprazole could not have been administered as documented. e. Review of Resident #5's current FL-2 dated 02/14/20 revealed there was an order for Amlodipine 10mg (used to treat high blood pressure) daily. Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed: -There was an entry for Amlodipine 10mg daily at 8:00am. -There was documentation Amlodipine 10mg had been administered 31 of 31 opportunities. Review of the March 2020 (date not specified) blood pressure log revealed Resident #5's blood pressure was 131/65. Review of the electronic progress notes for Resident #5 revealed there was an entry dated 03/30/20 at 8:31pm indicating Resident #5's blood pressure was 142/72.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 28 Review of Resident #5's eMAR for April 2020 revealed: -There was an entry for Amlodipine 10mg daily at 8:00am. -There was documentation Amlodipine 10mg had been administered 15 of 21 opportunities from 04/01/20-04/21/20. -There was documentation Amlodipine 10mg had been refused 3 of 21 opportunities from 04/01/20-04/21/20. -There was no documentation for 3 of 21 opportunities from 04/01/20-04/21/20. Review of the April 2020 (date not specified) blood pressure log revealed Resident #5's blood pressure was 144/84. Review of the electronic progress notes for Resident #5 revealed: -There was an entry dated 04/08/20 at 9:55pm indicating Resident #5's blood pressure was 167/86. -There was an entry dated 04/11/20 at 10:56am indicating Resident #5's blood pressure was 146/68. Telephone interview with a medication aide on 04/27/20 at 10:32am regarding Resident #5's medication revealed: -There were approximately 56 Amlodipine 10mg tablets on hand for administration. -There was one bottle containing approximately 26 tablets of Amlodipine 10mg with a label indicating 30 tablets were dispensed on 03/03/20. -There was a second bottle containing approximately 30 tablets of Amlodipine 10mg with a label indicating 30 tablets were dispensed on 04/01/20.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 29 Telephone interview with a representative from Resident #5's pharmacy on 04/30/20 at 11:19am revealed one bottle of 30 tablets of Amlodipine 10mg was dispensed on 02/04/20, 03/03/20, and 04/01/20. Based on the interview with a MA related to Resident #5's Amlodipine 10mg available for administration and record reviews for March 2020 and April 2020: -There should have been 10 Amlodipine 10mg tablets available for administration; fifty-six tablets were available to be administered. -Amlodipine could not have been administered as documented. f. Review of Resident #5's current FL-2 dated 02/14/20 revealed there was an order for Hydralazine 25mg (used to treat high blood pressure) three times a day. Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed: -There was an entry for Hydralazine 25mg three times a day scheduled at 6:00am, 2:00pm, and 10:00pm. -There was documentation Hydralazine 25mg had been administered 93 of 93 opportunities. Review of the March 2020 (date not specified) blood pressure log revealed Resident #5's blood pressure was 131/65. Review of the electronic progress notes for Resident #5 revealed there was an entry dated 03/30/20 at 8:31pm indicating Resident #5's blood pressure was 142/72.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 #5's eMAR for April 2020 from 04/01/20-04/22/20 revealed: -There was an entry for Hydralazine 25mg three times a day scheduled at 6:00am, 2:00pm, and 10:00pm. -There was documentation Hydralazine had been administered 59 of 64 opportunities from 04/01/20-04/22/20. -There was documentation Hydralazine had not been documented as administered on 04/20/20 at 2:00pm because Resident #5 was hospitalized. -There was no documentation for 1 of 64 opportunities from 04/01/20-04/22/20. -There was documentation Hydralazine had been refused 3 of 64 opportunities from 04/01/20-04/22/20. Review of the April 2020 (date not specified) blood pressure log revealed Resident #5's blood pressure was 144/84. Review of the electronic progress notes for Resident #5 revealed: -There was an entry dated 04/08/20 at 9:55pm indicating Resident #5's blood pressure was 167/86. -There was an entry dated 04/11/20 at 10:56am indicating Resident #5's blood pressure was 146/68. Telephone interview with a medication aide on 04/27/20 at 10:32am regarding Resident #5's medication revealed: -There were approximately 180 Hydralazine 25mg tablets on hand for administration. -There was one bottle containing approximately 90 tablets of Hydralazine 25mg with a label indicating 90 tablets were dispensed on 03/24/20. -There was a second bottle containing approximately 90 tablets of Hydralazine 25mg	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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	{D 358}		

with a label indicating 90 tablets were dispensed on 04/21/20.

Telephone interviews with a representative from Resident #5's pharmacy on 04/29/20 at 17:33pm and 04/30/20 at 11:19am revealed one bottle of 90 tablets of Hydralazine 25mg was dispensed on 02/26/20, 03/24/20 and 04/21/20.

Based on the interview with a MA related to Resident #5's Hydralazine 25mg available for administration and record reviews for March 2020 and April 2020:
-There should have been 93 Hydralazine 25mg tablets available for administration; approximately 180 tablets were available to be administered.
-Hydralazine could not have been administered as documented.

g. Review of Resident #5's current FL-2 dated 02/14/20 revealed there was an order for Atorvastatin 80mg (used to improve cholesterol levels) at bedtime.

Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed:
-There was an entry for Atorvastatin 80mg at bedtime scheduled at 8:00pm.
-There was documentation Atorvastatin 80mg had been documented as administered 31 of 31 opportunities.

Review of Resident #5's eMAR for April 2020 from 04/01/20-04/22/20 revealed:
-There was an entry for Atorvastatin 80mg at bedtime scheduled at 8:00pm.
-There was documentation Atorvastatin had been administered 16 of 20 opportunities from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 32	{D 358}		

04/01/20-04/20/20.
-There was documentation Atorvastatin had been refused 3 of 20 opportunities from 04/01/20-04/20/20.
-There was documentation Atorvastatin had not been administered on 04/08/20 because Resident #5 was away from the facility.

Telephone interview with a medication aide on 04/27/20 at 10:32am regarding Resident #5's medication revealed:
-There were 97 Atorvastatin 80mg tablets on hand for administration.
-There was one bottle containing 21 tablets of Atorvastatin 80mg with a label indicating 30 tablets were dispensed on 11/25/19.
-There was a second bottle containing 16 tablets of Atorvastatin 80mg with a label indicating 30 tablets were dispensed on 01/24/20.
-There was a third bottle containing 30 Atorvastatin 80mg tablets with a label indicating 30 tablets were dispensed on 02/24/20.
-There was a fourth bottle containing 30 Atorvastatin 80mg tablets with a label indicating 30 tablets were dispensed on 03/24/20.

Based on the interview with a MA related to Resident #5's Atorvastatin 80mg available for administration and record reviews for March 2020 and April 2020:
-There should have been 6 Atorvastatin 80mg tablets available for administration; ninety-seven tablets were available to be administered.
-Atorvastatin could not have been administered as documented.

h. Review of Resident #5's current FL-2 dated 02/14/20 revealed there was an order for Baclofen (used to treat muscle spasms) 10mg twice a day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 33 Review of Resident #5's electronically generated with the administration documented by hand medication administration record (MAR) for March 2020 revealed: -There was an entry for Baclofen 10mg twice a day scheduled at 8:00am and 8:00pm. -Baclofen 10mg had been documented as administered 62 of 62 opportunities. Review of Resident #5's eMAR for April 2020 revealed: -There was an entry for Baclofen 10 mg twice a day scheduled at 8:00am and 8:00pm. -There was documentation Baclofen had been administered 32 of 41 opportunities from 04/01/20-04/21/20. -There was documentation Baclofen had been refused 4 of 41 opportunities from 04/01/20-04/21/20. -There was documentation Resident #5 had vomited the Baclofen 1 of 41 opportunities from 04/01/20-04/21/20. -There was no documentation for 4 of 41 opportunities from 04/01/20-04/21/20. Telephone interview with a medication aide on 04/27/20 at 10:32am regarding Resident #5's medication revealed: -There were approximately 180 Baclofen 10mg tablets on hand for administration. -There was one bottle containing approximately 40 Baclofen 10mg tablets with a label indicating 60 tablets were dispensed on 12/23/19. -There was a second bottle containing approximately 20 Baclofen 10mg tablets with a label indicating 60 tablets were dispensed on 01/21/20. -There was a third bottle containing approximately 60 Baclofen 10mg tablets with a	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 34	{D 358}		

label indicating 60 tablets were dispensed on 02/24/20.
-There was a fourth bottle containing approximately 60 Baclofen 10mg tablets with a label indicating 60 tablets were dispensed on 03/24/20.

Based on the interview with a MA related to Resident #5's Baclofen available for administration and record reviews for March 2020 and April 2020:
-There should have been 4 Baclofen 10mg tablets available for administration; one hundred eighty tablets were available to be administered.
-Baclofen could not have been administered as documented.

Based on record reviews and interviews, it was determined Resident #5 was unable to be interviewed.

Interview with a medication aide (MA) on 04/27/20 at 10:32am revealed:
-She did not know why Resident #5 had extra medication available for administration.
-Resident #5 frequently refused her medication.
-Resident #5 did not use the facility's contracted pharmacy.
-The Director of Clinical Services (DCS) would need to be questioned about the medication on hand.

Telephone interview with a representative from Resident #5's pharmacy on 04/27/20 at 11:38am revealed:
-Staff from the facility had not notified the pharmacy about Resident #5's excess medication available for administration.
-The pharmacy was going to continue to dispense Resident's #5's medication until notified by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 35 facility. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed: -She tried to audit the medication carts twice a month. -She last audited the medication carts in mid-April 2020. -She could not remember the last time she audited the medication cart containing Resident #5's medication. Telephone interview with the DCS on 04/28/20 at 3:17pm revealed: -She was responsible for eMAR and medication cart audits. -She could not recall the last time she audited the medication cart containing Resident #5's medication. -The MAs did not inform her of Resident #5's excess medication available for administration. -It was the supervisor's responsibility to return excess medication to the pharmacy. -She did not know if the pharmacy had been notified about the extra medication available for administration. Telephone interview with the Clinical Director at Resident #5's primary care provider's (PCP) office on 05/06/20 at 1:55pm revealed the PCP expected Resident #5's medication to be administered as ordered. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 36 Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interview with the Director of Clinical Services on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm. 2. Review of Resident #6's current FL-2 dated 02/14/20 revealed diagnoses included diabetes mellitus type 2 and schizophrenic disorder. a. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for Lantus (a long acting insulin used to treat elevated blood sugar values) inject 44 units subcutaneously (SQ) twice a day. Review of Resident #6's March 2020 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Lantus insulin inject 44 units twice daily scheduled for administration at 6:30am and 4:30pm, from 03/12/20 to 03/27/20 and a change of scheduled administration time to 6:00am from 03/27/20 to 03/31/20 and 4:00pm from 03/25/20 to 03/31/20. -Lantus insulin was not documented as	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 37 administered on 10 opportunities at 6:30am from 03/15/20 to 03/21/20, 03/24/20, 03/25/20, and 03/26/20; and 4 opportunities at 4:30pm including 03/15/20, 03/17/20, 03/19/20 and 03/24/20 with no explanation for why the medication was not administered. Review of Resident #6's subsequent physician's order revealed an order dated 04/07/20 changing Lantus insulin to 50 units every morning. Review of Resident #6's April 2020 eMAR revealed: -There was an entry for Lantus insulin inject 44 units twice daily with scheduled administration times of 6:00am and 4:00pm from 04/01/20 to 04/07/20. -There was an entry for Lantus insulin inject 50 units SQ once daily in the morning beginning 04/08/20 and scheduled for administration at 6:30am. -Lantus insulin was not documented as administered on 04/11/20, 04/15/20, and 04/20/20 with no explanation for why the medication was not administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 3:30pm revealed: -Nine Lantus Solostar prefilled pens [3 milliliters (mls) each] were dispensed for Resident #6 on 02/09/20. -One Lantus Solostar prefilled pen (3mls) was dispensed on 04/03/20 and 04/04/20. -One 10mls vial of Lantus insulin was dispensed on 04/08/20. Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there was a partial	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 38 10 ml vial of Lantus dispensed on 04/08/20 available to be administered. Telephone interview with Resident #6's Physician's Assistant (PA) on 04/21/20 at 4:40pm revealed: -Resident #6's fingerstick blood sugars (FSBS) had been running high on occasions. -She did not think Resident #6 had been receiving her insulin as ordered when she reviewed the resident's medication administration records. -Long term elevated blood sugars could result in damage to the vessels in the eyes, damage to the kidneys, and increased risk for heart problems. Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed: -Staff checked her FSBS 2 times a day. -She had been receiving her insulin as best she could remember. b. Review of Resident #6's current FL-2 dated 02/14/20 revealed a physician's order to check fingerstick blood sugar (FSBS) twice daily before breakfast and supper and inject Novolog insulin (a rapid acting insulin used to lower elevated blood sugar) 12 units subcutaneously (SQ) for FSBS over 250, give an additional 8 units for FSBS over 400. Review of Resident #6's March 2020 electronic Medication Administration Record (eMAR) revealed: -There was no entry to check FSBS twice daily before breakfast and supper on the eMAR. -There was no entry to inject Novolog insulin 12 units SQ for FSBS over 250, give an additional 8 units for FSBS over 400 listed on the eMAR. -There was no documentation for Novolog insulin	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 39 administration on the eMAR. Review of Resident #6's documentation for FSBS values in March 2020 provided by the Director of Clinical Services (DCS) on 04/24/20 at 2:21pm revealed: -There were 11 FSBS documented from 03/26/20 to 03/31/20 at 4:47pm. -FSBS values greater than 250 or 400 were recorded for 7 of 11 opportunities. Examples of FSBS values greater than 250 or 400 for March 2020 included: -On 03/26/20 at 4:48pm, FSBS was 514; 20 units of Novolog should have been administered. No Novolog was documented as administered. -On 03/27/20 at 4:28pm, FSBS was 318; 12 units of Novolog should have been administered. No Novolog was documented as administered. -On 03/31/20 at 4:47pm, FSBS was 485; 20 units of Novolog should have been administered. No Novolog was documented as administered. Review of Resident #6's April 2020 eMAR revealed: -Check FSBS twice daily before breakfast and supper was not listed on the eMAR. -Inject Novolog insulin 12 units SQ for FSBS over 250, give an additional 8 units for FSBS over 400 was not listed on the eMAR from 04/01/20 to 04/21/20. -There was no documentation for Novolog insulin administration on the eMAR. Review of Resident #6's documentation for FSBS values in April 2020 provided by the DCS on 04/24/20 at 2:21pm revealed: -FSBS values were documented from 04/01/20 to 04/21/20 at 6:03am. -FSBS values were documented once daily beginning 04/08/20 with missing documentations.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 40 -There were 22 FSBS out of 44 opportunities documented from 04/01/20 to 04/21/20 at 6:03am (22 FSBS values were missing). -FSBS values greater than 250 or 400 were recorded for 13 of the 22 opportunities. -Examples of FSBS values greater than 250 or 400 for 04/01/20 to 04/21/20 included: -On 04/01/20 at 5:45pm, FSBS was 514; 20 units of Novolog should have been administered. No Novolog was documented as administered. -On 04/03/20 at 5:29pm, FSBS was 373; 12 units of Novolog should have been administered. No Novolog was documented as administered. -On 04/07/20 at 5:09pm, FSBS was 468; 20 units of Novolog should have been administered. No Novolog was documented as administered. -On 04/15/20 at 5:58am, FSBS was 322; 12 units of Novolog should have been administered. No Novolog was documented as administered. Review of Resident #6's physician's order dated 04/21/20 revealed an order for Novolog insulin inject 16 units for FSBS greater than 250 and an additional 4 units for FSBS greater than 400. Review of Resident #6's documentation for FSBS values provided by the DCS on 04/24/20 at 2:21pm revealed: -FSBS values were documented from 04/21/20 to 04/24/20 at 12:35pm. -There were 2 FSBS out of 5 opportunities documented from 04/21/20 to 04/24/20 at 8:44am (2 FSBS values were missing). -FSBS values greater than 250 or 400 were recorded for 3 of the 5 opportunities. -Examples of FSBS values greater than 250 or 400 from 04/21/20 to 04/24/20 were as follows: -On 04/22/20 at 5:06pm, FSBS was 283; 16 units of Novolog should have been administered. No Novolog was documented as administered.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 41 -On 04/23/20 at 4:18pm, FSBS was 323; 16 units of Novolog should have been administered. No Novolog was documented as administered. Interview with the a morning medication aide on 05/05/20 at 11:00am revealed the facility had started using electronically generated Medication Admininstration Records (eMARs) with handwritten documentation on 05/01/20 to help correct errors in documentation on the MARs. Review of Resident #6's Medication Administration Record (MAR) for May 2020 revealed: -There was an entry for Novolog insulin inject 16 units for FSBS greater than 250 and an additional 4 units for FSBS greater than 400 twice a day before breakfast and supper. -FSBS were scheduled to be obtained at 6:30am and 4:30pm. -There were FSBS values documented for 6 of 8 opportunities from 05/01/20 to 05/04/20. -Novolog insulin was not documented as administered as ordered for 5 of 5 opportunities. -On 05/01/20 at 6:30am, there was no FSBS value documented and no Novolog documented as administered. -On 05/01/20 at 4:30pm, there was no FSBS value documented and no Novolog documented as administered. -On 05/02/20 at 6:30am, FSBS value of 390 documented and 16 units of Novolog documented as administered but should have been 20 units. -On 05/02/20 at 4:30pm, FSBS value of 441 documented and 0 units of Novolog documented as administered but should have been 20 units. -On 05/03/20 at 6:30am, FSBS value of 251 documented and 0 units of Novolog documented asadministered but should have been 216 units.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 42 -On 05/03/20 at 4:30pm, FSBS value of 483 documented and 0 units of Novolog documented as administered but should have been 20 units. -On 05/04/20 at 4:30pm, FSBS value of 289 documented and 0 units of Novolog documented as administered but should have been 16 units. Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there was 1 Novolog Flexpen unopened and one partial Novolog Flexpen dispensed on 04/21/20 available to be administered. Telephone interview on 04/21/20 at 4:40pm with Resident #6's Physician's Assistant (PA) revealed: -Resident #6's FSBS had been running high on occasions. -She did not think Resident #6 had not been receiving her insulin as ordered when she reviewed the resident's medication administration records. -There was no documentation Resident #6 had been receiving Novolog insulin for FSBS over 250 for March 2020 or April 2020. -She had spoken to the MAs regarding Resident #6 not receiving Novolog insulin as ordered and was told the new electronic Medication Administration Records (eMARs) did not show the order for the Novolog. -She had spoken to the Director of Clinical Services (DCS) on at least 2 occasions regarding the resident not receiving Novolog insulin. Telephone interview with the Director of Clinical Services (DCS) on 04/24/20 at 2:15pm revealed: -Resident #6's FSBS values were documented on a different form within the eMAR system. -The FSBS values were associated with the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 43 resident's long acting insulin (Lantus) and prompted staff to obtain a FSBS before administering Lantus. Telephone interview with the facility's contracted Nurse on 04/21/20 at 4:05pm revealed: -She had been told by staff and had seen eMARs that medication orders were entered and a few hours later no longer appeared on the eMAR. -Resident #6's Novolog insulin order for breakfast and supper administration according to parameters dropped off the eMAR. -She was not responsible to do routine audits for residents' medication orders compared to the eMARs, that was the responsibility of the Resident Care Director (the position was currently vacant). -The facility was going to go back to non-electronic MARs until medication orders were corrected. Second telephone interview with Resident #6's PA on 04/27/20 at 4:21pm revealed: -When she faxed prescriptions to the facility, she expected the medication to get ordered. -She expected medication to be administered as ordered. -She expected the staff to "not let her patients go without medication." -Her primary concerns regarding a resident not receiving insulin as ordered would be elevated blood sugars over a long period of time which could lead to damage to kidneys, liver, and eyes. Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed: -Staff checked her FSBS 2 times a day. -She had not been receiving a Novolog insulin shot as far as she knew.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 44	{D 358}		

Telephone interview with a second shift medication aide (MA) on 04/29/20 at 5:00pm revealed:
-She routinely worked the medication cart containing Resident #6's medications.
-There was no entry for Novolog insulin showing on the resident's eMAR.
-She had not administered Novolog insulin to Resident #6.

Telephone interview with an another second shift MA on 04/30/20 at 5:22pm revealed:
-She had been working at the facility before Resident #6 was admitted.
-Resident #6 had an order for Novolog insulin before breakfast and supper when she came to the facility.
-The facility used paper MARs until March 2020 when they converted to the eMARs.
-She noticed Resident #6 did not have Novolog insulin listed on the March 2020 and April 2020 eMARs and brought it to the attention of Resident #6's PA one day in April 2020.

Telephone interview with the DCS on 05/01/20 at 8:20am revealed:
-The MAs were supposed to check the April 2020 eMARs and let her know if all ordered medications were listed on them.
-She would let the MAs know if there were any changes on the eMARs.
-She was the supervisor of the MAs; any problems they have should be brought to her.

c. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for fluvoxamine 50mg (used to treat depression) one-half tablet two times a day.

Review of Resident #6's March and April 2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 45 electronic Medication Administration Records (eMARs) revealed: -There was an entry for fluvoxamine 50mg one-half tablet (25mg) two times a day scheduled for administration at 8:00am and 8:00pm. -Fluvoxamine 25mg was documented as not administered (waiting on pharmacy or refilling) on 03/29/20, 03/30/20, 04/01/20, and 04/02/20. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 6:30pm revealed fluvoxamine 25mg was dispensed for 21 day supply on 03/27/20 and 30 day supply on 04/25/20. Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were 25 tablets of fluvoxamine remaining in a card of 30 dispensed on 04/25/20 available to be administered. d. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for risperidone (an anti-psychotic used to treat mental health disorders) 1mg two times a day at 8:00am and 12:00pm. Review of Resident #6's March 2020 and April 2020 electronic Medication Administration Records (eMARs) revealed: -There was an entry for risperidone 1mg two times a day scheduledat 8:00am and 12:00pm. -Risperidone 1mg was documented as not administered on 03/30/20 at 12:00pm, 03/31/20 at 8:00am and 12:00pm, 04/01/20 at 8:00am and 12:00pm, and 04/02/20 at 10:39am. -Waiting on pharmacy or refilling was documented for the reason not administered.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 46 Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 6:30pm revealed risperidone 1mg was dispensed for a 30 day supply on 02/20/20, 03/14/20 and 04/24/20 (this refill was still at the pharmacy being processed). Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were no risperidone 1mg tablets on the medication cart or in overstock available to be administered. e. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for gemfibrozil (used to lower cholesterol) 600mg every 12 hours. Review of Resident #6's March and April 2020 electronic Medication Administration Records (eMARs) revealed: -There was an enttry for gemfibrozil 600mg every 12 hours scheduled for administration at 8:00am and 8:00pm daily. -Gemfibrozil 600mg was documented as not administered on 04/14/20 at 8:35am, 04/16/20 at 9:35am, 04/17/20 at 10:24am and 9:04pm, 04/18/20 at 9:00am with waiting on pharmacy or refilling as the reason documented for not administering the medication. -There was no documentation for 04/18/20 at 8:00pm and 04/19/20 at 8:00am, 04/20/20 at 8:00am and 04/21/20 at 8:00am with no reason for why the medication was not administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 6:30pm revealed: -Gemfibrozil 600mg was dispensed for a 20 day supply on 03/14/20 which should have run out on 04/08/20.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 47 -Gemfibrozil 600mg was dispensed for a 30 days supply (#60 tablets) on 04/25/20. Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were 56 tablets remaining out of 60 tablets dispensed on 04/25/20 available to be administered. f. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for furosemide 20mg (used to treat high blood pressure and fluid retention) every day. Review of Resident #6's March and April 2020 electronic Medication Administration Records (eMARs) revealed: -There was an entry for furosemide 20mg every day scheduled for administration at 8:00am daily. -Furosemide 20mg was not documented as administered on 03/28/20, 03/29/20, 03/30/20, 03/31/20, 04/01/20, 04/02/20, 04/03/20, 04/08/20, 04/14/20, 04/16/20 with waiting on pharmacy or refilling documented as the reason for not administered. -Furosemide 20mg administration times were blank for administration on 04/19/20 and 04/20/20. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 6:30pm revealed: -Furosemide 20mg was dispensed for Resident #6 as a 21 day supply on 03/27/20 which should lasted until 04/17/20. -Furosemide 20mg was dispensed for 30 days supply on 04/27/20 but it was still at the pharmacy. Telephone interview with a medication aide (MA)	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 48	{D 358}		

on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were no furosemide 20mg tablets on the medication cart or in overstock available to be administered.

Review of Resident #6's documented weekly blood pressures revealed blood pressure values for April 2020 were 102/79, 109/63, 100/73, and 106/81.

g. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for glipizide 5mg (used to treat diabetes) twice a day.

Review of Resident #6's March and April 2020 electronic Medication Administration Records (eMARs) revealed:
-There was an entry for glipizide 5mg was listed and scheduled for administration at 8:00am and 8:00pm daily.
-Glipizide 5mg was not documented as administered on 03/14/20 at 7:54am, 03/15/20 at 8:24am, 03/16 at 8:11am, 03/17/20 at 9:40am, 03/18/20 at 7:21am, 03/19/20 at 8:29am, 04/15/20 at 9:00am and 7:40pm, 04/16/20 at 9:35am and 8:00pm, 04/17/20 at 10:24am, 04/18/20 at 8:30am, 04/23/20 at 10:40am and 8:00pm, 04/25/20 at 10:40am and 8:00pm for not administered with waiting on pharmacy or refilling.
-Glipizide 5mg was blank for administration on 04/26/20 at 10:40am and 8:00pm, and on 04/27/20 at 10:40am and 8:00pm.

Review of Resident #6's fingerstick blood sugar values(FSBS) for March 2020 revealed FSBS values ranged from 137 to 514 and FSBS values for April 2020 ranged from 156 to 458.

Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 49 6:30pm revealed glipizide 5mg was dispensed for 10 tablets on 03/07/20, 32 tablets on 03/18/20, and 60 tablets on 04/27/20 (which were still at the pharmacy). Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were no glipizide 5mg tablets on the medication cart or in overstock available to be administered. h. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for citalopram 40mg (used to treat depression) once a day. Review of Resident #6's March 2020 and April 2020 electronic Medication Administration Records (eMARs) revealed: -There was an entry for citalopram 40mg scheduled for administration at 8:00am daily. -Citalopram 40mg was not documented as administered at 8:00am on the March 2020 eMAR from 03/20/20 to 03/31/20. -Citalopram 40mg was not documented as administered at 8:00am from 04/01/20 to 04/11/20, on 04/19/20 and 04/20/20 on the April 2020 eMAR with no reason documented for not administering the medication. Review of a handwritten Medication Administration Record (MAR) for March 2020 revealed: -There was an entry for citalopram 40mg scheduled for administration at 8:00am. -Citalopram 40mg was documented as administered from 03/20/20 to 03/31/20 except from 03/22/20 to 03/25/20 when the initials were circled with no reason for citalopram not administered.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 50 Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 6:30pm revealed: -Citalopram 40mg was dispensed for 21 tablets on 03/27/20 with no explanation why the refill was a partial fill. -Citalopram 40mg was dispensed for 30 tablets on 04/27/20 that were still at the pharmacy being processed. Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were no citalopram 40mg tablets on the medication cart or in overstock available to be administered. i. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for lisinopril 10mg (used to elevated blood pressure) once a day. Review of Resident #6's March 2020 and April 2020 electronic Medication Administration Records (eMARs) revealed: -There was an entry for Lisinopril 10mg scheduled for administration at 8:00am daily. -Lisinopril 10mg was not documented as administered at 8:00am on the March 2020 eMAR from 03/24/20 to 03/31/20. -Lisinopril 10mg was not documented as administered at 8:00am from 04/03/20 to 04/11/20, and 04/20/20 on the April 2020 eMAR with no reason documented for not administering the medication. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 6:30pm revealed lisinopril 10mg was dispensed for 21 tablets on 03/27/20 and 9 additional tablets with no date.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 51 Telephone interview with a medication aide (MA) on 04/28/20 at 8:39am regarding Resident #6's medication on hand revealed there were no lisinopril 10mg tablets on the medication cart or in overstock available to be administered. Review of Resident #6's documented weekly blood pressures revealed blood pressure values for April 2020 were 102/79, 109/63, 100/73, and 106/81. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 2:15pm revealed: -The pharmacy dispensed routine medication on a monthly cycle fill provided the medication had refills remaining. -The facility staff was responsible to send medication orders to the pharmacy for residents' medications. -The pharmacy did not always have orders for refills for Resident #6's medications. -The pharmacy routinely notified the facility when a resident needed refills on medications. -Sometimes the pharmacy had to contact Resident #6's Physician's Assistant (PA) to obtain medication orders because the facility had not provided the orders as requested. -Medications were logged as dispensed on a date but were processed over 1 to 2 days for filling the order, and an additional 2-3 days for checking and delivering to the facility. Cycle filled medications were routinely received by the facility up to 5 days after the date dispensed. Telephone interview with Resident #6's PA on 04/27/20 at 3:24pm revealed: -For medication order refills, the pharmacy normally contacted the facility first, then send a fax to the facility and asked the PA to sign.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 52 -The facility should fax the signed order back to the pharmacy. -The PA was in the facility every week and available by phone at all other times. -The medications that were listed on the eMAR as waiting on the pharmacy should have a signed order already. -The PA had been calling the pharmacy frequently to find out why the medications were not sent. -When she faxed prescriptions to the facility, she expected the medication to get ordered. -She expected medication to be administered as ordered. -She expected the staff to "not let her patients go without medication." Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed: -The eMAR system indicated when medications needed to be refilled. -The MAs were able to request refills through the eMAR system. -The system indicated if the requested medication was on cycle fill. -The cycle fill date was on the 12th or 13th of each month. -The MAs were instructed to order refills when the administration punch card got to the blue row and to follow-up with a phone call to the pharmacy. -Sometimes it took 4-5 days to get a refill from the pharmacy. -The Lead Supervisor informed the PA when refills were delayed, and the PA would follow-up with the pharmacy. Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 8:46am and 3:17pm revealed: -If a medication needed to be refilled, the MAs should pull off the sticker and fax the sticker to	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 53 the pharmacy. -Medication should be ordered before the medication ran out; she had not given any specific directions as when to order related to the number of tablets available. -It usually took up to 3 days for the pharmacy to process an order and deliver the medication to the facility. -If it took longer to receive a medication, the MA was supposed to follow-up with the pharmacy by telephone and request a hold order from the PA until the medication was delivered to the facility. -The MA should request a refill once they realized the medication was low. -There was an area on the punch card that was labeled "reorder". -The MA could see in the eMAR when a medication had been reordered. -If a medication had no refills the MA was responsible for contacting the provider to obtain a new order. -There was no way to see in the eMAR when a prescription needed a refill, the MA would need to call. -The MA should have requested a refill from the pharmacy when the punch card was in the blue section. Telephone interview with a first shift MA on 04/30/20 at 1:16pm revealed: -She was aware Resident #6 had medications that were waiting for the pharmacy to send on many occasions. -She did not know why Resident #6 had trouble getting her medication. -She had ordered and reordered Resident #6's medications before they finally came in. -She had reported Resident #6 being out of medications in the past to the DCS and the lead Supervisor.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 54 Telephone interview with a second shift MA on 04/30/20 at 5:22pm revealed: -She was aware Resident #6 had several medications that were not available for administration from time to time. -She did not know why the pharmacy had a hard time keeping the resident's medications available for administration. -She had faxed refill request for the same medication more than one time in the past. -She thought the pharmacy would send residents' medications "whenever [they] get ready to". Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm. Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interview with the Director of Clinical Services on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 55 3. Review of Resident #4's current FL-2 dated 02/14/20 revealed diagnoses included type 2 diabetes, chronic kidney disease stage 3, abnormalities of gait, and hypertension. a. Review of Resident #4's physician's orders revealed an order dated 03/04/20 for sucralfate 1 gram (used to treat ulcers and irritated esophagus) 4 times a day. Review of Resident #4's April 2020 electronic Medication Administration Record (eMAR) from 04/01/20 to 04/21/20 revealed: -The was an entry for sucralfate 1 gram one tablet 4 times a day with scheduled administration at 8:00am, 11:00am, 2:00pm, 4:00pm, and 8:00pm. -The scheduled times for administration were changed on 04/13/20 to 7:00am, 11:00am, 2:00pm, and 8:00pm. -On 04/06/20, scheduled for 8:00am and administration was documented at 12:36pm; 2:04pm, 5:03pm and 10:17pm. -On 04/09/20, scheduled for 8:00am and administration was documented at 9:46am, 2:05pm, 3:53pm, and 7:42pm. -On 04/10/20, scheduled for 8:00am and administration was documented at 10:10am; -On 04/12/20, scheduled for 8:00am and administration was documented at 9:50am. -On 04/13/20 to 04/21/20, scheduled for administration at 7:00am, 11:00am, 4:00pm and 8:00pm with no sucralfate 1 gram documenetd as administered at 4:00pm from 04/13/20 to 04/21/20. The 4:00pm administration time was "blacked out" from 04/13/20 to 04/21/20 indicating the medication was not administered. -On 04/19/20, scheduled for administration at 7:00am, 11:00am, 4:00pm and 8:00pm with no	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 56 sucralfate 1 gram documented as administered 7:00am, 11:00am, and 4:00pm (Blank on eMAR). Based on record review, Resident #4 received sucralfate 1 gram tablets 3 times a day from 04/13/20 to 04/21/20 (at 7:00am, 11:00am, and 8:00pm) instead of 4 times a day, as ordered. Telephone interview with medication aide (MA) on 04/24/20 at 2:48pm regarding Resident #4's medication on hand revealed there were 10 sucralfate 1 gram tablets remaining out of 60 tablets dispensed on 04/07/20 available to be administered. Telephone interview with a representative at the contracted pharmacy on 04/22/20 at 2:54pm revealed Resident #4 received an order for sucralfate 1 gram by mouth 4 times a day dated 03/27/20. (The facility did not have the order in the resident's record). Telephone interview with Resident #4 on 04/21/20 at 10:21am revealed: -She received her medications she takes by mouth daily. -She did not know if she always received all her medication because she did not count her pills and was not familiar with all her medications. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed: -If a medication showed on the eMAR screen to be administered, she administered the medication. -She had noticed medications had "fell off" but did not recall which specific medications. -When she noticed medication was not on the eMAR she sometimes told someone but sometimes she thought the medication must have	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 57 been discontinued and that was why it was not on the eMAR. Interview with Resident #4's Physician's Assistant on 05/05/20 at 2:00pm revealed: -Resident #4 should be taking sucralfate 1 gram 4 times a day for esophagitis. -Resident #4 had been taking sucralfate for some time. -Resident #4 would have an irrit ated esophagus, burning and discomfort with swallowing if she did not receive sucralfate 1 gram routinely. Telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am revealed: -She audited the eMAR. -She looked at the right dose, right person, and right time. -She looked at blank spaces, and holes on the eMAR. -There were medications that showed up on the eMAR as administered but on her computer, it showed a "hole." -The MAs were supposed to check the April 2020 eMARs and let her know if all ordered medications were listed on them. -She was the supervisor of the MAs; any problems they have should been brought to her. b. Review of Resident #4's current FL-2 dated 02/14/20 and signed physician's orders dated 04/22/20 revealed there was an order for latanoprost 0.005% ophthalmic solution (used to treat glaucoma) one drop in each eye at bedtime. Review of Resident #4's physician's orders revealed no documentation for an order to discontinue latanoprost 0.005% ophthalmic solution.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 58 Review of Resident #4 March 2020 electronic Medication Administration Record (eMAR) revealed: -There was an entry for latanoprost 0.005% ophthalmic solution one drop in each eye at bedtime scheduled for 8:00pm (start 07/23/19 and end 03/02/20). -Latanoprost 0.005% ophthalmic solution was shaded out on the eMAR beginning 03/02/20, indicating the medication was discontinued on 03/02/20. Review of Resident #4's April 2020 eMAR revealed: -There was an entry for latanoprost 0.005% ophthalmic solution one drop in each eye at bedtime scheduled for 8:00pm (start 03/02/20). -Latanoprost 0.005% ophthalmic solution was documented as administered on 04/01/20 at 7:58pm. -Latanoprost 0.005% ophthalmic solution was blank for administration from 04/02/20 to 04/11/20 with no explanation. -Latanoprost 0.005% ophthalmic solution was documented as administered from 04/12/20 to 04/20/20 except for 04/17/20 which was blank for administration. Telephone interview with a medication aide (MA) on 04/24/20 at 2:48pm regarding Resident #4's medication on hand revealed there was no latanoprost 0.005% ophthalmic solution on the medication cart or in overstock available to be administered. Telephone interview with Resident #4 on 04/21/20 at 10:21am revealed she did not receive her eye drops every day.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 59 Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 11:30am revealed: -Latanoprost 0.005% ophthalmic solution was not a cycle filled medication for Resident #4. -The facility would need to request a refill for latanoprost. -Latanoprost 0.005% ophthalmic solution was dispensed on 07/23/19 for 2.5 milliliters (a 20 day supply). -There was no subsequent documentation for dispensing until 04/24/20. -The facility requested a refill for Resident #4's latanoprost 0.005% ophthalmic solution earlier today (04/24/20). Telephone interview with the Lead Supervisor on 04/28/20 at 1:20pm revealed: -She did not know why Resident #4's latanoprost 0.005% was showing on the printed eMAR but not showing on the screen for medication aides to administer from 04/02/20 to 04/11/20. -She was responsible to audit the eMAR system for medication order changes and take out discontinued medications. -She was not aware of a system in place to routinely audit the eMARs compared to the current medications. -She was not aware Resident #4 was not receiving latanoprost as ordered. Telephone interview with a first shift medication aide (MA) on 04/30/20 at 1:16pm revealed: -She did not why Resident #4's latanoprost 0.005% was showing on the printed eMAR but not showing on the screen for medication aides to administer. -She did not know Resident #4 had an order for latanoprost 0.005%. -The Director of Clinical Services or the lead	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 60 Supervisor were responsible to assure medication orders were correct on the eMAR. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm. Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interview with the Director of Clinical Services on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm. 4. Review of Resident #7's current FL-2 dated 02/14/20 revealed diagnoses included legally blind, weakness, seizure disorder, chronic constipation, obesity, hypertension, gastroesophageal reflux disease, and hyperlipidemia. a. Review of Resident #7's hospital discharge summary from an inpatient psychiatric hospitalization dated 03/17/20 revealed there was	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 61 a discharge medication reconciliation record dated 03/17/20 with an order for Seroquel 300mg twice daily. (Seroquel is an antipsychotic). Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed an order for Seroquel 300mg take 1 tablet twice daily and Seroquel 200mg take 1 tablet every morning and 2 tablets every evening. Review of Resident #7's primary care Physician's Assistant (PA) visit summary dated 04/09/20 revealed: -Resident #7 had a diagnosis of schizoaffective disorder, anxiety and insomnia. -He wanted Resident #7 to continue to take Seroquel 300mg twice a day. -There was an order to discontinue Seroquel 400mg at 4:00pm. -There was an order to start Seroquel 200mg at 4:00pm. Review of Resident #7's mental health Family Nurse Practitioner (FNP) visit summary dated 04/23/20 revealed an order to discontinue all previous orders for Seroquel and start Seroquel 300mg at 8:00am and 8:00pm. Review of Resident #7's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Seroquel 200mg take one tablet daily at 4:00pm with a scheduled administration time of 8:00am. -There was documentation Seroquel 200mg was administered at 8:00am on 04/03/20-04/14/20, on 04/24/20 and 04/27/20. -There was an exception documented on 4/25/20 and 04/26/20 Resident #7 was "other" and "workshop."	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 62 -There was a second computer-generated entry for Seroquel 200mg take two tablets at 4:00pm. -There was documentation Seroquel 200mg was administered at 4:00pm from 04/03/20-04/07/20 and was "blacked out" the remainder of the month. -There was a third computer-generated entry for Seroquel 300mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Seroquel 300mg was administered at 8:00am from 04/03/20-04/08/20, on 04/24/20, and from 04/27/20-04/30/20. -There was no documentation Seroquel 300mg was administered at 8:00am from 04/09/20-04/23/20. -There was an exception documented on 04/25/20-04/26/20 as a "workshop." -There was documentation Seroquel 300mg was administered at 8:00pm on 04/02/20-04/07/20, on 04/24/20-04/28/20, and 04/30/20. -There was no documentation Seroquel 300mg was administered at 8:00pm from 04/08/20-04/23/20. -There was no documentation Seroquel was administered or an exception on 04/29/20 at 8:00pm. -There was a fourth computer generated entry for Seroquel 300mg twice daily with a scheduled administration time of 8:00am, 4:00pm and 8:00pm. -There was documentation Seroquel 300mg was administered at 8:00am on 04/24/20-04/27/20. -There was documentation Seroquel 300mg was administered at 4:00pm on 04/08/20-04/16/20 and 04/18/20-04/22/20. -There was documentation Seroquel 300mg was administered at 8:00pm on 04/23/20-04/26/20. Review of Resident #7's May 2020 eMAR	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 63 revealed: -There was a computer-generated entry for Seroquel 200mg take one tablet daily at 4:00pm with a scheduled administration time of 8:00am. -The 8:00am administration time was marked out with a single line and there was a hand-written note of 4:00pm. -There was documentation Seroquel 200mg was administered at 4:00pm on 05/01/20-05/04/20. -There was a hand-written note across the remainder of the month, D/C'd 04/23/20. -There was a second computer-generated entry for Seroquel 300mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Seroquel 300mg was administered at 8:00am on 05/01/20-05/05/20 and at 8:00pm 05/01/20-05/04/20. -There was a single line marking out the remainder of the month. -There was a third computer-generated entry for Seroquel 300mg take one tablet twice daily. -There was an X marking out 05/01/20-05/04/20. -There was documentation Seroquel 300mg was administered on 05/05/20 at 8:00pm and 05/06/20 at 8:00am. Telephone interview with a medication aide (MA) on hand on 05/06/20 at 2:10pm regarding Resident #7's medication revealed: -There was a punch card of Seroquel 200mg with a dispense date of 03/27/20 with 27/30 tablets remaining. -There was a second punch card of Seroquel 200mg with a dispense date of 4/20/20 with 30/30 tablets remaining. -There was a third punch card of Seroquel 200mg with a dispense date of 4/24/20 with 7/7 tablets remaining. -There was a fourth punch card of Seroquel	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 64 200mg with a dispense date of 05/01/20 with 29/30 tablets remaining. -There was a punch card of Seroquel 300mg with a dispense date of 03/22/20 with 29/30 tablets remaining. -There was a second punch card of Seroquel 300mg dispensed on 04/23/20 with 16/16 tablets remaining. -There was a third punch card of Seroquel 300mg dispensed on 04/29/20 with 30/30 tablets remaining. -There was a fourth punch card of Seroquel 300mg dispensed on 04/29/20 with 18/30 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 05/06/20 at 1:48pm revealed: -Seroquel 200mg take 2 tablets at bedtime was dispensed on 03/27/20 for 60 tablets. -Seroquel 200mg take 1 tablet at 4:00pm was dispensed on 04/20/20 for 30 tablets. -A new order was received on 04/24/20 for Seroquel 200mg take 1 tablet at 4:00pm and 7 tablets were dispensed. -Seroquel 200mg was dispensed on 05/01/20 for 30 tablets. -Seroquel 300mg take 1 tablet twice daily was dispensed on 03/22/20 for 60 tablets, on 04/23/20 for 16 tablets and on 04/23/20 for 60 tablets. -A new order was received on 04/29/20 for Seroquel 300mg twice daily and 60 tablets were dispensed. Telephone interviews with Resident #7's mental health FNP on 04/23/20 at 1:42pm, and on 04/27/20 at 10:07am and 2:00pm revealed: -Seroquel was prescribed for Resident #7's psychiatric diagnosis.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 65 -He was aware Resident #7 had not been administered his Seroquel as ordered. -When he made a visit (he did not recall the date) when he reviewed Resident #7's eMAR he noticed Resident #7 was taking too much Seroquel. -He contacted the facility's contracted pharmacy and told the pharmacist Resident #7's Seroquel was too much, and the Seroquel needed to be reduced slowly. -His instructions were to cut the Seroquel 400mg to Seroquel 200mg and continue the Seroquel 300mg twice a day. -He was verbally told by the Director of Clinical Services (DCS) Resident #7 was receiving 800mg once a day. -No one should ever receive 800mg of Seroquel at one time. -On his next visit, he had planned to stop the Seroquel 200mg at 4:00pm and have Resident #7 just take Seroquel 300mg twice daily. -He was concerned Resident #7 was not receiving Seroquel as ordered and the instructions he had given to slowly reduce the Seroquel had not been followed. -Resident #7's current Seroquel order should be Seroquel 300mg twice daily. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She did not see Resident #7's order for Seroquel 300mg twice daily after his inpatient psychiatric hospital admission. -She thought the DCS had processed Resident #7's discharge orders. -She did not know why Resident #7's Seroquel 200mg was still being administered. -Resident #7's Seroquel 200mg had been discontinued on 04/27/20 and should not be on the eMAR.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 66 Second telephone interview with the Lead Supervisor on 05/07/20 at 9:44am revealed: -When a resident was sent to the emergency department the resident's current eMAR was sent. -The DCS was handling the discharge summary from the inpatient hospitalization and must have seen the changes in medication. -The mental health FNP did not have a book where Resident #7's discharge information would have been posted so the FNP could have seen the discharge summary for the inpatient psychiatric hospitalization. -When discharge summaries came back with a resident, the orders were faxed to the pharmacy, compared to the eMAR, old orders were discontinued, and the new orders were added; she did not know if this was done since the DCS handled this. Interview with the DCS on 04/28/20 at 3:17pm revealed: -She did not receive Resident #7's hospital discharge orders. -She was not sure why Resident #7's eMAR was showing Seroquel 200mg as being administered. -She recalled talking to Resident #7's FNP and discussing Seroquel. -She recalled telling Resident #7's FNP Resident #7 was receiving 800mg of Seroquel in one dose. -She did not recall where she had obtained that information related to Seroquel 800mg and would "look into it." b. Review of Resident #7's physician's orders dated 02/14/20 revealed an order for Olanzapine 10mg daily. (Olanzapine is an antipsychotic medication).	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 67 Review of Resident #7's physician's orders dated 02/18/20 revealed an order for Olanzapine 10mg daily and Olanzapine 7.5mg daily. Review of Resident #7's hospital discharge summary from an inpatient psychiatric hospitalization dated 03/17/20 revealed there was a discharge medication reconciliation record dated 03/17/20 revealed there was a discharge medication reconciliation record dated 03/17/20 with an order to discontinue Resident #7's Olanzapine. Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed an order for Olanzapine 5mg take one tablet daily. Review of Resident #7's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Olanzapine 10mg to take one tablet daily with a scheduled administration time of 8:00am. -There was no documentation Olanzapine 10mg was administered at 8:00am on 04/01/20-04/02/20 due to Resident being hospitalized. -There was documentation Olanzapine 10mg was administered at 8:00am on 04/03/20-04/08/20, 04/16/20-04/18/20, 04/21/20, and 04/23/20. -There was an exception documented on 04/22/20 as "away." -There was no documentation on 04/09/20-04/15/20 and 04/19/20-04/20/20. -There was a second computer-generated entry for Olanzapine 10mg take one tablet daily with a scheduled administration time of every 2 hours. -There was documentation Olanzapine 10mg was administered on 04/08/20 at 7:49pm, 9:25pm, and 10:57pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 68 -There was documentation Olanzapine 10mg was administered on 04/09/20 ten times between 12:17am and 11:43pm. -There was documentation Olanzapine 10mg was administered on 04/10/20 five times between 5:35am and 1:55pm. -There was a third computer generated entry for Olanzapine 10mg scheduled at 8:00am. -There was documentation Olanzapine 10mg was administered at 8:00am on 04/11/20-04/18/20 and 04/21/20-04/23/20. -There was no documentation on 04/19/20-04/20/20. Telephone interview with a medication aide (MA) on hand on 05/06/20 at 2:10pm regarding Resident #7's medication revealed: -There was a punch card for Olanzapine 10mg dispensed on 04/15/20 with 29 of 30 tablets available to be administered. -There was no Olanzapine 5mg or Olanzapine 7.5mg available to be administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 10:30am revealed: -An order was received on 01/23/20 and 03/04/20 for Resident #7's Olanzapine 10mg. -There were 30 tablets of Olanzapine 10mg dispensed on 03/22/20 and on 04/15/20. -There was no order to administer Olanzapine every 2 hours. -If Resident #7 had received Olanzapine every 2 hours Resident #7 "would not have been standing." -Resident #7's hospital discharge summary was not received at the pharmacy and therefore she did not know to discontinue the Olanzapine 10mg. -It was very concerning to her that a medication	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 69 was continued that should have been discontinued. Telephone interviews with Resident #7's mental health FNP on 04/23/20 at 1:42PM, and 04/27/20 at 10:07am and 2:00pm revealed: -Olanzapine was prescribed for Resident #7's psychiatric diagnosis. -He was not aware Resident #7's Olanzapine had not been administered as ordered. -He expected Resident #7's Olanzapine to be administered as ordered. -He had not seen a discharge summary from Resident #7's inpatient psychiatric hospitalization. -He would like to have seen all discharge summaries and visit summaries for Resident #7. -He was very concerned if Resident #7 had received multiple doses of Olanzapine per day. -The maximum dose of Olanzapine was 20mg daily. -Anytime psychiatric medication doses were exceeded it was "not good." -At the time, too much Olanzapine would have made Resident #7 sleepy and caused an increase in extrapyramidal symptoms (EPS) that could be permanent. (EPS are physical symptoms, including tremor, slurred speech, akathesia, dystonia, anxiety, distress, paranoia, and bradyphrenia, which are primarily associated with improper dosing of or unusual reactions to neuroleptic (antipsychotic) medications). Telephone interview with the inpatient mental health Nurse Practitioner on 04/28/20 at 3:13pm revealed: -Resident #7's Olanzapine was discontinued when Resident #7 was discharged from the inpatient psychiatric hospitalization because she did not like to have her patients on more than one antipsychotic medication at once.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 70 -She would have expected Resident #7's mental health FNP to have seen Resident #7 when he returned to the facility. -The order to discontinue Olanzapine should have been followed unless the mental health FNP had ordered something different. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed: -She could not specifically remember if she had administered Resident #7's Olanzapine every 2 hours. -If a medication "popped' on the eMAR to be administered every 2-hours, then she would administer the medication. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She did not see Resident #7's order to discontinue Olanzapine after his inpatient psychiatric hospital admission. -She thought the DCS had processed Resident #7's discharge orders. -She did not think Resident #7's Olanzapine had been administered every 2 hours. -She thought the Olanzapine prompted every 2 hours, but the MAs clicked on the Olanzapine to make it go away. Second telephone interview with the Lead Supervisor on 05/07/20 at 9:44am revealed: -When a resident was sent to the emergency department the resident's current eMAR was sent. -The DCS was handling the discharge summary from the inpatient hospitalization and must have seen the changes in medication. -The mental health FNP did not have a book where Resident #7's discharge information would have been posted so the FNP could have seen	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 71	{D 358}		

the discharge summary for the inpatient psychiatric hospitalization.
-When discharge summaries came back with a resident, the orders were faxed to the pharmacy, compared to the eMAR, old orders were discontinued, and the new orders were added; she did not know if this was done since the DCS handled this.

Interview with the DCS on 04/28/20 at 3:17pm revealed:
-She did not receive Resident #7's hospital discharge orders.
-She did not know Resident #7's Olanzapine had been discontinued.
-Resident #7 should not have been administered Olanzapine if it had been discontinued because the Olanzapine had been discontinued for a reason.

c. Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed an order for Benztropine 1mg take one tablet daily. (Benztropine is used to treat tremors that are side effects of antipsychotic medication).

Review of Resident #7's April 2020 electronic medication administration record (eMAR) revealed:
-There was a computer-generated entry for Benztropine 1mg take one tablet daily with a scheduled administration time of 8:00pm.
-There was documentation Benztropine 1mg was administered at 8:00pm on 04/01/20-04/07/20; 04/08/20-04/30/20 was "blacked out."
-There was a second computer-generated entry for Benztropine 1mg take one tablet daily with a scheduled administration time of 8:00pm.
-There was documentation Benztropine 1mg was administered at 8:00pm on 04/12/20-04/22/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 72 -There was no documentation Benztropine 1mg was administered at 8:00pm between 04/08/20-04/11/20. Telephone interview with a medication aide (MA) on hand on 05/06/20 at 2:10pm regarding Resident #7's medication revealed: -There was a punch card of Benztropine 1mg dispensed on 02/27/20 with 10 of 30 tablets available to be administered. -There was a punch card of Benztropine 1mg dispensed on 03/22/20 with 17 of 30 tablets available to be administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 10:30am revealed there were 30 tablets of Benztropine 1mg dispensed on 03/22/20. Telephone interview with Resident #7's mental health FNP on 04/23/20 at 1:42pm, and on 04/27/20 at 10:07am revealed: -He did not know Resident #7 had missed doses of Benztropine. -It was concerning Resident #7 had missed doses of Benztropine because it had been prescribed to treat the tremors associated with antipsychotic medication. -Resident #7 could experience an exacerbation of his extrapyramidal symptoms (EPS). (EPS are physical symptoms, including tremor, slurred speech, akathesia, dystonia, anxiety, distress, paranoia, and bradyphrenia, which are primarily associated with improper dosing of or unusual reactions to neuroleptic (antipsychotic) medications). Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed she did not recall if she had administered Resident #7's	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 73 Benztropine. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed she did not know why the eMAR had Benztropine 1mg as "blacked out" between 04/08/20-04/11/20. Interview with the DCS on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #7's eMAR was showing Benztropine as blacked out between 04/08/20-04/11/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. Based on record reviews and interviews, it was determined Resident #7 was not interviewable. Telephone interviews with Resident #7's mental health FNP on 04/23/20 at 1:42pm, 04/27/20 at 10:07am and 2:00pm revealed: -He expected Resident #7's mental health medication to be administered as ordered. -Medication orders were not being followed. -The first time he reviewed the eMARs at the facility, there were so many discrepancies he had to have lengthy telephone conversations with the pharmacy. -The FNP feared for the safety of the residents receiving medications for mental health disorders incorrectly and the possible side effects; some of which were irreversible. d. Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed an order for Cilostazol 50mg take one tablet twice daily. (Cilostazol is used to treat problems with blood flow in the legs).	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 74 Review of Resident #7's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Cilostazol 50mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was no documentation Cilostazol 50mg was administered at 8:00am on 04/01/20-04/02/20 and 8:00pm on 04/01/20 due to Resident #7 being hospitalized. -There was documentation Cilostazol 50mg was administered at 8:00am on 04/03/20-04/07/20 and 8:00pm on 04/01/20-04/07/20; 04/08/20-04/30/20 was "blacked out.". -There was a second computer-generated entry for Cilostazol 50mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Cilostazol 50mg was administered at 8:00am on 04/12/20-04/18/20 and 04/21/20-04/23/20. -There was no documentation Cilostazol 50mg was administered at 8:00am on 04/19/20 and 04/20/20. -There was documentation Cilostazol 50mg was administered at 8:00pm on 04/11/20-04/22/20. -There was no documentation Resident #7 received 9 doses out of 22 opportunities of Cilostazol from 04/02/20-04/23/20. Telephone interview with a medication aide (MA) on hand on 05/06/20 at 2:10pm regarding Resident #7's medication revealed there was a punch card of Cilostazol 50mg dispensed on 03/22/20 with 21 of 30 tablets available to be administered. Telephone interview with a pharmacist with the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 75	{D 358}		

facility's contracted pharmacy on 04/27/20 at 10:30am revealed 2 punch cards of 30 tablets of Cilostazol 50mg were dispensed on 03/22/20.

Telephone interview with Resident #7's primary care Physician's Assistant (PA) on 04/30/20 at 1:42pm revealed:
-She had ordered Cilostazol 50mg for Resident #7.
-She expected Resident #7's Cilostazol to be administered as ordered.

Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed she did not recall if she had administered Resident #7's Cilostazol.

Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed:
-She did not know Resident #7 had missed nine doses of Cilostazol.
-She did not know why Resident #7 missed nine doses of Cilostazol.

Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed:
-She was not sure why Resident #7's eMAR was showing Cilostazol as discontinued between 04/08/20-04/11/20 and 04/19/20-04/20/20.
-"I do not know," I will need to "look into it."

No further information was obtained from the DCS prior to exit.

e. Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed an order for Vitamin D 5000 international units (IU) take one tablet daily. (Vitamin D is a nutritional supplement).

Review of Resident #7's April 2020 electronic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 76	{D 358}		

medication administration record (eMAR) revealed:
-There was a computer-generated entry for Vitamin D take one tablet daily with a scheduled administration time of 8:00am.
-There was no documentation Vitamin D was administered on 04/01/20-04/02/20 due to Resident #7 being hospitalized.
-There was documentation Vitamin D was administered at 8:00am on 04/03/20-04/07/20; 04/08/20-04/30/20 was "blacked out.".
-There was no documentation Vitamin D was administered at 8:00am between 04/08/20-04/23/20.

Telephone interview with a medication aide (MA) on hand on 05/06/20 at 2:10pm regarding Resident #7's medication revealed there was a punch card of Vitamin D 5000iu dispensed on 03/17/20 with 1 of 17 tablets available to be administered.

Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 10:30am revealed there were 17 tablets of Vitamin D 500iu dispensed on 03/17/20 and 13 tablets of Vitamin D 500iu dispensed on 03/27/20.

Telephone interview with Resident #7's primary care Physician's Assistant (PA) on 04/27/20 at 4:21pm revealed she had not discontinued Vitamin D for Resident #7 and expected the Vitamin D to be continued.

Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed she did not recall if she had administered Resident #7's Vitamin D.

Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed she did not know

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 77 why Resident #7's Vitamin D was blacked out after 04/08/20. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #7's eMAR was showing Vitamin D as discontinued after 04/08/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. f. Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed an order for Acetaminophen 500mg four times daily. (Acetaminophen is used to treat pain). Review of Resident #7's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Acetaminophen 500mg take one tablet four times daily with a scheduled administration time of 8:00am, 12:00pm, 4:00pm, and 8:00pm. -There was no documentation Acetaminophen was administered at 8:00am or 12:00pm on 04/01/20 and 04/02/20 at 8:00am, 12:00pm and 4:00pm due to Resident #7 being hospitalized. -There was documentation Acetaminophen was administered at 4:00pm and 8:00pm on 04/01/20 and at 8:00pm on 04/02/20. -There was documentation Acetaminophen was administered at 8:00am on 04/03/20-04/08/20, 04/16/20-04/18/20, 04/21/20, 04/22/20, and 04/23/20. -There was no documentation Acetaminophen was administered at 8:00am on 04/09/20-04/15/20, 04/19/20 and 04/20/20. -There was documentation Acetaminophen was	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 78 administered at 12:00pm on 04/03/20-04/08/20, 04/17/20-04/18/20, 04/21/20, 04/22/20, and 04/23/20. -There was no documentation Acetaminophen was administered at 12:00pm on 04/09/20-04/16/20, 04/19/20 and 04/20/20. -There was documentation Acetaminophen was administered at 4:00pm on 04/03/20-04/07/20, 04/16/20, 04/18/20, 04/21/20, 04/22/20, and 04/23/20. -There was no documentation Acetaminophen was administered at 4:00pm on 04/09/20-04/15/20, 04/17/20, 04/19/20 and 04/20/20. -There was documentation Acetaminophen was administered at 8:00pm on 04/02/20-04/07/20, and 04/16/20- 04/23/20. -There was no documentation Acetaminophen was administered at 8:00pm on 04/08/20-04/15/20. Telephone interview with a medication aide (MA) on hand on 05/06/20 at 2:10pm regarding Resident #7's medication revealed there was a punch card of Acetaminophen 500mg dispensed on 03/27/20 with 13 of 30 tablets available to be administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/27/20 at 10:30am revealed there were 120 tablets of Acetaminophen 500mg dispensed on 03/27/20. Telephone interview with Resident #7's primary care Physician's Assistant (PA) on 04/27/20 at 4:21pm revealed: -She was not aware Resident #7 had missed multiple doses of Acetaminophen in April 2020. -She had prescribed Acetaminophen for Resident #7 for overall pain and discomfort.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 79 -She expected Resident #7's Acetaminophen to be administered as ordered. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed she did not recall if she had administered Resident #7's Acetaminophen at 4:00pm and 8:00pm on 04/08/20-04/15/20. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She did not know why Resident #7 did not receive his Acetaminophen from 04/09/20-04/15/20. -She did not recall Resident #7's Acetaminophen being discontinued. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #7's eMAR was showing Acetaminophen as not administered. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. Based on observations, record reviews, and interviews, it was determined Resident #7 was not interviewable. Telephone interview with Resident #7's primary care Physician's Assistant (PA) on 04/30/20 at 1:42pm revealed she expected the staff to "not let her patients go without medication." Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed: -If a medication showed on the eMAR screen to be administered, she administered the medication.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 80 -She had noticed medications had "fell off" but did not recall which specific medications. -When she noticed medication was not on the eMAR she sometimes told someone but sometimes she thought the medication must have been discontinued and that was why it was not on the eMAR. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm. Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm. 5. Review of Resident #3's current FL-2 dated 02/14/20 revealed diagnoses included sinusitis, chronic obstructive pulmonary disease (COPD), hypertension, vitamin D deficiency, depression, anxiety, and constipation.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 81 a. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Latuda 120mg daily. (Latuda is an antipsychotic). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Latuda 120mg take one tablet daily with a scheduled administration time of 8:00am. -There was documentation Latuda 120mg was administered at 8:00am on 04/01/20-04/12/20. -There was no documentation Latuda 120mg was administered 04/13/20-04/22/20. -There were no exceptions documented. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed: -There was one punch card of Latuda 120mg available to be administered with a dispense date of 03/27/20. -There were 11 of 30 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed thirty tablets of Latuda 120mg were dispensed on 03/27/20. Telephone interview with Resident #3's mental health Family Nurse Practitioner (FNP) on 04/23/20 at 1:42pm, 4/27/20 at 10:07am and 2:00pm revealed: -Latuda was prescribed for the management of Resident #3's bipolar diagnosis. -He was not aware Resident #3 had not been administered her Latuda as ordered. -He was concerned Resident #3's Latuda had been abruptly stopped.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 82 -He clinically would not have discontinued Latuda for Resident #3 without tapering the medication. -He was concerned Resident #3 could have experienced withdrawal symptoms and risk for exacerbation of her condition. -He expected Resident #3's medication to be administered as ordered. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -She had a diagnosis of bipolar disorder and took Latuda for depression. -She felt less anxious when she took Latuda. -She had to ask for Latuda at times. -She had her Latuda administered the "last couple of days." -She felt anxious at times. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She could see Latuda had blank spots as if not administered after 04/12/20. -She did not think Latuda had been discontinued. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Latuda as discontinued after 04/12/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. b. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Doxepin 25mg daily. (Doxepin is used to treat depression and anxiety). Review of Resident #3's April 2020 electronic medication administration record (eMAR)	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 83 revealed: -There was a computer-generated entry for Doxepin 25mg take three capsules daily with a scheduled administration time of 6:00pm. -There was documentation Doxepin 25mg was administered at 6:00pm on 04/01/20-04/12/20 and 04/16/20-04/23/20. -There was no documentation Doxepin was administered 04/13/20-04/15/20. -There were no exceptions documented. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed: -There was one punch card of Doxepin 25mg available to be administered with a dispense date of 03/27/20. -There were 29 of 30 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Doxepin 25mg was dispensed on 03/27/20 for a 30-day supply; three punch cards with thirty tablets per punch card. Telephone interview with Resident #3's mental health FNP on 04/23/20 at 1:42pm, 04/27/20 at 10:07am revealed: -Doxepin was prescribed for the management of Resident #3's mood. -He was not aware Resident #3 had not been administered her Doxepin as ordered. -He was concerned Resident #3's Doxepin had been abruptly stopped and restarted at the same dose. -He clinically would not have discontinued Doxepin for Resident #3 without tapering the medication. -When Resident #3's Doxepin was stopped abruptly it should have been titrated back up.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 84 -Stopping Doxepin abruptly would put Resident #3 at risk for withdrawal symptoms. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -Doxepin was her "nerve pill" that she took to calm her down. -She did not remember if she had taken Doxepin on 04/13/20-04/15/20 or not. -She missed medication a lot of times. -She had been feeling more nervous for the past month. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She could see Doxepin had blank spots as if the medication was not administered on 04/13/20-04/15/20. -It looked like the order for Doxepin started on 04/16/20, but it was the same order so she did not know why. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Doxepin as discontinued from 04/13/20-04/15/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. c. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Prazosin 1mg at bedtime. (Prazosin is used to treat nightmares). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 85 -There was a computer-generated entry for Prazosin 1mg daily with a scheduled administration time of 8:00pm. -There was documentation Prazosin 1mg was administered at 8:00pm on 04/01/20-04/07/20 and 04/13/20-04/23/20. -There was no documentation Prazosin was administered 04/08/20-04/12/20. -There were no exceptions documented. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed: -There was one punch card of Prazosin 1mg available to be administered with a dispense date of 03/27/20. -There were 11 of 30 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Prazosin 1mg was dispensed on 03/27/20 for a 30-day supply. Telephone interview with Resident #3's mental health FNP on 04/23/20 at 1:42pm, 04/27/20 at 10:07am revealed: -Prazosin was prescribed for Resident #3 for nightmares. -He was not aware Resident #3 had not been administered her Prazosin as ordered. -He had not discontinued Prazosin for Resident #3. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -Prazosin helped her sleep. -She did not remember if she had taken Prazosin from 04/08/20-04/12/20 or not. -She missed medication a lot of times. -She has times that she did not sleep well.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 86 Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She did not know why Prazosin was showing as if not administered 04/08/20-04/12/20. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Prazosin as discontinued from 04/08/20-04/12/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. d. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Klonopin 1mg three times daily. (Klonopin is used to anxiety). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Klonopin 1mg daily with a scheduled administration time of 8:00am, 2:00pm, and 8:00pm. -There was documentation Klonopin 1mg was administered at 8:00am on 04/01/20-04/12/20 and 04/17/20-04/23/20. -There was documentation Klonopin 1mg was administered at 2:00pm on 04/01/20-04/12/20 and 04/16/20-04/23/20. -There was documentation Klonopin 1mg was administered at 8:00pm on 04/01/20-04/12/20 and 04/16/20-04/23/20. -There was no documentation Klonopin was administered 04/13/20-04/15/20.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 87 -There were no exceptions documented. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed: -There was one punch card of Klonopin 1mg available to be administered with a dispense date of 04/08/20. -There were 20 of 30 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Klonopin 1mg was dispensed on 04/09/20 for 30 tablets. Telephone interview with Resident #3's mental health FNP on 04/23/20 at 1:42pm, 04/27/20 at 10:07am revealed: -Klonopin was prescribed for Resident #3's anxiety. -He was not aware Resident #3 had not been administered her Klonopin as ordered. -He had not discontinued Klonopin for Resident #3. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -Klonopin helped her feel less nervous. -She did not remember if she had taken Klonopin from 04/13/20-04/15/20. -She had missed medication a lot of times. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed she did not know why Klonopin was showing as if not administered 04/13/20-04/15/20. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 88 showing Klonopin as discontinued from 04/13/20-04/15/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. e. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Melatonin 10mg at bedtime. (Melatonin is used to treat insomnia). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Melatonin 10mg daily with a scheduled administration time of 8:00pm. -There was documentation Melatonin 10mg was administered at 8:00pm on 04/01/20-04/12/20 and 04/16/20-04/22/20. -There was no documentation Melatonin 10mg was administered 04/13/20-04/15/20. -There were no exceptions documented. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed there was a bubble card of Melatonin 10mg take 1 tablet at bedtime dispensed on 03/27/20 for 30 tablets with 12 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Melatonin 10mg was dispensed on 03/27/20 for a 30-day supply. Telephone interview with Resident #3's mental health FNP on 04/23/20 at 1:42pm, 04/27/20 at 10:07am revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 89 -Melatonin was prescribed for Resident #3 for insomnia. -He was not aware Resident #3 had not been administered her Melatonin as ordered. -Resident #3 not receiving her Melatonin as ordered could negatively impact Resident #3's sleep. -He had not discontinued Melatonin for Resident #3. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -Melatonin helped her sleep. -She did not sleep well and needed something to help her sleep. -She had missed doses of Melatonin. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed she did not recall if she had administered Resident #3's Melatonin. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed she did not know why Melatonin was showing as if not administered 04/13/20-04/15/20. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Melatonin as discontinued from 04/13/20-04/15/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. Telephone interview with a MA on 04/30/20 at 4:53pm revealed: -If a medication showed on the eMAR screen to be administered, she administered the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 90	{D 358}		

medication.
-She had noticed medications had "fell off" but did not recall which specific medications.
-When she noticed medication was not on the eMAR she sometimes told someone but sometimes she thought the medication must have been discontinued and that was why it was not on the eMAR.

Telephone interview with Resident #3's mental health FNP on 04/23/20 at 1:42pm, 4/27/20 at 10:07am and 2:00pm revealed:
-He expected Resident #3's medication to be administered as ordered.
-Medication orders were not being followed.
-The first time he reviewed the eMARs at the facility, there were so many discrepancies he had to have lengthy telephone conversations with the pharmacy.
-The FNP feared for the safety of the residents receiving medications for mental health disorders incorrectly and the possible side effects; some of which are irreversible.

f. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Advair Diskus 250/50 one puff twice daily. (Advair is used to prevent symptoms of asthma and COPD).

Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed:
-There was a computer-generated entry for Advair Diskus inhale one puff by mouth twice daily with a scheduled administration time of 8:00am 6:00pm.
-There was documentation Advair was administered at 8:00am and 6:00pm on 04/01/20-04/12/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 91 -There was no documentation Advair was administered 04/13/20-04/22/20. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed: -There was one Advair Diskus a 30 day supply available to be administered with a dispense date of 02/15/20. -There were 23 puffs remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed: -Advair Diskus was dispensed on 02/15/20 for a 30-day supply (60 puffs). -Advair was not cycle filled and had to be requested. -There had been no requests to refill Resident #3's Advair Diskus since 02/15/20. Telephone interview with Resident #3's primary care Physician's Assistant (PA) on 04/23/20 at 4:31pm revealed: -Advair had been ordered for Resident #3 for the treatment of COPD. -She was not aware Resident #3 had not taken Advair since 04/13/20. -She did not discontinue Resident #3's Advair and Resident #3 should continue to use Advair as prescribed. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -She was supposed to use her Advair every morning and every night. -She had to ask for her Advair to be administered most of the time, "they gave Advair to me here and there." -She sometimes did not ask for her Advair	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 92 because the staff were short with her; they would tell her they would get the Advair and never did. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed: -She remembered administering Resident #3's Advair. -She could not say for sure if there were times Resident #3's Advair was not administered. -If a medication showed on the eMAR screen to be administered, she administered the medication. -She had noticed medications had "fell off" but did not recall which specific medications. -When she noticed medication was not on the eMAR she sometimes told someone but sometimes she thought the medication must have been discontinued and that was why it was not on the eMAR. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed she could see Advair had ended in the eMAR, she did not know why. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Albuterol as discontinued from 04/13/20-04/22/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. g. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Senna Plus twice daily. (Senna Plus is a stool softener). Review of Resident #3's April 2020 electronic	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 93	{D 358}		

medication administration record (eMAR) revealed:
-There was a computer-generated entry for Senna Plus twice daily with a scheduled administration time of 8:00am and 6:00pm.
-There was documentation Senna Plus was administered at 8:00am and 6:00pm on 04/01/20-04/12/20.
-There was a second computer-generated entry for Senna Plus twice daily with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation Senna was administered at 8:00am and 8:00pm on 04/16/20-04/19/20 and 04/21/20-04/23/20.
-There was no documentation Senna was administered 04/13/20-04/15/20.
-There was no exception documented.

Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed:
-There was one punch card of Senna Plus available to be administered with a dispense date of 03/27/20.
-There were 20 of 30 tablets remaining.

Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Senna Plus was dispensed on 03/27/20 for a 30-day supply; two punch cards with thirty tablets per punch card.

Telephone interview with Resident #3's primary care Physician's Assistant (PA) on 04/27/20 at 4:21pm revealed:
-Senna Plus had been ordered for Resident #3 for constipation.
-She was not aware Resident #3 had missed taking her Senna from 04/13/20-04/15/20.
-She did not discontinue Resident #3's Senna

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 94 Plus. -Resident #3 was not walking as much with the current quarantine which increased her risk of constipation. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed there were a couple of times she had to request a dose of Miralax due to constipation; she did not recall the dates. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed she did not recall if she had administered Resident #3's Senna on 04/13/20-04/15/20. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She did not know why Senna was not showing to be administered 04/13/20-04/15/20. -Resident #3 did have an order for Miralax. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Senna Plus as discontinued from 04/13/20-04/15/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. h. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Vitamin D 2000 units daily. (Vitamin D is a supplement used to treat a Vitamin D deficiency). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 95 Vitamin 2000 units daily with a scheduled administration time of 8:00am. -There was documentation Vitamin D was administered at 8:00am on 04/01/20-04/11/20. -There was no documentation Vitamin D was administered 04/12/20-04/22/20. Telephone interview with a medication aide (MA) on 04/24/20 at 10:35am regarding Resident #3's medication revealed there was no Vitamin D on the medication cart or in overstock available to be administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Vitamin D 2000 units was dispensed on 03/27/20 for a 30-day supply. Telephone interview with Resident #3's primary care PA on 04/27/20 at 4:21pm revealed: -Vitamin D had been ordered for Resident #3 for a vitamin D deficiency. -She was not aware Resident #3 had missed taking Vitamin D from 04/12/20-04/22/20. -She did not discontinue Resident #3's Vitamin D. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed she did not recall if she had received her Vitamin D or not. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She could see Vitamin D had blank spots as if not administered after 04/12/20. -She did not know why Vitamin D had not been administered since 04/12/20. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 96 showing Vitamin D as discontinued from 04/12/20-04/22/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. i. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Vitamin B12 500 micrograms (mcg) daily. (Vitamin B12 is used to treat a vitamin B12 deficiency). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Vitamin B12 500mcg daily with a scheduled administration time of 8:00am. -There was documentation Vitamin B12 was administered at 8:00am on 04/01/20-04/12/20. -There was no documentation Vitamin B12 was administered 04/13/20-04/22/20. Review of Resident #3's medication on hand on 04/24/20 at 10:35am revealed: -There was one punch card of Vitamin B12 50mcg available to be administered with a dispense date of 03/27/20. -There were 10 of 30 tablets remaining. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed Vitamin B12 500mcg was dispensed on 03/27/20 for a 30-day supply. Telephone interview with Resident #3's primary care Physician's Assistant (PA) on 04/27/20 at 4:21pm revealed: -Vitamin B12 had been ordered for Resident #3 for a vitamin B12 deficiency.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 97 -She was not aware Resident #3 had missed taking Vitamin B12 from 04/13/20-04/22/20. -She did not discontinue Resident #3's Vitamin B12. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed she did not know if she had received Vitamin B12 or not. Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She could see Vitamin B12 had blank spots as if not administered after 04/12/20. -She did not know why Vitamin B12 had not been administered since 04/12/20. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Vitamin B12 as discontinued from 04/12/20-04/22/20. -"I do not know," I will need to "look into it." No further information was obtained from the DCS prior to exit. j. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Ketoconazole cream 2% apply to the area under breast twice daily and place a pillowcase under breasts after application. (Ketoconazole is an antifungal medication that is used to treat certain infections caused by a fungus). Review of Resident #3's April 2020 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for Ketoconazole cream 2% apply to the area under breast twice daily and place a pillowcase under	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 98 breasts after application daily with a scheduled administration time of every 2-hours. -There was documentation Ketoconazole cream 2% was administered at 10:13am, 1:29pm, 5:49pm, and 10:00pm on 04/05/20. - There was documentation Ketoconazole cream 2% was administered at 12:21am, 4:46am, 9:45am, 12:29pm, 2:07pm, 4:55pm, 9:01pm, and 10:21pm on 04/06/20. -There was documentation Ketoconazole cream 2% was administered 6 times on 04/07/20, 7 times on 04/08/20, 10 times on 04/09/20, 5 times on 04/10/20, 8 times on 04/11/20, 9 times on 04/12/20, 7 times on 04/13/20, 7 times on 04/14/20, 7 times on 04/15/20, and 3 times on 04/16/20. -There was a second entry for Ketoconazole cream 2% with a scheduled administration time of 8:00am. -There was documentation Ketoconazole cream was administered at 8:00am on 04/17/20-04/19/20 and 04/21/20-04/23/20. -There were no other entries for Ketoconazole 2% cream. Review of Resident #3's medication on hand on 04/24/20 at 10:35am revealed there was no Ketoconazole cream available to be administered. Telephone interview with a pharmacist with the facility's contracted pharmacy on 04/24/20 at 1:38pm revealed: -A tube of Ketoconazole cream was dispensed on 04/04/12 for a seven-day supply with the directions apply under breast twice daily and apply a pillowcase after application. -The pharmacy did not key in every two hours for this medication.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 99 Telephone interview with Resident #3's primary care Physician's Assistant (PA) on 04/27/20 at 4:21pm revealed not applying Resident #3's Ketaconazloe 2% cream as ordered would have delayed improvement. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed: -No one had applied cream under her breast. -The medication aides (MA) would give her a small amount of cream in a cup every morning and tell her to apply it underneath her breast. -No one had told her to put a pillowcase under her breast once she had applied the cream. -She was only given enough cream to apply once a day. -No one had ever applied the cream for her. -The rash under her breast had cleared up. Telephone interview with a MA on 04/30/20 at 7:22am revealed: -There was a glitch in the computer system and the Ketoconazole would pop up every 2 hours. -She did not apply the Ketoconazole cream every 2 hours. -She would document that it was not due; if her initials did not have an exception, she forgot to put the exception in. Telephone interview with a second MA on 04/30/20 at 4:53pm revealed: -If a medication showed on the eMAR to be administered every 2 hours, she would administer the medication. -She had administered Ketoconazole every 2 hours because that was what was on the eMAR. -She could not "check off" on the medication until she had documented it had been administered so that was what she did.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 100 Telephone interview with the Lead Supervisor on 04/28/20 at 12:19pm revealed: -She did not know why Ketoconazole was time-stamped every 2 hours. -She saw the Director of Clinical Services (DCS) fix it in the system. -MAs were supposed to apply the Ketoconazole cream and pillowcase as ordered. -She knew she had applied Resident #3's Ketoconazole cream and pillowcase. Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She was not sure why Resident #3's eMAR was showing Ketoconazole was being administered every 2 hours. -The Ketoconazole may show up every 2 hours, but the MAs were not administering it, "they just clicked it off." Telephone interview with a MA on 04/30/20 at 4:53pm revealed: -If a medication showed on the eMAR screen to be administered, she administered the medication. -She had noticed medications had "fell off" but did not recall which specific medications. -When she noticed medication was not on the eMAR she sometimes told someone but sometimes she thought the medication must have been discontinued and that was why it was not on the eMAR. Telephone interview with Resident #3's primary care PA on 04/23/20 at 4:31pm revealed: -She expected Resident #3's medication to be administered as ordered. -She expected the staff to "not let her patients go without medication."	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 101 Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm. Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm. 6. Review of Resident #1's current FL-2 dated 01/07/20 revealed diagnoses included essential hypertension, schizoaffective disorder, anxiety disorder and major depressive disorder. a. Review of Resident #1's record revealed: -A physician's order dated 02/17/20 for buspar 15mg twice daily. -A physician's order dated 02/24/20 to discontinue buspar 15mg twice daily. Review of Resident #1's March 2020 electronic Medication Administration Record (eMAR)	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 102 revealed: -There was no entry for buspar 15mg twice daily. -There was no documentation of administration of buspar 15mg twice daily from 03/12/20 through 03/31/20. Review of Resident #1's March 2020 electronically produced, with the administration documented by hand MAR revealed: -There was an entry for Buspar 15mg twice daily, at 8:00am and 8:00pm. -There was documentation of administration of Buspar 15mg twice daily from 03/12/20 through 03/31/20. Review of medications on hand for Resident #1 on 04/24/20 at 1:00pm revealed buspar 15mg was not available for administration. Interview with representative from the contracted pharmacy on 05/05/20 at 11:30am revealed: -Buspar 15mg twice daily was dispensed on 02/17/20 with a quantity of 60. -The order for Buspar 15mg twice daily was discontinued on 02/24/20. -Resident #1 had no additional orders for buspar 15mg. -She was unable to determine if any buspar had been returned to the pharmacy. Interview with Resident #1's primary care provider on 04/28/20 at 10:05am revealed: -The buspar 15mg order had begun on 04/17/20 and was discontinued on 04/24/20. -She did not know Resident #1's March 2020 electronically produced, hand written MAR revealed documentation of administration of Buspar 15mg twice daily from 03/12/20 through 03/31/20. -The facility's electronic MAR system was not	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 103	{D 358}		

accurate.
-She expected the facility to administer the medications as ordered by the provider.

Interview with a medication aide (MA) on 04/20/20 and 04/27/20 revealed:
-Resident #1 was very knowledgeable about her medications and would let staff know immediately if the medication administered was not correct.
-The facility had a lot of problems with the eMAR system, sometimes orders would disappear.
-Sometimes the system would not capture the entry of a medication when it was actually administered, and the MA would have to click that the medication was administered later in the day, not the actual time it was administered.
-Resident #1 had been on buspar briefly, "a while back", but did not have an order for buspar now.
-No buspar was available for administration for Resident #1.

Interview with Resident #1 on 04/29/20 at 12:00pm revealed:
-She was on buspar a while ago, but did not take any buspar now.
-When she took buspar, she took it every day.
-She was very much aware of the medications she was ordered.
-She counted her medications before she took them.
-The MAs always administered Resident #1's medications.

b. Review of Resident #1's current FL-2 dated 01/07/20 revealed a physician's order for lithium 300mg twice daily.

Review of Resident #1's March 2020 electronic Medication Administration Record (eMAR) revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 104 -An entry for lithium 300mg twice daily at 8:00am and 6:00pm. -The lithium 300mg twice daily was not documented as administered from 03/12/20 through 03/31/20. Review of Resident #1's April 2020 eMAR revealed: -An entry for lithium 300mg twice daily at 8:00am and 6:00pm. -Lithium 300mg was not documented as administered from 04/01/20 through 04/11/20, and on 04/19/20 or 04/20/20. Review of medications on hand for Resident #1 on 04/24/20 at 1:00pm revealed: -Lithium 300mg was available for administration. -Eighteen capsules remained in the pack of 30 that was dispensed on 03/27/20. -No additional Lithium 300mg was available for administration. Review of laboratory results for Resident #1 revealed: -A lithium laboratory result collected on 11/26/19 was 0.9 (the reference range provided by the testing laboratory was 0.6 - 1.2 as normal). -A lithium laboratory result collected on 04/29/20 was 0.6. -Resident #1's serum lithium level had decreased from 0.9 on 11/26/19 to 0.6 on 04/29/20. Interview with a representative from the contracted pharmacy on 04/28/20 at 11:15am revealed: -Resident #1 had an order dated 02/20/20 for lithium 300mg twice daily. -The lithium 300mg had been dispensed on 02/21/20 with a quantity of 60, on 03/27/20 with a quantity of 60 and on 04/28/20 with a quantity of	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 105 60. Interview with Resident #1's mental health provider on 04/28/20 revealed: -As a new mental health provider for the facility, he had only seen Resident #1 one time, which was an office visit on 03/26/20. -He knew the lithium 300mg twice daily was a current order for Resident #1. -He did not know the lithium 300mg was not administered as ordered for Resident #1 from 03/12/20 through 04/11/20. -He had the expectation that medications would be administered as ordered. Interview with Resident #1's primary care provider on 04/28/20 at 10:05 am revealed: -Resident #1's mental health provider ordered the lithium 300mg. -She did not know the lithium 300mg was not administered as ordered for Resident #1 from 03/12/20 through 04/11/20. -She expected for the facility to administer medications as ordered by the provider. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm. Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 106 Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interview with the Director of Clinical Services on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm. **REFER TO TAG 9999 (PAGE 138) FOR CONTINUED FINDINGS FOR TAG 358**	{D 358}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 107 administration record (MAR). This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the electronic Medication Administration Records (eMARs) were accurate for 6 of 7 sampled residents (#1, #3, #4, #5, #6, and #7) related to correctly entering, scheduling, and documenting administration of medications according to physician's orders, including documenting administration within one hour before or after the scheduled time, documenting administration of medications when a resident was in the hospital, and duplicate entries for the same medications on the same day. The findings are: 1. Review of Resident #6's current FL-2 dated 02/14/20 revealed diagnoses included diabetes mellitus Type 2 and schizophrenic disorder. a. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for fluvoxamine 50mg (used to treat depression) one-half tablet two times a day. Review of Resident #6's April 2020 electronic Medication Administration Records (eMARs) from 04/01/20 to 04/23/20 revealed: -There was an entry for fluvoxamine 50mg one-half tablet (25mg) two times a day scheduled	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 108	{D 367}		

for administration at 8:00am and 8:00pm.
-Fluvoxamine 25mg was documented as late administration 15 of 21 opportunities at 8:00am and 7 of 20 opportunities at 8:00pm with examples as follows:
-On 04/03/20, scheduled for 8:00am and documented as administered at 9:44am.
-On 04/13/20, scheduled for 8:00pm and documented as administered at 9:49pm.
-On 04/16/20, scheduled for 8:00am and documented as administered at 9:34am.

Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed:
-She did not know the name of all her medications.
-She was not able to say if she received all her medications at the times scheduled.

b. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for gemfibrozil (used to lower cholesterol) 600mg every 12 hours.

Review of Resident #6's April 2020 electronic Medication Administration Records (eMARs) from 04/01/20 to 04/23/20 revealed:
-There was an entry for gemfibrozil 600mg every 12 hours scheduled for administration at 8:00am and 8:00pm.
-Gemfibrozil 600mg was documented as late administration 11 of 14 opportunities at 8:00am and 9 of 19 opportunities at 8:00pm with examples as follows:
-On 04/03/20, scheduled for 8:00am and documented as administered at 9:44am.
-On 04/06/20, scheduled for 8:00pm and documented as administered at 10:27pm.
-On 04/22/20, scheduled for 8:00am and documented as administered at 10:40am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 109 Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed: -She did not know the name of all her medications. -She was not able to say if she received all her medications at the times scheduled. c. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for glipizide 5mg (used to treat diabetes) twice a day. Review of Resident #6's April 2020 electronic Medication Administration Records (eMARs) from 04/01/20 to 04/23/20 revealed: -There was an entry for glipizide 5mg scheduled for administration at 8:00am and 8:00pm daily. -Glipizide 5mg was documented as late administration 11 of 14 opportunities at 8:00am and 9 of 19 opportunities at 8:00pm with examples as follows: -On 04/03/20, scheduled for 8:00am and documented as administered at 9:44am. -On 04/06/20, scheduled for 8:00pm and documented as administered at 10:27pm. -On 04/22/20, scheduled for 8:00am and documented as administered at 10:40am. Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed: -She did not know the name of all her medications. -She was not able to say if she received all her medications at the times scheduled. d. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for lactulose solution 10gm/15ml (used to treat constipation) 30ml (milliliters) three times a day. Review of Resident #6's April 2020 electronic	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 110 Medication Administration Records (eMARs) from 04/01/20 to 04/23/20 revealed: -There was an entry for lactulose solution 10gm/15ml take 30mls three times a day scheduled for administration at 8:00am, 2:00pm, and 7:00pm. -Lactulose solution 10gm/15ml was documented as late administration 17 of 121 opportunities at 8:00am, 2 of 21 opportunities at 2:00pm, and 7 of 22 opportunities at 7:00pm with examples as follows: -On 04/03/20, scheduled for 8:00am and documented as administered at 9:44am. -On 04/06/20, scheduled for 8:00pm and documented as administered at 10:27pm. -On 04/12/20, scheduled for 8:00am and documented as administered at 9:25am. Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed: -She did not know the name of all her medications. -She was not able to say if she received all her medications at the times scheduled. e. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for metformin 1000mg (used to treat diabetes) twice a day. Review of Resident #6's April 2020 electronic Medication Administration Records (eMARs) form 04/01/20 to 04/23/20 revealed: -There was an entry for metformin 1000mg twice a day scheduled for administration at 8:00am and 8:00pm daily. -Metformin 1000mg was documented as late administration 10 of 13 opportunities at 8:00am and 8 of 20 opportunities at 8:00pm with examples as follows: -On 04/03/20, scheduled for 8:00am and	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 111	{D 367}		

documented as administered at 9:44am.
-On 04/06/20, scheduled for 8:00pm and documented as administered at 10:27pm.
-On 04/22/20, scheduled for 8:00am and documented as administered at 10:40am.

Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed:
-She did not know the name of all her medications.
-She was not able to say if she received all her medications at the times scheduled.

f. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for metoprolol 50mg (used to treat elevated blood pressure) 1.5 tablets (75mg) twice a day.

Review of Resident #6's April 2020 electronic Medication Administration Records (eMARs) form 04/01/20 to 04/23/20 revealed:
-There was an entry for metoprolol 50mg one and one-half tablets (75mg) twice a day scheduled for administration at 8:00am and 8:00pm daily.
-Metoprolol 75mg was documented as late administration 15 of 20 opportunities at 8:00am and 8 of 20 opportunities at 8:00pm with examples as follows:
-On 04/03/20, scheduled for 8:00am and documented as administered at 9:44am.
-On 04/06/20, scheduled for 8:00pm and documented as administered at 10:27pm.
-On 04/22/20, scheduled for 8:00am and documented as administered at 10:40am.

Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed:
-She did not know the name of all her medications.
-She was not able to say if she received all her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 112 medications at the times scheduled. g. Review of Resident #6's current FL-2 dated 02/14/20 revealed an order for risperidone (used to treat mental disorders) 1mg two times a day at 8:00am and 12:00pm. Review of Resident #6's April 2020 electronic Medication Administration Records (eMARs) form 04/01/20 to 04/23/20 revealed: -There was an entry for risperidone 1mg twice a day scheduled for administration at 8:00am and 12:00pm daily. -Risperidone 1mg was documented as late administration 15 of 20 opportunities at 8:00am and 7 of 20 opportunities at 12:00pm with examples as follows: -On 04/03/20, scheduled for 8:00am and documented as administered at 9:44am. -On 04/10/20, scheduled for 8:00am and documented as administered at 9:30am. -On 04/12/20, scheduled for 8:00am and documented as administered at 9:25am. Telephone interview with Resident #6 on 04/29/20 at 1:49pm revealed: -She did not know the name of all her medications. -She was not able to say if she received all her medications at the times scheduled. Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed: -After you administered the medication and "clicked off" on the medication, the medication would pop back up. -Sometimes she had had to click on the medication two or three times before it would stop popping back up. -It was not immediately after you had clicked on it	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 113 as administered, the medication might pop back up later such as at her 6:00pm medication pass, the 4:00 pm medication would "show back up." Telephone interview with the Lead Supervisor on 04/28/20 at 12:15pm revealed: -Medication was supposed to be administered one hour before or one hour after the ordered time. -Medications were "tardy once in a blue moon." -The eMAR system time-stamped medication administration times. -The eMAR system did not always accept administration entries. -The medication would "pop-up" again and the MA would have to enter it again. -The eMAR system recorded the time of the second entry and that was why it looked like medications were administered late. -She told the DCS whenever the eMAR system would not record the administration information. -She did not know if it was possible to change the administration time and date in the eMAR system. -In March 2020, what was visible on the computer screen was not visible on the printed eMARs. -She did not know what was done to correct the problem, but it was not occurring as much lately. -The MA was responsible for overall administration of medications. Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 114 Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am. 2. Review of Resident #4's current FL-2 dated 02/14/20 revealed diagnoses included Type 2 diabetes, chronic kidney disease stage 3, abnormalities of gait, and hypertension. Review of Resident #4's current FL-2 dated 02/14/20 revealed a medication order for Seroquel 100mg (used to treat mental health disorders) twice a day. Review of Resident #4's April 2020 electronic Medication Administration Record (eMAR) from 04/01/20 to 04/21/20 revealed: -There was no entry for Seroquel 100mg two times a day. -There was an entry for Seroquel 100mg "one tablet at bedtime" scheduled for administration at 8:00am and 6:00pm. -Seroquel 100mg was documented as administered at 8:00am and 6:00 daily from 04/01/20 to 04/21/20 except for 6:00pm on 04/17/20 was blank for administration with no explanation for the omission. Telephone interview with Resident #4 on 04/21/20 at 10:21am revealed: -She received her medications daily. -She did not know if she always received all her medication because she did not count her pills and was not familiar with all her medications. Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 115 Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am. 2. Review of Resident #1's current FL-2 dated 01/07/20 revealed diagnoses included essential hypertension, schizoaffective disorder, anxiety disorder and major depressive disorder. a. Review of Resident #1's current FL-2 dated 01/07/20 revealed medications included clozapine 100mg (used as an antipsychotic medication) every morning and 150mg every evening. Review of Resident #1's current FL-2 dated 01/07/20 revealed a medication order for clozapine 100mg every morning and 150mg every evening, Review of Resident #1's March 2020 electronic Medication Administration Record (eMAR) revealed: -The documentation of medication administration was not documented electronically, but documented by hand written entries. -There were multiple employee initials at the same documented administration time on the same days with examples as follows: -On 03/01/20 the 8:00am scheduled medication for Resident #1 had 6 different sets of initials, indicating that 6 different medication aides administered the 8:00am medications on that date to Resident #1.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 116 -On 03/31/20 the 8:00am scheduled medication for Resident #1 had 7 different sets of initials, indicating that 7 different medication aides administered the 8:00am medications on that same date. -There was an entry for clozapine 100mg every morning at 8:00am. -There were 2 entries for clozapine 150mg, scheduled at 8:00pm. -Both entries for clozapine 150mg, scheduled at 8:00pm were documented as administered from 03/01/20 through 03/31/20. -The double documentation of administration of the clozapine 150mg indicated the clozapine 150mg was administered twice nightly from 03/01/20 to 03/31/20. Interview with Resident #1 on 04/29/20 at 12:00pm revealed: -She took clozapine 150mg nightly. -She was very much aware of the medications she was ordered. -She knew what times she was supposed to receive her medications. Interview with Resident #1's primary care provider on 04/28/20 at 10:05am revealed: -Resident #1 knew what medications she was ordered and what should be administered. -The facility had recently switched from using paper MARs to an eMAR system for documentation of medication administration. -The current eMAR system used by the facility was not accurate. -She expected facility staff to administer medications as ordered and for the MAR system to record the administration correctly. Telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 117	{D 367}		

revealed Resident #1 was very knowledgable about her medications and would let staff know immediately if the medication administered was not correct.

Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am.

Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm.

Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm.

Refer to the telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am.

b. Review of Resident #1's current FL-2 dated 01/07/20 revealed medications included lithium 300mg (used to treat mental illness) twice daily.

Review of Resident #1's current FL-2 dated 01/07/20 revealed a medication order for lithium 300mg twice daily.

Review of Resident #1's March 2020 electronic Medication Administration Record revealed:
-An entry for lithium 300mg twice daily scheduled for administration at 8:00am and 6:00pm.
-The lithium 300mg twice daily was not documented as administered for the entire month of March 2020.
-There was no documentation why the lithium 300mg was not administered for the month of March 2020.

Review of Resident #1's April 2020 eMAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 118 revealed: -An entry for lithium 300mg twice daily at 8:00am and 6:00pm. -The lithium 300 mg was not documented as administered from 04/01/20 through the 8:00am dose on 04/11/20. -There was no documentation why the lithium 300mg was not administered from 04/01/20 through 04/11/20. -The lithium 300mg was documented as administered from the 04/11/20 6:00pm dose through 04/21/20. Interview with Resident #1 on 04/29/20 at 12:00pm revealed: -She took lithium 300mg twice daily. -She was very much aware of the medications she was ordered. -She knew what times she was supposed to receive her medications. -The medication aides always administered Resident #1's medications. Interview with Resident #1's primary care provider on 04/28/20 at 10:05am revealed: -Resident #1 knew what medications she was ordered and what should be administered. -The facility had recently switched from using paper MARs to an eMAR system for documentation of medication administration. -The current eMAR system used by the facility was not accurate. -She expected facility staff to administer medications as ordered and for the MAR system to record the administration correctly. Refer to interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am. Refer to the telephone interview with a pharmacy	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 119	{D 367}		

technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm.

Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm.

Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am.
3. Review of Resident #7's current FL-2 dated 02/14/20 revealed diagnoses included seizure disorder, chronic constipation, obesity, hypertension, gastroesophageal reflux disease, and hyperlipidemia.

Review of Resident #7's discharge summary dated 04/02/20, Resident #7 was in the hospital on 04/01/20 and returned to the facility on 04/02/20.

Review of Resident #7's care notes dated 04/02/20, Resident #7 returned from the hospital around 4:30pm.

Review of Resident #7's acute care hospital discharge summary dated 04/02/20 revealed:
-There was an order for Acetaminophen 500mg four times daily. (Acetaminophen is used to treat pain).
-There was an order for Atorvastatin 10mg daily. (Atorvastatin is used to treat high cholesterol).
-There was an order for Benztropine 1mg daily. (Benztropine is used to treat tremors that are the result of taking antipsychotic medication).
-There was an order for Cilostazol 50mg twice daily. (Cilostazol is used to treat problems with blood flow in the legs).
-There was an order for Lithium 600mg twice daily. (Lithium is used to treat mood disorders).
-There was an order for Seroquel 200mg twice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 120 daily. (Seroquel is an antipsychotic medication). -There was an order for Seroquel 300mg twice daily. Review of Resident #7's April 2020 eMAR revealed: -There was a computer-generated entry for Acetaminophen 500mg take one tablet four times daily with a scheduled administration time of 8:00am, 12:00pm, 4:00pm, and 8:00pm. -There was documentation on 04/01/20 Resident #7 was administered Acetaminophen 500mg at 5:42pm and 10:04pm. -There was a computer-generated entry for Atorvastatin 10mg take one tablet daily with a scheduled administration time of 8:00pm. -There was documentation on 04/01/20 Resident #7 was administered Atorvastatin 10mg at 10:04pm. -There was a computer-generated entry for Benztropine 1mg take one tablet daily with a scheduled administration time of 8:00pm. -There was documentation on 04/01/20 Resident #7 was administered Benztropine 1mg at 10:04pm. -There was a computer-generated entry for Cilostazol 50mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation on 04/01/20 Resident #7 was administered Cilostazol 50mg at 10:04pm. -There was a computer-generated entry for Lithium 600mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation on 04/01/20 Resident #7 was administered Lithium 600mg at 10:04pm. -There was a computer-generated entry for Seroquel 200mg take one tablet twice daily with a	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 121	{D 367}		

scheduled administration time of 8:00am and 4:00pm.
-There was documentation on 04/01/20 Resident #7 was administered Seroquel 200mg at 5:42pm.
-There was a computer-generated entry for Seroquel 300mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation on 04/01/20 Resident #7 was administered Seroquel 300mg at 10:04pm.

Telephone interview with a medication aide (MA) on 04/30/20 at 4:53pm revealed:
-During her medication pass, if there were special cases, she would document the resident as out of the facility, refused, etc., before submitting the medication.
-Resident #7 had been in the hospital, "it was a while back."
-She probably forgot to put in an exception on 04/01/20.

Based on observations, record reviews, and interviews, it was determined Resident #7 was not interviewable.

Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am.

Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm.

Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm.

Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 122 and 05/01/20 at 8:20am. 4. Review of Resident #3's current FL-2 dated 02/14/20 revealed diagnoses included sinusitis, chronic obstructive pulmonary disease (COPD), hypertension, vitamin D deficiency, depression, anxiety, and constipation. a. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Omeprazole 20mg once daily. (Omeprazole is used to treat heartburn). Review of Resident #3's April 2020 electronic medication administration records (eMARs) provided on 04/21/20 at 11:28am revealed: -There was a computer-generated entry for Omeprazole 20mg daily with a scheduled administration time of 6:00am. -Omeprazole 20mg was documented as administered at 6:00am on 04/01/20-04/12/30. -There was a second computer-generated entry for Omeprazole 20mg daily with a scheduled administration time of 6:00am. -Omeprazole 20mg was documented as administered at 6:00am on 04/15/20-04/21/30. Review of a second April 2020 MAR for Resident #3 provided on 04/23/20 at 2:42pm revealed: -There was a computer-generated entry for Omeprazole 20mg daily with a scheduled administration time of 6:00am. -Omeprazole 20mg was documented as administered at 6:00am on 04/01/20-04/12/30. -There was a second computer-generated entry for Omeprazole 20mg daily with a scheduled administration time of 6:00am. -Omeprazole 20mg was documented as administered at 6:00am on 04/02/20-04/23/30.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 123 Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She could not go into the eMAR system and document a late entry. -She documented Resident #3's Omeprazole as administered on 04/03/20-04/15/20, but she did not administer the medication. -The changes between the first April eMAR and the second April eMAR were because a consultant with the eMAR system was walking her through how to document a late entry and she was practicing. Based on observations, record reviews, and interviews, it was determined Resident #7 was not interviewable. Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am. b. Review of Resident #3's physician's orders dated 02/18/20 revealed an order for Prazosin 1mg at bedtime. (Prazosin is used to treat nightmares). Review of Resident #3's April 2020 Medication Administration Record (eMAR) provided on 04/21/20 at 11:28am revealed:	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 124 -There was a computer-generated entry for Prazosin 1mg daily with a scheduled administration time of 8:00pm. -There was a second computer-generated entry for Prazosin 1mg daily with a scheduled administration time of 8:00pm. -There was documentation Prazosin 1mg was administered at 8:00pm on 04/13/20-04/20/20. -There was no documentation Prazosin was administered 04/08/20-04/12/20. Review of a subsequent April 2020 MAR for Resident #3 provided on 04/23/20 at 2:42pm revealed: -There was a computer-generated entry for Prazosin 1mg daily with a scheduled administration time of 8:00pm. -There was documentation Prazosin 1mg was administered at 8:00pm on 04/01/20-04/07/20. -There was a second computer-generated entry for Prazosin 1mg daily with a scheduled administration time of 8:00pm. -There was documentation Prazosin 1mg was administered at 8:00pm on 04/08/20-04/23/20. Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed: -She could not go into the eMAR system and document a late entry. -She documented Resident #3's Prazosin as administered on 04/8/20-04/12/20, but she did not administer the medication. -The changes between the first April eMAR and the second April eMAR were because a consultant with the eMAR system was walking her through how to document a late entry and she was practicing. Based on observations, record reviews, and interviews, it was determined Resident #7 was	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 125 not interviewable. Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am. 5. Review of Resident #5's current FL-2 dated 02/14/20 revealed diagnoses included hemiplegia nondominant side due to stroke, rhabdomyolysis (breakdown of skeletal muscle) and diabetes. a. Review of Resident #5's emergency department discharge summary dated 04/08/20 revealed a physician's order for Keflex 250mg (an antibiotic) take two capsules (500mg) twice daily for 7 days to treat a urinary tract infection (UTI). Review of Resident #5's April 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Keflex 250mg take two capsules twice daily at 8:00am and 8:00pm. -From 04/08/20-04/14/20, there were two spaces for each day to record administration of Keflex 250mg. -The spaces from 04/01/20-04/07/20 and from 04/15/20-04/30/20 were blacked out. -Keflex had been administered 11 of 14 opportunities, starting at 8:00pm on 04/09/20 and ending on 04/14/20 at 8:00pm.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 126 Based on interviews and record reviews, it was determined Resident #5 was not able to be interviewed. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed the April 2020 eMAR on her computer indicated Resident #5 was administered Keflex 250mg 2 capsules (500mg) twice a day from 04/09/20-04/14/20. Telephone interview with a first shift Medication Aide (MA) on 04/30/20 at 10:30am revealed: -Resident #5 started receiving Keflex 250mg two capsules (500mg) twice a day on 04/09/20. -Resident #5 was still receiving Keflex 250mg two capsules (500mg) twice a day on 04/21/20. -She did not know why the eMAR was not showing the full duration of Resident #5's Keflex administration. -She did not know why the dates were blacked out on the April 2020 eMAR. Telephone interview with a second MA on 04/30/20 at 4:08pm revealed: -She administered two Keflex 250mg (500mg) capsules to Resident #5 as ordered. -She remembered giving Resident #5 Keflex during the 8:00pm medication administration on 04/21/20. -She did not know why the April 2020 eMAR was not showing all the dates Resident #5's Keflex 250mg had been administered. Telephone interview with the Director of Clinical Services (DCS) on 05/01/20 at 8:20am revealed: -There were "glitches" in the new eMAR system; administration entries were not showing in the eMAR. -She could not tell how long Resident #5 received	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 127 the Keflex. Refer to telephone interviews with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am. Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am. _____ Telephone interview with a Medication Aide (MA) on 04/20/20 at 10:32am and 4/27/20 at 11:21am revealed: -The facility had a lot of problems with the eMAR system, sometimes orders would disappear from the MAR completely. -Sometimes the system would not capture the entry of a medication when it was administered, and the MA would have to click that the medication was administered later in the day, not the actual time it was administered. Telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm revealed: -Orders were entered into the eMAR by staff at the pharmacy. -The staff at the facility could make changes in the eMAR system once the medication orders were entered by the pharmacy. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed:	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 128 -The Director of Clinical Services (DCS) was responsible for reviewing the eMARs for accuracy. -She was unaware of the system the DCS used to review the eMARs. -At the end of each shift, the supervisor printed a report showing which medications were not documented as administered. -Blanks on the eMARs meant a medication was not administered or the software did not record the entry. -The MAs were not supposed to go back into the eMAR system and fill in the missed administrations indicated on the report. Telephone interviews with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm and 05/01/20 at 8:20am revealed: -She audited the eMAR. -She looked at the right dose, right person, and right time. -She looked at blank spaces, and holes on the eMAR. -She was responsible for correcting the eMARs. -There were medications that showed up on the eMAR as administered but on her computer, it showed a "hole." -The MAs made sure there were no "holes" in the March 2020 MARs. -The previous Resident Care Director (RCD) was supposed to review the MARs after the MAs reviewed them. -She did not know if the previous RCD reviewed the MARs. -The MAs were supposed to check the April 2020 eMARs and let her know if all ordered medications were listed on them. -She would let the MAs know if there were any changes on the eMARs. -She was the supervisor of the MAs; any	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 367}	Continued From page 129 problems they had were to be brought to her.	{D 367}		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to report to the county Department of Social Services (DSS) of two falls and a change in condition requiring referral for emergency medical evaluation for 1 of 7 sampled residents (#5). The findings are: Review of Resident #5's current FL-2 dated 02/14/20 revealed diagnoses included hemiplegia nondominant side due to stroke, rhabdomyolysis (breakdown of skeletal muscle), and diabetes. Review of Resident #5's electronic progress note dated 04/22/20 and time-stamped at 7:04am revealed: -The note was written by a medication aide (MA).	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 451	Continued From page 130	D 451		

-Resident #5 had difficulty swallowing, was drooling, and the right side of her face was drooping.
-Resident #5's speech was "off."
-Emergency medical services (EMS) was called and EMS transported Resident #5 to the hospital.

An Incident/Accident Report for the 04/22/20 incident was requested on 04/23/20 at 4:04pm, 04/24/20 at 11:12am, 04/27/20 at 9:47am, 04/28/20 at 12:20pm, and 04/28/20 at 3:17pm. An Incident/Accident Report for the 04/22/20 incident was not provided by the survey exit date.

Review of Resident #5's Accident/Incident Report dated 03/25/20 revealed Resident #5 fell out of her wheelchair and hit her head requiring EMS to transport Resident #5 to the hospital.

Review of Resident #5's electronic progress note dated 03/25/20 and time-stamped at 8:57pm revealed:
-The note was written by a MA.
-Resident #5 fell head first out of her wheelchair and hit her head on the floor.
-Resident #5 had a cut over her right eyebrow.
-EMS was called and EMS transported Resident #5 to the emergency department (ED).

Review of Resident #5's Accident/Incident Report dated 04/08/20 revealed resident fell out of her wheelchair requiring EMS to transport Resident #5 to the hospital.

Review of Resident #5's electronic progress note dated 04/08/20 and time-stamped at 2:41pm revealed:
-The note was written by a MA.
-Resident #5 was heard screaming in her room.
-Resident #5 had fallen out of her wheelchair and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 451	Continued From page 131	D 451		

was bleeding from the right side of her face.
-EMS was called and EMS transported Resident #5 to the hospital.

Telephone interview with a MA on 04/27/20 at 10:32 revealed:
-The MA was responsible for completing an incident/accident report.
-The MA was responsible for notifying the physician, the family, and the Director of Clinical Services (DCS).

Telephone interview with the DCS on 04/28/20 at 3:17pm revealed she was unsure if anyone verified notification of incidents/accidents to the local Department of Social Services (DSS).

Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed:
-She and the DCS were supposed to be informed of incidents/accidents.
-The MA was supposed to complete an incident report and provide it to her and the DCS.
-The DSS was supposed to be notified via fax of accidents/incidents.
-She made sure everyone required to be notified was notified.

Telephone interview with a MA on 04/30/20 at 10:30am revealed she did not know who was responsible for notifying the DSS about incidents and accidents.

Telephone interview with the Lead Supervisor on 05/04/20 at 2:44pm revealed:
-The DCS was responsible for notifying the DSS of incidents and accidents.
-She did not follow-up with the DCS regarding notifying the DSS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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 451	Continued From page 132 Telephone interview with the DSS Adult Home Specialist on 04/24/20 at 2:35pm revealed she did not receive notification of Resident #5's three incidents between 03/25/20 and 04/22/20 requiring emergency medical care.	D 451		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulation related to implementation. The findings are: Based on interviews and record reviews, the Administrator failed to assure the management, operations, and policies of the facility were implemented and rules were maintained for health care and medication administration. [Refer to Tag D980, G.S. 131D-25 Implementation (Unabated Type A1 Violation)].	{D912}		
{D914}	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse,	{D914}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
{D914}	Continued From page 133 neglect, and exploitation. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure residents were protected from neglect related to Health Care and Medication Administration. The findings are: 1. Based on interviews and record reviews, the facility failed to ensure referral and follow-up for 1 of 7 sampled residents related to a change in the resident's condition, an order for an antibiotic, and two falls (#5). [Refer to Tag D0273, 10A NCAC 13F .0902(b) Health Care (Unabated Type A1 Violation)]. 2. Based on interviews and record reviews, the facility failed to administer medications as ordered for 7 of 7 residents sampled, including errors with an antibiotic, an antidepressant, and a medication to treat gastroesophageal reflux disease (GERD) (#5); a long acting and a short acting insulin for lowering elevated blood sugar, 3 medications to treat mental health disorders, a medication to lower cholesterol, 2 blood pressure medications, and one medication to treat diabetes (#6); an eye drop to treat glaucoma and a medication to treat stomach ulcers/esophagitis (#4); 2 medications to treat mental health disorders (#1); 3 medications to treat mental health disorders, a medication to treat blood flow in the legs, a supplement to treat a vitamin deficiency and a medication to treat pain (#7); 3 medications to treat mental health disorders, a medication to treat insomnia, a stool softener, 2 supplements to treat a vitamin deficiency, an inhaler to treat asthma, and a cream to treat fungus (#3); and a medication to treat mental	{D914}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
{D914}	Continued From page 134 health disorders (#2). [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication Administration (Type A1 Violation)].	{D914}		
{D980}	G.S. § 131D-25 Implementation G.S. 131D-25 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21. This Rule is not met as evidenced by: FOLLOW-UP TO A TYPE A1 VIOLATION Based on these findings, the previous Type A1 Violation was not abated. Based on interviews and record reviews, the Administrator failed to assure the management, operations, and policies of the facility were implemented and rules were maintained for health care and medication administration. The findings are: Telephone interview with the Administator on 01/20/20 revealed: -She was the former Resident Care Director. -She had been the Administrator since February 2020. -She was responsible for the operation of the building. -The facility had a Director of Clinical Services (DCS) who mananaged the medications, health care, and the medication aides.	{D980}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
{D980}	Continued From page 135 -The DSC started to work 02/11/2020 but had been out on leave from 04/17/20 to 04/21/20. Telephone interviews with a representative from the contracted pharmacy on 04/27/20 at 10:30am, and 3:15pm revealed: -The pharmacy staff had difficulty getting in touch with the facility when the pharmacy had questions about medications or when the facility staff needed to contact residents' primary carer provider about medications. -There was a lack of cooperation dealing with the facility staff. -The facility did not fax all the current orders to the pharmacy, including hospital discharge summaries, which would be helpful coordinating new medications and any medications that might have been discontinued. -The pharmacy entered orders into their computer system; a representative at the facility reviewed and approved the orders entered by pharmacy; once approved and released the orders interfaced with the facility's electronic medication administration records (eMARS). -The pharmacy could not see the facility's eMARs after they were released into the facility's eMAR. Non-compliance was identified in the following rule areas at violation level: 1. Based on interviews and record reviews, the facility failed to ensure referral and follow-up for 1 of 7 sampled residents related to a change in the resident's condition, an order for an antibiotic, and two falls (#5). [Refer to Tag D0273, 10A NCAC 13F .0902(b) Health Care (Type Unabated A1 Violation)]. 2. Based on interviews and record reviews, the facility failed to administer medications as	{D980}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
{D980}	Continued From page 136 ordered for 7 of 7 residents sampled, including errors with an antibiotic, an antidepressant, and a medication to treat gastroesophageal reflux disease (GERD) (#5); a long acting and a short acting insulin for lowering elevated blood sugar, 3 medications to treat mental health disorders, a medication to lower cholesterol, 2 blood pressure medications, and one medication to treat diabetes (#6); an eye drop to treat glaucoma and a medication to treat stomach ulcers/esophagitis (#4); 2 medications to treat mental health disorders (#1); 3 medications to treat mental health disorders, a medication to treat blood flow in the legs, a supplement to treat a vitamin deficiency and a medication to treat pain (#7); 3 medications to treat mental health disorders, a medication to treat insomnia, a stool softener, 2 supplements to treat a vitamin deficiency, an inhaler to treat asthma, and a cream to treat fungus (#3); and a medication to treat mental health disorders (#2). [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication Administration (Type A1 Violation)]. _____ The Administrator failed to ensure responsibility for the overall management, administration, supervision and operation of the facility which resulted in a resident not being sent out in a timely manner when exhibiting signs and symptoms of stroke, falls with a head injury not reported, and no contact with primary care provider regarding a resident not receiving an antibiotic ordered for a urinary tract infection (#5); and 6 of 6 additional sampled residents not receiving medications as ordered. This failure to provide referral and follow-up for Resident #5 resulted in significant harm and serious neglect to the resident and the neglect to procure and administer medications as ordered (#5) resulted in serious physical harm, which constitutes a	{D980}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
{D980}	Continued From page 137 Type Unabated A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on April 28, 2020 and an amended plan of protection on May 05, 2020 for this violation.	{D980}		
D9999	Final Observation **THIS IS TAG 358 CONTINUED FROM PAGE 107** 7. Review of Resident #2's current FL-2 dated 02/14/20 revealed: -Diagnoses included schizophrenia, hypertension, and gastroesophageal reflux disease (GERD). -There was an order for Depakote 250mg twice a day. (Depakote is prescribed to treat seizure disorders, certain psychiatric conditions, and to prevent migraine headaches.) Review of a mental health family nurse practitioner's (FNP) order dated 04/09/20 revealed an order to discontinue Depakote 250mg twice a day. Review of the April 2020 electronic medication administration record (eMAR) for Resident #2 revealed: -There was an entry for Depakote 250mg twice a day at 8:00am and 6:00pm. -There were two spaces on each date to record the administration of Depakote from 04/01/20-04/15/20. -The dates from 04/16/20-04/30/20 had been blacked out on the eMAR. -Depakote 250mg was documented as administered 4 of 30 opportunities from 04/01/20-04/15/20.	D9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 138	D9999		

-Depakote 250mg was documented as refused 23 of 30 opportunities from 04/01/20-04/15/20.
-There was no documentation for 3 of 30 opportunities from 04/01/20-04/15/20.
-Depakote 250mg was administered to Resident #2 on 04/14/20 at 9:19am after the medication had been discontinued.

Telephone interview with the FNP on 04/22/20 at 2:00pm revealed:
-The Director of Clinical Services (DCS) was his contact at the facility.
-He assumed care of the residents in late March 2020.
-Medication orders were not being followed.
-When he visited the facility on 04/09/20, he was informed Resident #2 was refusing to take the Depakote 250mg twice a day.
-He wrote an order to discontinue the Depakote 250mg twice a day on 04/09/20; the order was not followed.
-When he visited the facility on 04/16/20, he was informed by the DCS the order had been misplaced and he needed to write the order again.
-He had not been notified before 04/16/20 to let him know the order had been misplaced.

Telephone interview with the DCS on 04/28/20 at 3:17pm revealed she did not know if anyone called the FNP before 04/16/20 to inform him that the order to discontinue Depakote 250mg twice a day had been misplaced.

Refer to the telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm.

Refer to the telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 139 Refer to the telephone interview with a second MA on 04/29/20 at 5:03pm. Refer to the telephone interview with a third MA on 04/30/20 at 4:53pm. Refer to the telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm. Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm. Refer to the telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 8:46am and 3:17pm. Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm. _____ Telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/23/20 at 3:47pm revealed: -Orders were entered into the eMAR by staff at the pharmacy. -The staff at the facility could make changes in the eMAR system once the medication was entered by the pharmacy. -Any changes made by the facility would cancel the prescription. -Changes could include a change in a resident room, a time change for medication administration, or if the resident's status was changed to out of the facility. -When someone from the facility would call and ask why the medication had been discontinued the first question she would ask was what changes had been made. -The order would have to be refaxed to the	D9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 140	D9999		

pharmacy and the medication re-entered.

Telephone interview with a medication aide (MA) on 04/29/20 at 2:35pm revealed:
-She administered everything that was on the screen at the scheduled administration time.
-She looked at what was on the screen, pulled the punch cards that needed to be administered, and put all the other punch cards back in the drawer.
-If a medication was not on the cart that was on the eMAR screen, she would check in overstock and if there was no medication there, she would finish her medication pass and then call the pharmacy.
-If there was medication on the cart that was not on the eMAR screen, she would pull it from the cart because it had probably been discontinued.

Telephone interview with a second MA on 04/29/20 at 5:03pm revealed:
-There was a problem with the new eMAR system; medication would be taken off and discontinued when it was not supposed to be discontinued.
-She administered medications based on what was on the eMAR.
-If a resident was out of medication, she would look in overstock.
-There had been a lot of problems with medications on the eMAR because one day the medication would be on the eMAR and the next day it would not.
-She would call the pharmacy and the pharmacist would say the order could be seen on their end as active.
-She would then call the DCS who would put the medication back into the system.
-She was familiar with the medications most of the residents took and may catch something that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 141 a newer MA would not. Telephone interview with a third MA on 04/30/20 at 4:53pm revealed: -Options in the eMAR were to choose the floor you were administering medications, choose the time of the medication pass, submit and go to the resident's picture, click on the resident, the eMAR screen would then show orders due now, and she would pull the cards for the medications and administer that medication. -If there were no medications available, she would look in another drawer or the medication room. -If she could not find a medication, she would pull the sticker off the punch card and order the medication from the pharmacy. -If a resident refused medication or was out of the facility or if the medication was not available to be administered, she would document an exception. -She had noticed medications "fell off" the eMAR sometimes; she could not remember specific examples, but she had seen it and always tried to bring it to someone's attention. Telephone interview with the Lead Supervisor on 04/28/20 at 12:20pm revealed: -The facility had a dedicated fax machine for orders. -She and the Director of Clinical Services (DCS) were responsible for faxing the orders to the pharmacy. -After she faxed an order to the pharmacy, she stapled the fax confirmation to the order and initialed and dated it. -The pharmacy or the DCS entered the orders into the eMAR system. -Specific entry instructions had to be followed or the eMAR system would not accept the order. -The DCS was responsible for making sure	D9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 142	D9999		

orders were correct.
-The DCS filed the order in the resident's record after entering the order in the eMAR.
-When she and the DCS were not available (after-hours or weekends), the orders were placed in their mailboxes by the on-site supervisor.
-She and the DCS were responsible for reviewing the PA's six-month medication orders.
-If the orders did not match, she or the DCS notified the pharmacy.
-The facility had a back-up pharmacy used for immediate (stat) orders.
-Stat orders were faxed to the main pharmacy and the pharmacy would advise staff which pharmacy would be delivering the medication.

Telephone interview with the Licensed Health Professional Support (LHPS) nurse on 04/28/20 at 3:17pm revealed the orders were compared with the eMARs each week when the PA wrote the orders.

Telephone interview with the Director of Clinical Services (DCS) on 04/28/20 at 8:46am and 3:17pm revealed:
-The process she expected the MAs to follow for administering medication included looking at the order on the eMAR for all residents.
-The process for medication administration was to read the eMAR, look at the punch card, and pop the pill.
-The MA was responsible for reading the eMAR and administering medication as ordered.
-If the label on the medication did not match what was on the eMAR, the MA was to follow the order on the eMAR.
-If a medication was not available to be administered, she expected the MA to call the pharmacy and get a hold order until the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 143	D9999		

medication was delivered.
-The entry in the eMAR would indicate "waiting on pharmacy."
-The PA faxed orders to the facility after her weekly visits.
-The DCS or the Lead Supervisor removed the orders from the fax machine and faxed the orders to the pharmacy.
-Orders were entered in the eMAR system by the pharmacy and approved by the DCS or the Lead Supervisor.
-Orders could not be seen by the MA until the order was "released" and then the MA could see the order to then administer the medication.
-Orders received after hours were faxed to the pharmacy by the Supervisor and then the orders were put in the DCS or the Lead Supervisor's box.
-The next day that she was in the office she would review the order, make sure it was correct, adjust if needed, and file; this was the final check on orders before filing.
-Emergency medication orders could be called into the pharmacy by the DCS, the shift supervisor, or the Lead Supervisor.
-The DCS could put orders in the eMAR once she had the prescription number from the pharmacy.
-Changes could be made in the eMAR system by the supervisors or the DCS.
-The medication was on cycle filled from the pharmacy which meant the medications were automatically filled on the same day each month.
-The DCS and Lead Supervisor were responsible for making sure orders were correct.

Telephone interview with the Administrator on 04/28/20 at 3:17pm revealed:
-She expected the MAs to practice within their job scope and to administer medication according to the resident's rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034150	A. BUILDING: _____ B. WING _____	R-C 05/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE IVY AT CLEMMONS	6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012

(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
D9999	Continued From page 144 -The chain of command was from the MA to the on-site supervisor to the DCS. _____ The facility failed to ensure medications were administered as ordered by the licensed provider for 7 of 7 sampled residents (#1, #2, #3, #4, #5, #6, and #7) which resulted in a resident experiencing a second fall with a hospital visit from an untreated urinary tract infection (#5); a resident not receiving a rapid acting insulin ordered at breakfast and supper for 2 months placing the resident at risk for damage to the liver, kidneys, or eyes due to elevated blood sugar values, 3 medications to treat mental disorders, a medication to lower cholesterol, 2 blood pressure medications, and one medication to treat diabetes (#6); multiple medications used to treat mental health disorders not administered as ordered for a resident who had recently had a mental health hospitalization (#7); an eye drop to treat glaucoma (#4); 2 medications to treat mental health disorders (#1); 3 medications to treat mental health disorders (#3); and a medication to treat mental health disorders (#2). The neglect to procure and administer medication as ordered resulted in serious physical harm and increased and unrelieved symptoms to the residents, which constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on April 28, 2020 and an amended plan of protection on May 05, 2020 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 06, 2020.	D9999		