Division o	of Health Service Regu	ılation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
NAME OF PF	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE	
THE IVY A	T CLEMMONS		ADOWBROOK M DNS, NC 27012	ALL COURT	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 000}	Initial Comments		{D 000}		
	follow-up survey via con-site review from 4, to 05/01/20, and 05/0	sure Section conducted a off-site paper review and /20/20 to 4/24/20, 04/27/20 04/20 to 05/06/20, with an elephone on 05/07/20.			
{D 273}	10A NCAC 13F .0902	2(b) Health Care	{D 273}		
		2 Health Care assure referral and follow-up nd acute health care needs			
	This Rule is not met FOLLOW-UP TO A T	<u> </u>			
	Based on these findir Violation was not aba	ngs, the previous Type A1 ated.			
	facility failed to ensure of 7 sampled resident	and record reviews, the re referral and follow-up for 1 ts related to a change in the an order for an antibiotic, and			
	The findings are:				
	02/14/20 revealed dia nondominant side due	nt #5's current FL2 dated agnoses included hemiplegia e to stroke, rhabdomyolysis al muscle) and diabetes.			
	Condition" revealed: -Staff was supposed	d document titled "Change in to notify the on-site rry care provider (PCP) when			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

a resident displayed a change in condition. -Staff was supposed to call 911 and notify the

> (X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SUF		
			7 5 6 . 2 5 1 6		R-C	;
		HAL034150	B. WING		05/07/	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY AT CLEMMONS			ADOWBROOK N NS, NC 27012	IALL COURT		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
{D 273}	Continued From page	e 1	{D 273}			
	progressed to an eme	to document the date and				
	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.					
	03/25/20 at 9:22pm re -The Incident Report -Resident #5 fell out of was getting her ready -Resident #5 fell head the floorResident #5 was ser observation.	was entered by a MA. of her wheelchair when staff of for bed. d first and hit her head on nt to the hospital for member and the Director of				
	dated 03/26/20 12:16 -The note was entere	•				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING		R-C 05/07/2020	
	ROVIDER OR SUPPLIER	6010 MEA	DRESS, CITY, STA			
		CLEMMON	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	ΓΕ
{D 273}	Continued From page	2	{D 273}			
	Review of the emerger record for Resident #-EMS arrived at the fato a call for a fall from -Resident #5's vital siblood pressure was 1 respirations were 16Resident #5 arrived at Review of the ED rec 03/25/20 revealed: -Resident #5's vital siblood pressure was 1 respirations were 18, 97.8°FResident #5 had CT and facial bonesThe cut over Resident	ency medical services (EMS) 5 dated 03/25/20 revealed: acility at 6:53pm in response a wheelchair. gns were taken at 7:16pm; 50/69, pulse was 98, and at the ED at 7:15pm. ord for Resident #5 dated gns were taken at 7:22pm; 64/80; pulse was 104, and temperature was scans of her head, neck, at #5's eye was repaired. charged from the ED with a				
	03/28/20 revealed: -The radiology depart another CT scan be p 03/26/20 and admitte on 03/26/20Resident #5 was disc diagnoses of traumati loss of consciousness subarachnoid hemorr	derformed on Resident #5 on de Resident #5 to the hospital charged on 03/28/20 with the brain hemorrhage with see, history of stroke, and hage. To diagnosed with a urinary hich was present on bital. For Keflex 500mg (an burs for 7 days to be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	A. BUILDING:		COMPLETED			
		HAL034150	B. WING		R-C 05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	AT CLEMMONS		DOWBROOK N NS, NC 27012	IALL COURT		
			13, NC 27012			\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	≣
{D 273}	Continued From page	e 3	{D 273}			
{D 273}	Review of a hospital a 03/28/20 revealed: -Resident #5 was hos 03/26/20-03/28/20The medication list ir start taking Keflex 50 days starting on 03/29There were instruction where to pick up" the Review of Resident # note dated 03/29/20 repaired to get a hard Keflex orderThe name of the phy #5 at the hospital was after visit summaryThe MA was informed would call back. Review of Resident # note dated 03/31/20 repaired to get a hard Keflex order. Review of Resident # note dated 03/31/20 repaired to get a hard Keflex order. Review of Resident # note dated 04/02/20 repaired to get a hard Keflex order. Review of Resident # note dated 04/02/20 repaired to get a hard Keflex order. Review of Resident # note dated 04/02/20 repaired to get a hard Keflex order.	after visit summary dated spitalized from Indicated Resident #5 was to omg every 12 hours for 7 9/20. Ins to "ask your doctor Keflex. 5's handwritten progress revealed: In aide (MA) contacted the copy of Resident #5's Isician who treated Resident is not listed on the hospital of a nurse from the hospital of a nurse from the hospital of a the hospital. 5's handwritten progress revealed the MA left a fee at the hospital of t	{D 273}			
	medication administrated March 2020 revealed Keflex 500mg every 1 started on 03/29/20. Review of Resident # administration record	ation record (MAR) for there was no entry for 12 hours for 7 days to be 5's electronic medication (eMAR) for March 2020 o entry for Keflex 500mg				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _		
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N NS, NC 27012	MALL COURT	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{D 273}	Continued From page	e 4	{D 273}		
	every 12 hours for 7 of 03/29/20.	days to be started on			
	revealed there was no	5's eMAR for April 2020 o entry for Keflex 500mg days that had been ordered			
	#5's PCP's office on 0 revealed: -The PCP was not no fall on 03/25/20 and h 03/26/20-03/28/20The PCP was not inf	tified about Resident #5's nospitalization from formed about the difficulty rding Resident #5's Keflex			
	Resident #5's pharma	with a representative from acy on 04/27/20 at 4:56pm by did not receive an order at #5 during the month of			
	the facility's contracte 5:20pm revealed: -The pharmacy did no for Resident #5 during	with a representative from and pharmacy on 04/27/20 at our receive an order for Keflex g the month of March 2020. ations were provided by			
	04/28/20 at 12:20pm -The PCP and the resattorney (POA) was s whenever a resident vadmitted to the hospit	sident's family or power of supposed to be called was sent to the ED or tal. at happened with Resident			

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
				R-C
	HAL034150	B. WING		05/07/2020
L		I		03/01/2020
NAME OF PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE	
THE IVY AT CLEMMONS		DOWBROOK M	IALL COURT	
	CLEMMON	IS, NC 27012		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 273} Continued From page	5	{D 273}		
Services (DCS) on 04/ -The MA was supposed resident's family membra a resident went to the I hospitalThe MA had tried to grand/or Resident's #5's information on the Kefl -The DCS did not known notified about Resident administered as ordered. Telephone interview with 10:30am revealed: -She did not see a pap Resident #5's after visiting-She tried to contact Remember on 03/29/20, Its she called the hospital and 04/01/20 to find outphysician who wrote the #5.	lex order from 03/28/20. In if Resident #5's PCP was at #5's Keflex not being led. In ith a MA on 04/30/20 at the prescription among led. I			

packet.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
					1 00/01/2020
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT	
		СLЕММО	NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 273}	Continued From page	e 6	{D 273}		
	-She instructed the Minformation about the -The MA did not tell his situationShe did not follow-up Keflex orderIt was the MA's response Keflex orderHer expectation was been faxed by staff to She did not know if a #5's PCP about the Kingle Second telephone int Supervisor on 05/04/2 -Resident #5's family get the order from the She did not know ab the 03/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the She did not know ab the 103/28/20 Keflex on Telephone interview with the 103/	A to call the hospital to get Keflex order. er anything else about this o with the MA about the onsibility to follow-up on the that the order would have o the pharmacy. anyone notified Resident deflex order. erview with the Lead 20 at 2:44pm revealed: member was supposed to e hospital. out the difficulty in getting			
	1:55pm revealed: -The PCP expected to be notified by the facility about Resident #5's careThe PCP had no knowledge of Resident #5's				
	Keflex not being adm -The PCP was not co assist with getting an	ntacted by the facility to			
	-She did not review R summary dated 03/28 -The DCS was respondischarge summaries -The DCS was respondence.	20 at 2:35pm revealed: desident #5's discharge 8/20. nsible for reviewing			

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STATE FORM 6899 69Q012 If continuation sheet 7 of 145

REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY DEFICIENCY DEFICIENCY 1. 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 roomResident #5 was bleeding from the right side of her faceThe MA called emergency medical services (EMS) for assistanceResident #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 fallResident #5's vital signs at 2:26pm were blood pressure 103/54, pulse 85, and respirations 18Resident #5's blood sugar was 164Resident #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		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
THE IVY AT CLEMMONS STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 [(X4)] ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [(D 273)] Continued From page 7 [(D 273)] D. Review of Resident #5's electronic progress note dated 04/08/20 at 2-41 pm revealed: -The note was entered by a medication aide ((MA))Resident #5 was bleeding from the right side of her faceThe MA called emergency medical services (EMS) for assistanceResident #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 univitnessed fallResident #5's vital signs at 2:26pm were blood pressure 103/54, pulse 85, and respirations 18Resident #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 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				R WING		1	
CLEMMONS CLEMMONS, NC 27012			HAL034150	D. WING		05/07	7/2020
CLEMMONS, NC 27012 (X4,1D) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE (COMPLETE ATM) REGULATORY OR LSC IDENTIFYING INFORMATION) (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 roomResident #5 was bleeding from the right side of her faceThe MA called emergency medical services (EMS) record for Resident #5 state 04/08/20 revealed: -EMS arrived at the facility at 2:26pm in response to a call for an unwitnessed fallResident #5's vital signs at 2:25pm were blood pressure 103/54, pulse 85, and respirations 18Resident #5's blood sugar was 164Resident #5's blood sug	NAME OF PI	ROVIDER OR SUPPLIER					
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (EACH CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 273)	THE IVY A	T CLEMMONS			MALL COURT		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 273) (D 273)	240.15	CHMMADV CT		1	DDOVIDED'S DI ANI OF CORRECTION		0.50
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	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
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 roomResident #5 had fallen out of her wheelchairResident #5 was bleeding from the right side of her faceThe MA called emergency medical services (EMS) for assistanceResident #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 fallResident #5's vital signs at 2:26pm were blood pressure 103/54, pulse 85, and respirations 18Resident #5's blood sugar was 164Resident #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	{D 273}	Continued From page	2 7	{D 273}			
-Resident #5's vital signs at 3:01pm were within normal limitsResident #5 had a CT scan of her head and a urinalysisThe cut over her right eye did not require repairResident #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		b. Review of Resident note dated 04/08/20 a-The note was entere (MA). -Resident #5 was hearesident #5 had fallatersident #5 was bleen her face. -The MA called emerging (EMS) for assistance. -Resident #5 was transfer emergency department was transfer emergency department. Review of the emerging record for Resident #5 vital signessure 103/54, pulsate -Resident #5 shood entered emergency emergency emergency emergency emergency emergency department. Review of the emerging record for Resident #5 vital signessure 103/54, pulsate -Resident #5 shood entered emergency emerg	t #5's electronic progress at 2:41pm revealed: d by a medication aide and screaming in her room. en out of her wheelchair. eding from the right side of gency medical services asported by EMS to the nt (ED). ency medical services (EMS) dated 04/08/20 revealed: acility at 2:26pm in response essed fall. gns at 2:26pm were blood se 85, and respirations 18. sugar was 164. at the emergency 55pm. ord for Resident #5 dated asported to the ED after gns at 3:01pm were within T scan of her head and a at eye did not require repair. charged from the ED with a ed head injury and urinary				

Division of Health Service Regulation

Review of Resident #5's electronic progress

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 610 MEADOWBROOK MALL COURT CLEMMONS CLEMMONS, NC 27012 PREDIX CLEMMONS, NC 27012 PREDX CLEMMONS, NC 27012 PREDX CLEMMONS, NC 27012 PREDX CROSS-REPERRINDED TO DEPOCIPACIONS PREDX LOCAL DEPOCRACIAN OF CLES CLEMINIFYMS INFORMATION) PREDX TAG TAG PREDX TAG TAG PREDX TAG TAG TAG TAG TAG TAG TAG TA	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER THE IVY AT CLEMMONS THE IVY AT CLEMMONS SUMMARY STATEMENT OF DEPICIENCIES FROM MEADOWRROOK MALL COURT CLEMMONS. NC 27012 PREFIX TAG RESULATION OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE THE IVY AT CLEMMONS CROSS-REFERENCED TO THE APPROPRIATE DATE THE IVY AT CLEMMONS CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFEREN							_
CALL PROPERTY CLEMMONS CLEMMONS N. C. 27012 CLEMMONS N. C.			HAL034150	B. WING		1	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY PULL RESOLATORY OR LSC IDENTIFYING INFORMATION) (D 273) Continued From page 8 noted dated 04/08/20 at 9.55pm revealed: -The note was entered by a MAResident #5 returned from the hospital on 04/08/20Resident #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 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 careThe PCP expected to kenotified by the facility about Resident #5's careThe PCP bad no knowledge of Resident #5's fall	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAN ID SUMMARY STATEMENT OF DEFICIENCIES ID PRETIX TAG CONTECTION C	THE IVY AT CLEMMONS			IALL COURT			
noted dated 04/08/20 at 9:55pm revealed: -The note was entered by a MAResident #5 returned from the hospital on 04/08/20Resident #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 careThe PCP had no knowledge of Resident #5's fall	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
Second telephone interview with the Lead Supervisor on 05/06/20 at 2:35pm revealed: -She did not review Resident #5's after visit	{D 273}	noted dated 04/08/20 -The note was entere -Resident #5 returned 04/08/20 -Resident #5 was diag infection (UTI)Resident #5 had an oftwo capsules two time treatment of a UTI. Telephone interview w PCP's office on 04/24 did not notify the PCF 04/08/20, ED visit, and Telephone interview w 04/28/20 at 12:20pm resident's family or posupposed to be called sent to the ED or adm Telephone interview w Services (DCS) on 02 the MA was supposed resident's family mem a resident went to the hospital. Telephone interview w from Resident #5's PO 1:55pm revealed: -The PCP expected to about Resident #5's co -The PCP had no know and subsequent ED w Second telephone int Supervisor on 05/06/2	at 9:55pm revealed: d by a MA. d from the hospital on gnosed with a urinary tract order for Keflex 250mg take es daily for 7 days for with a nurse at Resident #5's d/20 at 4:21pm revealed staff of Resident #5's fall on d/or UTI diagnosis. with the Lead Supervisor on revealed the PCP and the ower of attorney (POA) was d whenever a resident was nitted to the hospital. with the Director of Clinical d/28/20 at 3:17pm revealed d to notify the PCP and the ober or POA by phone when e ED or was admitted to the with the Clinical Director CP's office on 05/06/20 at obe notified by the facility care. whedge of Resident #5's fall disit on 04/08/20. erview with the Lead 20 at 2:35pm revealed:	{D 273}			

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DIVISION	n nealth Service Regu	ialion			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF D	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZID CODE	
TVAIVIL OF T	KOVIDER OR GOLT EIER		ADOWBROOK N	,	
THE IVY AT CLEMMONS		NS, NC 27012	IALL COOK!		
	OLUMANA DV OT		<u> </u>	DDOV/DEDIG DI ANI OF CODDECTION	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	
				DEFICIENCY)	
{D 273}	Continued From page	9	{D 273}		
	-The DCS was respon	nsible for reviewing			
	discharge summaries				
	-The DCS was respon	nsible for notifying Resident			
	#5's PCP when Resid	lent #5 was taken to the			
	hospital.				
	c Review of Resider	nt #5's electronic progress			
	note dated 04/21/20 a				
		d by a medication aide			
(MA).		,			
	-Resident #5 had trou	ıble swallowing her			
	medications during th	e 8:00pm medication			
	administration.				
		vater was collecting in the			
	back of her mouth an				
		h was "slightly off also."			
		ng to be monitored closely.			
		nentation Resident #5's			
	primary care provider	(PCP) was notified.			
	Review of Resident #5's electronic progress note				
	dated 04/22/20 at 6:2				
	-The note was entere				
		t 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 7:0				
	-It was entered by the	same MA who had written			
	the 6:27am note.				
	-Resident #5 was ser				
		:55am due to difficulty			
		on the right side of her face,			
	drooling, and speech				
		pressure was 115/99, pulse vere 22, and temperature			

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was 98.7°F.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S		
			^-		R	-C
		HAL034150	B. WING		1	07/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE		
THE IVY AT CLEMMONS 6010 MEA			DOWBROOK M	ALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 273}	Continued From page	e 10	{D 273}			
	-There was no docum was notified.	nentation Resident #5's PCP				
	record for Resident # -EMS arrived at the fato a call for stroke-like -The facility staff was Resident #5 was her -Resident #5's vitals siblood pressure was 1 respirations were 18, 97.2°FResident #5 blood su -Resident #5 arrived at Review of the ED rec 04/22/20 revealed: -Resident #5 was rep before 11:00pm on 04	unsure of the last time "normal" self. signs were taken at 6:57am; 43/66, pulse was 80, and temperature was ugar was 121. at the ED at 7:14am. ord for Resident #5 dated orted as last seen normal				
	was admitted to the harmonic management of the h	with a nurse at Resident #5's 1/20 at 4:21pm revealed: e PCP of Resident #5's n 04/21/20 or 04/22/20. e PCP of Resident #5's on. with the Lead Supervisor on revealed the PCP was d whenever a resident was				

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staff was supposed to notify the PCP when a

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Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
					05/07/2020
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT		
THE IVY A	T CLEMMONS		ADOWBROOK MA	ALL COURT	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 273}	Continued From page	e 11	{D 273}		
	resident went to the E hospital.	ED or was admitted to the			
	Telephone interview v 4:08pm revealed:	vith a MA on 04/30/20 at			
	-Resident #5 had a total of four pills to take on 04/21/20 at 8:00pmResident #5 kept sipping water while she was				
trying to swallow the medication on 04/21/20Resident #5 said she was trying to swallowThe MA told Resident #5, "I really need you to					
	swallow."	it #0, Treally fleed you to			
	-Resident #5 took "a	couple of minutes" to			
	swallow her medication				
	-Resident #5 was able	e to swallow the medication			
	after taking three sma				
	-The MA could hear the	ne water "gurgling" in			
	Resident #5's throat.	fina			
	-Resident #5 said she	e was line. ually perky," but that night			
	her speech was delayed and slowShe checked on Resident #5 three times before she left.				
		d 9:30pm, Resident #5 was			
resting with her eyes open and slowly said she was fineAt 10:00pm, Resident #5's eyes were closed and					
		nt #5's eyes were closed and			
		e MA did not speak with her			
	at that time.				
	•	erved that Resident #5 was			
	•	not speak with her at that			
	time.	about bar "			
	-"I was really worried -She could not remen				
		ond shift on 04/21/20 and			
		yone on second shift of her			
	concern about Reside				

-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

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Division	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDING:		COMPL	ETED	
					_	•
			B. WING		R-	
		HAL034150	B. WING		05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6010 MFA	DOWBROOK N	MALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
	OUR MAR DV OT		<u> </u>	550//550/551/44/05 0055557/01		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D 070)	0 " 15	10	(D 070)			
{D 273}	Continued From page	e 12	{D 273}			
	supervisor at the char	nge of shift.				
		visor said she would watch				
	Resident #5.					
	-She could not remen	nber who else was working				
	on 04/21/20.	3				
	-On 04/22/20, she wa	is told Resident #5 had been				
	transported to the hos					
	•	PCP if vital signs were "off,"				
	if a resident had alter					
		ication three times, or if she				
		having to send a resident				
	out for treatment.	g to come a rectación				
		toms of a stroke were				
		nouth, abnormal vital signs,				
	and slurred speech.	,				
	Telephone interview v	vith another MA on 05/01/20				
	at 7:25am revealed:					
	-On 04/21/20, the sec	cond shift MA reported she				
		PCP to get an order for				
	Resident #5 to have a	_				
	-She did not know if t	he second shift MA called				
	Resident #5's PCP.					
	-Resident #5 was asle	eep as normal when the MA				
	arrived for third shift of	on 04/21/20.				
	-The MA did the 3:00a	am rounds while the				
	personal care aide (P	CA) took a break.				
	-The PCA did all the	other rounds during the shift				
	and did not report any	ything out of the ordinary				
	related to Resident #5	5.				
	-She and the PCA wo	ke up Resident #5 at				
	6:00am.					
	-Resident #5 was tryi	ng to speak.				
	-Resident #5 had a ha	ard time taking her morning				
	medication.	-				
	-The right side of Res	sident #5's face was				
	drooping.					
		n Resident #5 and knew				
	something was wrong] .				
		nt #5's vital signs and called				

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
						_
			B. WING		R-(
		HAL034150	B. W(0		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		6010 MF	ADOWBROOK N	MALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
			110, 110 27012			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D. 070)	0 " 15	40	(D. 070)			
{D 273}	Continued From page	e 13	{D 273}			
	911 between 6:30-7:0	00am.				
		esident #5's PCP about this				
	matter.					
	-She left work at 7:30	am on 04/22/20.				
	Second telephone int	erview with the Director of				
		S) on 05/01/20 at 8:20am				
	revealed:	,				
	-She was the supervis	sor of the MAs.				
		ors outside a resident's				
	normal status would p	prompt a call to the PCP or				
	notice to the shift sup	ervisor.				
	-The shift supervisor	should have been notified of				
		in condition on 04/21/20.				
	-The DCS was not no	tified of the change in				
	Resident #5's condition	on.				
		with the Regional Director of				
	,	CS) on 05/01/20 at 11:55am				
	revealed:					
		ormed the shift supervisor				
		change in condition on				
	04/21/20.					
	•	te was responsible for				
	notifying the PCP.					
		hould have been informed				
		change in condition on				
	04/21/20.	hla ta ata# at all haven and				
		ble to staff at all hours and				
	had access to the fac -The RDCS had not b	• .				
		been informed of this				
	situation by staff.					
	Telephone interview	with a third MA on 05/01/20				
	at 12:11pm revealed:					
	-She worked on 04/2					
		the second shift supervisor.				
		er speaking with another MA				
	regarding Resident #					
		any report of Resident #5 not				
	-One did not receive a	any report or resident #3 110t	1			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N	MALL COURT	
			NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
{D 273}	Continued From page	e 14	{D 273}		
	being herself on 04/2	1/20.			
	-She found out a cou				
	Resident #5 was sent	t to the ED.			
	Telephone interview v	vith a representative from			
		tment of a rehabilitation			
	_	5:05pm revealed Resident			
		e rehabilitation facility on			
	04/25/20 with a diagn	osis of stroke.			
	Interview with the Clir	nical Director from Resident			
	#5's PCP's office on (05/06/20 at 1:55pm			
	revealed:	a expected the facility to			
	contact him about Re	e expected the facility to sident #5's change in			
	condition on 04/21/20	-			
		e expected the facility to			
	contact him about Re	•			
	condition on 04/22/20 hospitalization.	and subsequent			
		ould provide information			
		ve outcome resulting from			
		esident #5 examined when			
	symptoms were initial	lly observed on 04/21/20.			
	•	nsure referral and follow-up			
		ry care provider (PCP) for a			
	_	nt out in a timely manner and symptoms of stroke,			
	falls with a head injury				
	contact with the PCP	regarding not receiving an			
		a urinary tract infection .			
		n significant harm and resident which constitutes a			
	Type Unabated A1 Vi				
	The facility provided a	_ a plan of protection in			
		. 131D-34 on April 28, 2020			
		n of protection on May 05,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AIND LEWIN (SI CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMILETED	
		HAL034150	B. WING		R-C 05/07/202 0	,
			1		05/07/2020	,
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT		
			NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COM	(5) PLETE ATE
{D 273}	Continued From page	e 15	{D 273}			
	2020 for this violation					
	2020 IOI tilis violation	•				
{D 358}	3} 10A NCAC 13F .1004(a) Medication Administration		{D 358}			
	(a) An adult care hor preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met FOLLOW-UP TO A T	-				
	Non-compliance cont severity resulting in d abuse, neglect or exp	eath, serious physical harm,				
	THIS IS A TYPE A1 V	IOLATION				
	facility failed to admin ordered for 7 of 7 resi errors with an antibiod medication to treat ga disease (GERD) (#5) acting insulin for lower medications to treat n medication to lower c medications, and one (#6); an eye drop to the medication to treat sto (#4); 2 medications to	idents sampled, including tic, an antidepressant, and a stroesophageal reflux; a long acting and a short tring elevated blood sugar, 3 mental health disorders, a holesterol, 2 blood pressure medication to treat diabetes treat glaucoma and a comach ulcers/esophagitis				

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health disorders, a medication to treat blood flow

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT	
040.15	SLIMMADV ST	ATEMENT OF DEFICIENCIES	NS, NC 27012	PROVIDER'S PLAN OF CORRECTION	d (vc)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 16	{D 358}		
	medications to treat in medication to treat in supplements to treat inhaler to treat asthm	ication to treat pain (#7); 3 nental health disorders, a somnia, a stool softener, 2 a vitamin deficiency, an a, and a cream to treat edication to treat mental			
	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.				
	summary dated 03/28 -Resident #5 was hos 03/26/20-03/28/20 rel 03/25/20Resident #5 was dia- infection (UTI)The medication list ir start taking Keflex 50 hours for 7 days start	spitalized from lated to a fall sustained on gnosed with a urinary tract landicated Resident #5 was to long (an antibiotic) every 12 long on 03/29/20.			
	with the administration medication administration March 2020 revealed Keflex 500mg every 1 started on 03/29/20. Review of Resident #	5's electronically generated n documented by hand ation record (MAR) for there was no entry for 12 hours for 7 days to be 5's electronic medication (eMAR) for March 2020			
		o entry for Keflex 500mg			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT	
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	NS, NC 27012	PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 17	{D 358}		
	03/29/20.				
	revealed there was no	5's eMAR for April 2020 o entry for Keflex 500mg days that had been ordered			
	note dated 03/29/20 r -A first shift medication hospital to get a hard Keflex orderThe name of the phy #5 at the hospital was after visit summary.	5's handwritten progress revealed: on aide (MA) contacted the copy of Resident #5's rsician who treated Resident is not listed on the hospital			
	Review of Resident # note dated 03/31/20 r voicemail for the nurs				
	note dated 04/02/20 r	5's handwritten progress revealed the MA "tried to else" at the hospital but was an order.			
	Resident #5's pharma	with a representative from acy on 04/27/20 at 4:56pm by did not receive an order at #5 during the month of			
	the facility's contracted 5:20pm revealed: -The pharmacy did not for Resident #5 during	with a representative from and pharmacy on 04/27/20 at out receive an order for Keflex g the month of March 2020.			

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another pharmacy.

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:			COMPL	ETED
						0
			B. WING			-C
		HAL034150	B: Wiito		05/0	07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		6010 MEA	DOWBROOK N	MALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
240.15	CLIMMADV CT		<u> </u>	DROVIDER'S DLAN OF CORREC	TION	0/5
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR		DATE
				DEFICIENCY)		
(D 250)	Cantinuad Francisco	- 10	{D 358}			
{D 358}	Continued From page	2 18	{D 336}			
	Telephone interview v	vith the Lead Supervisor on				
	04/28/20 at 12:20pm	revealed she did not know				
	•	Resident #5's Keflex order				
	from 03/28/20.					
	Telephone interview v	vith the Director of Clinical				
	Services (DCS) on 04	1/28/20 at 3:17pm revealed				
	the MA had tried to ge	et in touch with the hospital				
		s family member to get				
		flex order from 03/28/20.				
	Telephone interview v	vith a MA on 04/30/20 at				
	10:30am revealed:					
	-She did not see a pa	per prescription among				
	Resident #5's after vis	sit summary from 03/28/20.				
	-She tried to contact F	Resident #5's family				
	member on 03/29/20,	but was unsuccessful.				
	-She called the hospit	tal on 03/29/20, 03/31/20,				
	and 04/01/20 to find o	out the name of the				
	physician who wrote t	the Keflex order for Resident				
	#5.					
	-She never received a	a call from the nurse at the				
	hospital.					
	-She did not call Resi	dent #5's primary care				
	provider (PCP).					
	-On an unknown date	e, she told the Lead				
	Supervisor and the D	CS about this situation.				
	-She did not follow-up	on this matter after				
	informing the Lead Su	upervisor and the DCS.				
	•	erview with the DCS on				
	05/01/20 at 8:20am re					
	-The hospital normally					
	prescription with the a	<u> </u>				
	-On an unknown date	e, the MA told her there was				
	not an order for Kefle	x in the after visit summary				
	packet.					
	-She instructed the M	Δ to call the hospital to get				

Division of Health Service Regulation

information about the Keflex order.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
					R-0	n.
		HAL034150	B. WING		1	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	AT CLEMMONS	6010 MEA	DOWBROOK N	IALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 19	{D 358}			
	situationShe did not follow-up Keflex orderIt was the MA's response Keflex orderHer expectation was been faxed by staff to Second telephone int Supervisor on 05/04/2-Resident #5's family get the order from the -She did not know ab the 03/28/20 Keflex of Telephone interview was from Resident #5's P0 1:55pm revealed the	erview with the Lead 20 at 2:44pm revealed: member was supposed to a hospital. out the difficulty in getting				
	-Resident #5 was transustaining a fallResident #5 was diaginfection (UTI)An order for Keflex 2 two capsules (500mg treatment of a UTI. Review of Resident # administration record revealed: -There was an entry f capsules (500mg) twi on 04/08/20 schedules	t #5's emergency ord dated 04/08/20 revealed: resported to the ED after gnosed with a urinary tract 50mg (an antibiotic) take) twice daily for 7 days for 5's electronic medication (eMAR) for April 2020 for Keflex 250mg take two ce daily for 7 days starting and at 8:00am and 8:00pm.				

Division of Health Service Regulation

were blacked out on the eMAR.

STATE FORM 6899 69Q012 If continuation sheet 20 of 145

DIVISION	n nealth Service Negu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B WING		R-C
		HAL034150	B. WING		05/07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE	
			DOWBROOK N		
THE IVY A	T CLEMMONS		NS, NC 27012	MALL GOOK!	
			13, NC 27012		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	
IAG			IAG	DEFICIENCY)	
{D 358}	Continued From page	e 20	{D 358}		
	-There was no docum	nentation Keflex 250mg had			
	been administered on	n 04/08/20.			
	-The first dose of Kefl	ex 250mg two capsules			
	(500mg) twice a day v				
	administered at 7:41p				
	-	ex 250mg two capsules			
		was administered at 8:21am			
	on 04/14/19.				
		psules (500mg) twice a day			
		ed 10 of 14 opportunities and			
	had been refused 1 o	• •			
	nad been relased 1 o	т тә орропаниез.			
	Review of Resident #	5's electronic progress			
	notes revealed:	5 5 5.55 m 5 m 5 p 5 g 5 5 5 5			
		dated 04/08/20 at 9:55pm			
	_	5 had a new order for Keflex			
	•	ules twice a day for 7 days.			
	_	dated 04/09/20 at 11:56am			
	-	or Keflex was refaxed to			
	•	acy and would need to be			
	picked up by Residen				
		dated 04/09/20 at 10:24pm			
	_				
	two capsules twice a	5 started Keflex 250mg take			
	-	day for 7 days. dated 04/11/20 at 10:56am			
	•				
	indicating Resident #5 Keflex dose.	o retused tier morning			
		atrice detect from			
	-There were seven er				
	04/11/20-04/17/20 inc				
		dated 04/20/20 at 10:04pm			
	indicating Resident #				
	Keflex, but refused he	•			
		es dated 04/21/20 indicating			
	Resident #5 continue	a to receive Keflex.			
	Tolophono interdesses	with a pharmaniat fram-			
		vith a pharmacist from			
	-	acy on 04/24/20 at 1:39pm			
	revealed:		1		

Division of Health Service Regulation

-The order for Keflex 250mg take two capsules

STATE FORM 6899 69Q012 If continuation sheet 21 of 145

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVAND PLAN OF CORRECTION IDENTIFICATION NUMBER: A RUM DATE OF COMPLETE						
7412 1 2741	or contraction	BEITTI 10/11/01/11/01/01/01/01/01/01/01/01/01/0	A. BUILDING:		00	
		HAL034150	B. WING			R-C 5/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE DOLD	- 0	6010 ME	ADOWBROOK MA	LL COURT		
THE IVY A	AT CLEMMONS	CLEMMO	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	21	{D 358}			
	pharmacy by the hos -On 04/09/20, 28 Kefl dispensed by the pha -Keflex was eliminate	ex 250mg capsules were				
	04/28/20 at 12:20pm -The April 2020 eMAF administered Keflex 2 twice a day from 04/0 -She did not know wh had documented adm	R indicated Resident #5 was 250mg 2 capsules (500mg)				
	Clinical Services (RD revealed: -She did not know whether progress notes the beyond the time the continuedThe MAs may have the days Resident #5	with the Regional Director of CS) on 04/29/20 at 4:23pm by the MAs documented in the administration of Keflex order should have been trying to make up for had refused the medication.				
	10:30am revealed: -She did not know whout on the April 2020 -Resident #5's Keflex the 8:00pm dose on 0-Resident #5 was still capsules (500mg) twi-She did not notice mpassed since Resider the Keflex.	was first administered with				

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 22 of 145

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SU COMPLE	
			756.2516		R-0	C
		HAL034150	B. WING		1	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK M NS, NC 27012	ALL COURT		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	22	{D 358}			
{D 358}	continued to be admiristration. -Resident #5 may have 250mg capsule at a transfer of the could not know who and been administered. Telephone interview who capsules to Resident -She administered two capsules to Resident -She did not know who and showing all the day had been administered to the could not explain Keflex 250mg capsules Resident #5's medical administration. -Resident #5's medical administration. -Resident #5 should have the Keflex as ordered -She could not rement Lead Supervisor or the Services (DCS) that the longer than seven day -She remembered give capsule during the 8:00 administration on 04/2. Telephone interview who seems to could not tell hothe Keflex because of the could not tell hother the could not tell ho	nistered after seven days. eflex 250mg capsules sident #5's medication ration. We received one Keflex me instead of two capsules with a second MA on evealed: o Keflex 250mg (500mg) #5 as ordered. by the April 2020 eMAR was ates Resident #5's Keflex ed. MAR, it looked like Resident ax for 5½ days and not seven m why there were seven es remaining among tion available for mave been administered all mber if anyone informed the me Director of Clinical he Keflex was administered dys. wing Resident #5 one Keflex 200pm medication	{D 358}			
		e MAs were administering nd the MAs never reported				

Division of Health Service Regulation

anything to her regarding the administration of the

STATE FORM 6899 69Q012 If continuation sheet 23 of 145

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74101 2741	or contraction	IDEITH IO/HIOH HOMBER.	A. BUILDING: _			
		HAL034150	B. WING		R-0 05/07	7/ 2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N IS, NC 27012	MALL COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 23	{D 358}			
	Keflex.					
	from Resident #5's proffice on 05/01/20 at administration of Kefle (500mg) twice a day to gone beyond seven descend telephone into	ex 250mg take two capsules for 7 days should not have				
	knowledge of Resider	•				
	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.					
	with the administratio medication administra	5's electronically generated n documented by hand ation record (MAR) for there was no entry for ily.				
	administration record revealed: -There was an entry f 8:00amThere was no docum daily had been admin March 2020There was no docum Escitalopram 5mg haduring the month of March 2020.					
		with a medication aide (MA) am regarding Resident #5's				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
A. BOILDING.	R-C
HAL034150 B. WING	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 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
medication revealed: -There were 57 Escitalopram 5mg tablets available for administrationThere was one bottle of 27 tablets of Escitalopram 5mg with a label indicating 30 tablets were dispensed on 03/24/20There was a second bottle of 30 tablets of Escitalopram 5mg with a label indicating 30 tablets were dispensed on 04/21/20There 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 2020The 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 eMARShe did not know if the previous RCD had reviewed the March 2020 eMARThe eMAR system had glitches and was not consistently recording the administration of medicationShe was not informed by the MAs that there were any problems administering Resident #5's EscitalopramIt looked like Resident #5's Escitalopram 5mg had not been administered in March 2020.	

Division of Health Service Regulation

Based on the interview with a MA related to

STATE FORM 6899 69Q012 If continuation sheet 25 of 145

DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	IED
						_
		HAI 024450	B. WING		R-(
		HAL034150			05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6010 MF	DOWBROOK N	MALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
	OUR MAR DV OT		<u> </u>	550 VIDEDIO DI AN OS CODDECTION	. 1	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D 350)	0	- 05	(D 350)			
{D 358}	Continued From page	25	{D 358}			
	Resident #5's Escitale	opram 5mg available for				
	administration and re-	cord reviews for March 2020				
	and April 2020:					
	•	een 30 Escitalopram 5mg				
		dministration; fifty-seven				
	tablets were available	· •				
	-Escitalopram could r	not have been administered				
	as documented.					
	ao ao camonica.					
	d. Review of Residen	t #5's current FL-2 dated				
	02/14/20 revealed the					
	Pantoprazole 40mg (
		lux disease [GERD]) twice a				
		iux disease [GEND]) twice a				
	day.					
	Paview of Pacident #	5's electronically generated				
		n documented by hand				
		ation record (MAR) for				
		there was no entry for				
		-				
	Pantoprazole 40mg tv	wice a day.				
	Pavious of Pacidont #	5's electronic medication				
		(eMAR) for March 2020				
	revealed:	ior Dontonrozolo 40mm tuine				
	,	for Pantoprazole 40mg twice				
	a day scheduled at 6:	•				
		nentation Pantoprazole had				
		uring the month of March				
	2020.					
		nentation indicating a reason				
		t been administered during				
	the month of March 2	020.				
		EL MAD (A "OCCO				
		5's eMAR for April 2020				
	revealed:					
	-	or Pantoprazole 40mg twice				
	a day scheduled at 6:					
	-There was documen	tation Pantoprazole had				
	been administered 34	of 43 opportunities				

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between 04/01/20-04/22/20.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION			A. BUILDING: _			
		HAL034150	B. WING		R- 05/0	.C 17/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK M	IALL COURT		
			NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 26	{D 358}			
	been refused 3 of 43 04/01/20-04/22/20There were six blank on the eMAR from 04 04/14/20There was no inform indicating the reason Pantoprazole was no 04/03/20-04/07/20 and Telephone interview would be tablets of Pantoprazole tablets were dispensed there was one bottle of tablets were dispensed to the tablets of Pantoprazole tablets of Pantoprazole tablets were dispensed to the tablets of Pantoprazole table	the 6:00am dose of t administered from and on 04/14/20. with a medication aide on regarding Resident #5's containing approximately 60 alle with a label indicating 60				
	3:17pm revealed: -She could not verify was administered as -The MAs did not info	Resident #5's Pantoprazole ordered in March 2020. orm her of the extra available for administration.				
	05/01/20 at 8:20am re- The previous Reside supposed to review the She was unsure if the reviewed the March 2 -The eMAR system h	ent Care Director (RCD) was he March 2020 MARs. e previous RCD had				

Division of Health Service Regulation

medication.

STATE FORM 6899 69Q012 If continuation sheet 27 of 145

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT	
			NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	27	{D 358}		
(E 333)	-She was not informe were any problems as Pantoprazole during tand from 04/03/20-04-1t looked like Resider been administered in 04/03/20-04/07/20, ar Based on the intervier Resident #5's Pantop administration and reand April 2020: -There should have bablets available for a 60 tablets were availary-Pantoprazole could ras documented. e. Review of Resident 02/14/20 revealed the Amlodipine 10mg (use pressure) daily. Review of Resident # with the administration medication administration medication administration medication administration medication revealed the 2020 revealed	d by the MAs that there dministering Resident #5's he month of March 2020, /07/20, and on 04/14/20. In t#5's Pantoprazole had not March 2020, and from and on 04/14/20. W with a MA related to razole 40mg available for cord reviews for March 2020 een 33 Pantoprazole 40mg dministration; approximately able to be administered. In the administered ere was an order for ed to treat high blood 5's electronically generated in documented by hand ation record (MAR) for			
	8:00am.	tation Amlodipine 10mg had			
	been administered 31				
		2020 (date not specified) vealed Resident #5's blood			
		nic progress notes for there was an entry dated adicating Resident #5's			

Division of Health Service Regulation

blood pressure was 142/72.

STATE FORM 6899 69Q012 If continuation sheet 28 of 145

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURV	
HAL034150		B. WING		R-C 05/07/2	2020	
	ROVIDER OR SUPPLIER	6010 MEA	DRESS, CITY, STA Dowbrook N NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	28	{D 358}			
	revealed: -There was an entry f 8:00amThere was documen been administered 15 04/01/20-04/21/20There was documen been refused 3 of 21 04/01/20-04/21/20There was no docum opportunities from 04 Review of the April 20 blood pressure log re pressure was 144/84. Review of the electro Resident #5 revealed -There was an entry of indicating Resident #3 167/86There was an entry of indicating Resident #3 146/68. Telephone interview wo 04/27/20 at 10:32am medication revealed: -There was one bottle 26 tablets of Amlodipi indicating 30 tablets wo -There was a second approximately 30 tablets wo -There was a second approximately 30 tablets wo -There was a second	nentation for 3 of 21 //01/20-04/21/20. D20 (date not specified) vealed Resident #5's blood nic progress notes for : dated 04/08/20 at 9:55pm 5's blood pressure was dated 04/11/20 at 10:56am 5's blood pressure was with a medication aide on regarding Resident #5's nately 56 Amlodipine 10mg dministration. e containing approximately ine 10mg with a label were dispensed on 03/03/20.				

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STATE FORM 6899 69Q012 If continuation sheet 29 of 145

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		, 23i25ii13		R-C	
HAL034150		B. WING		05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
THE IVY AT CLEMMONS		ADOWBROOK N ONS, NC 27012	IALL COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	29	{D 358}		
	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.				
	02/14/20 revealed the	sed to treat high blood			
	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.				
	blood pressure log repressure was 131/65. Review of the electron Resident #5 revealed	2020 (date not specified) vealed Resident #5's blood nic progress notes for there was an entry dated ndicating Resident #5's			

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STATE FORM 6899 69Q012 If continuation sheet 30 of 145

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
						_
		1101 004450	B. WING		R-	
		HAL034150	B: Wilto		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6010 ME	DOWBROOK N	MALL COURT		
THE IVY AT CLEMMONS		NS, NC 27012				
			<u> </u>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D, 050)	0 " 15	0.0	(5.050)			
{D 358}	Continued From page	÷ 30	{D 358}			
	Review of Resident #	5's eMAR for April 2020				
	from 04/01/20-04/22/2	•				
		or Hydralazine 25mg three				
	1	d at 6:00am, 2:00pm, and				
	10:00pm.	,				
		tation Hydralazine had been				
	administered 59 of 64					
	04/01/20-04/22/20.					
		tation Hydralazine had not				
		administered on 04/20/20 at				
		ident #5 was hospitalized.				
	-There was no docum	•				
	opportunities from 04					
		tation Hydralazine had been				
	refused 3 of 64 oppor					
	04/01/20-04/22/20.					
	Review of the April 20	020 (date not specified)				
		vealed Resident #5's blood				
	pressure was 144/84.					
	<u>'</u>					
	Review of the electron	nic progress notes for				
	Resident #5 revealed					
		dated 04/08/20 at 9:55pm				
	_	5's blood pressure was				
	167/86.	·				
	-There was an entry of	dated 04/11/20 at 10:56am				
	_	5's blood pressure was				
	146/68.	•				
	Telephone interview v	vith a medication aide on				
	04/27/20 at 10:32am	regarding Resident #5's				
	medication revealed:					
	-There were approxin	nately 180 Hydralazine				
	25mg tablets on hand					
	-There was one bottle	containing approximately				
		zine 25mg with a label				
		vere dispensed on 03/24/20.				
	-There was a second					
		ets of Hydralazine 25mg				

STATE FORM 6899 69Q012 If continuation sheet 31 of 145

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		, ,	E SURVEY PLETED	
			A. BUILDING:			
		HAL034150	B. WING		l l	R-C 5 /07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE NAV	T CI EMMONE	6010 ME	ADOWBROOK MA	LL COURT		
INEIVIA	AT CLEMMONS	CLEMMO	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 31	{D 358}			
	with a label indicating on 04/21/20.	90 tablets were dispensed				
	Resident #5's pharma and 04/30/20 at 11:19 90 tablets of Hydralaz	with a representative from acy on 04/29/20 at 17:33pm Dam revealed one bottle of zine 25mg was dispensed on and 04/21/20.				
	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 administeredHydralazine could not have been administered as documented.					
	02/14/20 revealed the	t #5's current FL-2 dated ere was an order for sed to improve cholesterol				
	with the administration medication administration March 2020 revealed -There was an entry following scheduled at -There was documen	or Atorvastatin 80mg at				
	from 04/01/20-04/22/2 -There was an entry f bedtime scheduled at	or Atorvastatin 80mg at : 8:00pm. tation Atorvastatin had been				

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 32 of 145

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF D	ROVIDER OR SUPPLIER	ΣΤΡΕΕΤ ΛΓ	DRESS, CITY, STA	TE ZIR CODE	,
NAIVIE OF F	ROVIDER OR SUFFLIER		ADOWBROOK N		
THE IVY A	T CLEMMONS		NS, NC 27012	IALL COORT	
	OUR MADY OF		<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 32	{D 358}		
	04/01/20-04/20/20.				
		tation Atorvastatin had been			
	refused 3 of 20 oppor 04/01/20-04/20/20.	tunities from			
	-There was documen	tation Atorvastatin had not			
		n 04/08/20 because Resident			
	#5 was away from the	e facility.			
	Telephone interview v	with a medication aide on			
	I	regarding Resident #5's			
	medication revealed:				
	-There were 97 Atorv	astatin 80mg tablets on			
	hand for administration	on.			
	-There was one bottle	e containing 21 tablets of			
	_	th a label indicating 30			
	tablets were dispense				
		bottle containing 16 tablets			
		with a label indicating 30			
	tablets were dispense				
	-There was a third bo	ollets with a label indicating			
	30 tablets were dispe				
	-There was a fourth b				
		olets with a label indicating			
	30 tablets were dispe				
	D				
		w with a MA related to			
		statin 80mg available for cord reviews for March 2020			
	and April 2020:	cord reviews for March 2020			
		een 6 Atorvastatin 80mg			
		dministration; ninety-seven			
	tablets were available				
		ot have been administered			
	as documented.				
	h. Review of Residen	t #5's current FL-2 dated			
	02/14/20 revealed the				
		at muscle spasms) 10mg			

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twice a day.

STATE FORM 6899 69Q012 If continuation sheet 33 of 145

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SUF	
,	,	.52	A. BUILDING: _		00 22	
		HAL034150	B. WING		R-C 05/07 /	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	·	
THE IVY A	AT CLEMMONS	6010 MEA	DOWBROOK M	MALL COURT		
		CLEMMON	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page	≥ 33	{D 358}			
	with the administration medication administration medication administration medication administration medication administration medication administration administered at 8:00 -Baclofen 10mg had administered 62 of 62 Review of Resident # revealed:	for Baclofen 10mg twice a 0am and 8:00pm. been documented as				
	day scheduled at 8:00 -There was document administered 32 of 41 04/01/20-04/21/20There was document refused 4 of 41 oppor	0am and 8:00pm. tation Baclofen had been I opportunities from tation Baclofen had been				
	04/27/20 at 10:32am medication revealed: -There were approxin tablets on hand for ac-There was one bottle 40 Baclofen 10mg tablets were disperate was a second approximately 20 Baclabel indicating 60 table 101/21/20There was a third bo	nately 180 Baclofen 10mg dministration. e containing approximately blets with a label indicating ensed on 12/23/19. bottle containing clofen 10mg tablets with a blets were dispensed on				

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STATE FORM 6899 69Q012 If continuation sheet 34 of 145

DIVISION	of Health Service Regu	lation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	IRVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			D WING		R-C	
		HAL034150	B. WING		05/07	//2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE ZIP CODE		
TO THE OT T	NOVIBER OR GOLF EIER					
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NATE	BATE
			+	,		
{D 358}	Continued From page	e 34	{D 358}			
	lahel indicating 60 tah	olets were dispensed on				
	02/24/20.	nets were dispensed on				
	-There was a fourth b	pottle containing				
		clofen 10mg tablets with a				
		plets were dispensed on				
		blets were dispensed on				
	03/24/20.					
	Dood on the intension	w with a MA related to				
	Resident #5's Baclofe					
		cord reviews for March 2020				
	and April 2020:	4.5.4.6.40				
	-There should have b					
		dministration; one hundred				
		vailable to be administered.				
		ave been administered as				
	documented.					
		1				
		ews and interviews, it was				
	determined Resident	#5 was unable to be				
	interviewed.					
	Interview with a medi	cation aide (MA) on				
	04/27/20 at 10:32am					
		ny Resident #5 had extra				
	medication available					
		tly refused her medication. use the facility's contracted				
		use the facility's contracted				
	pharmacy.					
		cal Services (DCS) would				
	-	d about the medication on				
	hand.					
	Tolonbone internie	with a representative frame				
		with a representative from				
	-	acy on 04/27/20 at 11:38am				
	revealed:					
	-Staff from the facility					
		dent #5's excess medication				
	available for administ					
		going to continue to dispense				
	Resident's #5's medic	cation until notified by the				

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 35 of 145

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 23i25ii13		R-C	
HAL034150		B. WING		05/07/202	0	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N NS, NC 27012	IALL COURT		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	1	VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	X5) IPLETE ATE
{D 358}	Continued From page	35	{D 358}			
	facility.					
	04/28/20 at 12:20pm	vith the Lead Supervisor on revealed: medication carts twice a				
	-She last audited the 2020.	medication carts in mid-April				
	-She could not remen audited the medicatio #5's medication.	nber the last time she n 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 auditsShe could not recall the last time she audited the medication cart containing Resident #5's medicationThe MAs did not inform her of Resident #5's excess medication available for administrationIt was the supervisor's responsibility to return excess medication to the pharmacyShe did not know if the pharmacy had been notified about the extra medication available for administration.					
	Resident #5's primary					
	•	e interview with a pharmacy cility's contracted pharmacy n.				
	Refer to the telephone aide (MA) on 04/29/20	e interview with a medication 0 at 2:35pm.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AN	DRESS, CITY, STA	TE ZIP CODE	
NAME OF T	NOVIDEN ON GOL LEEN		DOWBROOK N		
THE IVY A	T CLEMMONS		IS, NC 27012	IALL COOK!	
	OUR MAR DV OT			DDOVIDEDIO DI AMOS CODDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 36	{D 358}		
	Refer to the telephone MA on 04/29/20 at 5:0	e interview with a second 03pm.			
	Refer to the telephone on 04/30/20 at 4:53pr	e interview with a third MA n.			
	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 Administrator on 04/2				
	Review of Resident #6's current FL-2 dated 02/14/20 revealed diagnoses included diabetes mellitus type 2 and schizophrenic disorder.				
	02/14/20 revealed an acting insulin used to	nt #6's current FL-2 dated order for Lantus (a long treat elevated blood sugar s subcutaneously (SQ) twice			
	Medication Administrative revealed: -There was an entry funits twice daily scheed: 6:30am and 4:30pm, and a change of scheed	for Lantus insulin inject 44 duled for administration at from 03/12/20 to 03/27/20 duled administration time to 0 to 03/31/20 and 4:00pm			

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-Lantus insulin was not documented as

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 20122		R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N NS, NC 27012	IALL COURT		
(V4) ID	OUR MADE OF STATEMENT OF DEFICIENCIES		<u> </u>	PROVIDER'S PLAN OF CORRECTION	V (YE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 37	{D 358}			
{D 330}	administered on 10 of 03/15/20 to 03/21/20, 03/26/20; and 4 oppo 03/15/20, 03/17/20, 0 no explanation for whadministered. Review of Resident # order revealed an order Lantus insulin to 50 under the revealed: -There was an entry funits twice daily with stimes of 6:00am and 04/07/20. -There was an entry for the revealed the rev	pportunities at 6:30am from 03/24/20, 03/25/20, and rtunities at 4:30pm including 3/19/20 and 03/24/20 with y the medication was not 6's subsequent physician's ler dated 04/07/20 changing nits every morning. 6's April 2020 eMAR for Lantus insulin inject 44 scheduled administration 4:00pm from 04/01/20 to	{D 330}			
	units SQ once daily in the morning beginning 04/08/20 and scheduled for administration at 6:30amLantus 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.					
	facility's contracted pl 3:30pm revealed: -Nine Lantus Solostar (mls) each] were disp 02/09/20. -One Lantus Solostar dispensed on 04/03/2 -One 10mls vial of La on 04/08/20.	vith a pharmacist with the narmacy on 04/27/20 at reprefilled pens [3 milliliters ensed for Resident #6 on prefilled pen (3mls) was 0 and 04/04/20. Intus insulin was dispensed vith a medication aide (MA)				
	on 04/28/20 at 8:39ar	m regarding Resident #6's evealed there was a partial				

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Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			-		
			D WING		R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE	
			, ,	,	
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT	
		CLEMMC	NS, NC 27012		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGOLATORY ORT	100 IDENTIFY TING IN CRIMATION	TAG	DEFICIENCY)	WATE
			+		
{D 358}	Continued From page	2 38	{D 358}		
	10 ml vial of Lantus d	ispensed on 04/08/20			
	available to be admin	•			
	avaliable to be autilit	istered.			
	Talanhana intanjawy	with Decident #6's			
	Telephone interview v				
	revealed:	(PA) on 04/21/20 at 4:40pm			
		otick blood current (FCDC)			
	_	stick blood sugars (FSBS)			
	had been running hig -She did not think Re				
	receiving her insulin a	as ordered when she 's medication administration			
		s medication administration			
	records.	alood augara aquid roquit in			
		blood sugars could result in			
		s in the eyes, damage to the			
	kidneys, and increase	ed risk for heart problems.			
	Talanhana intanjawy	with Booidant #6 on 04/20/20			
	I	with Resident #6 on 04/29/20			
	at 1:49pm revealed:	NDC 0 times a day.			
	-Staff checked her FS	-			
		ring her insulin as best she			
	could remember.				
	h Daview of Decides	t #61			
		t #6's current FL-2 dated			
		physician's order to check			
	-	ar (FSBS) twice daily before			
		and inject Novolog insulin			
	, ,	used to lower elevated			
		subcutaneously (SQ) for			
		an additional 8 units for			
	FSBS over 400.				
	Povious of Desiders #	6'a Marah 2020 alaat			
		6's March 2020 electronic			
	Medication Administra	ation Record (eMAR)			
	revealed:	a abada FODO tada a dada			
	_	o check FSBS twice daily			
		supper on the eMAR.			
	_	o inject Novolog insulin 12			
		er 250, give an additional 8			
		00 listed on the eMAR.			
	-There was no docum	nentation for Novolog insulin			

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Division of	<u>of Health Service Regu</u>	lation				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		CONSTRUCTION	(X3) DATE S COMPLI			
			A. BOILBING.			<u> </u>
		HAL034150	B. WING		R- 05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
THE NOVA	T OLEMNONO	6010 ME	ADOWBROOK N	MALL COURT		
THE IVY A	AT CLEMMONS	CLEMMO	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	⇒ 39	{D 358}			
	administration on the	eMAR.				
	values in March 2020 Clinical Services (DC- revealed: -There were 11 FSBS to 03/31/20 at 4:47pm -FSBS values greater recorded for 7 of 11 o Examples of FSBS va 400 for March 2020 ir -On 03/26/20 at 4:48p of Novolog should ha Novolog was docume -On 03/27/20 at 4:28p of Novolog should ha Novolog was docume -On 03/31/20 at 4:47p of Novolog should ha	r than 250 or 400 were opportunities. alues greater than 250 or				
	supper was not listed -Inject Novolog insulir 250, give an additiona was not listed on the 04/21/20.	laily before breakfast and on the eMAR. n 12 units SQ for FSBS over al 8 units for FSBS over 400 eMAR from 04/01/20 to				
	administration on the	nentation for Novolog insulin eMAR.				
	values in April 2020 p 04/24/20 at 2:21pm re -FSBS values were do 04/21/20 at 6:03am. -FSBS values were do	66's documentation for FSBS provided by the DCS on evealed: locumented from 04/01/20 to commented once daily with missing documentations.				

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DIVISION	of Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
						_
			B. WING		R-	
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK M	ALL COURT		
		СLЕММО	NS, NC 27012			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI IOIEI(OT)		
{D 358}	Continued From page	40	{D 358}			
(=)	Continuou i rom page	, 10	(= 333)			
	-There were 22 FSBS	out of 44 opportunities				
	documented from 04/	01/20 to 04/21/20 at 6:03am				
	(22 FSBS values wer	e missina).				
		than 250 or 400 were				
	recorded for 13 of the					
		alues greater than 250 or				
	400 for 04/01/20 to 04					
		om, FSBS was 514; 20 units				
		ve been administered. No				
	_	ented as administered.				
		om, FSBS was 373; 12 units				
	_	ve been administered. No				
	_	nted as administered.				
	-On 04/07/20 at 5:09p	om, FSBS was 468; 20 units				
	of Novolog should ha	ve been administered. No				
	Novolog was docume	nted as administered.				
	-On 04/15/20 at 5:58a	am, FSBS was 322; 12 units				
	of Novolog should ha	ve been administered. No				
	•	ented as administered.				
	Review of Resident #	6's physician's order dated				
		order for Novolog insulin				
		BS greater than 250 and an				
		SBS greater than 400.				
	Di	Ol- d				
		6's documentation for FSBS				
		e DCS on 04/24/20 at				
	2:21pm revealed:					
		ocumented from 04/21/20 to				
	04/24/20 at 12:35pm.					
	-There were 2 FSBS					
	documented from 04/	21/20 to 04/24/20 at 8:44am				
	(2 FSBS values were	missing).				
		than 250 or 400 were				
	recorded for 3 of the					
		values greater than 250 or				
	•	•				
		04/24/20 were as follows: om, FSBS was 283; 16 units				

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of Novolog should have been administered. No Novolog was documented as administered.

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DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_B	<u></u>
		HAL034150	B. WING		R-	
		HAL034150			05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE DO(4	T 01 FMM0N0	6010 ME <i>A</i>	DOWBROOK I	MALL COURT		
THE IVY	T CLEMMONS	CLEMMO	NS, NC 27012			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
{D 358}	Continued From page	e 41	{D 358}			
	-On 04/23/20 at 4:18p	om, FSBS was 323; 16 units				
	of Novolog should ha	ve been administered. No				
	Novolog was docume	ented as administered.				
		norning medication aide on				
		revealed the facility had				
	_	nically generated Medication				
	Admininstration Reco					
		ntation on 05/01/20 to help				
	correct errors in docu	mentation on the MARs.				
	Review of Resident#	6'a Madigation				
		d (MAR) for May 2020				
	revealed:	u (MAIX) for May 2020				
		for Novolog insulin inject 16				
	_	er than 250 and an additional				
		ater than 400 twice a day				
	before breakfast and	_				
		ed to be obtained at 6:30am				
	and 4:30pm.					
	-There were FSBS va	alues documented for 6 of 8				
	opportunities from 05	/01/20 to 05/04/20.				
	-Novolog insulin was	not documented as				
	administered as orde	red for 5 of 5 opportunities.				
	-On 05/01/20 at 6:30a	am, there was no FSBS				
		nd no Novolog documented				
	as administered.					
		om, there was no FSBS				
		nd no Novolog documented				
	as administered.	5050 1 1000				
		am, FSBS value of 390				
	documented and 16 t	•				
	been 20 units.	nistered but should have				
	-	om ESBS value of 441				
	_ ·	om, FSBS value of 441 nits of Novolog documented				
		should have been 20 units.				
		am, FSBS value of 251				
		nits of Novolog documented				
		hould have been 216 units.				
	asaaniii iistoroa bat si	nodia navo boon 2 10 unito.	1			1

Division of Health Service Regulation

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
7.11.2.1.2.11.1	o. 0020	.52	A. BUILDING:				
		HAL034150	B. WING			R-C 5/ 07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE			
		6010 ME	ADOWBROOK MA	ALL COURT			
THE IVY AT CLEMMONS CLEMMO		NS, NC 27012					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{D 358}	documented and 0 ur as administered but s -On 05/04/20 at 4:30p documented and 0 ur as administered but s Telephone interview on 04/28/20 at 8:39ar medication on hand round for the second of the se	om, FSBS value of 483 hits of Novolog documented should have been 20 units. om, FSBS value of 289 hits of Novolog documented should have been 16 units. with a medication aide (MA) m regarding Resident #6's evealed there was 1 pened and one partial bensed on 04/21/20 available on 04/21/20 at 4:40pm with lan's Assistant (PA) had been running high on sident #6 had not been as ordered when she is medication administration mentation Resident #6 had og insulin for FSBS over 250 ril 2020. The MAs regarding Resident blog insulin as ordered and etronic Medication	{D 358}				
	the order for the Novo -She had spoken to the	ne Director of Clinical least 2 occasions regarding					
	Services (DCS) on 04 -Resident #6's FSBS a different form within	with the Director of Clinical 4/24/20 at 2:15pm revealed: values were documented on the eMAR system. ere associated with the					

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	of Health Service Regu					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL034150	B. WING		05/07/2020	
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NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
THE IVY A	T CLEMMONS	6010 ME	ADOWBROOK N	IALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE	
				DEFICIENCY)		
{D 358}	Continued From page	e 43	{D 358}			
	resident's long acting					
	prompted staff to obta					
	administering Lantus					
	Tolonhono intonvious	with the facility's centracted				
	Nurse on 04/21/20 at	with the facility's contracted				
		y 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	•				
		sible to do routine audits for				
	•	orders compared to the				
	eMARs, that was the	responsibility of the				
	Resident Care Direct	or (the position was currently				
	vacant).					
	-The facility was goin	g to go back to				
	non-electronic MARs	until medication orders were				
	corrected.					
		erview with Resident #6's PA				
	on 04/27/20 at 4:21pr					
	•	scriptions to the facility, she				
	expected the medical	3				
	ordered.	ation to be administered as				
		aff to "not let her patients go				
	without medication."	an to not let her patients go				
		s regarding a resident not				
		rdered would be elevated				
	•	ong period of time which				
	_	e to kidneys, liver, and eyes.				
	Telephone interview v	with Resident #6 on 04/29/20				
	at 1:49pm revealed:					
	-Staff checked her FS	SBS 2 times a day.				
		ceiving a Novolog insulin				
	shot as far as she kno					

Division of Health Service Regulation

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MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS GENOMERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 44 Telephone interview with a second shift medication adid (MA) on 04/29/20 at 5:00pm revealed: -She routinely worked the medicationsThere was no entry for Novolog insulin to Resident #6 had an order for Novolog insulin before breakfast and supper when she came to the facilityThe facility used paper MARS until March 2020 when they converted to the aMARSShe noticed Resident #6 ind not have Novolog insulin sted on the March 2020 and April 2020 eMARS and to the March 2020 and April 2020 eMARS and her revealed: -The MAs were supposed to check the April 2020 eMARs and the rich work if there were any		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDERS PLAN OF CORRECTION PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE			HAL034150	B. WING		1	
CLEMMONS, NC 27012 CLEMMONS CLEMMONS, NC 27012 CLEMMONS, NC 2701	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
(A) ID SIMMARY STATEMENT OF DEFICIENCIES ID ID PROVIDERS PLAN OF CORRECTION (RECH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) (D		T CI EMMONS	6010 MEAI	DOWBROOK N	IALL COURT		
(D 358) Continued From page 44 Telephone interview with an aconder second shift medication administered Novolog insulin before breakfast and supper when she came to the facility. The facility. -The facility. -The facility. -The facility used paper MARs until March 2020 when they converted 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: -She noutined Resident #6's one of Novolog insulin to Resident #6's PA one day in April 2020. 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 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	INCIVIA	T CLEWINIONS	CLEMMON	IS, NC 27012			
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	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
medication aide (MA) on 04/29/20 at 5:00pm revealed: -She routinely worked the medication cart containing Resident #6's medicationsThere was no entry for Novolog insulin showing on the resident's eMARShe 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 had an order for Novolog insulin before breakfast and supper when she came to the facilityThe facility used paper MARs until March 2020 when they converted to the eMARsShe 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 themShe would let the MAs know if there were any	{D 358}	Continued From page	2 44	{D 358}			
changes on the eMARsShe 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		Telephone interview we medication aide (MA) revealed: -She routinely worked containing Resident # -There was no entry fon the resident's eMA-She had not adminis Resident #6. Telephone interview we MA on 04/30/20 at 5:2-She had been working Resident #6 was administed on the facilityThe facility used pap when they converted and the facilityThe facility used pap when they converted we have and brought in the facility when they converted and the facility. Telephone interview we we was and brought in the facility when they converted and the facility. Telephone interview we was and brought in the facility when they converted and	with a second shift on 04/29/20 at 5:00pm If the medication cart the smedications. The smedications with an another second shift expm revealed: and at the facility before shifted. The supper when she came to the eMARs until March 2020 to the eMARs. The the did not have Novolog larch 2020 and April 2020 to the attention of Resident with the DCS on 05/01/20 at the second show if all ordered end on them. As know if there were any Rs. sor of the MAs; any should be brought to her. In #6's current FL-2 dated order for fluvoxamine 50mg				

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Review of Resident #6's March and April 2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL034150	B. WING			R-C 5/ 07/2020
	ROVIDER OR SUPPLIER	6010 ME	DDRESS, CITY, STATE ADOWBROOK MA DNS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	(eMARs) revealed: -There was an entry fone-half tablet (25mg for administration at 8-Fluvoxamine 25mg vadministered (waiting 03/29/20, 03/30/20, 0 Telephone interview vadispensed for 21 day day supply on 04/25/2 Telephone interview von 04/28/20 at 8:39ar medication on hand ratablets of fluvoxamine dispensed on 04/25/2 administered. d. Review of Resider 02/14/20 revealed an anti-psychotic used to disorders) 1mg two times a day schedule Records (eMARs) reverthere was an entry fatimes a day schedule Risperidone 1mg was administered on 03/30 at 8:00am and 12:00pm, and 04/02/2-Waiting on pharmacy	Administration Records or fluvoxamine 50mg) two times a day scheduled c:00am and 8:00pm. vas documented as not on pharmacy or refilling) on 4/01/20, and 04/02/20. with a pharmacist with the narmacy on 04/27/20 at oxamine 25mg was supply on 03/27/20 and 30 20. with a medication aide (MA) or regarding Resident #6's evealed there were 25 eremaining in a card of 30 or available to be of the thick of the company of the comp	{D 358}			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL034150	B. WING		R-C 05/07/2020
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	THE IVY AT CLEMMONS 6010 ME			IALL COURT	
INEIVIA	TI CLEININIONS	CLEMMO	NS, NC 27012		
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{D 358}	Continued From page	2 46	{D 358}		
	facility's contracted ph 6:30pm revealed risported for a 30 day supply on 04/24/20 (this refill was processed).	with a pharmacist with the narmacy on 04/27/20 at eridone 1mg was dispensed in 02/20/20, 03/14/20 and as still at the pharmacy being with a medication aide (MA) in regarding Resident #6's			
	medication on hand re	evealed there were no ets on the medication cart or			
	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.				
	electronic Medication (eMARs) revealed: -There was an enttry 12 hours scheduled for and 8:00pm dailyGemfibrozil 600mg wadministered on 04/14 9:35am, 04/17/20 at 104/18/20 at 9:00am was the reason administering the medication of the medication	or the waiting on pharmacy or documented for not dication. Intentation for 04/18/20 at at 8:00am, 04/20/20 at at 8:00am with no reason n was not administered.			
	facility's contracted pt 6:30pm revealed: -Gemfibrozil 600mg w	vith a pharmacist with the narmacy on 04/27/20 at vas dispensed for a 20 day hich should have run out on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,		CONSTRUCTION	(X3) DATE SU COMPLE	
			B. WING		IDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE	
		HAL034150	D. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT		
			IS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	2 47	{D 358}			
	-Gemfibrozil 600mg w supply (#60 tablets) o	vas dispensed for a 30 days on 04/25/20.				
	on 04/28/20 at 8:39ar medication on hand re tablets remaining out 04/25/20 available to f. Review of Resider	nt #6's current FL-2 dated order for furosemide 20mg				
	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.					
	facility's contracted pl 6:30pm revealed: -Furosemide 20mg w #6 as a 21 day supply lasted until 04/17/20.	with a pharmacist with the narmacy on 04/27/20 at as dispensed for Resident on 03/27/20 which should as dispensed for 30 days at it was still at the				

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Telephone interview with a medication aide (MA)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING	B. WING		C 7/2020
	ROVIDER OR SUPPLIER	6010 MEAI	DRESS, CITY, STA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IS, NC 27012 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	medication on hand refurosemide 20mg tab or in overstock availa Review of Resident # blood pressures reversor April 2020 were 10 106/81. g. Review of Resider 02/14/20 revealed an (used to treat diabete) Review of Resident # electronic Medication (eMARs) revealed: -There was an entry frand scheduled for add 8:00pm daily. -Glipizide 5mg was not administered on 03/18/20 at 7:21am, 004/15/20 at 9:00am and 9:35am and 8:00pm, 04/15/20 at 8:30am, 08:00pm, 04/18/20 at 8:30am, 08:00pm, 04/25/20 at 10:40am 04/27/20 at 10:40am	m regarding Resident #6's evealed there were no lets on the medication cart ble to be administered. 6's documented weekly aled blood pressure values 02/79, 109/63, 100/73, and of the first and the f	{D 358}			

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facility's contracted pharmacy on 04/27/20 at

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X		
		HAL034150	HAL034150 B. WING		R-C 05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1	
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT		
			IS, NC 27012		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 49	{D 358}			
	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.					
	revealed: -There was an entry f scheduled for adminis -Citalopram 40mg wa administered from 03.	d (MAR) for March 2020 for citalopram 40mg stration at 8:00am. s documented as /20/20 to 03/31/20 except 5/20 when the initials were				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034150	B. WING		l l	R-C 8/07/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	1 00	70172020
			ADOWBROOK M			
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{D 358}	Continued From page	e 50	{D 358}			
{D 358}	Telephone interview of facility's contracted ple 6:30pm revealed: -Citalopram 40mg was on 03/27/20 with no ea partial fillCitalopram 40mg was on 04/27/20 that were processed. Telephone interview on 04/28/20 at 8:39am medication on hand recitalopram 40mg table in overstock available in overstoc	with a pharmacist with the harmacy on 04/27/20 at as dispensed for 21 tablets explanation why the refill was as dispensed for 30 tablets estill at the pharmacy being with a medication aide (MA) m regarding Resident #6's evealed there were no ets on the medication cart or e to be administered. If #6's current FL-2 dated order for lisinopril 10mg od pressure) once a day. If S March 2020 and April cation Administration vealed: If or Lisinopril 10mg stration at 8:00am daily. In not documented as am on the March 2020 to 03/31/20. In ot documented as	{D 358}			
		opril 10mg was dispensed 7/20 and 9 additional tablets				

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
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THE IVY	T CLEMMONS	CLEMMO	NS, NC 27012			
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				DEI IGIENCI)		
{D 358}	Continued From page	e 51	{D 358}			
•	. •					
		vith a medication aide (MA)				
		n regarding Resident #6's				
		evealed there were no				
		s on the medication cart or in				
	overstock available to	be administered.				
		6's documented weekly				
		aled blood pressure values				
	-	02/79, 109/63, 100/73, and				
	106/81.					
	Talambana intanciaww	و علم مالمان و مالمان و مساورها من مالمان				
		with a pharmacist with the				
		harmacy on 04/27/20 at				
	2:15pm revealed:					
		nsed routine medication on				
		ovided the medication had				
	refills remaining.	ible to send				
	-The facility staff was					
	medication orders to	the pharmacy for residents'				
		at always bays orders for				
	refills for Resident #6	ot always have orders for				
		ely notified the facility when				
	a resident needed ref					
	-Sometimes the phari					
	· ·	an's Assistant (PA) to obtain				
		cause the facility had not				
	provided the orders a	<u>-</u>				
		gged as dispensed on a date				
		over 1 to 2 days for filling the				
	-	nal 2-3 days for checking				
	and delivering to the f					
		tinely received by the facility				
	up to 5 days after the					
	up to 5 days after the	uate dispensed.				
	Telephone interview w	vith Resident #6's PA on				
	04/27/20 at 3:24pm re					
	-For medication order					[
		e facility first, then send a				
	fax to the facility and					
	and radinty unit		1	I .		1 '

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 52 of 145

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	:IED
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		HAL034150	B. WING		05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
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THE IVY A	T CLEMMONS		IS, NC 27012			
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				DEFICIENCY)		
{D 358}	Continued From page	e 52	{D 358}			
	-The facility should fa	x the signed order back to				
	the pharmacy.					
	-The PA was in the fa	cility every week and				
	available by phone at					
		t were listed on the eMAR				
	as waiting on the pha order already.	rmacy should have a signed				
	•	lling the pharmacy frequently				
		edications were not sent.				
		scriptions to the facility, she				
	expected the medicat					
	•	ation to be administered as				
	ordered.					
		aff to "not let her patients go				
	without medication."					
	Telephone interview v 04/28/20 at 12:20pm	vith the Lead Supervisor on				
		revealed. idicated when medications				
	needed to be refilled.	idicated Wileit IIIedicatione				
	-The MAs were able t	to request refills through the				
	eMAR system.					
	-The system indicated					
	medication was on cy	rcie זווו. as on the 12th or 13th of				
	each month.					
		cted to order refills when the				
		card got to the blue row and				
	to follow-up with a ph	one call to the pharmacy.				
		5 days to get a refill from				
	the pharmacy.	: 6				
		r informed the PA when				
	with the pharmacy.	and the PA would follow-up				
	with the phannacy.					
	Telephone interview v	with the Director of Clinical				
		1/28/20 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

STATE FORM 6899 69Q012 If continuation sheet 53 of 145

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					_D ,	_
		HAL034150	B. WING		R-0	
		HAL034150			05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE		
		6010 ME	ADOWBROOK N	IALL COURT		
THE IVY A	T CLEMMONS	CLEMMO	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR E	130 IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	MAIL	5,2
			+			
{D 358}	Continued From page	e 53	{D 358}			
	the phermony					
	the pharmacy.					
	-Medication should be					
	medication ran out; sl	o ,				
	•	when to order related to the				
	number of tablets ava					
		3 days for the pharmacy to				
		deliver the medication to				
	the facility.					
	•	ceive a medication, the MA				
	7 7	ow-up with the pharmacy by				
		st a hold order from the PA				
		as delivered to the facility.				
		est a refill once they realized				
	the medication was lo					
		n the punch card that was				
	labeled "reorder".					
	-The MA could see in					
	medication had been					
	-If a medication had n					
	-	cting the provider to obtain a				
	new order.					
	•	see in the eMAR when a				
	•	a refill, the MA would need to				
	call.					
		requested a refill from the				
		ounch card was in the blue				
	section.					
	T-1					
	Telephone interview v					
	04/30/20 at 1:16pm re					
		dent #6 had medications				
	•	the pharmacy to send on				
	many occasions.	D : 1 (#01 · · · · · ·				
		y Resident #6 had trouble				
	getting her medication					
		d reordered Resident #6's				
	medications before th					
-She had reported Resident #6 being out of						

Supervisor.

medications in the past to the DCS and the lead

STATE FORM 6899 69Q012 If continuation sheet 54 of 145

Division c	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	DENTIFICATION NUMBER:			COMPL	
			_		_	_
			B. WING		R-	
		HAL034150	D. WIINO		05/0	07/2020
NAME OF PF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		6010 MEA	DOWBROOK M	ALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	AG REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI IOIERO I)		
{D 358}	Continued From page	e 54	{D 358}			
	 I					
	Tolonhono interview v	with a second shift MA on				
	04/30/20 at 5:22pm re	with a second shift MA on				
	-She was aware Resi					
	medications that were					
	administration from til					
		ny the pharmacy had a hard				
		dent's medications available				
	for administration.	Jent's medications available				
	-She had faxed refill r	request for the same				
		n one time in the past.				
		rmacy would send residents'				
		rer [they] get ready to".				
		or [moy] got rode, 12 .				
	Refer to the telephon	e interview with a pharmacy				
	-	cility's contracted pharmacy				
	on 04/23/20 at 3:47pr	· · · · · · · · · · · · · · · · · · ·				
	ı					
	Refer to the telephon	e interview with a medication				
	aide (MA) on 04/29/2	0 at 2:35pm.				
	1					
	•	e interview with a second				
	MA on 04/29/20 at 5:0	03pm.				
	-	e interview with a third MA				
	on 04/30/20 at 4:53pr	n.				
		e interview with the Lead				
	Supervisor on 04/28/2	20 at 12:20pm.				
	Defer to the telephon	a interview with the Licensed				
		e interview with the Licensed				
		Services (LHPS) nurse on				
	04/28/20 at 3:07pm.					
	Pefer to the telephon	e interview with the Director				
		n 04/28/20 at 8:46am and				
	3:17pm.	11 04/20/20 at 0.40aill allu				
	3.17 pm.					

Refer to the telephone interview with the Administrator on 04/28/20 at 3:17pm.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
					00/01/2020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
THE IVY A	T CLEMMONS		DOWBROOK N	MALL COURT	
		CLEMMON	IS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 358}	Continued From page	e 55	{D 358}		
	02/14/20 revealed diadiabetes, chronic kidrabnormalities of gait, a. Review of Resider revealed an order datagram (used to treat utlesophagus) 4 times at Review of Resident # Medication Administration 04/01/20 to 04/21/20 - The was an entry for tablet 4 times a day wat 8:00am, 11:00am, 8:00pm The scheduled times changed on 04/13/20 2:00pm, and 8:00pm On 04/06/20, scheduladministration was do 2:04pm, 5:03pm and - On 04/09/20, scheduladministration was do 2:05pm, 3:53pm, and - On 04/10/20, scheduladministration was do - On 04/12/20, scheduladministration was do - On 04/13/20 to 04/20 administration at 7:00 8:00pm with no sucra	and hypertension. Int #4's physician's orders ared 03/04/20 for sucralfate 1 deers and irritated a day. It's April 2020 electronic ation Record (eMAR) from revealed: It sucralfate 1 gram one with scheduled administration 2:00pm, 4:00pm, and It for administration were to 7:00am, 11:00am, Itled for 8:00am and boumented at 12:36pm; 10:17pm. Itled for 8:00am and boumented at 9:46am, 7:42pm. Itled for 8:00am and boumented at 10:10am; Itled for 8:00am and boumented at 9:50am. Itled for 8:00am and boumented at 9:50am. Itled for 8:00am, 11:00am, 4:00pm and Itled 1 gram documented as			
		n administration time was /13/20 to 04/21/20 indicating			
		lled for administration at			

Division of Health Service Regulation

7:00am, 11:00am, 4:00pm and 8:00pm with no

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3)			
,	o. 0020	.5	A. BUILDING:		""	PLETED
		HAL034150	B. WING	B. WING		R-C 5/ 07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE		
THE DO.		6010 ME	ADOWBROOK MA	LL COURT		
THE IVY A	AT CLEMMONS	CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	÷ 56	{D 358}			
	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).					
	at 10:21am revealed: -She received her me mouth dailyShe did not know if s medication because s	with Resident #4 on 04/21/20 edications she takes by the always received all her she did not count her pills with all her medications.				
	on 04/30/20 at 4:53pr -If a medication show be administered, she medicationShe had noticed med not recall which speci -When she noticed med eMAR she sometimes	ed on the eMAR screen to administered the dications had "fell off" but did fic medications. edication was not on the				

Division of Health Service Regulation

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DIVISION	or riealin Service Negu	lauon				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_			
					R-	C
		HAL034150	B. WING		05/0	7/2020
NAME OF D		OTDEET AS	DDEGG OITY OTA	TE 7/2 000E		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE IVY A	T CLEMMONS	6010 MEA	DOWBROOK N	MALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From page	57	{D 358}			
(=)			(= 333)			
	been discontinued an	d that was why it was not on				
	the eMAR.					
	Interview with Reside	nt #4's Physician's Assistant				
	on 05/05/20 at 2:00pr	n revealed:				
	-Resident #4 should b	oe taking sucralfate 1 gram				
	4 times a day for esor	•				
		n taking sucralfate for some				
	time.	Trialing cacramate for come				
	-Resident #4 would have an irrit ated esophagus,					
burning and discomfort with swallowing if she did						
	not receive sucralfate	r gram routinery.				
	T-1	with the Discrete of Olivinal				
		with the Director of Clinical				
	` '	1/28/20 at 3:17pm and				
	05/01/20 at 8:20am re					
	-She audited the eMA					
		ht dose, right person, and				
	right time.					
	-She looked at blank	spaces, and holes on the				
	eMAR.					
	-There were medication	ons that showed up on the				
	eMAR as administere	ed but on her computer, it				
	showed a "hole."					
	-The MAs were suppo	osed to check the April 2020				
	eMARs and let her kn	•				
	medications were liste					
	-She was the supervis					
		hould been brought to her.				
	Fresholds alog have s	boon broagin to nor.				
	h Review of Resider	nt #4's current FL-2 dated				
		physician's orders dated				
	04/22/20 and signed					
		phthalmic solution (used to				
	treat glaucoma) one d	drop in each eye at bedtime.				
	Review of Resident #					
	revealed no documen					
	discontinue latanopro	st 0.005% ophthalmic				

Division of Health Service Regulation

solution.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL034150	B. WING			R-C 5/ 07/2020
	ROVIDER OR SUPPLIER	6010 ME	DDRESS, CITY, STATE			
			ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page	÷ 58	{D 358}			
	Medication Administrative revealed: -There was an entry for ophthalmic solution of bedtime scheduled for and end 03/02/20). -Latanoprost 0.005% shaded out on the elvindicating the medication of the elvindication	or latanoprost 0.005% ne drop in each eye at r 8:00pm (start 07/23/19) ophthalmic solution was IAR beginning 03/02/20, tion was discontinued on 4's April 2020 eMAR or latanoprost 0.005% ne drop in each eye at r 8:00pm (start 03/02/20). ophthalmic solution was histered on 04/01/20 at ophthalmic solution was on from 04/02/20 to 04/11/20 ophthalmic solution was histered from 04/12/20 to 4/17/20 which was blank for with a medication aide (MA) in regarding Resident #4's evealed there was no phthalmic solution on the overstock available to be				
		with Resident #4 on 04/21/20 she did not receive her eye				

Division of Health Service Regulation

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DIVISION	n Health Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						_
			D 14//10		R-	
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
			DOWBROOK N			
THE IVY A	T CLEMMONS		IS, NC 27012	MALE GOOK!		
			13, NC 27012	T		1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		DATE
IAG	TREGOLD TOTAL OTTE	190 IDENTIFICATION OF COMPANION	TAG	DEFICIENCY)	10002	
			+			
{D 358}	Continued From page	e 59	{D 358}			
	Telephone interview v	vith a pharmacist with the				
	facility's contracted pl	harmacy on 04/24/20 at				
	11:30am revealed:	•				
	-Latanoprost 0.005%	ophthalmic solution was not				
	a cycle filled medicati					
		ed to request a refill for				
	latanoprost.	ou to roquost a roilli for				
	•	ophthalmic solution was				
		9 for 2.5 milliliters (a 20 day				
supply).						
		quent documentation for				
	dispensing until 04/24	•				
	. •	d a refill for Resident #4's				
	• .	phthalmic solution earlier				
	today (04/24/20).	prititalifiic solution earlier				
	louay (04/24/20).					
	Telephone interview v	vith the Lead Supervisor on				
	04/28/20 at 1:20pm re	evealed:				
	-She did not know wh	y Resident #4's latanoprost				
	0.005% was showing	on the printed eMAR but				
	not showing on the so	creen for medication aides to				
	administer from 04/02	2/20 to 04/11/20.				
	-She was responsible	to audit the eMAR system				
	for medication order of					
	discontinued medicat	•				
	-She was not aware o	of a system in place to				
	routinely audit the eM					
	current medications.	·				
	-She was not aware F	Resident #4 was not				
	receiving latanoprost					
	Ų i					
	Telephone interview v	vith a first shift medication				
	•	0 at 1:16pm revealed:				
		ident #4's latanoprost				[
		on the printed eMAR but				
		creen for medication aides to				
	administer.					
		esident #4 had an order for				
	latanoprost 0.005%.					

Division of Health Service Regulation

-The Director of Clinical Services or the lead

STATE FORM 6899 69Q012 If continuation sheet 60 of 145

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-	C
		HAL034150	B. WING		1	7/2020
		11AE034130			1 03/0	112020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE NO.	T 01 F14140110	6010 MEA	DOWBROOK N	MALL COURT		
THE IVY	T CLEMMONS	CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
			+	22.10.2.10.7		
{D 358}	Continued From page	e 60	{D 358}			
	Supervisor were resp	onsible to assure				
		re correct on the eMAR.				
	Pofor to the telephone	e interview with a pharmacy				
		cility's contracted pharmacy				
	on 04/23/20 at 3:47pr					
	Refer to the telephone	e interview with a medication				
	aide (MA) on 04/29/2					
	Refer to the telephone MA on 04/29/20 at 5:0	e interview with a second 03pm.				
	Refer to the telephonon 04/30/20 at 4:53pr	e interview with a third MA m.				
	Refer to the telephone Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.				
	•	e interview with the Licensed Services (LHPS) nurse on				
	·	e interview with the Director n 04/28/20 at 8:46am and				
	Refer to the telephone Administrator on 04/2					
		hypertension,				
	summary from an inp	t #7's hospital discharge atient psychiatric 03/17/20 revealed there was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY	AT CLEMMONS		DOWBROOK N	IALL COURT		
()(1) ID	SLIMMADY ST	ATEMENT OF DEFICIENCIES	NS, NC 27012	PROVIDER'S PLAN OF CORRECTION	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 61	{D 358}			
		on reconciliation record an order for Seroquel 300mg lis an antipsychotic).				
	discharge summary of order for Seroquel 30 and Seroquel 200mg	7's acute care hospital lated 04/02/20 revealed an 0mg take 1 tablet twice daily take 1 tablet every morning vening.				
	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 insomniaHe wanted Resident #7 to continue to take Seroquel 300mg twice a dayThere was an order to discontinue Seroquel 400mg at 4:00pmThere was an order to start Seroquel 200mg at 4:00pm.					
	Nurse Practitioner (FI 04/23/20 revealed an	7's mental health Family NP) visit summary dated order to discontinue all eroquel and start Seroquel d 8:00pm.				
	medication administrative revealed: -There was a comput Seroquel 200mg take with a scheduled administered at 8:00a 04/24/20 and 04/27/2 -There was an exception administrative reverse was an exception.	er-generated entry for one tablet daily at 4:00pm ninistration time of 8:00am. tation Seroquel 200mg was am on 04/03/20-04/14/20, on				

Division of Health Service Regulation

"workshop."

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Division of	of Health Service Regu	ılation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					R-0	С
		HAL034150	B. WING		1	7/2020
		070557.40		TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE IVY A	T CLEMMONS		ADOWBROOK M	IALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
{D 358}	Cantinued From page	- 00	{D 358}			
לספפ תו	Continued From page	3 02	[[D 220]			
		computer-generated entry				
		ake two tablets at 4:00pm.				
		tation Seroquel 200mg was				
		om from 04/03/20-04/07/20				
		t" the remainder of the				
	month.					
		omputer-generated entry for				
		e one tablet twice daily with a ation time of 8:00am and				
	8:00pm.	Mon time or o.00am and				
	· ·	tation Seroquel 300mg was				
		am from 04/03/20-04/08/20,				
	on 04/24/20, and fron					
		nentation Seroquel 300mg				
	was administered at 8					
	04/09/20-04/23/20.					
	-There was an excep					
	04/25/20-04/26/20 as	•				
		tation Seroquel 300mg was				
	·	om on 04/02/20-04/07/20, on				
	04/24/20-04/28/20, aı					
		nentation Seroquel 300mg				
	was administered at 8 04/08/20-04/23/20.	3:UUpm from				
		nentation Seroquel was				
		xception on 04/29/20 at				
	8:00pm.	(00ption on o 1/20/20 at				
	•	computer generated entry for				
		e daily with a scheduled				
		f 8:00am, 4:00pm and				
	8:00pm.					
		tation Seroquel 300mg was				
		am on 04/24/20-04/27/20.				
		tation Seroquel 300mg was				
		om on 04/08/20-04/16/20				
	and 04/18/20-04/22/2					
		tation Seroquel 300mg was				
ļ	⊢administered at 8:00p	om on 04/23/20-04/26/20.				

Review of Resident #7's May 2020 eMAR

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	_
			B. WING		R-	
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			DOWBROOK N			
THE IVY A	T CLEMMONS			MALL COOK I		
		CLEMINO	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG			TAG	DEFICIENCY)		I
{D 358}	Continued From page	e 63	{D 358}			1
	revealed:					1
		er-generated entry for				1
		one tablet daily at 4:00pm				1
		ninistration time of 8:00am.				1
		tration time was marked out				1
		there was a hand-written				1
	note of 4:00pm.	there was a fland-written				1
		tation Seroquel 200mg was				1
		om on 05/01/20-05/04/20.				1
	-There was a hand-w					1
	remainder of the mon					1
		computer-generated entry				1
		ake one tablet twice daily				1
		ninistration time of 8:00am				1
	and 8:00pm.	illistration time of 6.00am				1
	-	tation Seroquel 300mg was				I
		am on 05/01/20-05/05/20				I
	and at 8:00pm 05/01/					I
	-There was a single li					1
	remainder of the mon	•				1
		mputer-generated entry for				1
		one tablet twice daily.				1
		king out 05/01/20-05/04/20.				I
		tation Seroquel 300mg was				1
	administered on 05/0					1
	05/06/20 at 8:00am.	0/20 at 0.00pm and				1
	00/00/20 at 0.00am.					1
	Telephone interview v	vith a medication aide (MA)				
	on hand on 05/06/20	` ,				1
	Resident #7's medica					1
		card of Seroquel 200mg with				
	-	8/27/20 with 27/30 tablets				1
	remaining.					
		punch card of Seroquel				
		se date of 4/20/20 with 30/30				
	tablets remaining.					
		nch card of Seroquel 200mg				
	-	of 4/24/20 with 7/7 tablets				ı
	remaining.	or 1/27/20 with 1/1 tablets				
		unch card of Seroquel				
	Thore was a routin p	anon bara or boroquer	1			i

STATE FORM 6899 69Q012 If continuation sheet 64 of 145

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURV COMPLETE	
			A. BOILDING.			
		HAL034150	B. WING		R-C 05/07/2	000
		HALU34130			05/07/2	1020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N NS, NC 27012	IALL COURT		
	OLUMBA DV OT					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE C	(X5) COMPLETE DATE
{D 358}	Continued From page	e 64	{D 358}			
	200mg with a dispense 29/30 tablets remaining. There was a punch of a dispense date of 03 remaining. There was a second 300mg dispensed on remaining. There was a third put dispensed on 04/29/2 remaining. There was a fourth progression of the second o	se date of 05/01/20 with ang. sard of Seroquel 300mg with 1/22/20 with 29/30 tablets punch card of Seroquel 04/23/20 with 16/16 tablets nch card of Seroquel 300mg 0 with 30/30 tablets unch card of Seroquel 04/29/20 with 18/30 tablets with a pharmacist with the narmacy on 05/06/20 at a 2 tablets at bedtime was 0 for 60 tablets. a 1 tablet at 4:00pm was 0 for 30 tablets. a 1 tablet at 4:00pm and 7 ad. b dispensed on 05/01/20 for 1 tablet twice daily was 0 for 60 tablets, on 04/23/20 oblets. a tablets. a tablet twice daily was 0 for 60 tablets, on 04/23/20 oblets. a daily and 60 tablets were				
	health FNP on 04/23/	with Resident #7's mental 20 at 1:42pm, and on and 2:00pm revealed:				

psychiatric diagnosis.

-Seroquel was prescribed for Resident #7's

STATE FORM 6899 69Q012 If continuation sheet 65 of 145

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			D WING		R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	AT CLEMMONS		ADOWBROOK N	MALL COURT	
		СТЕМИС	ONS, NC 27012		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	l l
TAG	TAZOGZATORI ORE	130 IDEIXTII TIIVO IIVI OTVIII TITOTI	TAG	DEFICIENCY)	W. (1)
			+	·	
{D 358}	Continued From page	∍ 65	{D 358}		
	-He was aware Resid				
	administered his Sero	•			
ļ		sit (he did not recall the date)			
	when he reviewed Re				
	noticed Resident #7 v	was taking too much			
	Seroquel.				
	-He contacted the fac	cility's contracted pharmacy			
	and told the pharmac	sist Resident #7's Seroquel			
	was too much, and th	ne Seroquel needed to be			
	reduced slowly.	•			
	1	e to cut the Seroquel 400mg			
		nd continue the Seroquel			
	300mg twice a day.	,			
	, ,	by the Director of Clinical			
		dent #7 was receiving			
	800mg once a day.	1011t 11. 11.do 100cg			
		receive 800mg of Seroquel			
	at one time.	receive occling of occoque.			
		had planned to stop the			
		:00pm and have Resident #7			
		· ·			
	just take Seroquel 30	- ·			
	-He was concerned R				
	receiving Seroquel as				
	-	iven to slowly reduce the			
	Seroquel had not bee				
		nt Seroquel order should be			
	Seroquel 300mg twice	e daily.			
		with the Lead Supervisor on			
	04/28/20 at 12:19pm				
		ident #7's order for Seroquel			
		er his inpatient psychiatric			
	hospital admission.				
		S had processed Resident			
	#7's discharge orders	> .			
	-She did not know wh	ny Resident #7's Seroquel			
	200mg was still being				
	-Resident #7's Seroq				

the eMAR.

discontinued on 04/27/20 and should not be on

STATE FORM 6899 69Q012 If continuation sheet 66 of 145

DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
					R-(c
		HAL034150	B. WING		1	7/2020
			· ·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
THE IVY A	T CLEMMONS		ADOWBROOK N	MALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG		,	170	DEFICIENCY)		
(5.050)			(5.050)			
{D 358}	Continued From page	e 66	{D 358}			
	Second telephone into	erview with the Lead				
		20 at 9:44am revealed:				
	-When a resident was	s sent to the emergency				
	department the reside	ent's current eMAR was				
	sent.					
		ng the discharge summary				
		spitalization and must have				
	seen the changes in r					
		NP did not have a book				
		discharge information would				
	the discharge summa	the FNP could have seen				
	psychiatric hospitaliza					
		nmaries came back with a				
	_	vere faxed to the pharmacy,				
	compared to the eMA	•				
	· · · · · · · · · · · · · · · · · · ·	new orders were added;				
		is was done since the DCS				
	handled this.					
	Interview with the DC	S on 04/28/20 at 3:17pm				
	revealed:					
	-She did not receive F	Resident #7's hospital				
	discharge orders.					
		y Resident #7's eMAR was				
	~ .	Omg as being administered.				
		to Resident #7's FNP and				
	discussing Seroquel.	Pooldont #7's END Desident				
		Resident #7's FNP Resident mg of Seroquel in one dose.				
		nere she had obtained that				
		Seroquel 800mg and would				
	"look into it."	Coroquer ocomig and would				
	TOR IIIO IL					
	b. Review of Residen	t #7's physician's orders				
		led an order for Olanzapine				
		ine is an antipsychotic				
	medication).	, ,				

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 67 of 145

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:		
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE	
		6010 ME	ADOWBROOK MA	ALL COURT	
THE IVY A	AT CLEMMONS		NS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 358}	Continued From page	e 67	{D 358}		
		7's physician's orders dated order for Olanzapine 10mg 7.5mg daily.			
	summary from an inp hospitalization dated a discharge medication dated 03/17/20 revea	03/17/20 revealed there was on reconciliation record led there was a discharge tion record dated 03/17/20			
	discharge summary d	7's acute care hospital lated 04/02/20 revealed an 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 administra	tion time of 8:00am. nentation Olanzapine 10mg 3:00am on			
	-There was documen administered at 8:00a	tation Olanzapine 10mg was am on 04/03/20-04/08/20, 4/21/20, and 04/23/20.			
	-There was an excep 04/22/20 as "away." -There was no docum 04/09/20-04/15/20 an	nentation on d 04/19/20-04/20/20.			
	for Olanzapine 10mg scheduled administra -There was documen	computer-generated entry take one tablet daily with a tion time of every 2 hours. tation Olanzapine 10mg was 8/20 at 7:49pm, 9:25pm,			

Division of Health Service Regulation

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DIVISION	n Health Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
						_
			D MINO		R-0	
		HAL034150	B. WING		05/07	7/2020
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZID CODE		
NAME OF T	TOVIDER OR SOLT LIER					
THE IVY AT CLEMMONS 6010 MEADOWBROOK MALL COURT				MALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI IGIENCI)		
{D 358}	Continued From page	÷ 68	{D 358}			
,	. •		' '			
		tation Olanzapine 10mg was				
	administered on 04/09	9/20 ten times between				
	12:17am and 11:43pr	n.				
	-There was document	tation Olanzapine 10mg was				
		0/20 five times between				
	5:35am and 1:55pm.					
		mputer generated entry for				
	Olanzapine 10mg sch					
		tation Olanzapine 10mg was				
		nm on 04/11/20-04/18/20				
	and 04/21/20-04/23/2					
	-There was no docum	nentation on				
	04/19/20-04/20/20.					
	Telephone interview v	vith a medication aide (MA)				
	on hand on 05/06/20	at 2:10pm regarding				
	Resident #7's medica	tion revealed:				
	-There was a punch of	ard for Olanzapine 10mg				
	dispensed on 04/15/2	0 with 29 of 30 tablets				
	available to be admin	istered.				
		apine 5mg or Olanzapine				
	7.5mg available to be	· · · · · · · · · · · · · · · · · · ·				
	Telephone interview v	vith a pharmacist with the				
	•	narmacy on 04/27/20 at				
	10:30am revealed:	idifficacy of 0 1/21/20 dt				
		ed on 01/23/20 and 03/04/20				
	for Resident #7's Olar					
		s of Olanzapine 10mg				
	dispensed on 03/22/2					
		to administer Olanzapine				
	every 2 hours.					
		eceived Olanzapine every 2				
	hours Resident #7 "w	ould not have been				
	standing."					
	-Resident #7's hospita	al discharge summary was				
		narmacy and therefore she				
		ntinue the Olanzapine				
	10mg.					
	ronng.		1			

Division of Health Service Regulation

-It was very concerning to her that a medication

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Division of	of Health Service Regu	lation				
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE S	
					R-	·C
		HAL034150	B. WING		05/0	7/2020
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STAT			
THE IVY A	AT CLEMMONS		DOWBROOK MA	ALL COURT		
	T		NS, NC 27012			1
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 69	{D 358}			
	was continued that sh discontinued.	nould have been				
	health FNP on 04/23/ at 10:07am and 2:00p -Olanzapine was pres psychiatric diagnosis. -He was not aware Ro not been administered. -He expected Reside administered as orded. -He had not seen a di Resident #7's inpatient. -He would like to have summaries and visit sold. -He was very concern received multiple dosent.	escribed for Resident #7's esident #7's Olanzapine had d as ordered. nt #7's Olanzapine to be red. ischarge summary from nt psychiatric hospitalization. e seen all discharge summaries for Resident #7. ned if Resident #7 had es of Olanzapine per day. of Olanzapine was 20mg medication doses were				
	-At the time, too much made Resident #7 sle increase in extrapyral could be permanent. symptoms, including akathesia, dystonia, a and bradyphrenia, whwith improper dosing neuroleptic (antipsych Telephone interview whealth Nurse Practition revealed: -Resident #7's Olanza when Resident #7 was	h Olanzapine would have beepy and caused an midal symptoms (EPS) that (EPS are physical tremor, slurred speech, anxiety, distress, paranoia, nich are primarily associated of or unusual reactions to				

did not like to have her patients on more than one

antipsychotic medication at once.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE NAV A	T CI EMMONE	6010 MEA	DOWBROOK N	IALL COURT	
I TIE IV I A	T CLEMMONS	CLEMMO	NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 358}	Continued From page	÷ 70	{D 358}		
, ,	-She would have explanation in the second returned to the facility -The order to discontinuous been followed unad ordered something	ected Resident #7's mental een Resident #7 when he '. nue Olanzapine should nless the mental health FNP ng different.			
	on 04/30/20 at 4:53pr -She could not specifi administered Resider hours. -If a medication "popp	ically remember if she had th #7's Olanzapine every 2 bed' on the eMAR to be chours, then she would			
	Telephone interview v 04/28/20 at 12:19pm -She did not see Resi discontinue Olanzapii psychiatric hospital ac -She thought the DCS #7's discharge orders -She did not think Resi been administered ev -She thought the Olar	vith the Lead Supervisor on revealed: ident #7's order to ne after his inpatient dmission. S had processed Resident sident #7's Olanzapine had			
	-When a resident was department the reside sentThe DCS was handli from the inpatient hos seen the changes in range. The mental health FI where Resident #7's of the sent th	20 at 9:44am revealed: s sent to the emergency ent's current eMAR was ng the discharge summary spitalization and must have			

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 71 of 145

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE ZIP CODE	
TO WILL OF T	NOVIDEN ON OUT FIEN				
THE IVY A	T CLEMMONS		ADOWBROOK M	MALL COURT	
		CLEMMO	NS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				DEI IOIENOT)	
{D 358}	Continued From page	e 71	{D 358}		
	the discharge summa	ary for the innation			
	psychiatric hospitaliza				
		nmaries came back with a			
	T	vere faxed to the pharmacy,			
	compared to the eMA				
	· ·	new orders were added;			
		is was done since the DCS			
	handled this.				
		00 04/00/00 0.47			
		S on 04/28/20 at 3:17pm			
	revealed:	- · · · // · · · · · ·			
		Resident #7's hospital			
	discharge orders.				
		esident #7's Olanzapine had			
	been discontinued.				
	**	not have been administered			
	Olanzapine if it had b	een discontinued because			
	the Olanzapine had b	een discontinued for a			
	reason.				
	a Daview of Davider	+ #7!			
		t #7's acute care hospital			
		lated 04/02/20 revealed an			
		1mg take one tablet daily.			
		to treat tremors that are side			
	effects of antipsychot	ic medication).			
	Review of Resident #	7's April 2020 electronic			
	medication administra				
	revealed:	anon record (emArt)			
		er-generated entry for			
	·	•			
		e one tablet daily with a			
	scheduled administra	•			
		tation Benztropine 1mg was			
	·	om on 04/01/20-04/07/20;			
	04/08/20-04/30/20 wa				
		computer-generated entry			
		take one tablet daily with a			
	scheduled administra	•			
	-There was documen	tation Benztropine 1mg was			
	administered at 8:00p	om on 04/12/20-04/22/20.			

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 72 of 145

DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					R-	_
		HAI 024450	B. WING		1	
		HAL034150			05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		6010 ME	ADOWBROOK N	MALL COURT		
THE IVY A	THE IVY AT CLEMMONS CLEMMO					
			110, 110 27012			1
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
	,			DEFICIENCY)		
{D 358}	Continued From page	e 72	{D 358}			
	-There was no docum	nentation Benztropine 1mg				
	was administered at 8					
	04/08/20-04/11/20.	5.00pm between				
	04/00/20-04/11/20.					
	Tolonhana intonious	with a madiaction aids (MA)				
		vith a medication aide (MA)				
	on hand on 05/06/20					
	Resident #7's medica					
		card of Benztropine 1mg				
	•	0 with 10 of 30 tablets				
	available to be admin					
		card of Benztropine 1mg				
	•	20 with 17 of 30 tablets				
	available to be admin	istered.				
		vith a pharmacist with the				
	· ·	harmacy on 04/27/20 at				
	10:30am revealed the					
	Benztropine 1mg disp	pensed on 03/22/20.				
	Telephone interview v	vith 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 Res	sident #7 had missed doses				
	of Benztropine.					
	-It was concerning Re	esident #7 had missed				
	doses of Benztropine	because it had been				
	· ·	e tremors associated with				
	antipsychotic medical	tion.				
		perience an exacerbation of				
		mptoms (EPS). (EPS are				
		. , , ,				
	physical symptoms, including tremor, slurred speech, akathesia, dystonia, anxiety, distress,					
	• • • •	hrenia, which are primarily				
		oper dosing of or unusual				
	reactions to neurolept					
	medications).	(
	modications).					
	Telephone intervious	vith a medication aide (MA)				
		n revealed she did not recall				
	on 04/30/20 at 4.33βl	n revealed site did fiol fecall	1			1

Division of Health Service Regulation

if she had administered Resident #7's

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING		R-C 05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		1 05/07/2020	
	T CLEMMONS	6010 MEA	DOWBROOK N			
	CLEMMO					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLI	ETE
{D 358}	Continued From page	e 73	{D 358}			
	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 DCS prior to exit.	n was obtained from the				
		ews and interviews, it was #7 was not interviewable.				
	health FNP on 04/23/10:07am and 2:00pm -He expected Resider medication to be adm -Medication orders we -The first time he revifacility, there were so to have lengthy teleph pharmacyThe FNP feared for the receiving medications	nt #7's mental health inistered as ordered. ere not being followed. ewed the eMARs at the many discrepancies he had none conversations with the he safety of the residents of for mental health disorders possible side effects; some of				
	discharge summary dorder for Cilostazol 50	t #7's acute care hospital lated 04/02/20 revealed an Omg take one tablet twice sed to treat problems with).				

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DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					D 0	
			B. WING		R-C	
		HAL034150	D. WING		05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT		
		CLEMMC	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		ΓE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	IAIE BAIE	
				,		
{D 358}	Continued From page	e 74	{D 358}			
, ,	Johnmada From pago Fr		` ′			
	Review of Resident #	7's April 2020 electronic				
	medication administra	ation record (eMAR)				
	revealed:					
	-There was a comput	er-generated entry for				
	Cilostazol 50mg take	one tablet twice daily with a				
	scheduled administra	tion time of 8:00am and				
	8:00pm.					
	-There was no documentation Cilostazol 50mg					
	was administered at 8	•				
		d 8:00pm on 04/01/20 due				
	to Resident #7 being					
		tation Cilostazol 50mg was				
		nm on 04/03/20-04/07/20				
	and 8:00pm on 04/01					
	04/08/20-04/30/20 wa					
		computer-generated entry				
	_	ake one tablet twice daily				
		ninistration time of 8:00am				
	and 8:00pm.					
		tation Cilostazol 50mg was				
		m on 04/12/20-04/18/20				
	and 04/21/20-04/23/2					
		nentation Cilostazol 50mg				
		3:00am on 04/19/20 and				
	04/20/20.					
		tation Cilostazol 50mg was				
	administered at 8:00p	om on 04/11/20-04/22/20.				
	-There was no docum	nentation Resident #7				
	received 9 doses out	of 22 opportunities of				
	Cilostazol from 04/02	/20-04/23/20.				
	Telephone interview v	vith a medication aide (MA)				
	on hand on 05/06/20					
		tion revealed there was a				
		zol 50mg dispensed on				
	=	tablets available to be				
	administered.	C Labieto avallable to be				
	aummotereu.					

Division of Health Service Regulation

Telephone interview with a pharmacist with the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-	С
		HAL034150	B. WING		05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
	THE IVY AT CLEMMONS 6010 MEA			IALL COURT		
INEIVIA	I CLEWINIONS	CLEMMON	S, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 75	{D 358}			
	facility's contracted pl	harmacy on 04/27/20 at				
		ounch cards of 30 tablets of				
		e dispensed on 03/22/20.				
	ŭ	·				
	•	vith Resident #7's primary				
		stant (PA) on 04/30/20 at				
	1:42pm revealed:	ostazol 50mg for Resident				
	#7.	ostazoi oonig ioi resident				
		ent #7's Cilostazol to be				
	administered as order	red.				
	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:					
		sident #7 had missed nine				
	doses of CilostazolShe did not know wh	y Resident #7 missed nine				
	doses of Cilostazol.	Ty Resident #1 Illissed Illie				
	(DCS) on 04/28/20 at -She was not sure wh	ny Resident #7's eMAR was s discontinued between d 04/19/20-04/20/20.				
	No further information DCS prior to exit.	n was obtained from the				
	discharge summary dorder for Vitamin D 50	t #7's acute care hospital lated 04/02/20 revealed an 000 international units (IU) (Vitamin D is a nutritional				

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Review of Resident #7's April 2020 electronic

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PRINTED: 05/28/2020 FORM APPROVED

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	R-C
		HAL034150	B. WING		05/	07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE. ZIP CODE		
			DOWBROOK N	,		
THE IVY A	THE IVY AT CLEMMONS		NS, NC 27012	MALE GOOK!		
040.15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF C	CORRECTION	0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTIO		(X5) COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH		DATE
				DEFICIENCY		
{D 358}	Continued From page	ontinued From page 76				
	medication administrative revealed:	ation record (eMAR)				
	-There was a comput	er-generated entry for				
	Vitamin D take one ta	blet daily with a scheduled				
	administration time of	8:00am.				
		nentation Vitamin D was				
	administered on 04/0					
	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.".					
		nentation Vitamin D was				
	administered at 8:00a					
	04/08/20-04/23/20.	iiii batwaan				
		vith a medication aide (MA)				
	on hand on 05/06/20					
		tion revealed there was a				
		D 5000iu dispensed on				
	•	tablets available to be				
	administered.					
		vith a pharmacist with the				
		narmacy on 04/27/20 at				
	10:30am revealed the					
	-	ensed on 03/17/20 and 13				
	tablets of Vitamin D 5	00iu dispensed on 03/27/20.				
	Telephone interview v	vith Resident #7's primary				
		stant (PA) on 04/27/20 at				
	4:21pm revealed she	, ,				
	•	nt #7 and expected the				
	Vitamin D to be contin					
		vith a medication aide (MA)				
	•	n revealed she did not recall				
	if she had administere	ed Resident #7's Vitamin D.				
	Telephone interview v	vith the Lead Supervisor on				

Division of Health Service Regulation

04/28/20 at 12:19pm revealed she did not know

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	=160
			R WING		R-	_
		HAL034150	B. WING		05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N	MALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page 77		{D 358}			
	why Resident #7's Vitamin D was blacked out after 04/08/20.					
	(DCS) on 04/28/20 at					
	showing Vitamin D as	ny Resident #7's eMAR was s discontinued after				
	04/08/20"I do not know," I will need to "look i					
	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).					
	medication administrative revealed:	. ,				
	Acetaminophen 500m	er-generated entry for ng take one tablet four times d administration time of 00pm, and 8:00pm.				
	was administered at 8	nentation Acetaminophen 3:00am or 12:00pm on 0 at 8:00am, 12:00pm and				
	-There was documen	ent #7 being hospitalized. tation Acetaminophen was				
	and at 8:00pm on 04/	om and 8:00pm on 04/01/20 /02/20. tation Acetaminophen was				
	administered at 8:00a	am on 04/03/20-04/08/20, 4/21/20, 04/22/20, and				
	was administered at 8	nentation Acetaminophen 3:00am on 4/19/20 and 04/20/20.				

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-There was documentation Acetaminophen was

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Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
		11AE034130			05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
THE BOX 4	6010 MEA			MALL COURT	
THE IVY A	T CLEMMONS	CLEMMO	NS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
				DEFICIENCY)	
{D 358}	Continued From page	2 78	{D 358}		
	administered at 12:00)pm on 04/03/20-04/08/20,			
	04/17/20-04/18/20, 04	4/21/20, 04/22/20, and			
	04/23/20.				
	-There was no docum	nentation Acetaminophen			
	was administered at 1	12:00pm on			
	04/09/20-04/16/20, 04	4/19/20 and 04/20/20.			
		tation Acetaminophen was			
	•	om on 04/03/20-04/07/20,			
		4/21/20, 04/22/20, and			
	04/23/20.				
		nentation Acetaminophen			
	was administered at 4	•			
	04/09/20-04/15/20, 04	4/17/20, 04/19/20 and			
	04/20/20.				
		tation Acetaminophen was			
	administered at 8:00p and 04/16/20- 04/23/2	om on 04/02/20-04/07/20, 20.			
		nentation Acetaminophen			
	was administered at 8	3:00pm on			
	04/08/20-04/15/20.				
	-	(848)			
		vith a medication aide (MA)			
	on hand on 05/06/20				
		tion revealed there was a			
	•	ninophen 500mg dispensed			
	administered.	of 30 tablets available to be			
	auministereu.				
	Telenhone interview w	vith a pharmacist with the			
		narmacy on 04/27/20 at			
		ere were 120 tablets of			
		ng dispensed on 03/27/20.			
		·9 ···- p ···· · · · · · · · · · · · · · ·			
	Telephone interview v	vith Resident #7's primary			
		stant (PA) on 04/27/20 at			
	4:21pm revealed:	(,			
	•	Resident #7 had missed			
		taminophen in April 2020.			
		Acetaminophen for Resident			

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#7 for overall pain and discomfort.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 23.25			С	
		HAL034150	B. WING		05/07/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT			
	CLEMMO						
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
{D 358}	Continued From page	2 79	{D 358}				
	-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 04/09/20-04/15/20She 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 DCS prior to exit.	n was obtained from the					
	Based on observations, record reviews, and interviews, it was determined Resident #7 was not interviewable.						
	care Physician's Assi	vith Resident #7's primary stant (PA) on 04/30/20 at expected the staff to "not let ut medication."					
	on 04/30/20 at 4:53pr	ed on the eMAR screen to					

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medication.

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Division of	of Health Service Regu	lation				
STATEMENT	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING		R-C 05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,	
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT		
			NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	HOULD BE COMPLETE	
{D 358}	Continued From page	e 80	{D 358}			
(D 330)	-She had noticed med not recall which speci-When she noticed med eMAR she sometimes sometimes sometimes sometimes she though been discontinued and the eMAR. Refer to the telephone technician with the faction 04/23/20 at 3:47pm. Refer to the telephone aide (MA) on 04/29/20. Refer to the telephone MA on 04/29/20 at 5:00. Refer to the telephone on 04/30/20 at 4:53pm.	dications had "fell off" but did fic medications. edication was not on the stold someone but the the medication must have d that was why it was not on the e interview with a pharmacy cility's contracted pharmacy m. e interview with a medication of at 2:35pm. e interview with a second of 3pm. e interview with a third MA m.	(D 330)			
	Refer to the telephone	e interview with the Licensed Services (LHPS) nurse on				
		e interviews with the Director OCS) on 04/28/20 at 8:46am				
	Refer to the telephone Administrator on 04/2					
	02/14/20 revealed dia	t #3's current FL-2 dated ignoses included sinusitis, ilmonary disease (COPD),				

anxiety, and constipation.

hypertension, vitamin D deficiency, depression,

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034150	B. WING	B. WING		R-C 05/07/2020	
	ROVIDER OR SUPPLIER	6010 MEA	DRESS, CITY, STA Dowbrook N NS, NC 27012	,			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
{D 358}	Continued From page 81		{D 358}				
	dated 02/18/20 reveal 120mg daily. (Latuda 120mg daily. (Latuda Review of Resident # medication administrate revealed: -There was a comput Latuda 120mg take of scheduled administrate of the scheduled administered at 8:00a of the revealed: -There was no docume administered 04/13/2 of the revealed: -There were no except Telephone interview of 04/24/20 at 10:35a medication revealed: -There was one puncture available to be administed of 03/27/20There were 11 of 30 of the revealed thirt were dispensed on 03/25 contracted pleasing the revealed thirt were dispensed on 03/25 contracted pleasing the revealed thirt were dispensed on 03/25 contracted pleasing the revealed thirt were dispensed on 03/25 contracted pleasing the revealed: -Latuda was prescribed resident #3's bipolar revealed: -Latuda was prescribed resident #3's bipolar revealed: -Latuda was prescribed resident #3's bipolar revealed her Latuda was prescribed resident #3's bipolar revealed her Latuda was prescribed resident #3's bipolar revealed her Latuda was prescribed revealed her Latuda was p	3's April 2020 electronic ation record (eMAR) er-generated entry for ne tablet daily with a tion time of 8:00am. tation Latuda 120mg was am on 04/01/20-04/12/20. nentation Latuda 120mg was 0-04/22/20. otions documented. with a medication aide (MA) am regarding Resident #3's h card of Latuda 120mg istered with a dispense date tablets remaining. with a pharmacist with the harmacy on 04/24/20 at y tablets of Latuda 120mg 3/27/20. with Resident #3's mental Practitioner (FNP) on 14/27/20 at 10:07am and ed for the management of diagnosis. esident #3 had not been					

Division of Health Service Regulation

been abruptly stopped.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING	B. WING) 7/2020
				TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	for Resident #3 witho -He was concerned R experienced withdraw exacerbation of her or -He expected Resider administered as order Telephone interview wat 10:24am revealed: -She had a diagnosis Latuda for depression -She felt less anxious -She had to ask for Le -She had her Latuda couple of days." -She felt anxious at till Telephone interview would would be seen to see the could see Latuda administered after 04 -She did not think Late Interview with the Dire (DCS) on 04/28/20 at -She was not sure where would seen the could see the could seen the could see the could see the could seen the could seen the could see the could	ot have discontinued Latuda ut tapering the medication. Resident #3 could have val symptoms and risk for condition. Int #3's medication to be red. with Resident #3 on 04/24/20 of bipolar disorder and took in. when she took Latuda. It is administered the "last imes. It is an administered the "last imes. It is a had blank spots as if not value in the provided in the pro	{D 358}			

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medication administration record (eMAR)

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
		HAL034150	B. WING		R-C 05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
THE 00/ A	T 01 511110110	6010 MEA	DOWBROOK N	IALL COURT		
THE IVY A	T CLEMMONS	CLEMMON	IS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE	
{D 358}	Continued From page	e 83	{D 358}			
{D 358}	Doxepin 25mg take the scheduled administral and the scheduled administral and the scheduled administer and the scheduled administered at 6:00 pand 04/16/20-04/23/2 and 04/16/20-04/23/2 and the scheduled administered 04/13/2 and the scheduled at 10:35 and the scheduled at 10:35 and the scheduled are scheduled at 10:35 and the scheduled at 10:35	er-generated entry for name capsules daily with a tion time of 6:00pm. tation Doxepin 25mg was of on 04/01/20-04/12/20 00. Inentation Doxepin was 0-04/15/20. Inentation Doxepin was 0-04/15/20. Inentation Doxepin was 0-04/15/20. Inentation aide (MA) are regarding Resident #3's with a medication aide (MA) are regarding Resident #3's in card of Doxepin 25mg istered with a dispense date tablets remaining. With a pharmacist with the formacy on 04/24/20 at the presence of the punch tasper punch card. With Resident #3's mental (20 at 1:42pm, 04/27/20 at 1:42pm, 04/	{D 358}			
	medicationWhen Resident #3's	Doxepin was stopped e been titrated back up.				

Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING		05/07/202	.0
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT		
			NS, 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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE CON	(X5) MPLETE DATE
{D 358}	Continued From page	e 84	{D 358}			
	-Stopping Doxepin ab #3 at risk for withdraw	ruptly would put Resident val symptoms.				
	at 10:24am revealed: -Doxepin was her "ne	vith Resident #3 on 04/24/20				
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 04/13/20-04/15/20It 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."					
		was obtained from the				
	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 # medication administra	3's April 2020 electronic ation record (eMAR)				

Division of Health Service Regulation

revealed:

STATE FORM 6899 69Q012 If continuation sheet 85 of 145

DIVISION C	of Health Service Regu	lation					
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	COMPLETED	
						0	
			B. WING		R-C		
		HAL034150			05/0	7/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE			
			DOWBROOK M				
THE IVY A	AT CLEMMONS			IALL COURT			
		CLEMMOI	NS, NC 27012				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE	
TAG	THEODERICKI S.C.	100 IDENTIFICATION OF GRANT COLOR	TAG	DEFICIENCY)	MAIL.		
			+				
{D 358}	Continued From page	e 85	{D 358}				
		ter-generated entry for					
	Prazosin 1mg daily w						
	administration time of						
		tation Prazosin 1mg was					
	administered at 8:00p	om on 04/01/20-04/07/20					
	and 04/13/20-04/23/2	20.					
	-There was no docum	nentation Prazosin was					
	administered 04/08/2	0-04/12/20.					
	-There were no excep	ptions documented.					
	•						
	Telephone interview v	with a medication aide (MA)					
		am regarding Resident #3's					
	medication revealed:						
		ch card of Prazosin 1mg					
		histered with a dispense date					
	of 03/27/20.	istored with a disperior date					
	-There were 11 of 30	tablete remaining					
	- Hiele wele H of So	tablets remaining.					
	Talanhana interview	with a pharmaniat with the					
		with a pharmacist with the					
		harmacy on 04/24/20 at					
	•	zosin 1mg was dispensed					
	on 03/27/20 for a 30-	day supply.					
	_, , , , ,	5					
	· •	with Resident #3's mental					
		/20 at 1:42pm, 04/27/20 at					
	10:07am revealed:						
	<u> </u>	ibed for Resident #3 for					
	nightmares.						
	-He was not aware Resident #3 had not been administered her Prazosin as ordered.						
		nued Prazosin for Resident					
	#3.						
	Telephone interview v	with Resident #3 on 04/24/20					
	at 10:24am revealed:						
	-Prazosin helped her	sleep.					
		er if she had taken Prazosin					
	from 04/08/20-04/12/2						

-She missed medication a lot of times. -She has times that she did not sleep well.

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
						C
		HAL034150	B. WING		R-C 05/07/2020	
		IIALUUTIU	<u> </u>		1 03/0	172020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS	6010 ME	ADOWBROOK M	IALL COURT		
		CLEMM	ONS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG	1,2002,110111 0111		IAG	DEFICIENCY)		
(5.050)			(5.050)			
{D 358}	Continued From page	e 86	{D 358}			
	Telephone interview v	with the Lead Supervisor on				
	04/28/20 at 12:19pm	revealed:				
		y Prazosin was showing as				
	if not administered 04	1/08/20-04/12/20.				
	(DCS) on 04/28/20 at	ector of Clinical Services				
		ny Resident #3's eMAR was				
	showing Prazosin as	-				
	04/08/20-04/12/20.	discontinued from				
		l need to "look into it."				
		n was obtained from the				
	DCS prior to exit.					
	d Paviou of Posidon	t #3's physician's orders				
		led an order for Klonopin				
	1mg three times daily					
	anxiety).	. (rueriepiir ie deed te				
	,,					
	Review of Resident #	3's April 2020 electronic				
	medication administra	ation record (eMAR)				
	revealed:					
		er-generated entry for				
	Klonopin 1mg daily w					
		f 8:00am, 2:00pm, and				
	8:00pm.	tation Klanania dana was				
		tation Klonopin 1mg was am on 04/01/20-04/12/20				
	and 04/17/20-04/23/2					
		tation Klonopin 1mg was				
		om on 04/01/20-04/12/20				
	and 04/16/20-04/23/2					
		tation Klonopin 1mg was				
		om on 04/01/20-04/12/20				
	and 04/16/20-04/23/2					

-There was no documentation Klonopin was

administered 04/13/20-04/15/20.

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
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		1181 004450	B. WING		R-0	
		HAL034150			05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
		6010 ME <i>F</i>	DOWBROOK M	MALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
	CUMMADY CT		·	STOUREDIO DI ANI OF CORRECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
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				DEFICIENCY)		
{D 358}	Continued From page	. 07	{D 358}			
ران در ا	Continued From page	÷ 01	10 000			
	-There were no excep	ptions documented.				
		with a medication aide (MA)				
		am regarding Resident #3's				
	medication revealed:					
		ch card of Klonopin 1mg				
		istered with a dispense date				
	of 04/08/20.					
	-There were 20 of 30	tablets remaining.				
	l					
		with a pharmacist with the				
		harmacy on 04/24/20 at				
		nopin 1mg was dispensed				
	on 04/09/20 for 30 tal	olets.				
	T-lambana intensious	with Desident #010 montal				
		with Resident #3's mental				
		/20 at 1:42pm, 04/27/20 at				
	10:07am revealed:	thad for Dockdont #9's				
	anxiety.	ibed for Resident #3's				
	,	esident #3 had not been				
	administered her Klor					
		nued Klonopin for Resident				
	#3.	ada radiidpiii idi radiiddiia				
	Telephone interview v	with Resident #3 on 04/24/20				
	at 10:24am revealed:					
	-Klonopin helped her	feel less nervous.				
		er if she had taken Klonopin				
	from 04/13/20-04/15/2	20.				
	-She had missed medication a lot of times.					
		with the Lead Supervisor on				
		revealed she did not know				
		owing as if not administered				
	04/13/20-04/15/20.					
		ector of Clinical Services				
	(DCS) on 04/28/20 at					
	_I -She was not sure wh	ny Resident #3's eMAR was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE	
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THE IVY A	T CLEMMONS		NS, NC 27012	IALE GOOK!	
040.15					1 0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 88	{D 358}		
	showing Klonopin as 04/13/20-04/15/20.	discontinued from			
	-"I do not know," I will	need to "look into it."			
	No further information DCS prior to exit.	n was obtained from the			
	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:				
	Melatonin 10mg daily administration time of				
		om on 04/01/20-04/12/20			
	was administered 04/				
	-There were no excep				
	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				
	facility's contracted pl	with a pharmacist with the harmacy on 04/24/20 at at atonin 10mg was dispensed day supply.			
		vith Resident #3's mental 20 at 1:42pm, 04/27/20 at			

Division of Health Service Regulation

10:07am revealed:

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STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS	6010 ME	ADOWBROOK N	IALL COURT	
CLEMMON			NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 89	{D 358}		
{D 358}	-Melatonin was prescrinsomniaHe was not aware Readministered her Mela-Resident #3 not receordered could negative sleepHe had not discontine #3. Telephone interview wat 10:24am revealed: -Melatonin helped here. She did not sleep were help her sleepShe had missed dos Telephone interview woon 04/30/20 at 4:53prif she had administered Telephone interview woon 04/28/20 at 12:19pm why Melatonin was shadministered 04/13/20. Interview with the Director (DCS) on 04/28/20 at -She was not sure when showing Melatonin as 04/13/20-04/15/20"I do not know," I will	esident #3 had not been atonin as ordered. Evining her Melatonin as vely impact Resident #3's ued Melatonin for Resident with Resident #3 on 04/24/20 or sleep. Ell and needed something to es of Melatonin. With a medication aide (MA) or revealed she did not recall ed Resident #3's Melatonin. With the Lead Supervisor on revealed she did not know nowing as if not 0-04/15/20. Sector of Clinical Services 3:17pm revealed: by Resident #3's eMAR was a discontinued from	{D 358}		
	4:53pm revealed:	vith a MA on 04/30/20 at ed on the eMAR screen to			

Division of Health Service Regulation

be administered, she administered the

STATE FORM 6899 69Q012 If continuation sheet 90 of 145

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING			R-C 5/07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK MA	LL COURT		
040.15	CLIMMADV C		ONS, NC 27012	PROVIDER'S PLAN OF C	ODDECTION	0.450
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	not recall which spective and the eMAR. She sometimes she though been discontinued and the eMAR. Telephone interview health FNP on 04/23 10:07am and 2:00pm -He expected Reside administered as order -Medication orders where the eman and the eman and eman	dications had "fell off" but did bific medications. Inedication was not on the set told someone but ght the medication must have and that was why it was not on with Resident #3's mental /20 at 1:42pm, 4/27/20 at an revealed: In the end that was why it was not on with Resident #3's medication to be ered. In revealed: In the end was at	{D 358}			

Division of Health Service Regulation

STATE FORM 6899 69Q012 If continuation sheet 91 of 145

DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		HAL034150	B. WING		05/07/2020
		INCOTIO			03/01/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS	6010 MEA	DOWBROOK N	IALL COURT	
11121417	TOLLINIO NO	CLEMMOI	NS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	IAIE DAIE
				·	
{D 358}	Continued From page	91	{D 358}		
	-There was no docum				
	administered 04/13/2	0-04/22/20.			
	Tolonhono intonvious	vith a medication aide (MA)			
		am regarding Resident #3's			
	medication revealed:	an regarding resident #3 s			
		ir Diskus a 30 day supply			
		istered with a dispense date			
	of 02/15/20.				
	-There were 23 puffs remaining.				
		vith a pharmacist with the			
		harmacy on 04/24/20 at			
	1:38pm revealed:				
		ispensed on 02/15/20 for a			
	30-day supply (60 pu	•			
	 -Advair was not cycle requested. 	filled and had to be			
	•	equests to refill Resident			
	#3's Advair Diskus sir	•			
	#03/tavaii Diskus sii	100 02/10/20.			
	Telephone interview v	vith Resident #3's primary			
		stant (PA) on 04/23/20 at			
	4:31pm revealed:	, ,			
	-Advair had been orde	ered for Resident #3 for the			
	treatment of COPD.				
		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 v	vith Resident #3 on 04/24/20			
	at 10:24am revealed:				
		o use her Advair every			
	morning and every ni	<u>-</u>			
	_	er Advair to be administered			
	most of the time, "the	y gave Advair to me here			
	and there."				

Division of Health Service Regulation

-She sometimes did not ask for her Advair

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SYNTHEM OF CRITICATION IDENTIFICATION NUMBER A BUILDING B WING B WING R.C 05/07/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE. 2P CODE 6010 MEADOWBROOK MALL COURT CLEMMONS SUMMARY STATEMENT OF DEPTOEMDES IDENTIFICATION NUMBER SUMMARY STATEMENT OF DEPTOEMDES IRACH CEPTOEMS WILLS THE PRECEDED BY FILL PRECED IRACH CEPTOEMS WILLS THE PRECEDED BY FILL TO 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 administered the medication. -She had noticed medications had "fell off" but did not recall which specific medications. -When she noticed medications was not on the eMAR she sometimes told someone but sometimes the should 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 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 12:19pm revealed: -She was not sure why Resident #3's eMAR was showing Albuterol as discontinued from O4/13/20-04/22/20. -Tid on know," 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	OTATEMENT OF REFORMATION		0.20.0				
INAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012 SUMMANY STATELISM OF DEPOSITIONS SUMMANY STATELISM OF DEPOSITIONS FEACH DEPOSITION WIST OF PROCESSOR BY FILL REGULATORY OR LIST DEPOSITIVING INFORMATION) PREFOR TAG (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 administered, she administered the medication. -If a medication showed on the eMAR screen to be administered, she administered the medication. -When she 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 (IOCS) 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. -T 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			(X1) PROVIDER/SUPPLIER/CLIA			` '	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STREE, 2IP CODE 9010 MEADOWBROOK MALL COURT CLEMMONS SIMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY AUST BE PRECEDED BY FULL THE IVY AT CLEMMONS COMPLETE TAG (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 administeredIf a medication showed on the eMAR screen to be administered, she administered the medicationShe had noticed medications had "fell off" but did not recall which specific medicationsWhen she noticed medication was not on the eMAR she sometimes told osmoene 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"Id on to 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	AIND FLAIN OI	CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _		COIVII LL IED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STREET, 2IP CODE 9010 MEADOWBROOK MALL COURT CLEMMONS SIMMARY STATEMENT OF DEFICIENCIES (PACH) DEFICIENCY AUST OF DEFICIENCIES (PACH) DEFICIENCY AUST OF DEFICIENCY TAG (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 administeredIf a medication showed on the eMAR screen to be administered the medicationShe had noticed medications had "fell off" but did not recall which specific medicationsWhen she noticed medication was not on the eMAR she sometimes told osmoone 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 the DCS prior to exit. g. Review of Resident #3's physician's orders						R-C	
NAME OF PROVIDER OR SUPPLIER THE IVY AT CLEMMONS SUMMARY STATEMENT OF EXPERIENCES (CLEMMONS, NC 27012) [MILIDIA SUMMARY STATEMENT OF EXPERIENCES OF THAT CLEMMONS, NC 27012) [MILIDIA SUMMARY STATEMENT OF EXPERIENCES OF THAT CLEMMONS, NC 27012) [MILIDIA SUMMARY STATEMENT OF EXPERIENCES OF THAT CLEMMONS, NC 27012) [MILIDIA SUMMARY STATEMENT OF EXPERIENCES OF THAT CLEMMONS, NC 27012) [MILIDIA SUMMARY STATEMENT OF EXPERIENCES OF THAT CLEMMONS, NC 27012] [MILIDIA SUMMARY STATEMENT OF THE SUMMARY STATEMENT OF THAT CLEMMONS, NC 27012] [MILIDIA SUMMARY STATEMENT OF THAT CLEMMONS NC 27012] [MILIDIA SUMMARY STATEMENT OF THAT CLEMMONS NC 2	HAI 034150		B. WING		1		
CALIFORNIA CLEMMONS CLEMMONS, NO. 27012				1		, 00/0	
THE IVY AT CLEMMONS CLEMMONS, NC 27012 (XI) ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY PLLL PREFIX TAG (D 358) Continued From page 92 (D 358) 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 AdvairShe could not say for sure if there were times Resident #3's Advair was not administeredIf a medication showed on the eMAR series to be administered, she administered the medicationShe had noticed medications had "fell off" but did not recall which specific medicationsWhen she noticed medicationsWhen she noticed 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	NAME OF PR	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CLEMMONS, NO. 27012 SUMMARY STATEMENT OF DEFICIENCIES DEFECT PROVIDER'S PLAN OF CORRECTION PREFIX TAG	THE NOVAT	F OL EMMONO	6010 MEA	DOWBROOK N	IALL COURT		
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twice daily. (Senna Plus is a stool softener).		twice daily. (Senna Pl	us is a stool softener).				

Division of Health Service Regulation

Review of Resident #3's April 2020 electronic

STATE FORM 6899 69Q012 If continuation sheet 93 of 145

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
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		HAL034150	B. WING		05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N	MALL COURT		
	CLEMMON					
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	∍ 93	{D 358}			
{D 358}	medication administrar revealed: -There was a comput Senna Plus twice dail administration time of -There was documen administered at 8:00a 04/01/20-04/12/20There was a second for Senna Plus twice administration time of -There was documen administered at 8:00a 04/16/20-04/19/20 an -There was no docum administered 04/13/2 -There was no excepto 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	eation record (eMAR) eer-generated entry for ly with a scheduled f 8:00am and 6:00pm. tation Senna Plus was am and 6:00pm on computer-generated entry daily with a scheduled f 8:00am and 8:00pm. tation Senna was am and 8:00pm on ad 04/21/20-04/23/20. mentation Senna was 0-04/15/20. tion documented. with a medication aide (MA) am regarding Resident #3's th card of Senna Plus sistered with a dispense date tablets remaining. with a pharmacist with the harmacy on 04/24/20 at ana Plus was dispensed on or supply; two punch cards	{D 358}			
	for constipationShe was not aware F	n ordered for Resident #3 Resident #3 had missed				
	taking her Senna fron	n 04/13/20-04/15/20.				

Division of Health Service Regulation

-She did not discontinue Resident #3's Senna

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DIVISION	of Fleatili Service Negu	ialion				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
			A. BUILDING: _			
HAL034150		B. WING		R- 05/0	C 7/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
			DOWBROOK N			
THE IVY A	T CLEMMONS		NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	94	{D 358}			
{D 358}	PlusResident #3 was not current quarantine who constipation. Telephone interview wat 10:24am revealed is she had to request a constipation; she did in the she had administered of the she had adm	with Resident #3 on 04/24/20 there were a couple of times dose of Miralax due to not recall the dates. with a medication aide (MA) m revealed she did not recall ed Resident #3's Senna on with the Lead Supervisor on revealed: my Senna was not showing to 3/20-04/15/20. e an order for Miralax. ector of Clinical Services my Resident #3's eMAR was as discontinued from	{D 358}			
	dated 02/18/20 revea	t #3's physician's orders led an order for Vitamin D amin D is a supplement used eficiency).				
	Review of Resident # medication administra	3's April 2020 electronic ation record (eMAR)				

Division of Health Service Regulation

-There was a computer-generated entry for

STATE FORM 6899 69Q012 If continuation sheet 95 of 145

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 610 MEADOWBROOK MALL COURT CLEMMONS CLEMMONS, NO 27012 (D.4) ID PRETEX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PRETEX TAG CROSS-REFERENCE TO THE APPROPRIATE TAG CROSS-REFERENCE TO THE APPROPRIATE ON'E CROSS-REFERENCE TO THE APPR		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		l ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
CALID PREFIX SUMMARY STATEMENT OF DEFICIENCIES CECHMONS, No. 27012			HAL034150	B. WING		1	
CAMPID C	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(D 358) Continued From page 95 Vitamin 2000 units daily with a scheduled administered at 8:00am of 10/24/20 at 1:38pm revealed Vitamin D 2000 units was dispensed on 03/27/20 at 4:21pm revealed: -Vitamin D 16d been ordered for Resident #3's primary care PA on 04/27/20 at 1:20-40 at 10:24am of 10 and missed taking Vitamin D for a vitamin D for a vitamin D for a vitamin D for a vitamin D for daily significancy. 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 1:21pm revealed: -Vitamin D fad been ordered for Resident #3 for a vitamin D for 04/12/20-04/22/20She was not aware Resident #3 and missed taking Vitamin D from 04/12/20-04/22/20She did not discontinue Resident #3 on 04/24/20 at 10:24am revealed she did not recall if she had received her Vitamin D and blank spots as if not administered after 04/12/20She could see Vitamin D had blank spots as if not administered after 04/12/20She could see Vitamin D had blank spots as if not administered after 04/12/20She did not flow only Vitamin D had not been	THE IVY A	T CLEMMONS			MALL COURT		
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 at 8:00am on 04/01/20-04/11/20. 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 on 04/24/20 at 10:24am revealed she did not recall if she had received her Vitamin D or not. Telephone interview with Resident #3 on 04/24/20 at 10:24am revealed she did not recall if she had received her Vitamin D had blank spots as if not administered after 04/12/20. -She did not know why Vitamin D had not been	PRÉFIX	(EACH DEFICIENC)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
Interview with the Director of Clinical Services (DCS) on 04/28/20 at 3:17pm revealed:	{D 358}	Vitamin 2000 units da administration time of -There was document administered at 8:00a -There was no docum administered 04/12/20 Telephone interview von 04/24/20 at 10:35a medication revealed the medication cart or administered. Telephone interview von dispensed on 03/27/20 Telephone interview von the medication cart or administered. Telephone interview von 03/27/20 Telephone interview von 03/27/20 Telephone interview von 03/27/20 Telephone interview von 03/27/20 Telephone interview von 04/27/20 and vitamin D from -She did not discontinuate of the vitamin of the	illy with a scheduled '8:00am. tation Vitamin D was am on 04/01/20-04/11/20. mentation Vitamin D was 0-04/22/20. with a medication aide (MA) am regarding Resident #3's here was no Vitamin D on in overstock available to be with a pharmacist with the marmacy on 04/24/20 at min D 2000 units was 0 for a 30-day supply. with Resident #3's primary at 4:21pm revealed: ordered for Resident #3 for // Resident #3 had missed 04/12/20-04/22/20. mue Resident #3's Vitamin D. with Resident #3 on 04/24/20 she did not recall if she had D or not. with the Lead Supervisor on revealed: in D had blank spots as if r 04/12/20. y Vitamin D had not been 1/12/20. ector of Clinical Services	{D 358}			

Division of Health Service Regulation

-She was not sure why Resident #3's eMAR was

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SI COMPLE	
	HAL034150		, 23.E5(3		R-0	c
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT		
			ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	96	{D 358}			
	showing Vitamin D as 04/12/20-04/22/20"I do not know," I will	need to "look into it."				
	DCS prior to exit.	n was obtained from the				
	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:					
	Vitamin B12 500mcg administration time of -There was documen	tation Vitamin B12 was				
		nm on 04/01/20-04/12/20. nentation Vitamin B12 was 0-04/22/20.				
	04/24/20 at 10:35am					
	-There was one punc 50mcg available to be dispense date of 03/2 -There were 10 of 30	7/20.				
	facility's contracted ph 1:38pm revealed Vita	vith a pharmacist with the narmacy on 04/24/20 at min B12 500mcg was 0 for a 30-day supply.				
	care Physician's Assis 4:21pm revealed:	vith Resident #3's primary stant (PA) on 04/27/20 at en ordered for Resident #3				

Division of Health Service Regulation

for a vitamin B12 deficiency.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE	SURVEY
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:			LLTED
		HAL034150	B. WING		I .	R-C / 07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		6010 ME	ADOWBROOK MA	LL COURT		
THE IVY	AT CLEMMONS	CLEMMO	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page	97	{D 358}			
	taking Vitamin B12 fro	Resident #3 had missed om 04/13/20-04/22/20. nue Resident #3's Vitamin				
		vith Resident #3 on 04/24/20 she did not know if she had or not.				
	04/28/20 at 12:19pm -She could see Vitam not administered afte	in B12 had blank spots as if r 04/12/20. y Vitamin B12 had not been				
	(DCS) on 04/28/20 at	ny Resident #3's eMAR was as discontinued from				
	No further information DCS prior to exit.	n was obtained from the				
	dated 02/18/20 revea Ketoconazole cream breast twice daily and breasts after applicati	2% apply to the area under I place a pillowcase under on. (Ketoconazole is an that is used to treat certain				
	medication administrative revealed: -There was a comput Ketoconazole cream	3's April 2020 electronic ation record (eMAR) er-generated entry for 2% apply to the area under I place a pillowcase under				

Division of Health Service Regulation

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DIVISION	n nealth Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		6010 MEA	DOWBROOK N	MALL COURT	
THE IVY A	T CLEMMONS		NS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
			1	DEFICIENCY)	
{D 358}	Continued From page 98		{D 358}		
		ion daily with a scheduled			
	administration time of				
		tation Ketoconazole cream			
	2% was administered				
	5:49pm, and 10:00pm				
	- There was documer 2% was administered	ntation Ketoconazole cream			
)7pm, 4:55pm, 9:01pm, and			
	10:21pm on 04/06/20				
		tation Ketoconazole cream			
		6 times on 04/07/20, 7			
		times on 04/09/20, 5 times			
		on 04/11/20, 9 times on			
	04/12/20, 7 times on				
	04/14/20, 7 times on	04/15/20, and 3 times on			
	04/16/20.				
		entry for Ketoconazole			
		eduled administration time of			
	8:00am.	tation Ketoconazole cream			
	was administered at 8				
	04/17/20-04/19/20 an				
		entries for Ketoconazole			
	2% cream.	Shares for Releasing Earl			
	Review of Resident #	3's medication on hand on			
		revealed there was no			
	Ketoconazole cream	available to be			
	administered.				
	Tolonhone interviewy	with a pharmaciat with the			
		with a pharmacist with the harmacy on 04/24/20 at			
	1:38pm revealed:	11111111111111111111111111111111111111			
		ole cream was dispensed on			
	04/04/12 for a seven-				
		r breast twice daily and			
	apply a pillowcase aft				
		ot key in every two hours for			
	this medication.				

Division of Health Service Regulation

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PRINTED: 05/28/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	1 00:0::=020	
NAIVIE OF PI	ROVIDER OR SUPPLIER		DOWBROOK N			
THE IVY AT CLEMMONS			IS, NC 27012	IALL COOK!		
			<u>,</u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	8) Continued From page 99		{D 358}			
	Telephone interview verse Physician's Assistant A:21pm revealed not Ketaconazloe 2% credelayed improvement Telephone interview vat 10:24am revealed: -No one had applied of The medication aides small amount of creat and tell her to apply it in the revealed to the reverse and to the reverse and to the reverse to the reverse verse	with Resident #3's primary stant (PA) on 04/27/20 at applying Resident #3's am as ordered would have it. with Resident #3 on 04/24/20 cream under her breast. s (MA) would give her a m in a cup every morning it underneath her breast. to put a pillowcase under the day and applied the cream.				
	a day.	enough cream to apply once				
		olied the cream for her. oreast had cleared up.				
	-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 hoursShe did not apply the Ketoconazole cream every 2 hoursShe would document that it was not due; if her initials did not have an exception, she forgot to put the exception in.					
	administered every 2 the medicationShe had administere hours because that w -She could not "check	evealed: ed on the eMAR to be hours, she would administer d Ketoconazole every 2 eas what was on the eMAR. c off" on the medication until it had been administered so				

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
			A. BOILDING.		R-	c
		HAL034150	B. WING		ı	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N NS, NC 27012	IALL COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	÷ 100	{D 358}			
	Telephone interview vous 28/20 at 12:19pm -She did not know who time-stamped every 29-She saw the Director fix it in the systemMAs were supposed cream and pillowcase. She knew she had a Ketoconazole cream Interview with the Director (DCS) on 04/28/20 at She was not sure who showing Ketoconazole every 2 hoursThe Ketoconazole mount the MAs were not clicked it off." Telephone interview vous 4:53pm revealed: -If a medication show be administered, she medicationShe had noticed meanot recall which species. When she noticed meanot recall which species of the sometimes she though been discontinued and the eMAR. Telephone interview vous 29 care PA on 04/23/20 at She expected Reside administered as order	with the Lead Supervisor on revealed: by Ketoconazole was 2 hours. r of Clinical Services (DCS) to apply the Ketoconazole as ordered. pplied Resident #3's and pillowcase. ector of Clinical Services 3:17pm revealed: by Resident #3's eMAR was be was being administered ay show up every 2 hours, administering it, "they just with a MA on 04/30/20 at the don't he eMAR screen to administered the dications had "fell off" but did fic medications. edication was not on the stold someone but ht the medication must have do that was why it was not on with Resident #3's primary at 4:31pm revealed: ent #3's medication to be				

Division of Health Service Regulation

without medication."

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DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		
		HAL034150	B. WING		R-C 05/07/2020
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	
NAME OF FI	NOVIDER OR SUPPLIER		DOWBROOK N		
THE IVY A	T CLEMMONS		NS, NC 27012	IALL COURT	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page 101		{D 358}		
	technician with the fac on 04/23/20 at 3:47pr				
	aide (MA) on 04/29/20	e interview with a medication 0 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 Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.			
	•	e interview with the Licensed Services (LHPS) nurse on			
		e interviews with the Director OCS) on 04/28/20 at 8:46am			
	Refer to the telephone Administrator on 04/2				
	01/07/20 revealed dia	nt #1's current FL-2 dated agnoses included essential affective disorder, anxiety epressive disorder.			
	-A physician's order d 15mg twice daily.	t #1's record revealed: ated 02/17/20 for buspar ated 02/24/20 to discontinue			
		1's March 2020 electronic			

Division of Health Service Regulation

Medication Administration Record (eMAR)

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STATEMEN [*]	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY AT CLEMMONS			DOWBROOK N NS, NC 27012	IALL COURT	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	-There was no documbuspar 15mg twice do 03/31/20. Review of Resident # electronically produce documented by hand -There was an entry fat 8:00am and 8:00pr -There was documen Buspar 15mg twice do 03/31/20. Review of medication on 04/24/20 at 1:00pr was not available for Interview with represe pharmacy on 05/05/2 -Buspar 15mg twice do 02/17/20 with a quant -The order for Buspar discontinued on 02/24 -Resident #1 had no 15mgShe was unable to do been returned to the linterview with Reside on 04/28/20 at 10:05a -The buspar 15mg or and was discontinued -She did not know Refelectronically produce revealed documentat Buspar 15mg twice do 03/31/20.	for buspar 15mg twice daily. Inentation of administration of aily from 03/12/20 through 1's March 2020 Ed, with the administration MAR revealed: For Buspar 15mg twice daily, In. Itation of administration of aily from 03/12/20 through Is on hand for Resident #1 In revealed buspar 15mg In revealed buspar 15mg In revealed: In the contracted of at 11:30am revealed: Italiy was dispensed on the contracted of at 11:30am revealed: Italiy was dispensed on the contracted of a the contracted of at 15mg twice daily was 4/20. In the contracted of the contra	{D 358}		

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Bittoloni	n nealth Service Regu	lation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		D MINO		R-C		
		HAL034150	B. WING		05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			DOWBROOK N			
THE IVY A	T CLEMMONS			MALL COURT		
		СЕММОІ	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		
TAG	REGOLATORT OR E	100 IDENTIFY THE INTO ONWATION	TAG	DEFICIENCY)	U/VIE	
						-
{D 358}	Continued From page	e 103	{D 358}			
	accurate.	22				
	-She expected the fac					
	medications as ordered	ed by the provider.				
	Interview with a medic	` ,				
	04/20/20 and 04/27/2					
		y knowledgeable about her				
		ld let staff know immediately				
		inistered was not correct.				
	•	of problems with the eMAR				
		rders would disappear.				
	_	em would not capture the				
	entry of a medication	· · · · · · · · · · · · · · · · · · ·				
	administered, and the	e MA would have to click that				
	the medication was a	dministered later in the day,				
	not the actual time it	was administered.				
	-Resident #1 had bee	en on buspar briefly, "a while				
	back", but did not hav	e an order for buspar now.				
	-No buspar was availa	able for administration for				
	Resident #1.					
	Interview with Reside	nt #1 on 04/29/20 at				
	12:00pm revealed:					
	-She was on buspar a	a while ago, but did not take				
	any buspar now.	•				
	,	ar, she took it every day.				
		aware of the medications				
	she was ordered.					
	-She counted her med	dications before she took				
	them.					
	-The MAs always adn	ninistered Resident #1's				
	medications.					
	b. Review of Residen	t #1's current FL-2 dated				
		physician's order for lithium				
	300mg twice daily.	,				
	ccomg amoo dany.					
	Review of Resident #	1's March 2020 electronic				
	Medication Administra					

Division of Health Service Regulation

revealed:

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Division of	of Health Service Regu	lation			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
			ADOWBROOK M		
THE IVY A	AT CLEMMONS	CLEMMO	ONS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page 104		{D 358}		
	and 6:00pmThe lithium 300mg tv	00mg twice daily at 8:00am vice daily was not nistered from 03/12/20			
	Review of Resident #1's April 2020 eMAR revealed: -An entry for lithium 300mg twice daily at 8:00am and 6:00pmLithium 300mg was not documented as administered from 04/01/20 through 04/11/20, and on 04/19/20 or 04/20/20.				
	on 04/24/20 at 1:00pr -Lithium 300mg was a -Eighteen capsules re that was dispensed of	available for administration. emained in the pack of 30			
	revealed: -A lithium laboratory r was 0.9 (the reference testing laboratory was -A lithium laboratory r was 0.6.	esult collected on 04/29/20 lithium level had decreased			
	revealed: -Resident #1 had an olithium 300mg twice d -The lithium 300mg h	on 04/28/20 at 11:15am order dated 02/20/20 for			

quantity of 60 and on 04/28/20 with a quantity of

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
			A. BOILDING			0
		HAL034150	B. WING		R- 05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
	T CLEMMONS	6010 ME	ADOWBROOK N	IALL COURT		
INE IVI A	T CLEMINIONS	CLEMMO	NS, NC 27012			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
{D 358}	Continued From page	2 105	{D 358}			
	60.					
	Interview with Decide	nt #1'a mantal baalth				
	Interview with Reside provider on 04/28/20					
	•	alth provider for the facility,				
		sident #1 one time, which				
	was an office visit on					
	current order for Resi	300mg twice daily was a dent #1				
		lithium 300mg was not				
	administered as order	red for Resident #1 from				
	03/12/20 through 04/					
	-He had the expectati be administered as or	on that medications would rdered.				
	Interview with Reside on 04/28/20 at 10:05	nt #1's primary care provider am revealed:				
	-Resident #1's menta lithium 300mg.	I health provider ordered the				
	•	e lithium 300mg was not				
		red for Resident #1 from				
	03/12/20 through 04/					
	 She expected for the medications as ordered 					
	medications as ordere	ed by the provider.				
		e interview with a pharmacy				
		cility's contracted pharmacy				
	on 04/23/20 at 3:47pr	n.				
	Refer to the telephone	e interview with a medication				
	aide (MA) on 04/29/2					
		e interview with a second				
	MA on 04/29/20 at 5:0	ЈЗрт.				
	Refer to the telephone on 04/30/20 at 4:53pr	e interview with a third MA n.				

Refer to the telephone interview with the Lead

Supervisor on 04/28/20 at 12:20pm.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	T CLEMMONS	6010 MEA	DOWBROOK N	IALL COURT	
THE IV T	T CLEWINIONS	CLEMMOI	NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMPLETE
{D 358}	Continued From page	e 106	{D 358}		
	-	e interview with the Licensed Services (LHPS) nurse on			
	-	e interview with the Director n 04/28/20 at 8:46am and			
	Refer to the telephone Administrator on 04/2				
	**REFER TO TAG 99 CONTINUED FINDIN	,			
{D 367}	10A NCAC 13F .1004 Administration	ł(j) Medication	{D 367}		
	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				
	or treatment;	ministering the medication			
	medications or treatm				
	medications or treatm omission, including re (8) name or initials of the medication or treat	ents and the reason for the			
	-	ntained with the medication			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIEAN	or dorate of the transfer of t	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034150	B. WING		R-C 05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N NS, NC 27012	MALL COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE	
{D 367}	Continued From page	: 107	{D 367}			
	administration record					
	facility failed to ensure Administration Record for 6 of 7 sampled res and #7) related to cor and documenting adm according to physicial	ews and interviews, the ethe electronic Medication ds (eMARs) were accurate sidents (#1, #3, #4, #5, #6, rectly entering, scheduling, ninistration of medications				
	before or after the sch administration of med	neduled time, documenting ications when a resident nd duplicate entries for the				
	The findings are:					
	02/14/20 revealed dia	nt #6's current FL-2 dated gnoses included diabetes chizophrenic disorder.				
	02/14/20 revealed an	nt #6's current FL-2 dated order for fluvoxamine 50mg sion) one-half tablet two				
	Medication Administra 04/01/20 to 04/23/20 -There was an entry f					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 501251110.		R-C	
		HAL034150	B. WING		05/07/2020)
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT		
		CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMP	LETE
{D 367}	Continued From page	e 108	{D 367}			
{D 367}	for administration at 8 -Fluvoxamine 25mg v administration 15 of 2 and 7 of 20 opportuni examples as follows: -On 04/03/20, schedu documented as admin -On 04/13/20, schedu documented as admin -On 04/16/20, schedu documented as admin -She was not able to medicationsShe was not able to medications at the tim b. Review of Resider 02/14/20 revealed an to lower cholesterol) 6 Review of Resident # Medication Administra 04/01/20 to 04/23/20 -There was an entry f 12 hours scheduled fo and 8:00pmGemfibrozil 600mg v	8:00am and 8:00pm. vas documented as late 21 opportunities at 8:00am ties at 8:00pm with alled for 8:00am and nistered at 9:44am. alled for 8:00pm and nistered at 9:49pm. alled for 8:00am and nistered at 9:34am. with Resident #6 on 04/29/20 e name of all her nes scheduled. at #6's current FL-2 dated order for gemfibrozil (used 600mg every 12 hours. 6's April 2020 electronic ation Records (eMARs) from revealed: for gemfibrozil 600mg every or administration at 8:00am vas documented as late 4 opportunities at 8:00am ties at 8:00pm with alled for 8:00am and	{D 367}			
	-On 04/06/20, schedu documented as admir -On 04/22/20, schedu documented as admir	nistered at 10:27pm. ıled for 8:00am and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-	
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT		
	CHMMADY CT		IS, NC 27012	DROVIDERIC DI ANI OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 109	{D 367}			
	Telephone interview vat 1:49pm revealed: -She did not know the medicationsShe was not able to medications at the time. C. Review of Resider 02/14/20 revealed an (used to treat diabete. Review of Resident # Medication Administration Administration at 8-Glipizide 5mg was doadministration 11 of 1 and 9 of 19 opportuni examples as follows: -On 04/03/20, schedudocumented as administration at 8-Glipizide 5mg was doadministration 11 of 1 and 9 of 19 opportuni examples as follows: -On 04/03/20, schedudocumented as administration at 8-Glipizide 5mg was doadministration 11 of 1 and 9 of 19 opportuni examples as follows: -On 04/03/20, schedudocumented as administration at 3-Glipizide 5mg was doadministration at 3-Glipizide 5mg was follows: -On 04/03/20, schedudocumented as administration at 3-Glipizide 5mg was administration at 3-Glipizide 5mg was administration at 3-Glipizide 5mg was follows: -On 04/03/20, schedudocumented as administration at 3-Glipizide 5mg was administr	e name of all her say if she received all her nes scheduled. It #6's current FL-2 dated order for glipizide 5mg s) twice a day. 6's April 2020 electronic ation Records (eMARs) from revealed: for glipizide 5mg scheduled 8:00am and 8:00pm daily. focumented as late 4 opportunities at 8:00am ties at 8:00pm with filled for 8:00am and filstered at 9:44am. filled for 8:00am and filstered at 10:27pm. filled for 8:00am and filstered at 10:40am. Filled for 8:00am and filstered at 10:40am.				

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Review of Resident #6's April 2020 electronic

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				D MING		С
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY	AT CLEMMONS	6010 ME	ADOWBROOK N	IALL COURT		
INCIVIA	AT CLEIMINIONS	CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	110	{D 367}			
	Medication Administra 04/01/20 to 04/23/20 -There was an entry f 10gm/15ml take 30ml scheduled for administration and 7:00pmLactulose solution 10 as late administration 8:00am, 2 of 21 oppo 22 opportunities at 7:1 follows: -On 04/03/20, schedudocumented as administration 04/06/20, schedudocumented as administration 04/12/20, schedudocumented as administration 04/01/20, schedudocumented as administration of 04/12/20, schedudocumented as administrationsShe did not know the medicationsShe was not able to medications at the time. Review of Resider 10/2/14/20 revealed an 1000mg (used to treat 1000mg (used to treat 1000mg) (used to 1000mg) and 1000mg wellow of 1000mg wellow	ation Records (eMARs) from revealed: for lactulose solution as three times a day stration at 8:00am, 2:00pm, and 7 of 121 opportunities at rtunities at 2:00pm, and 7 of 00pm with examples as alled for 8:00am and histered at 9:44am. alled for 8:00pm and histered at 10:27pm. alled for 8:00am and histered at 9:25am. With Resident #6 on 04/29/20 as name of all her hes scheduled. In the say if she received all her hes scheduled.				

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-On 04/03/20, scheduled for 8:00am and

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK N	IALL COURT		
			NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	ΓΕ
{D 367}	Continued From page	e 111	{D 367}			
{D 367}	documented as admir-On 04/06/20, schedudocumented as admir-On 04/22/20, schedudocumented as admir-On 04/22/20, schedudocumented as admir-On 04/22/20, schedudocumented as admir-On 04/22/20, schedudocumented as admir-On 04/29/20 at 1:49pm revealed: -She did not know the medications. -She was not able to medications at the tim- f. Review of Residen 02/14/20 revealed an (used to treat elevate (75mg) twice a day. Review of Resident #Medication Administration 04/01/20 to 04/23/20 -There was an entry fone-half tablets (75m administration at 8:00-Metoprolol 75mg was	nistered at 9:44am. Illed for 8:00pm and nistered at 10:27pm. Illed for 8:00am and nistered at 10:40am. In the sident #6 on 04/29/20 In the name of all her In the say if she received all her In the scheduled. It #6's current FL-2 dated In the order for metoprolol 50mg In the dolor by the say of the say of the seconds (eMARs) form In the second seco	{D 367}			
		vith Resident #6 on 04/29/20				

Division of Health Service Regulation

-She was not able to say if she received all her

STATE FORM 6899 69Q012 If continuation sheet 112 of 145

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034150	B. WING		R-C 05/07/2020	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	,	
THE IVY A	T CLEMMONS		DOWBROOK N IS, NC 27012	IALL COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page medications at the time		{D 367}			
	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.					
	Medication Administra 04/01/20 to 04/23/20 -There was an entry f day scheduled for administration 12:00pm dailyRisperidone 1mg was administration 15 of 2 and 7 of 20 opportuni examples as follows: -On 04/03/20, schedudocumented as administration 20:00 opportuni examples as follows: -On 04/10/20, schedudocumented as administration 04/12/20, schedudocumented 0	or risperidone 1mg twice a ministration at 8:00am and s documented as late 0 opportunities at 8:00am ties at 12:00pm with sled for 8:00am and histered at 9:44am. sled for 8:00am and histered at 9:30am. sled for 8:00am and histered 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 medicationsShe was not able to say if she received all her medications at the times scheduled.					
	on 04/30/20 at 4:53pr -After you administers "clicked off" on the mo would pop back upSometimes she had medication two or thre popping back up.	ed the medication and edication, the medication				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					l R	-C
		HAL034150	B. WING			07/2020
NAME OF D	DOVIDED OD CUDDUED	CTDEET AD	DRESS, CITY, STA	ATE 710 CODE		
NAME OF PI	ROVIDER OR SUPPLIER		, ,	•		
THE IVY A	T CLEMMONS		DOWBROOK N	MALL COURT		
		CLEMMOR	NS, NC 27012	_		Г
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP		DATE
				DEFICIENCY)		
{D 367}	Continued From page	: 113	{D 367}			
	as administered, the	medication might pop back				
	up later such as at he	r 6:00pm medication pass,				
	the 4:00 pm medication	on would "show back up."				
	Telephone interview v 04/28/20 at 12:15pm	vith the Lead Supervisor on				
	-	oosed to be administered				
		e hour after the ordered				
	time.					
	-Medications were "ta	rdy once in a blue moon."				
	•	me-stamped medication				
	administration times.					
	-The eMAR system d					
	administration entries					
		d "pop-up" again and the				
	MA would have to ent	ecorded the time of the				
	-	t was why it looked like				
	medications were adr					
		enever the eMAR system				
		administration information.				
	-She did not know if it	was possible to change the				
	administration time ar	nd date in the eMAR system.				
		was visible on the computer				
		e on the printed eMARs.				
		at was done to correct the				
	•	ot occurring as much lately.				
	-The MA was respons					
	administration of medications. Refer to telephone interviews with a Medication					
	· ·	0 at 10:32am and 4/27/20 at				
	11:21am.					
	Defends the first	- du4 d 20				
	•	e interview with a pharmacy				
		cility's contracted pharmacy				
	on 04/23/20 at 3:47pr	II.				
	Refer to the telephone	e interview with the Lead				

Division of Health Service Regulation

Supervisor on 04/28/20 at 12:20pm.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7.1. 201251110.		R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		ADOWBROOK M	IALL COURT		
0/0/15	STIMMADA ST	ATEMENT OF DEFICIENCIES	ONS, NC 27012	PROVIDER'S PLAN OF CORRECTION	d over	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	e 114	{D 367}			
	-	e interviews with the Director OCS) on 04/28/20 at 3:17pm am.				
	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 dayThere was an entry for Seroquel 100mg "one tablet at bedtime" scheduled for administration at 8:00am and 6:00pmSeroquel 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.					
	at 10:21am revealed: -She received her me -She did not know if s medication because s and was not familiar v Refer to telephone into					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
]		R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
THE IVY AT CLEMMONS 6010 MEA			DOWBROOK N	IALL COURT		
		CLEMMON	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	e 115	{D 367}			
	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 Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.				
		e interviews with the Director DCS) on 04/28/20 at 3:17pm am.				
	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,					
	Medication Administrative revealed:	, ,				
	was not documented documented by hand -There were multiple	_				
	same days with exam -On 03/01/20 the 8:00 for Resident #1 had 6	ples as follows: Dam scheduled medication different sets of initials,				
	indicating that 6 differ	ent medication aides				

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date to Resident #1.

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DIVISION	of Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					_	_
			R WING		R-	
		HAL034150	B. WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK M	ALL COURT		
		ССЕММО	NS, NC 27012			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
{D 367}	Continued From page	116	{D 367}			
(2 00.)	Continued From page	, 110	(5 00.)			
	-On 03/31/20 the 8:00	am scheduled medication				
	for Resident #1 had 7	different sets of initials,				
	indicating that 7 differ	•				
		am medications on that				
	same date.	an medications on that				
		or clozapine 100mg every				
	•	or clozapine roomig every				
	morning at 8:00am.	for alamania a 450mm				
	-There were 2 entries					
	scheduled at 8:00pm.					
		apine 150mg, scheduled at				
		ented as administered from				
	03/01/20 through 03/3	31/20.				
	-The double documer	ntation of administration of				
	the clozapine 150mg	indicated the clozapine				
	150mg was administe	ered twice nightly from				
	03/01/20 to 03/31/20.					
	00/01/20 10 00/01/20.					
	Interview with Reside	nt #1 on 04/29/20 at				
	12:00pm revealed:	110 // 1 011 0 1/20/20 dt				
	-She took clozapine 1	50mg nightly				
	·					
	_	aware of the medications				
	she was ordered.					
		s she was supposed to				
	receive her medicatio	ns.				
	Interview with Reside					
	provider on 04/28/20	at 10:05am revealed:				
	-Resident #1 knew wl	nat medications she was				
	ordered and what sho	ould be administered.				
	-The facility had recei	ntly switched from using				
	paper MARs to an eM	•				
		dication administration.				
		ystem used by the facility				
		ystem used by the facility				
	was not accurate.	staff to administra				
	-She expected facility					
		ed and for the MAR system				
	to record the administ	tration correctly.				

Division of Health Service Regulation

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

STATE FORM 6899 69Q012 If continuation sheet 117 of 145

DIVISION	n riealth Service Negu	alion				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SI COMPLE	
ANDILAN	O CONTROLLON	IDENTIFICATION NONBER.	A. BUILDING: _		OOWII EE	-120
		HAL034150	B. WING		R-0	C 7/2020
NAME OF D			DECC CITY CTA	TE 7/D 00DE	1 00.0	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•		
THE IVY A	T CLEMMONS		DOWBROOK N IS, NC 27012	IALL COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	: 117	{D 367}			
	about her medications	was very knowledgable s and would let staff know dication administered was				
	· · · · · · · · · · · · · · · · · · ·	erviews with a Medication 0 at 10:32am and 4/27/20 at				
		e interview with a pharmacy cility's contracted pharmacy n.				
	Refer to the telephone Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.				
		e interview with the Director OCS) on 04/28/20 at 3:17pm am.				
	01/07/20 revealed me	t #1's current FL-2 dated edications included lithium 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.					
	Medication Administration -An entry for lithium 3 for administration at 8 -The lithium 300mg to documented as admir of March 2020There was no documented as a documented as					

Division of Health Service Regulation

Review of Resident #1's April 2020 eMAR

STATE FORM 6899 69Q012 If continuation sheet 118 of 145

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ΓE, ZIP CODE		
THE IVY A	T CLEMMONS	6010 MEA	ADOWBROOK M	ALL COURT		
111121117	T OLLIMINONO	CLEMMO	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	E
{D 367}	Continued From page	: 118	{D 367}			
	and 6:00pm. -The lithium 300 mg wadministered from 04/dose on 04/11/20. -There was no docum 300mg was not admir through 04/11/20. -The lithium 300mg wadministered from the through 04/21/20. Interview with Resider 12:00pm revealed: -She took lithium 300mg was ordered. -She was very much as she was ordered. -She knew what times receive her medication -The medication aides Resident #1's medica. Interview with Resider on 04/28/20 at 10:05ang -Resident #1 knew whordered and what shown -The facility had recerpaper MARs to an eM documentation of medications as ordered to record the administ Refer to interviews with Refer to interviews with Resider paper MARs to an eM documentation of medications as ordered and what shown -The current eMAR sy was not accurate.	ent #1 on 04/29/20 at mg twice daily. aware of the medications as she was supposed to ns. as always administered tions. nt #1's primary care provider am revealed: nat medications she was ould be administered. ntly switched from using IAR system for dication administration. IAR system for dication administer and for the MAR system tration correctly. th a Medication Aide (MA)				
	to record the administ	ration correctly.				

Division of Health Service Regulation

Refer to the telephone interview with a pharmacy

STATE FORM 6899 69Q012 If continuation sheet 119 of 145

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			7.1. 20.125.1.10.		R-	C
		HAL034150	B. WING		1	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
	AT CLEMMONS	6010 MEA	DOWBROOK N	IALL COURT		
INE IVI A	TI CLEWINIONS	CLEMMON	NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	÷ 119	{D 367}			
	on 04/23/20 at 3:47pr	e interview with the Lead				
	Refer to the telephone of Clinical Services (E and 05/01/20 at 8:20a 3. Review of Residen 02/14/20 revealed diadisorder, chronic cons	e interviews with the Director DCS) on 04/28/20 at 3:17pm am. It #7's current FL-2 dated agnoses included seizure				
		7's discharge summary dent #7 was in the hospital rned to the facility on				
	Review of Resident # 04/02/20, Resident #7 around 4:30pm.	7's care notes dated 7 returned from the hospital				
	discharge summary de There was an order four times daily. (Acet pain). There was an order four times daily. (Atorvastatin is used four times was an order four times.) There was an order four tesult of taking antips. There was an order four daily. (Cilostazol is us blood flow in the legs).	for Cilostazol 50mg twice sed to treat problems with				

Division of Health Service Regulation

-There was an order for Seroquel 200mg twice

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Division of Health Service Regul	lation				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SI	URVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
				R-0	<u></u>
	HAL034150	B. WING			7/ 2020
	11AE034130			05/0	112020
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE NAVAT OF EMMONO	6010 ME	EADOWBROOK MA	LL COURT		
THE IVY AT CLEMMONS	CLEMM	ONS, NC 27012			
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO		COMPLETE
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE
			BEI IOIEIIOI	,	
{D 367} Continued From page	: 120	{D 367}			
d-ih. (0i	t : l : - t : l : - t : l				
	antipsychotic medication).				
	or Seroquel 300mg twice				
daily.					
Review of Resident #	7's April 2020 aMAP				
revealed:	7 3 April 2020 CIVIAIX				
-There was a compute	er-generated entry for				
	ng take one tablet four times				
	d administration time of				
8:00am, 12:00pm, 4:0					
	tation on 04/01/20 Resident				
	Acetaminophen 500mg at				
5:42pm and 10:04pm	· · · · · · · · · · · · · · · · · · ·				
-There was a compute					
	e one tablet daily with a				
scheduled administration	tion time of 8:00pm.				
-There was document	tation on 04/01/20 Resident				
#7 was administered	Atorvastatin 10mg at				
10:04pm.					
-There was a compute	er-generated entry for				
	one tablet daily with a				
scheduled administration	•				
	tation on 04/01/20 Resident				
#7 was administered	Benztropine 1mg at				
10:04pm.					
-There was a compute	•				
_	one tablet twice daily with a				
	tion time of 8:00am and				
8:00pm.	tation on 04/01/20 Resident				
#7 was administered					
10:04pm.	Cilostazoi borng at				
-There was a compute	er generated entry for				
	ne tablet twice daily with a				
_	tion time of 8:00am and				
8:00pm.	a.c., amo or o.ooam and				
· · · · · · · · · · · · · · · · · · ·	tation on 04/01/20 Resident				
	Lithium 600mg at 10:04pm.				

-There was a computer-generated entry for Seroquel 200mg take one tablet twice daily with a

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DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		6010 ME	ADOWBROOK N	MALL COURT	
THE IVY A	T CLEMMONS		NS, NC 27012		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTIO	N (YE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	()
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
				DEFICIENCY)	
{D 367}	Continued From page	e 121	{D 367}		
		tion time of 8:00am and			
	4:00pm.				
		tation on 04/01/20 Resident			
		Seroquel 200mg at 5:42pm.			
		er-generated entry for			
		one tablet twice daily with a			
		tion time of 8:00am and			
	8:00pm.	tation on 04/01/20 Resident			
	#7 was administered				
	10:04pm.	octoquet 500mg at			
	10.0-тріп.				
	Telephone interview v	vith a medication aide (MA)			
	on 04/30/20 at 4:53pr				
	-	on pass, if there were special			
	cases, she would doo	cument the resident as out of			
	the facility, refused, e medication.	tc., before submitting the			
	-Resident #7 had bee while back."	n in the hospital, "it was a			
		to put in an exception on			
	04/01/20.				
	D 1 1 "				
		ns, record reviews, and ermined Resident #7 was			
	not interviewable.	ermined Resident #7 was			
	not interviewable.				
	Refer to telephone int	terviews with a Medication			
		0 at 10:32am and 4/27/20 at			
	11:21am.	o at 10.02am and 1/21/20 at			
	Refer to the telephone	e interview with a pharmacy			
	•	cility's contracted pharmacy			
	on 04/23/20 at 3:47pr				
	•	e interview with the Lead			
	Supervisor on 04/28/2	20 at 12:20pm.			
	Refer to the telephone	e interviews with the Director			
	veier to the relebuour	e interviews with the Director	1		

Division of Health Service Regulation

of Clinical Services (DCS) on 04/28/20 at 3:17pm

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Division of Health Service Regulation

DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
					R-0	_
		HAL034150	B. WING		1	
		HALU34150			05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		6010 MEA	ADOWBROOK N	IALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012			
	OLUMBA DV OT		<u>,</u>	DD0//DEDI0 D/ AV 05 00DD507/01		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D 207)	0 " 15	400	(D 207)			
{D 367}	Continued From page	9 122	{D 367}			
	and 05/01/20 at 8:20a	am.				
	4. Review of Residen	t #3's current FL-2 dated				
	02/14/20 revealed dia	gnoses included sinusitis,				
		ılmonary disease (COPD),				
		D deficiency, depression,				
	anxiety, and constipat	- · · · · · · · · · · · · · · · · · · ·				
	,, ,					
	a. Review of Residen	t #3's physician's orders				
		led an order for Omeprazole				
		neprazole is used to treat				
	heartburn).	roprazoro lo acca to troat				
	Review of Resident #	3's April 2020 electronic				
		ation records (eMARs)				
		at 11:28am revealed:				
	•	er-generated entry for				
	Omeprazole 20mg da	-				
	administration time of					
	-Omeprazole 20mg w					
		im on 04/01/20-04/12/30.				
		computer-generated entry				
	administration time of	daily with a scheduled				
	-Omeprazole 20mg w					
		as documented as im on 04/15/20-04/21/30.				
	auministered at 0.00a	IIII 011 04/ 15/20-04/2 1/30.				
	Review of a second A	pril 2020 MAR for Resident				
		/20 at 2:42pm revealed:				
		er-generated entry for				
	Omeprazole 20mg da	-				
	administration time of	=				
	-Omeprazole 20mg w					
		as documented as im on 04/01/20-04/12/30.				
		computer-generated entry				
	-	daily with a scheduled				
	administration time of					
	-Omeprazole 20mg w	as documented as				

Division of Health Service Regulation

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DIVISION	Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED	
					R-C	:	
		HAL034150	B. WING		1	7/2020	
		12001.00			1 00/01	72020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
	T CLEMMONS	6010 ME	ADOWBROOK M	IALL COURT			
INCIVIA	AT CLEIWINIONS	CLEMMO	NS, NC 27012				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{D 367}	Continued From page	e 123	{D 367}				
	Telephone interview of Services (DCS) on 04-She could not go into document a late entry-She documented Re administered on 04/0 not administer the methesecond April eMA consultant with the elipher through how to downso practicing. Based on observation interviews, it was detenot interviewable. Refer to telephone interviewable. Refer to the telephone technician with the facon 04/23/20 at 3:47pt. Refer to the telephone Supervisor on 04/28/2. Refer to the telephone of Clinical Services (Dand 05/01/20 at 8:20ab.) Review of Resident	with the Director of Clinical 1/28/20 at 3:17pm revealed: of the eMAR system and v. sident #3's Omeprazole as 3/20-04/15/20, but she did edication. On the first April eMAR and R were because a MAR system was walking ocument a late entry and she ocument a late entry and she emined Resident #7 was sterviews with a Medication 0 at 10:32am and 4/27/20 at 10:32am and 4/					
		3's April 2020 Medication d (eMAR) provided on					

Division of Health Service Regulation

04/21/20 at 11:28am revealed:

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		HAL034150	B. WING		R-	
					05/0	7/2020
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE IVY A	T CLEMMONS		DOWBROOK N NS, NC 27012	IALL COURT		
040.45	CLIMMADV CT.	ATEMENT OF DEFICIENCIES	,	DDOVIDED'S DI ANI OF CORDECTION	ı.	0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 124	{D 367}			
	-There was a compute Prazosin 1mg daily wadministration time of There was a second for Prazosin 1mg daily administration time of There was document administered at 8:00p. There was no document administered 04/08/20 Review of a subsequent Resident #3 provided revealed: -There was a compute Prazosin 1mg daily wadministration time of There was document administered at 8:00p. There was a second for Prazosin 1mg daily administration time of There was document administered at 8:00p. Telephone interview wadministered at 8:00p. Telephone interview was document administered at 8:00p. Telephone interview was document at late entry Services (DCS) on 04-She could not go into document a late entry She documented Readministered on 04/8/ administer the medical The changes between the second April eMA consultant with the eMaconsultant with the emaconsul	er-generated entry for ith a scheduled is 8:00pm. computer-generated entry y with a scheduled is 8:00pm. tation Prazosin 1mg was of on 04/13/20-04/20/20. The entation Prazosin was 0-04/12/20. The entation Prazosin was 0-04/12/20. The ent April 2020 MAR for on 04/23/20 at 2:42pm The er-generated entry for ith a scheduled is 8:00pm. The er-generated entry for ith a scheduled is 8:00pm. The entation Prazosin 1mg was of on 04/01/20-04/07/20. The entation Prazosin 1mg was of on 04/01/20-04/07/20. The entation Prazosin 1mg was of on 04/08/20-04/23/20. The entat				
	her through how to do was practicing.	•				

Division of Health Service Regulation

interviews, it was determined Resident #7 was

STATE FORM 6899 69Q012 If continuation sheet 125 of 145

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
			A. BOILDING.			R-C
		HAL034150	B. WING		l l	/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE NAV A	T CLEMMONS	6010 ME	ADOWBROOK MA	ALL COURT		
THE IVY A	T CLEMMONS	CLEMMO	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 125	{D 367}			
	not interviewable.					
		terviews with a Medication 0 at 10:32am and 4/27/20 at				
		e interview with a pharmacy cility's contracted pharmacy n.				
	Refer to the telephone Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.				
	of Clinical Services (I and 05/01/20 at 8:20a 5. Review of Residen 02/14/20 revealed dia nondominant side due	e interviews with the Director OCS) on 04/28/20 at 3:17pm am. t #5's current FL-2 dated agnoses included hemiplegia e to stroke, rhabdomyolysis al muscle) and diabetes.				
	revealed a physician's antibiotic) take two ca	t #5's emergency e summary dated 04/08/20 s order for Keflex 250mg (an apsules (500mg) twice daily rinary tract infection (UTI).				
	medication administrative revealed: -There was an entry for capsules twice daily a serior of the serior of the spaces from 04/04/15/20-04/30/20 we serior of the spaces from 04/04/15/20-04/10/20 we serior of the spaces from 04/04/10/20 we serior of the spaces from 04/0	for Keflex 250mg take two at 8:00am and 8:00pm. 1/20, there were two spaces d administration of Keflex 1/01/20-04/07/20 and from the blacked out.				

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N	IALL COURT	
	OLINA NA DV. OT		NS, NC 27012	DROWDERIO DI AM OF CORRECTIO	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 367}	Continued From page	e 126	{D 367}		
		and record reviews, it was #5 was not able to be			
	04/28/20 at 12:20pm eMAR on her comput was administered Ke	vith the Lead Supervisor on revealed the April 2020 fer indicated Resident #5 flex 250mg 2 capsules from 04/09/20-04/14/20.			
	Aide (MA) on 04/30/2 -Resident #5 started of capsules (500mg) twito-Resident #5 was still capsules (500mg) twito-She did not know which showing the full durate administration.	ion of Resident #5's Keflex by the dates were blacked			
	capsules to Resident -She remembered give during the 8:00pm me 04/21/20She did not know wh	evealed: o Keflex 250mg (500mg) #5 as ordered. ving Resident #5 Keflex edication administration on by the April 2020 eMAR was ates Resident #5's Keflex			
	Services (DCS) on 05 -There were "glitches	with the Director of Clinical 5/01/20 at 8:20am revealed: " in the new eMAR system; were not showing in the			

Division of Health Service Regulation

-She could not tell how long Resident #5 received

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING: _		COMPLETED
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	ΓE, ZIP CODE	
THE NAV	AT OF EMMONE	6010 ME	ADOWBROOK M	ALL COURT	
THE IVY	AT CLEMMONS	CLEMMO	NS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMPLETE
{D 367}	Continued From page	e 127	{D 367}		
	the Keflex.				
		terviews with a Medication 0 at 10:32am and 4/27/20 at			
		e interview with a pharmacy cility's contracted pharmacy n.			
	Refer to the telephone Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.			
		e interviews with the Director OCS) on 04/28/20 at 3:17pm am.			
	on 04/20/20 at 10:32a revealed:	with a Medication Aide (MA) am and 4/27/20 at 11:21am of problems with the eMAR			
	system, sometimes o the MAR completely.	rders would disappear from			
		em would not capture the when it was administered, we to click that the			
	medication was admit the actual time it was	nistered later in the day, not administered.			
	with the facility's cont 04/23/20 at 3:47pm re	evealed:			
	the pharmacy.	into the eMAR by staff at sy could make changes in			
		ce the medication orders			
	Telephone interview v 04/28/20 at 12:20pm	vith the Lead Supervisor on revealed:			

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			B WING		R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
THE IVY A	AT CLEMMONS		ADOWBROOK M	IALL COURT	
		CLEMMO	ONS, NC 27012		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	()
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	NEODEATORT OR E	200 IDENTIF TING IN GRANATION)	TAG	DEFICIENCY)	WATE
{D 367}	Continued From page	e 128	{D 367}		
	TI D: ((O): :	10 : (500)			
		cal Services (DCS) was			
	responsible for review	ving the eMARs for			
	accuracy.				
		the system the DCS used			
	to review the eMARs.				
		hift, the supervisor printed a			
	report showing which	medications were not			
	documented as admir	nistered.			
	-Blanks on the eMAF	Rs meant a medication was			
	not administered or the	ne software did not record			
	the entry.				
	_	upposed to go back into the			
	eMAR system and fill	- · ·			
	administrations indica				
	Telephone interviews	with the Director of Clinical			
	1	4/28/20 at 3:17pm and			
	05/01/20 at 8:20am re	•			
	-She audited the eMA				
		ght dose, right person, and			
	right time.	int dose, right percent, and			
	•	spaces, and holes on the			
	eMAR.	spaces, and noice on the			
		e for correcting the eMARs.			
		ions that showed up on the			
	showed a "hole."	ed but on her computer, it			
		the are were as "boloo" in the			
		there were no "holes" in the			
	March 2020 MARs.	1 C Di 1 - 7 (DCD)			
	1	ent Care Director (RCD) was			
	1	he MARs after the MAs			
	reviewed them.				
		he previous RCD reviewed			
	the MARs.				
		osed to check the April 2020			
	eMARs and let her kr	now if all ordered			
	medications were liste	ed on them.			
	-She would let the MA	As know if there were any			

changes on the eMARs.

-She was the supervisor of the MAs; any

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74151 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _			
		HAL034150	B. WING		R-0 05/07	7/ 2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		OOWBROOK N	IALL COURT		
			IS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 129	{D 367}			
	problems they had we	ere to be brought to her.				
D 451	10A NCAC 13F .1212 and Incidents	2(a) Reporting of Accidents	D 451			
	10A NCAC 13F .1212 Incidents	Reporting of Accidents and				
	department of social s	ne shall notify the county services of any accident or				
	incident resulting in reaccident or incident re					
	resident requiring refe	erral for emergency medical				
	evaluation, hospitalization other than first aid.	ation, or medical treatment				
	This Rule is not met	as evidenced by:				
	Based on interviews a facility failed to report	and record reviews, the to the county Department of) of two falls and a change				
	in condition requiring medical evaluation for	referral for emergency r 1 of 7 sampled residents				
	(#5).					
	The findings are:					
		5's current FL-2 dated				
		ignoses included hemiplegia e to stroke, rhabdomyolysis				
		al muscle), and diabetes.				
		5's electronic progress note				
	revealed:	me-stamped at 7:04am				
		by a medication aide (MA).				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL034150	B. WING		R- 05/0	7/ 2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK N	MALL COURT		
	OUR MARK OF		NS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPER DEFICIENCY)	BE	(X5) COMPLETE DATE
D 451	Continued From page	e 130	D 451			
D 451	-Resident #5 had diffidrooling, and the right droopingResident #5's speectimergency medical and EMS transported. An Incident/Accident incident was requested 04/24/20 at 11:12am, 04/28/20 at 12:20pm, Incident/Accident Regwas not provided by the dated 03/25/20 reveated wheelchair and hit transport Resident #5 and hit her head on the resident #5 fell head and hit her head on the resident #5 to the emergency. Review of Resident #6 dated 04/08/20 reveated wheelchair requiring the dated 04/08/20 reveated wheelchair requiring the fellows of Resident #5 to the hospital. Review of Resident #6 dated 04/08/20 and the	iculty swallowing, was t side of her face was h was "off." services (EMS) was called Resident #5 to the hospital. Report for the 04/22/20 ed on 04/23/20 at 4:04pm, 04/27/20 at 9:47am, and 04/28/20 at 3:17pm. An cort for the 04/22/20 incident the survey exit date. S's Accident/Incident Report led Resident #5 fell out of it her head requiring EMS to to the hospital. S's electronic progress note me-stamped at 8:57pm In by a MA. It first out of her wheelchair me floor. In tover her right eyebrow. EMS transported Resident department (ED). S's Accident/Incident Report led resident fell out of her EMS to transport Resident ES's electronic progress note me-stamped at 2:41pm	D 451			
		ard screaming in her room. en out of her wheelchair and				

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	ED
			B. WING		R-C	
		HAL034150	b. WING		05/07/2	2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			DOWBROOK N			
THE IVY A	T CLEMMONS			IALL COURT		
		CLEMINO	NS, NC 27012		1	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	THE COLUMN TOTAL	100 IDENTIFY THE INTERNATION,	TAG	DEFICIENCY)		
D 451	Continued From page	e 131	D 451			
	was bleeding from the	e right side of her face.				
		EMS transported Resident				
	#5 to the hospital.					
	no to the hoopital.					
	Telephone interview v	vith a MA on 04/27/20 at				
	10:32 revealed:					
		sible for completing an				
	incident/accident repo	· · · · · · · · · · · · · · · · · · ·				
	-The MA was respons					
	-	and the Director of Clinical				
	Services (DCS).	and the Briedter of Chinear				
	ociviocs (Doo).					
	Telephone interview v	with the DCS on 04/28/20 at				
	-	was unsure if anyone				
	•	incidents/accidents to the				
		Social Services (DSS).				
	local Department of e	occiai cervices (BCC).				
	Telephone interview v	vith the Lead Supervisor on				
	04/28/20 at 12:20pm	revealed:				
	-She and the DCS we	ere supposed to be informed				
	of incidents/accidents	š.				
	-The MA was suppose	ed to complete an incident				
	report and provide it t					
		sed to be notified via fax of				
	accidents/incidents.					
		yone required to be notified				
	was notified.	,				
	Telephone interview v	vith a MA on 04/30/20 at				
		e did not know who was				
		ng the DSS about incidents				
	and accidents.	<u> </u>				
	Telephone interview v	with the Lead Supervisor on				
	05/04/20 at 2:44pm re					
	•	nsible for notifying the DSS				
	of incidents and accid					
		with the DCS regarding				
	notifying the DSS.	2 33 13garanig				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C
		HAL034150	B. WING		05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		OOWBROOK N	IALL COURT	
			IS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 451	Continued From page 132		D 451		
	Specialist on 04/24/20				
{D912}	G.S. 131D-21(2) Dec	laration of Residents' Rights	{D912}		
	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.				
	facility failed to ensure and services which w	ews and interviews, the e residents received care ere adequate, appropriate th relevant federal and state			
	The findings are:				
	Administrator failed to operations, and polici implemented and rule health care and medic [Refer to Tag D980, G	es were maintained for cation administration.			
{D914}	G.S. 131D-21(4) Dec	laration of Residents' Rights	{D914}		
	Every resident shall h	ration of Residents' Rights lave the following rights: al and physical abuse,			

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Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
			D WING		l l	R-C
		HAL034150	B. WING		05	5/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		6010 ME	ADOWBROOK MA	LL COURT		
THE IVY A	AT CLEMMONS	CLEMM	ONS, NC 27012			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
{D914}	Continued From page	e 133	{D914}			
	neglect, and exploitat	tion.				
		iews and interviews, the e residents were protected o Health Care and				
	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)].					
	facility failed to admir ordered for 7 of 7 res errors with an antibio medication to treat gadisease (GERD) (#5) acting insulin for lower medications to treat redications to lower of medications, and one (#6); an eye drop to the medication to treat storders (#1); 3 medications to treat storders (#1); 3 medications to treat storders, a supplementation to treat redications to treat redication to treat in supplements to treat	idents sampled, including tic, an antidepressant, and a astroesophageal reflux; a long acting and a short ering elevated blood sugar, 3 mental health disorders, a cholesterol, 2 blood pressure e medication to treat diabetes reat glaucoma and a omach ulcers/esophagitis to treat mental health dications to treat mental edication to treat blood flow				
		a, and a cream to treat edication to treat				

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Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. BOILBING.		R-C	
		HAL034150	B. WING		05/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS		DOWBROOK M	IALL COURT		
			IS, 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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D914}	Continued From page	134	{D914}			
	health disorders (#2). [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication Administration (Type A1 Violation)].					
{D980}	G.S. § 131D-25 Imple	ementation	{D980}			
	G.S. 131D-25 Implem	entation				
	this Article shall rest v facility. Each facility s	lementing the provisions of vith the administrator of the shall provide appropriate lement the declaration of ded in G.S. 131D-21.				
	This Rule is not met a	•				
	Based on these findin Violation was not aba	gs, the previous Type A1 ted.				
	Administrator failed to operations, and policies	s were maintained for				
	The findings are:					
	01/20/20 revealed: -She was the former for the had been the Add 2020She was responsible buildingThe facility had a Direction.	rith the Administator on Resident Care Director. Iministrator since February for the operation of the ector of Clinical Services ed the medications, health				

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_D	_
		1181 004450	B. WING		R-	
		HAL034150	D: WING		05/0	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		6010 ME	ADOWBROOK N	MALL COURT		
THE IVY A	T CLEMMONS		NS, NC 27012	MALL GOOK!		
			NS, NC 27012			T.
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
		,		DEFICIENCY)		
{D980}	Continued From page	e 135	{D980}			
	The DSC started to v	work 02/11/2020 but had				
	_	m 04/17/20 to 04/21/20.				
	been out on leave no	111 04/17/20 to 04/21/20.				
	Talanhana intaniawa	with a representative from				
	•	with a representative from				
	the contracted pharm					
	10:30am, and 3:15pm					
		nad difficulty getting in touch				
		the pharmacy had questions				
	about medications or	•				
	needed to contact res					
	provider about medica					
		cooperation dealing with the				
	facility staff.					
		x all the current orders to				
	the pharmacy, includi					
		ould be helpful coordinating				
	new medications and	any medications that might				
	have been discontinu	ed.				
	-The pharmacy entere	ed orders into their				
	computer system; a re	epresentative at the facility				
	reviewed and approve	ed the orders entered by				
	pharmacy; once appre	oved and released the				
	orders interfaced with	the facility's electronic				
	medication administra	ation records (eMARS).				
	-The pharmacy could	not see the facility's eMARs				
	after they were releas	sed into the facility's eMAR.				
	·	•				
	Non-compliance was	identified in the following				
	rule areas at violation					
	1. Based on interview	s and record reviews, the				
	Based on interviews and record reviews, the facility failed to ensure referral and follow-up for 1					
	•	ts related to a change in the				
	•	an order for an antibiotic, and				
		to Tag D0273, 10A NCAC				
	, , -	Care (Type Unabated A1				
	, ,	Jaie (Type Oliabateu AT				
	Violation)].					
	0 D	d d				
	Based on interview	s and record reviews, the				

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facility failed to administer medications as

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
					R-C
		HAL034150	B. WING		05/07/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		6010 MEA	DOWBROOK N	IALL COURT	
THE IVY A	T CLEMMONS	CLEMMO	NS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
				DEFICIENCY)	
{D980}	(80) Continued From page 136		{D980}		
		idents sampled, including tic, an antidepressant, and a			
		astroesophageal reflux			
		; a long acting and a short			
		ering elevated blood sugar, 3			
	-	nental health disorders, a			
	medication to lower c	holesterol, 2 blood pressure			
	medications, and one	medication to treat diabetes			
	(#6); an eye drop to to	-			
		omach ulcers/esophagitis			
	(#4); 2 medications to				
	, ,	lications to treat mental			
		edication to treat blood flow			
	in the legs, a supplen				
	=	ication to treat pain (#7); 3 nental health disorders, a			
		somnia, a stool softener, 2			
		a vitamin deficiency, an			
	• •	a, and a cream to treat			
		edication to treat mental			
		[Refer to Tag D0358, 10A			
		Medication Administration			
	(Type A1 Violation)].				
					
		ed to ensure responsibility			
		ement, administration,			
		ation of the facility which not being sent out in a			
	timely manner when	•			
		falls with a head injury not			
	reported, and no conf				
		resident not receiving an			
		a urinary tract infection (#5);			
		sampled residents not			
		as ordered. This failure to			
	provide referral and for	ollow-up for Resident #5			
	resulted in significant	harm and serious neglect to			
		neglect to procure and			
		ns as ordered (#5) resulted			
	in serious physical ha	ırm, which constitutes a			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		HAL034150	B. WING		R-C 05/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
THE IVY A	T CLEMMONS		DOWBROOK N NS, NC 27012	IALL COURT	
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D980}	Continued From page 137		{D980}		
	Type Unabated A1 Vi	olation.			
		131D-34 on April 28, 2020 of protection on May 05,			
D9999	Final Observation		D9999		
	THIS IS TAG 358 C 107	ONTINUED FROM PAGE			
	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 hopractitioner's (FNP) or revealed an order to a 250mg twice a day.	rder dated 04/09/20			
	administration record revealed: -There was an entry f day at 8:00am and 6: -There were two space the administration of I 04/01/20-04/15/20.	ces on each date to record Depakote from 6/20-04/30/20 had been MAR. s documented as			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			71. BOILBING.		l ,	R-C
		HAL034150	B. WING			5/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
THE BOX 4	T 01 FMM0N0	6010 ME	ADOWBROOK MA	ALL COURT		
THE IVY A	AT CLEMMONS	CLEMM	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D9999	Continued From page	e 138	D9999			
	23 of 30 opportunities -There was no docum opportunities from 04 -Depakote 250mg wa	/01/20-04/15/20. s administered to Resident 9am after the medication				
	2:00pm revealed: -The Director of Clinic contact at the facilityHe assumed care of 2020Medication orders we-When he visited the informed Resident #2 Depakote 250mg twiceHe wrote an order to 250mg twice a day or not followedWhen he visited the informed by the DCS misplaced and he need again.	discontinue the Depakote n 04/09/20; the order was facility on 04/16/20, he was the order had been eded to write the order				
	3:17pm revealed she called the FNP before the order to discontin day had been misplace. Refer to the telephonitechnician with the fa on 04/23/20 at 3:47pm	e interview with a pharmacy cility's contracted pharmacy				
	aide (MA) on 04/29/2					

Division of Health Service Regulation

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			. .
		HAL034150	B. WING			R-C 5/ 07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
			ADOWBROOK MA			
THE IVY A	T CLEMMONS		ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D9999	Continued From page	e 139	D9999			
	Refer to the telephon MA on 04/29/20 at 5:0	e interview with a second 03pm.				
	Refer to the telephon on 04/30/20 at 4:53pi	e interview with a third MA n.				
	Refer to the telephon Supervisor on 04/28/2	e interview with the Lead 20 at 12:20pm.				
	Refer to the telephone interview with the Licensed Healthcare Provider Services (LHPS) nurse on 04/28/20 at 3:07pm.					
	_ ·	e interview with the Director OCS) on 04/28/20 at 8:46am				
	Refer to the telephon Administrator on 04/2					
	with the facility's cont 04/23/20 at 3:47pm re					
		ty could make changes in ce the medication was acy.				
	-Any changes made I the prescription.	by the facility would cancel de a change in a resident				
	room, a time change	for medication ne resident's status was				
	-When someone from ask why the medicati the first question she changes had been m	n the facility would call and on had been discontinued would ask was what				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL034150	B. WING			R-C 5/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
THE IVY	AT CLEMMONS	6010 ME	ADOWBROOK MA	LL COURT		
11121717	TO CELINIMONO	CLEMM	ONS, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D9999	Continued From pag	e 140	D9999			
	pharmacy and the m	edication re-entered.				
	on 04/29/20 at 2:35p -She administered ev screen at the schedu -She looked at what the punch cards that and put all the other drawerIf a medication was the eMAR screen, sh and if there was no n finish her medication pharmacyIf there was medicat on the eMAR screen	verything that was on the led administration time. was on the screen, pulled needed to be administered, punch cards back in the not on the cart that was on the would check in overstock nedication there, she would pass and then call the cion on the cart that was not a she would pull it from the probably been discontinued.				
	04/29/20 at 5:03pm r -There was a probler system; medication v					
	discontinuedShe administered m was on the eMAR.	edications based on what				
	look in overstockThere had been a lo medications on the e					
	-She would call the p would say the order of active.	harmacy and the pharmacist could be seen on their end as the DCS who would put the the system.				
	-She was familiar wit	h the medications most of d may catch something that				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVE	
	A. BUILDING:					
		HAL034150	B. WING		R-C 05/07/20	020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		-
		6010 MEAD	OWBROOK N	IALL COURT		
THE IVY A	T CLEMMONS	CLEMMON	S, NC 27012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) OMPLETE DATE
D9999	Continued From page	e 141	D9999			
	a newer MA would no	ī.				
	at 4:53pm revealed: -Options in the eMAR you were administerir time of the medication resident's picture, clic screen would then sh would pull the cards f administer that medic -If there were no med would look in another roomIf she could not find a the sticker off the pun medication from the p -If a resident refused facility or if the medica administered, she wo -She had noticed med sometimes; she could	ications available, she drawer or the medication a medication, she would pull ich card and order the charmacy. medication or was out of the ation was not available to be uld document an exception. dications "fell off" the eMAR if not remember specific d seen it and always tried to				
	Telephone interview v 04/28/20 at 12:20pm	vith the Lead Supervisor on revealed:				
	-The facility had a decorders.	dicated fax machine for				
	were responsible for t	of Clinical Services (DCS) faxing the orders to the				
	stapled the fax confirminitialed and dated it.	rder to the pharmacy, she mation to the order and				
	-Specific entry instruction the eMAR system wo	n. ctions had to be followed or uld not accept the order. nsible for making sure				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE S COMPLI	
			7.1. 20.125		R-	c
		HAL034150	B. WING		1	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE IVY A	T CLEMMONS	6010 MEA	DOWBROOK N	MALL COURT		
		CLEMMO	NS, 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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D9999	9 Continued From page 142		D9999			
	after entering the order-When she and the Discrete placed in their mailbours or weeker placed in the placed or weeker placed in the placed or weeker pl	CS were not available ands), the orders were exes by the on-site ere responsible for reviewing edication orders. The detection of the DCS of the control of the process of the process of the main pharmacy and advise staff which elivering the medication. The process of the proc				
	Services (DCS) on 04 3:17pm revealed: -The process she exp	vith the Director of Clinical I/28/20 at 8:46am and Dected the MAs to follow for tion included looking at the				
	order on the eMAR for -The process for med to read the eMAR, loo pop the pill.	or all residents. ication administration was bk at the punch card, and				
	and administering me -If the label on the me was on the eMAR, the on the eMAR. -If a medication was r	edication did not match what e MA was to follow the order				

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pharmacy and get a hold order until the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				R-C	
	HAL034150	B. WING		05/07/202	0
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE IVY AT CLEMMONS	6010 MEAI	OOWBROOK N	IALL COURT		
THE IVERTICAL SECTION OF THE IVERTICAL SECTION	CLEMMON	IS, NC 27012			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	X5) PLETE ATE
D9999 Continued From page	e 143	D9999			
medication was deliver. The entry in the eMA pharmacy." -The PA faxed orders weekly visits. -The DCS or the Lead orders from the fax meta to the pharmacy. -Orders were entered pharmacy and approving supervisor. -Orders could not be order was "released" the order to then administry of the order to then administry of the order to the pharmacy by the Supplement of the order to the order of t	to the facility after her d Supervisor removed the lachine and faxed the orders I in the eMAR system by the level by the DCS or the Lead seen by the MA until the land then the MA could see linister the medication. I hours were faxed to the level sor and then the orders or the Lead Supervisor's e was in the office she level, make sure it was correct, file; this was the final check con orders could be called the DCS, the shift lad Supervisor. Orders in the eMAR once she lumber from the pharmacy. I lade in the eMAR system by le DCS. I on cycle filled from the lint the medications were of the same day each month. Supervisor were responsible or swere correct. With the Administrator on	D9999			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:				
			- WING		R-C		
		HAL034150	B. WING		05/07	/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
6010 MEADOWBROOK MALL COURT							
THE IVY AT CLEMMONS CLEMMONS, NC 27012							
	CLEMINIONS, NC 27012						
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE	
IAG	REGOEMON ON E	iso is live in order	IAG	DEFICIENCY)			
D9999	99 Continued From page 144		D9999				
	-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 diabetes (#6), mattiple medications used						
	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 cons	titutes 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.							
			1				

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