ANDPLA	ENT OF DEPICIENCIES	(X1) PROVIDER/SUPPLISACLIA	(17)10-10		FO	ED: 12/0 RM APP
		IDENTIFICATION NUMBER:	A-BULO	TPLE CONSTRUCTION		SURVEY
			11 212 (21)	nis	COM	PLETED
-		HAL055009	B. WING			
	PROVIDER OR SUPPLIER	STReet			44	05/202
THE AD	DISON OF LINCOLNTON	440 84	ADDRESS, CITY,	STATE, ZIP CODE		03/202
04010	1	Lillion	LEM CHURCH NTON, NO 28	ROAD		
PREFIX	(EACH DEPICIEN	CONCIENCIES	D			
Della	REGULATORY OR	LSC IDENTIFYING INFORMATION	PREFLX	PROMDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS RECEIVED	TION	1
P. 0.0			TAG	CONTRACTOR OF THE APPENDICED TO THE APPENDIC	OPRIATE	COM
D 000	Initial Comments		-	DEFICIENCY		DA
	The Adult Course		0.000			-
	County Department	sure Section and the Lincoln	1	1		1
	an annual and a crome	alocal Services conducted		Di ava men analari		
- 1		with an exit via telephone on		PLAN OF CORRECTIO	N	
	11/05/21.	the deschrone on		D137		
D 152	104 100 -		1	0101		
	10A NCAC 13F .0487 Qualifications	(8)(5) Other Staff	D 137	Compation of the	10 32	
1			- 101	Current employee files will be au	diled by Bu	siness
1	10A NCAC 13F .0407	Other Staff Qualifications	1	Office Manager and/or designee discrepancies will be addressed	by 12/20/2	021, A
	service and purson i	at an adult care home	1	hires will be audited monthly by c	mmediate	A new
				Company and racer any discremancie	at said this way	Sec. Herein
	North Carolina Health	ted findings listed on the		ED. AUCK results will be reviewed	d during on	marine and
	according to G.S. 131E			Quality Assurance Meetings at le	ast quarteri	y.
- 11	51 6330.0375					3
1.	This Dula ta an				1	
	This Rule is not met as Based on interviews an actity failed to care	and the second of the second se				
	THE REAL PROPERTY IN THE REAL PROPERTY INTERNAL PROPERTY INT	Contraction of the second se				
			1 3		1	
	Registry (HCPR) prior b	5 hire,				
T	he findings are:					
1.	Review of Staff A's, m	edication aide man				
			1			
-0	Saff A was hired 06/01/	20.				
165	here was no document as completed upon him	tation a HCPR check				
Re	wew of Staff A's HOPE	R check dated 11/03/21				
ret	vealed there were no s	ubstantiated findings.				
		the Executive Director				
	A DESCRIPTION AND A DESCRIPTION OF THE PARTY	one executive Director				
Re	0) on 11/03/21 at 1:55p	171.				
Re (El	1.00p	m.			1	
Re (El Re	fer to the Telephone int	m.				

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Prominuation shoot 1 of 47

Reviewed and Acknowledged 12/28/21 RH

PRINTED: 12/01/2021 FORM APPROVED

AND PLAN	T OF DUPICIENCIES OF CORRECTION	(XT) PROVIDENSUPPLIERICLIA IDENTIFICATION MUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NUMBER OF STREET	-	HAL055009	B. WING		1	11/05/2021	
	ROMDER OR SUPPLIER		DDRESS, CITY, STATE				
THE ADO	ISON OF LINCOLNTO		EM CHURCH ROA NTON, NC 28092	P			
(X4) ID PREFIX	SLWWARY	STATEMENT OF DESIGENCIES	ID	PROVIDER'S PLAN OF O	ODBETTON		
TAG	REGULATORY	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	EACH CONNECTIVE ACTIV CROSS-REFERENCED TO TH DEPICIENCY	IN SHOULD BE	COMPLET DATE	
D 137	Continued From pa	ige 1	D 137				
	Administrator on 11	/04/21 at 12:15pm.					
	2. Review of Staff F	3's, medication aide (MA),	1				
	personnel record re	wealed:					
- 11	-Staff B was hired 0		1				
V F	was completed upo	mentation a HCPR check n hire.					
	Review of Staff B's	HCPR check dated 11/03/21	1 1				
	revealed there were	are no substantiated findings.					
	Refer to the intervie	w with the Executive Director	1				
- 1	(ED) on 11/03/21 at 1:55pm.	1:55pm.					
	Refer to the Telepho Administrator on 11	one interview with the /04/21 at 12:15pm.				-	
	3. Review of Staff C	s, medication alde (MA),					
	personnel record re -Staff C was hired 0						
		mentation a HCPR check					
	Review of Staff C's	HCPR check dated 11/03/21					
	revealed there were	no substantiated findings.					
	Refer to the intervio	w with the Executive Director					
	(ED) on 11/03/21 at	1:55pm,					
	Refer to the Telepho Administrator on 11/	no interview with the 04/21 at 12:15pm,					
	Interview with the Ex	ecutive Director (ED) on					
	11/03/21 at 1:55pm She was not aware	revealed: of the required HCPR checks					
	upon hire.						
	She thought the crir were the same as th	ninal background checks a HCPR checks					
	The Business Office	Manager (BOM) would have completing the HCPR					

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (CG) MULTIPLE CONSTRUCTION (X3) DATE BURNEY A BULOINS: COMPLETED HAL055009 IL WING 11/05/2021 NAVE OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, 20 CODE THE ADDISON OF LINCOLNTON 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 COUSED. SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE PREFIX EACH DEFICIENCY MUST BE PRICEDED BY PULL 10 (13) COMPLETE EXT(PROFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAC CROSS-REFERENCED TO THE APPROPRIATE. DEFICIENCY D 137 Continued From page 2 D 137 checks had she been directed to do them. Telephone interview with the Administrator on 11/04/21 at 12:15pm revealed: She was not aware that the HCPR check were not complated on newly hired staff. She thought the HCPR checks were completed PLAN OF CORRECTION by a third party when completing the criminal background checks on new staff. D 255: -The BOM was responsible for notifying a third party that completed the HCPR checks, HWD and/or designee shall assure that an initial assessment of each new resident is completed within 72 hours D 255 10A NCAC 13F .0801(c)(1) Resident Assessment D 255 of admission with the use of the Resident Register. This will be a ongoing 10A NCAC 13F .0801 Resident Assessment process when there is a new move in. (c) The facility shall assume an assessment of a resident is completed within 10 days following a The HWD and/or designee will assure that a 30 day from admission assossment is completed, significant change in the resident's condition This will be a ongoing process. using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of HWD and/or designee will ensure when this Subchapter, significant change in the a significant change in residents resident's condition is determined as follows: behaviors, physical and mental status (1) Significant change is one or more of the is noted, that a change in condition following: assessment is completed within (A) deterioration in two or more activities of daily 10 days of the significant change. This will living: be a ongoing process. (B) change in ability to walk or transfer, (C) change in the ability to use one's hands to The HWD will also make sure that the residents physician and HealthCare Power of Attorney greep small objects; (D) deterioration in behavior or mood to the point are notified and the appropriate referrals are made and documented in residents where daily problems arise or relationships have chart within this timeframa. This will be a become problematic; ongoing process. (E) no response by the resident to the treatment for an identified problem; HWD and/or designee will follow all physicians (F) initial onset of unplanned weight loss or gain orders in including increased level of care from updated FL2. This will be a ongoing of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a process. six-month period; (G) threat to life such as stroke, heart condition. Division of Health Service Regulation

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 003 MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER. (20) DATE SURVEY A BUILDING: DOMPI FTER HAL055009 B. WINC 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE THE ADDISON OF LINCOLNTON 440 SALEM CHURCH ROAD LINCOLNTON, NG 28092 SUMMARY STATEMENT OF DEFICIENCIES 264) D EACH DEFICIENCY MUST BE INSIGEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX Ð (HS) COMPLETE DATE PREPOR TAG IEACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 255 Continued From page 3 D 255 PLAN OF CORRECTION or metastatic cancer; D 255; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an HWD and/or designee to audit all current resident files to easure abrasion, blister or shallow crater, or higher, initial assessments are available on the chart by 12/21/202 (I) a new diagnosis of a condition likely to affect Any discrepancies will be reported to the Executive Directo the resident's physical, mental, or psychosocial well-being such as initial diagnosis of Alzheimer's New resident admissions will be reviewed in management daily. disease or diabetes: meeting for 45 days to monitor assessments are complete (J) improved behavior, mood or functional health effective 12/21/2021 status to the extent that the established plan of Incident reports and daily communication log will be reviewed in care no longer matches what is needed; management daily meeting. Any significant change in residents. (K) new onset of impaired decision-making: behaviors, physical and mental status (L) continence to incontinence or indwelling is noted, will prompt a change in condition catheter; cr assessment as required and will be completed by the Heath (M) the resident's condition indicates there may and Wellness Director or designee within 24 hrs of report. be a need to use a restraint and there is no Health and Wellness director will audit at least 10% of resident. current restraint order for the resident. charts monthly to monitor compliance of assessment schedules. Any discrepancies will be reported to the Executive Director. Audit results will be reviewed in community Quality assurance meeting at least quarterly. This Rule is not mot as evidenced by: The HWD and/or designee will also make sure that the Based on interviews and record reviews, the residents physician and family are facility failed to ensure an assessment and care notified and the appropriate referrals plan was updated within 10 days following a are made and documented in residents significant change for 1 of 5 sampled residents chart within this timeframe. It will discussed in daily (#5) who had a need for memory care for closer morning standup until compliance is achieved supervision due to frequent falls and increase in sun-downing behaviors. HWD and/or designee will keep all new orders in order binder and will verify on a daily basis that orders have been The findings are: processed and are on the MAR. Review of Resident #5's current FL2 dated 09/21/21 revealed: -Diagnoses included dementia, poorly controlled type II diabetes molitus, hyperlipidemia, Hypertension, prostate cancer, vitamin B12 deficiency, and memory impairment. -The Special Care Unit (SCU) was documented as the recommended level of care. -Resident #5 was oriented and was documented Division of Health Service Regulation STATE FORM

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F continuation sheet, 4 of 47

STATEMEN	of Health Service Re 7 of DEFICENCIES OF CORRECTION	(XT) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	OCS) DATE SURVICY COMPLETED	
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET/	ADDRESS, CITY, STATE	LZP CODE		NOVA021
THE ADD	ISON OF LINCOLNTON	N 440 SAL	EM CHURCH ROA			
(X4) D	PIADIAN	LINCOL	NTON, NC 28092			
PREFIX	EACH DEFICIES	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL IR LISC IDENTIFYING INFORMATION	ID PROMDER'S PLAN OF COM PREFIX (EACH CORRECTVE ACTION TAG CROSS-REFERENCED TO THE DEPICIENCY)		TID OF	DXS) COMPLET DATE
D 255	Continued From pa	ige 4	D 255			-
	as ambulatory, with	no assistive device checked.	1.000			
						0
- 1	Review of Resident	#5's virtual physician's				
	-Resident #5 had a	d 09/03/21 revealed: history of frequent falls.				
	-He was oriented to	self, date, month, and year				1
	but unable to state i	if he could make complex				
1	decisions.		1			
1	-He refused to use a -Physician noted so	a walker. I FL2 will be completed for				
	assisted living with	memory care.	1 1			
1	Review of Elopeme	nt Risk Review tool completed				
	diagonais of doman	d Resident #5 had a tia with a need for redirection	1 1			
	and gets up during t	the night thinking it is time for				
	a meal or time to go) aut.				
	There use as down					
	assessment or care	mentation of a subsequent plan after 09/22/21 reflecting				
	Resident #5's increa	ased staff dependency for				
	unsteady gait and in	creased need for	1 1			
	sun-downing behavi	ions.	1 1			
	Review of the Licens	sed Health Professional	1 1			
	Support (LHPS) eva	luation completed on	1 1			
	10/13/21 revealed:					
	-Resident #5 had ep	isodes of exit seeking and				
	wanting to go home. Resident #5 was in:	dependent with transfers but				
	was unsteady and a	fall risk.				
2	Staff needed to assi	ist with transfers for safety.				
	-Resident #5 had 3 d	focumented falls since				
	admission to the faci He embulated inder	Wty on 09/18/21. endently with an unsteady				
3	gait and did not alwa	vs use a rollator.				
1.1	He required cueing :	and redirection for these				
1	lasks.					
	Review of Resident 4	5's physiolog executed as				
In of Head	Review of Resident A h Service Regulation	15's physician consultation				

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If continuation sheet. 5 of 47

STATEMEN	of Health Service Re of or deficiencies of connection	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(23) DATE	WAPPROV SURVEY PLETED
		HAL055009	B.WING		11/05/2021	
WWE OF 8	ROWDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	2. ZIP cope	1 11	05/2021
THE ADD	ISON OF LINCOLNTO	440 SAI	EM CHURCH ROA			
(X4):D	SUMMARY	STATEMENT OF DEPENDENCES	NTON, NC 28092			
TAG	REGULATORY O	ACY MUST BE PRECIDED BY FULL R LSC IDENTIFYING INFORMATION	ID PROMDERS PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CR08S-REFERENCED TO THE DEFICIENCY)		STATE & TV shift	DOMPLET DATE
	notes dated 10/18/2 -Resident #5 had at bedroom with comp standing up his bloc -He was losing his b and seems to be mo -He had dementia w unspecified dement -Fall precautions we transitions when mo from sitting to stand Record Review of th September and Octa revealed: -Resident #5's powe the facility on 09/21/ #5 residing on the at they are wanting to r Unit (SCU) due to his -Resident #5's POA. the facility doors and within walking distan- -Staff provided redire displaying exit saekin him back to his room -Staff provided redire his room and other a go into other resident 10/04/21. -Resident#5 had doo 10/11/21, 10/15/21, 1 Staff provided redire his room displayed as 10/16/21 and 10/20/2 Record Review of fac Resident #5 revealed On 09/19/21, he had	2021 revealed: In unwitnessed fall in his faint of left hip pain and when od pressure dropped to 90/64, salance often when walking ore confused as well. (thout behavioral disturbance, a type re discussed, including stow wing from lying to sitting and ing. In or attorney (POA) came to 21 with concerns of Resident asisted living side and stated nove him to the Special Care is wandering behavior, believed he could get out of walk to his home which is oe of the facility. In of Resident #5 hig behaviors and returned on 09/24/21. ction for Resident #5 back to ctivities effer his attempts to r's rooms 09/30/21 and atmented falls on 10/10/21, 0/18/21, and 10/28/21, ction for Resident #5 back to plation and pacing halls on 1.	D 255			

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/QL/A IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. RULDING	CONSTRUCTION	(X3) DAT	RM APPROV	
		HAL055009	B. WING		1	000000000000000000000000000000000000000	
NAME OF P	ROVIDER OR SUPPLIER	STORES	Inches and a second		11	/05/2021	
THE ADD	ISON OF LINCOLNTON	610211	ADDRESS, CITY, STATE				
THE ADD	ISON OF LINCOLNTON	I INCOL	LEM CHURCH ROA NTON, NC 28092	D			
(3(4) 85	SUMMARY	STATEMENT OF DEDICIENCIES	ATON, NC 28092				
PREFIX TAG	(EAGM DEFICIEN	ICY MUST DE PRECEDERI BY FUU. R LSG IDENTIFYING INFORMATION)	PRIJETX TAG	PROVIDENS PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE	(KS) COMPLET (MTE	
D 255	Continued From pa	98.6	0.965		1		
	and was sent to hes services (EMS). -On 10/18/21, he ha room and advised s and was sent to the evaluation. -On 10/28/21, he ha balance and fell aga and was sent to the evaluation. Telephone interview member on 11/03/21 -Resident #5's prims recommended Resid care unit due to freq confusion in the ever -Resident #5 was cu assisted living unit in because family was guardianship or pow make decisions for h -Resident #5 has tok to live in the memory Interview with a med 11/03/21 at 11:20am -Resident #5 resides not in memory care. -She did not know w in the memory care unit assisted living to The facility's Nurse F acility two weeks ago The NP asked why R	apital by emergency medical of an unwitnessed fall in his taff his left hip was hurting hospital by EMS for d a witnessed fall, lost his inst the doorway, hit his head hospital by EMS for with Resident #5's family at 3:26pm revealed: ity care physician kent #5 be moved to memory uent falls, agitation, and hing, mently residing in the stead of memory care in in the process of trying er of attorney in place to im. I his family he refused to go care unit. Cation aide (MA) on revealed: In the assisted living unit, with FL2 was changed in memory care. Practitioner (NP) came to the oto do her bi-weekly visit. tesident #5 was not in the relevated Resident #5 was	0255				

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If continuation sheet 7 of 47

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XC) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
	and the second state	HAL055009	B. WING		1	11/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATE	20 CODE			
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA NTON, NC 28092	D			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	Bund all states at the set			
TAG	(EACH DEFICIE) REGULATORY O	KOY MUST BE PRECEDED BY FULL RUSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT DROSS-REFERENCED TO DEFICIENCY	TION SHOULD BE THE APPROPRIATE	DOMPLE DATE	
D 255	Continued From pa	ge 7	D 255			-	
	 -He was independe -He frequently walk had frequent fails in Interview with a sec 3:59pm revealed: -Resident #5 would and open the doors without their permis -Resident #5 would but he mumbled with hard to understand -Resident #5's FL2 with increase the resident memory care unit for due to increased fail behaviors. Telephone interview 11/04/21 at 8:59 am -She evaluated the re initial assessment in facility. -Resident #5 was or remembering his his balance, and his jud impaired. -The facility should be 	and MA on 11/03/21 at walk up and down the halls to other resident's rooms sion and look at them. talk a lot about a town nearby en he spoke so it would be what he was saying. with Resident #5's primary 1/03/21 at 3:00 pm revealed was updated on 09/21/21 to nt's level of care to the in closer supervision needed is and sun-downing with Resident #5's NP on revealed: resident on 10/15/21 for an the assisted living unit of the iterated but was having trouble tory, difficulty with his gement and insight were to following all physician it #5's primary care physician					
	11/03/21 at 3:50pm r -When Resident #5 f	with the Administrator on revealed: first moved in, he seemed to wn the half and would talk					

Forthnubiton sheet, 8 of 47

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISUP IDENTIFICATION HAL255009	PLIERCLA	A BULOING	PLE CONSTRUCTION	(XX) DATE (COMPL	
AME OF PROVIDER OR SUPP			B.WING		1140	5/2021
		STREET ADD	ADDRESS, CITY, STRIP, ZP CODE			3/2021
HE ADDISON OF LINCOL	TON	440 SALEN	W CHURCH R	CAD		
(X4) ID 5UM	WRY STATEMENT OF DEFICIEN		ON, NG 280	92		1
TAG REGULAT	S REGULATORY OR LISC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD CROSS-INDPERENCED TO THE APPROPRI		(KS) COMPLETE DATE
D 255 Continued Fro	1 page 8		D. Harr	PLAN OF CORRECTION DATE		
about looking f -Resident #5 h admitted. -She remember family about the in the SCU. -She clid not ion 09/21/21 indices from assisted if D 358 10A NCAC 13F Administration 10A NCAC 13F (a) An adult car preparation and prescription and prescription and prescription and by staff are in ac (1) orders by a which are maints (2) rules in this and procedures. This Rule is not TYPE A2 VIOLA Based on observ reviews, the facil were administere prescriping pract residents (#1, #2) medications not ar resident, including discontinued (#2) observed on the maints aresident, including discase, depressi	r his wife, kd several fails since bein ed having a conversation ir desire to not have Res w Resident #5's FL2 dat ed an increased level of ing to SCU. 1004(a) Medication 1004 Medication Admini- consection and the condance with: consect prescribing pract ined in the resident's reo lection and the facility's p	a with the ident #5 red care stration the tions, atments filoner ord; and bolicies cord ations ed ing a een) o 6 he rold	D 255	PLAN OF CORRECTION D358 On 11/4/2021 Medication order to co were performed by the Resident Care Coordinator discrepancies iden were reported to the Executive Direct corrected as indicated. On 11/5/2021 Executive Director per in-service(s) with current medication on Medication Policy - This will be a on going training to be performe by the HWD/ED and/or designee will new medication aides effective 11/5/ Health and Wellness Director or Desi conduct weekly medication to cart au manitor compliance. Any discrepand be reported to the Executive Director will be reviewed as part of the comm Quality Assurance meetings at least (In-service(s) will be provided by ED/a by12/20/2021 with current medication on Ordering/Reordering and Receipt Medication Guideline - This will be a on going training to be performe by the HWD/ED and/or designee with new medication aides effective 11/5/ Health and Wellness Director or Desi conduct weekly medication to cart au monitor compliance. Any discrepance be reported to the Executive Director, will be reviewed as part of the comm Quality Assurance meetings at least of the a on going training to be performed by the HWD/ED and/or designee with new medication aides effective 11/5/2 Health and Wellness Director or Desi conduct weekly medication to cart au monitor compliance. Any discrepance be reported to the Executive Director, will be reviewed as part of the comm Quality Assurance meetings at least of Business Office Manager or designeer audit at least 10% of medication aide files monithly to ensure training on Me Policy and Ordering/Reordering and F of Medication guidelines training has 1 ormpleted as expected. Any discrepan- will be reported to the Executive Direct Audits will be reviewed as part of the comme Quality assurance meetings at least of	tified 12/05/2 converse for R16/2/2 aides aide	gnee

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If continuation shared: 9 of 47

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	DO2) MULTIPLE O A. BUILDING:	ONSTRUCTION	(XCI) DAG COM	E SURVEY PLETED
		HAL055009	B. WNG		11/05/2021	
	ROMDER OR SUPPLIER		DORESS, CITY, STATE			
THE ADD	ISON OF LINCOLNTON	440 SAL LINCOL	EM CHURCH ROA NTON, NG 28092	D		
(X4) ID PREFIX TAG	(EACH DEPICIEN	INTEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RUSC DENTIFYING INFORMATION)	ID PREPIX TAG	PROVIDERS PLAN OF (TACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	FION SHOULD BE THE APPROPRIATE	(XS) COMPLE DATE
6 000	358 Continued From page 9 The findings are: Review of the facility's Medication Administration		O 358			
	Policy dated 06/22/2 -Licensed nurse or a the Medication Admi obtain correct medic route of administratic physician for each in -If a medication was refused the medication detailed explanation on the MAR. 1. The medication en- evidenced by the obs-	1 revealed: ppropriate staff must refer to nistration Record (MAR) to ation, time, dosage, and on as ordered by the dividual resident, not given or the resident on, staff should give a of the missed/refused dose				
	09/13/21 revealed dia fibrillation, Parkinson a. Review of Residen 09/13/21 revealed a p	Ho's current FL2 dated tgnoses included atrial 's Disease, and diabetes, if #6's current FL2 dated physician's order for o treat thyroid disease)				
	100mcg take 1 tablet Review of Resident # physician's order data levothyroxine to 125n Review of Resident # electronic Medication (eMAR) revealed: There was a compute	daily. 6's record revealed a signed ad 10/15/21 to increase nog take 1 tablet daily. 6's November 2021 Administration Record angenerated entry for (take 1 tablet every day er daily at 9:00am.				

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STATEMEN	of Health Service Re TOP DEFICIENCIES	(X1) PROVIDERSUPPLIER/CLIA	1 million and the			RM APPRO
AND PUAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE (A, BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		HAL055009	8. WNG			1/05/2021
NAME OF ;	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	27P CODE		1103/2021
THE ADD	ISON OF LINCOLNTO	N 440 SA	LEM CHURCH ROA			
(X4) (D	SIMMON	STATEMENT OF DEFICIENCIES	NTON, NC 28092			
PREFIX TAG	(RACH DEFICIE	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID Prograk TAO	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	COMPL COMPL DATE
D 355	Continued From pa	ige 10	D 358		<u></u>	
	a "late entry." -Levothyroxine 125 administened on 11 documentation exp administered. -Levothyroxine 125 administered on 11, was not available. Observation of the 11/02/21 at 11:30an 125mcg was not available. Telephone interview from the facility's co 11/03/21 at 2:54pm -The pharmacy had Resident #6 dated 1 125mcg take 1 table -The pharmacy had medications to Resident administered and profiled" bocause the medication would ap eMAR. Telephone interview Resident #6's pharmacy dage eMAR. Telephone interview Resident #6's pharmacy disp supply) of levothyroxidi 25 Resident #6.	a signed physician's order for 0/15/21 for levothyroxine it daily. er for levothyroxine was te pharmacy did not dispense dent #6. the physician's order so the spear on Resident #6's with a representative from lacy on 11/03/21 at 10:18am ensed 90 tablets (90-day time 100mcg take 1 tablet on 05/28/21, of have a physician's order imog dated 10/15/21 for				

If continuation sinset 11 of 47

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STATEMEN	of Health Service Re T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/SUA	L avec		PO	RM APPROV
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING	CONSTRUCTION	(X3) DAT COM	e Burvey Pleted
_		HAL055009	B. WING		n Karana karang	
AME OF P	ROVIDER OR SUPPLIER	STREET	inenere con		11	/05/2021
HE ADD	ISON OF LINCOLNTO		ADDRESS, CITY, STATE			
The Produ	COLUMN OF ENCOUNTED		NTON, NC 28092	Б		
(X4) ID PREFIX TAG	FEACH DEFICIE	STATEMENT OF DEFICIENCIES NEW MUST BE PRECEDED BY FULL IR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMPER'S PLAN OF CORREC (#ACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	A REAL PROPERTY.	PCI COMPLET DATE
D 358	Continued Error on	an 11	-	DEFICIENCY)	0112-014-EL	
03200	serviced i rain page 11		D 358			
	kevothyroxine 125m	tog was not available to				
	administer to Resid	lent #6,				1
	Interview with a me	dication aide (MA) on 11/03/21				1
- 1	at 2:06pm revealed	www.on 11/03/21				
	-Resident #6 did no	t use the facility's contracted				
	pnarmacy.					1
	-About two weeks a	go, she had pulled Resident				
	#6's medications fro	om the medication cart that				
- 1	were getting low an	d called Resident #6's				
- 1	pharmacy for refilts.	design of the second				
	not delivered to the	why the modication refills were				
	-She did not follow i	up to find out why the				
	medications were no	of delivered				
	-She realized the let	vo@iyroxine was not available				
- 1	to administer during	the morning medication pase				1
- 1	(11/03/21), but she (did not have time to call the				
1	pharmacy to find ou	t why the medication was not				
	delivered,					
- 1	-one nad administer	ed levothyroxine 100mcg to				
- 1	to administer.	levothyroxine was available				
		t of levothyroxine for at least	1 1			1
	2 to 3 days.	a service of all least				
- 1	She did not know th	e dose of levelhyroxine was				
2	increased to 125mc	}.				
	Telephone Interview	with a registered nurse from				
1.1	Resident #6's Nurse	Practitionar's (NP) office on				
	11/05/21 at 9:40am r	evealed:				
1.	Resident #6's levoth	ryroxine was increased at her				
12	ast appointment bed	ause her thyroid laive were				
1	tot in the normal ran	00.				
	The levelhyroxine st	hould be restarted	1 1			
	mmediately,		1			

-Resident #6's hypothyroidism was uncontrolled and she needed to take the levothyroxine daily to prevent hyperglycemia, increased irritability, and increased sweating.

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If continuation sheet, 12 of 47

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AND PLAN	T OF DERICIENCIES OF CORRECTION	(X1) PROVIDE/USUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	DOWSTRUKTION		E SURVEY IPLETED
-		HAL055009	B. WING			Unemaar
NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	. ZIP CODE		1/05/2021
HE ADD	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROA NTON, NC 28092			
(X4) ID	SUMMARY ST	ATEMENT OF DEEKSEMPING	1			
TAG	(EACH DRFIGENC REGULATORY OR	Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ND PREFIX TAB	PROVIDENTS PLAN OF (EACH CORRECTIVE ACT) CROSS-INFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(RS) COMPLET DATE
D 358	Continued From page	8 12	D 358			1
	Attempted Interview v at 2:35pm and 11/03/ successful.	with Resident #6 on 11/03/21 21 at 4:45pm was not				
		11/02/21 at 11:30am.				
Refi (ED	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.				
	Refer to the telephone Administrator on 11/0-	e interview with the 4/21 at 12:14pm.				
	09/13/21 revealed a p	t #6's current FL2 dated hysician's order Vitamin D3 promote bone health) 1000				
- 1	Review of Resident # physician's order date Vitamin D3 1000/U to	5's record revealed a signed d 10/15/21 to increase 2 tablets daily.				
	(eMAR) revealed: -There was a compute Vitamin D3 1000(U ta)	Administration Record regenerated entry for Re 2 tablets daily schedulad				
	11/01/21 but was doou -Vitamin D3 was not d administered on 11/02 documentation explain	mented as administered on imented as a "lete entry." ocumented as				
1.0	administered. -Vîtamîn D3 was not de					
3	Observation of the 12-	00pm medication pass on				

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PRINTED: 12/01/2021

AND PLAN	IT OF BEFICIENCIES OF CORRECTION	(X1) PROVIDER/GUIPHUER/CUA IDENTIFICATION NUMBER; HAL055009	(X2) MULTIPLE C A BUILDING:	A GREET AND AN		e survey Pleted
NAME OF P	ROVIDER OR SUPPLIER				1	1/05/2021
	그는 것 같은 것을 많이 없는		DORESS, CITY, STATE			
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA	D		
(X4)1D	SUMMARY	STATEMENT OF DEFICIENCIES	NTON, NC 28092			
TAG	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REPERIONCED TO TI DEFICIENCY	ON SHOULD BE TE APPROPRIATE	COMPLE DATE
D 358	Continued From pa	ge 13	D 368		-	
	11/02/21 at 11:30er	n revealed Vitamin D3 1000(U	20000			
	was not available to	administor to Resident #6.				
	CIVILIAN CONTRACTOR		1 1			
	Telephone interview	with a pharmacy technician				
	11/03/21 at 2:54pm	intracted pharmacy on				1
	-The pharmacy had	a signed physician's order for				
	Resident #6 dated	10/15/21 for Vitamin D3				
	1000IU take 2 table	ts daily.	1 3			
	 The physician's or 	ter for Vitamin D3 was				
	medications to Resi	he pharmacy did not dispense				
		entered the physician's order				
	so the medication w	ould appear on Resident #6's				
	eMAR.	same appear on readjoint ag s				
	Resident #6's pham revealed:	with a representative from nacy on 11/03/21 at 10:18am				
	(30-day supply) of V #6 on 09/06/21,	last dispensed 30 tablets Atamin D3 1000IU to Resident				
	-They did not have a the Vitamin D3 1000	a physician's order to increase DIU to 2 tablets daily.				
	Observation of medi	ications on hand for Resident				1
	#6 on 11/03/21 at 21	00pm revealed Vitamin D3				
	was not available to	administer to Resident #6.				1
	at 2:06pm revealed:	fication aide (MA) on 11/03/21				
	-Resident #6 did not	use the facility's contracted				
	pharmacy.					
	-About two weeks as	go, she had pulled Resident				
	were deting low and	m the medication cart that i called Resident #6's				
	pharmacy for refills.	Canno Resident #6's				
		hy the medication refills were				
1	not delivered to the f	acility.				1
	-She did not follow u	m fro final and address the	1 1			

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		T. SURVEY PLETED
_		HAL055009	8. WNG			1/05/2021
	ROWDER OR SUPPLIER		ADDRESS, GITY, STATE			NOW YOR I
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA NTON, NC 28092	D		
(X4) ID PREFix TVG	DACH DEFICITIV	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(NS) COMPLET
				CROSS-REFERENCED TO 1 DEPICIENC	(HE APPROPRIATE (Y)	DATE
D 358	sources i tom pa		D 358			-
	medications during (11/03/21), but she i pharmacy to find ou not delivered. -She did not know F was increased. -She was not sure h of her Vitamin D3. Telephone interview Resident #6's Nurse 11/05/21 at 9:40am -Resident #6's Nurse 11/05/21 at 9:40am -Resident #6's Vitam increased because t more often since she facility. -The physician want promote bone health density. -Resident #6 was at bone fracture if Vitam maintained and she Attempted interview at 2:36pm and 11/03 successful. Refer to interview wit Coordinator (RCC) o Refer to the interview (ED) on 11/02/21 at 3 Refer to the telephon Administrator on 11/0 c. Review of Residen	ent #6 was out of several the morning medication pass did not have time to call the t why the medications were Resident #8's Vitamin D3 dose aw long Resident #6 was out with a registered nurse from Practitioner's (NP) office on revealed: hin D3 dose was recently he resident was ambulating a was in the assisted living ed to increase the dose to h, specifically increasing bone risk for increased fatigue or a hin D3 levels were not had a fail. with Resident #6 on 11/03/21 /21 at 4:45pm was not the Resident Care n 11/02/21 at 11:30am. with the Executive Director 3:05pm. e interview with the				

STATEMEN	of Health Service Re If or DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C	CONSTRUCTION	(X3) 047	RM APPROA	
_		HAL055009	R. WRAG				
NAME OF P	PROVIDER OR SUPPLIER	STOCEN			11	/05/2021	
THE ADD	ISON OF LINCOLNTO	440 PA1	ADDRESS, CITY, STATE EM CHURCH ROA				
	NOON OF LINCOLNID		NTON, NC 28092	D			
(X4) ID	SUMMARY	STATEMENT OF DEPONDANCES					
TAG TAG	LAGIN DEFICIE	EACH DEFICIENCY MUST BE PRECEDED BY FUEL REGULATORY OR LOCIDENTIFYING INFORMATION		REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO TACH CROSS-REFERENCE TO THOM DEPICIENCY)		N SHOULD BE EAPPROPRIATE	(01) COMPLE DATE
D 358	Continued From pa	ge 15	D 358				
	3.125mg (used to tr blood pressure) tak Review of Resident	reat heart annythmia and high e 1 tablet twics daily, #6's November 2021	0.558				
	(eMAR) revealed; -There was a comp carvediloi 3.125mg scheduled to be adr 9:00pm, -Carvediloi was doc 9:00am and 9:00pm -Carvediloi was not	on Administration Record uter-generated entry for take 1 tablet twice daily ministered at 9:00em and umented as administered at to on 11/01/21, documented as administered am, but there was no					
	documentation expl administered. -Carvedilol was doo 11/02/21 at 9:00pm. -Carvedilol was not o	aining why the dose was not umented as administered on					
	11/02/21 at 11:30am	2:00pm medication pass on revealed carvedilol 3.125mg be administered to Resident					
	at 2:06pm revealed: -Resident #6 did not pharmacy. -About two weeks ag #6's medications from were getting low and pharmacy for refills. -She did not know with	ication aide (MA) on 11/03/21 use the facility's contracted o, she had pulled Resident in the modication cart that called Resident #6's by the medication refills were					
	not delivered to the fa She did not follow up medications were not	acility. I to find out why the					

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If continuation sheet. 1d of 47

STATEMEN	of Health Service Ro if OF DEFICIENCIES OF CORRECTION	(21) PROMOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(R2) MULTIPLE C A BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL055009	B. WING			Control of the second	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADORESS, CITY, STATE	-	1	1/05/2021	
THE ADD	ISON OF LINCOLNTO		EM CHURCH ROA				
	5.40 Store	LINCOL	NTON, NC 28092	74			
(X4) ID PREFIX TAG	CHURDENCE	STATEMENT OF DEFICIENCIES NOY MUST HE PRECEDED BY FULL R LSCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDENTS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE DEFICIENCY)	254/54 X /5 (64)	DATE	
D 358	Continued From pa	op 16	The second	Diriverian (
	medications during (11/03/21), but she	the morning medication pass did not have time to call the it why the medications were	D 358				
	Resident #6's phan revealed. -The pharmacy had (45-day supply) of c tablet twice daily to	with a representative from nacy on 11/03/21 at 10:16am last dispensed 90 tablets arvediloi 3.125mg take 1 Resident #6 on 06/15/21. led the pharmacy the previous					
aa フッツーT mph-T fo TeR:11-R block-H	 The pharmacy tech modication order wa pharmacy had faxed 	5/21) requesting a refill. nician told the facility the is out of refills and the f the provider. 101 have a new prescription					
	Resident #6's Nurse 11/05/21 at 9:40am r -Resident #6 was at blood pressure espe closely monitoring he	an increased risk for high cially if the facility was not					
	raciiity's contracted p 9:30am revealed Resident #6 was pre real atrial fibrillation. Resident #6 was at a	an increased risk for her					
	teart to be out of rhy administered the can Attempted interview v	thm if she was not reditol. vith Resident #6 on 11/03/21					
6	t 2:35pm and 11/03/ wccessful.	21 at 4:45pm was not					

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If continuation share: 17 of 47

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	DOI: PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A, BUILDING:	CONSTRUCTION	CONPUTED		
-		HAL055009	B, WING				
NAMEOFE	ROVIDER OR SUPPLIER	STREE-	ADDRESS, CITY, STATE		11	05/2021	
THE ADD	ISON OF LINCOLNTON	440 SAI	EM CHURCH ROA NTON, NC 28092				
(X4) ID	SUMMARY	STATEMENT OF DEPENDENCES					
Matfix Tag	IEAGH DEFICIES	KOY MUST BE PRECEDED BY FULL R LSC IDENTRYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION & CROBS-REFERENCED TO THE AP DEFICIENCY)	ANK B IN GR	(XS) COMPLE (VATE	
D 355	Continued From pa	ge 17	D 358			-	
	Refer to interview with the Resident Care Coordinator (RCC) on 11/02/21 at 11:30am.						
	Refer to the intervie (ED) on 11/02/21 at	w with the Executive Director 3:05pm					
	Administrator on 11/						
5	09/13/21 revealed a	nt #6's current FL2 dated physician's order citalopram ision and anxiety) 20mg take					
	(eMAR) revealed:	Administration Record					
	citalopram 20mg tak be administered at 9	documented as administered					
	-There was no reaso and 11/02/21 explain administored.	n documented on 11/01/21 ing why citalopram was not					
	-II was documented o citalopram was not a	on 11/03/21 at 9:00am the vailable,					
	11/02/21 at 11:30am	2:00pm medication pass on revealed citalopram 20mg be administered to Resident					
	at 2:06pm revealed:	cation aide (MA) on 11/03/21 ISE the facility's contracted					
	About two weeks ago	o, she had pulled Resident the medication cert that					

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If continuation sheet: 18 of 47

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIERCUA IDENTIFICATION NUMBER:	(R2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E BURVEY PLETED
	Constant of the second	HAL055009	8. WNQ	1	1/05/2021	
	ROVIDER OR SUPPLIER		DORESS, CITY, STATE			
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA NTON, NC 28092	D		
(X4) ID PRSFIX	SUMMORY	STATEMENT OF DEPICIENCIES	ID	PROVIDENTS PLAN OF CO	Same stall	1
TAG	REGULATORY O	KOY MUST BE PRECEDED BY PULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLE DATE
D 358	Continued From pa	ge 18	D 358			-
	pharmacy for refills. -She did not know v not delivered to the -She did not follow of medications were in -She realized Resid medications during (11/03/21), but she v pharmacy to find our not delivered. Telephone interview Resident #6's pharm revealed: -The pharmacy had (90-day supply) of of delivered. -The pharmacy had (90-day supply) of of delivered. -The pharmacy had (90-day supply) of of delivered. -The pharmacy tech medication order was pharmacy had faxed -The pharmacy did in for carvediol with ac Telephone interview facility's contracted (9 :30am revealed: -Resident #6 was en depression, -Resident #6 was en depression, including increased enxiety. Telephone interview Resident #6's Nurse 11/05/21 at 9:40am of 11/05/21 at 9:40am of 	why the medication refills were facility. up to find out why the of delivered. ent #6 was out of several the morning medication pass did not have time to call the t why the medications were with a representative from nacy on 11/03/21 at 10:18am last dispensed 90 tablets talopram 20mg take 1 tablet on 05/28/21. ed the pharmacy the previous 5/21) requesting a refill. rician told the facility the is out of refills and the 11he provider. not have a new prescription difficient refills. with a pharmacist from the oharmacy on 11/05/21 at escribed citalopram to treat risk for having symptoms of g suicidal ideations and with a registered nurse from Practitioner's (NP) office on evealed: r Resident #6 to stop taking				

STATEMEN	of Health Service Re If of DEFICIENCIES OF CORRECTION	(X7) PROMDER/SUPPLIER/CL/A IDENTIFICATION NUMBER	(%2) MULTIPLE C A. RUILDING:	ONSTRUCTION	(X3) D40	RM APPROV E SURVEY PLETED
		HAL055009	855099 B. WNG			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, OITY, STATE	70 0000		/05/2021
THE ADD	ISON OF LINCOLNTO	N 440 SAL	EM CHURCH ROA NTON, NC 28092			
(X4) ID PREFIX TAG	EACH DEFICIE	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAB	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DERCEMENT)	SHOULD BE	DIS) COMPLET CHTC
O 358	-Resident #6 was a and withdrawal syn dose before stopple -Resident #6 was a depression if she w citalopram, -She expected the sure Resident #6 w modications,	at an increased risk for anxiety optoms for not tapering the ing the medication, it risk for having behaviors and ras not administered the staff at the facility to make ras administered her	D 358			
	at 2:35pm and 11/0 successful, Refer to interview w Coordinator (RCC) Refer to the intervie (ED) on 11/02/21 at	ne interview with the				
	 Review of Reside 09/13/21 revealed a docusate (used to tr 1 tablet daily. Review of Resident electronic Medicatio (eMAR) revealed: There was a compu- docusate 100mg tak be administered at \$ -Docusate was not of from 11/01/21 to 11/ -There was no reaso and 11/02/21 explair administered. 	ent #6's current FL2 dated (physician's order for reat constipation) 100mg take #8's November 2021 in Administration Record Mer-generated entry for te 1 tablet daily scheduled to 0:00am. focumented as administered				

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If continuation sheet, 20 of 47

		DENTIFICATION NUMBER:	ERSUPPLIFICUA (X2) MULTIPLE CONSTRUCTION ICATION NUMBER: A BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL055009	0.WING			
VAME OF P	ROWDER OR SUPPLIER	STREET	ADDRESS, OITY, STATE	ZIE CONE	1 11	/05/2021
THE ADD	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROA			
(144) 10	SUMMARY	STATISTICS OF DEPARTMENTS	NTON, NC 28092			
PREMX TAG	05ACH DEFICIEN	RESCIDENTIFYING INFORMATION	PREFIX TAG	PROMDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE IE APPROPRIATE	(XS) COMPLET DATE
D 358	Continued From page	ge 20	D 358			-
	docusate was not a	vailable,	0.000			
	11/02/21 at 11:30em	2:00pm medication pass on revealed docusate 100mg be administered to Resident				
	at 2.00pm revealed: -Resident #6 did not pharmacy. -About two weeks as #6's medications from were getting low and pharmacy for refills. -She did not know will not delivered to the fill -She did not follow up medications were no -She realized Reside medications during th (11/03/21), but she did	p to find out why the				
r codd v n p fr	Resident #6's pharms revealed: The pharmacy had is focusate 100mg take 86 on 09/16/21. The facility had catle veek (week of 10/25/ The pharmacy techni nedication order was sharmacy had faxed to The pharmacy did no or carvedilol with add	he provider. I have a new presodution				

If continuation about 21 of 47

AND PLAN	IT OF DEFICENCIES OF CORRECTION	(K1) PROVIDER&UPRUERICLA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A BUILDING:	CNETRUCTION	(X3)-DAT	RM APPROV E BURVEY PLETED
NAME OF C	ROMDER OR SUPPLIER	HAL055009	8. WING			/05/2021
		STREET	DORESS, CITY, STAT	E ZP CODE		105/2021
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA	D		
(XI) ID. PREFIX	SUMMARY S	TETEMONY OF SPRINGER STATE	NTON, NC 28092			
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX TMG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CHOSS-REPERENCED TO TO OFFICIENCY	ON SHOULD BE HEAPPROPRIATE	(45) COMPLET SWTS
D 358	Continued From pag	e 21	D 358	OCT MENU	4	-
	Attempted interview at 2:35pm and 11/03 successful. Refer to interview will Coordinator (RCC) o Refer to the interview (ED) on 11/02/21 at 3 Refer to the interview (ED) on 11/02/21 at 3 Refer to the telephon Administrator on 11/0 f. Review of Resident 09/13/21 nevealed a p B12 (a vitamin supple daily. Review of Resident @ electronic Medication (eMAR) revealed: "There was a compute Vitamin B12 S00mcg i scheduled to be admit vitamin B12 was not administered, in was documented or /itamin B12 was not a 20servation of the 12:	n 11/02/21 at 11:30am. with the Executive Director k05pm. e interview with the 4/21 at 12:14pm. #6's current FL2 dated htysician's order for Vitamin ment) 500mog take 1 tablet 6's November 2021 Administration Record ar-generated entry for take 1 tablet daily histered at 9:00am. documented as 01/21 to 11/03/21. documented on 11/01/21 ig why Vitamin B12 was not 1 11/03/21 at 9:00am that wallable.				
10	ot available to be adn	wealed Vitamin B12 was ninistered to Resident #8.				

If continuation sheet 22 of 47

AND PLAN	NT OF DEFICIENCIES	(21) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER	(XZ) MULTIPLE	CONSTRUCTION	FO	ED: 12/ RM APP
			A. BULDING		OK20 DAT	E SURVEY
		1 magazarro			CON	PLETED
-		HAL055069	B.WING			
anate OF F	POVIDER OR SUPPLIER				1 11	/05/202
THE ADD	ISON OF LINCOLNTON	4IMEET/	OCIRESS, CITY, STAT	E, ZP CODE		1031202
		440 541	EM CHURCH ROA	lo l		
(X4) ID PRIFIC	SUMMARY ST	ATEMENT OF DEFICIENCIES	NTON, NC 28092			
TAS	REGULATORY OD /	Y MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF ODE		-
	ACOUNTRIC D	SCIERTIPYING INFORMATION	PREPIX TAG			P
D 358	Continued E	100	1.	CROSS REFERENCED TO THE A DEFICIENCY]	PPROPRIATE	CONF DA
	Continued From page	22	D 358	see menery		1
			0 330			
	Interview with a medic	ation aide (MA) on 11/03/21	1 1			1
	at 2:06pm revealed:	and 1100 01 1100 01	1 1			£
1	-Resident #6 did not is	se the facility's contracted	1			
	-About two weeks ago,	she had pulled Resident	1 1			
			1 1			
	and a second in the state of the	alled Resident #6's	1 1			
	not delivered to the faci	the medication refilts were	1 1			1
			1 1		13	
1	She did not follow up to medications were not d	o find out why the	1 1			
-	She realized Resident	envered,	1 1			
0	nedications during the	we was out of several morning medication pass				
	THE REAL PROPERTY AND A REAL WAY	y the medications were				
n	ot delivored.	y one mourcasons were			1	
1	elephone interview with	a representative from				
1.000	A REAL PROPERTY AND A REAL PROPERTY.	on 11/03/21 at 10:18am				
10	The pharmacy had last	dispensed 30 tablots			1	
- 1 M - 1 M - 2	Resident #6 on 09/20/	IT RETURNED TRACE				
		e pharmacy the previous				
	THE PRIME PROPERTY OF COMPANY OF	to too lat the star of the state of the stat				
	PROPERTY AND A REPORT OF A	Political States in the second states in				
1 1000	STORAGE THE DESIGN AND A DESIGN	The second se				
1.744	to pharmacy did not be	the second se			1.1	
ROP	carvedilol with addition	val refills.				
1220						
De	sphone interview with a	a registared nurse from				
1.464	ropriate levels and pre	vent feeling fatigue.				
		tesident #6 on 11/03/21				
	rvice Regulation	PRINDER MIC an deletation				

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if continuation sheet 25 of 47

AND FLA	NT OF DEPICENCES N OF CORRECTION	(X1) PROVIDENSUPPLIERIOLIA IDENTIFICATION NUMBER:	(X2) MILTIPLE A. BULDING	CONSTRUCTION	PO 019	ED: 12/01/J RM APPRO
NAME OF	PROVIDER OR SUPPLIER	HAL055009	B. WING	COMPLETED		
		STREET	ADDRESS, GITY, STAT		11	/05/2021
THE ADD	WSON OF LINCOLNTON	440 SAL	EM CHURCH ROA	6.20° CODE		
(X4) ID PREFIX	SUMMARY ST	LINCOL	NTON, NC 28092			
TAG	REQUATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CONRECTIVE ACTION SHOL (ROSS RECTIVE ACTION SHOL)	TION AD BIT	[205]
D 358	Continued From page	23	1	CROSS-REFERENCED TO THE APPR DEFICIENCY	OFTRATE	DOMPLET!
	at 2:35pm and 11/03/2 successful	21 at 4:45pm was not	D 358		1.1	-
	Refer to interview with Coordinator (RCC) on	the Resident Care 11/02/21 at 11:30am				
-	Refer to the interview v (ED) on 11/02/21 at 3:0	dela mana del constanto del constanto				
	Refer to the telephone Administrator on 11/04/	interview with the 21 at 12:14pm.				
e a tr -1 fk	eat coronary artery dis	ronary artery disease, and a history of coronary				
-R fai he -Ti 10 as		21 revealed: y of congestive heart ondition in which the id as well as it should). scontinue furosemide				
09% -The read -The rang pres	view of Resident #1's el ministration Record (eM 30/21 revealed: sere was an entry for twi tings at 8:00am and 8:1 ire was documentation yed from 123-197 for 34 sure readings. vice Regulation	ce daily blood pressure				

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If continuation sheet 24 of 47

AND PLA	IN OF DEFICIENCIES	(XT) PROVIDER/SLIPPLER/CLIA			FC	TED: 12/01/
		CENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	-	
		1	A BUILDING		OG) DA	TE SURVEY
		HAL055009	135.1			PLITED
NAVE OF	PROVIDER OR SUPPLIER		R WING			
	SISON OF LINCOLNTON	STREET.	DORESS, CITY, STAT		- 1	1/05/2021
	SON OF LINCOLNTON	TAG UPP	EM CHURCH ROU	C. 20° CODE		
04010	SURMARY ST	LINCOL	NTON, NC 28082	4D		
TAG	(EACH DEFICIENCY	THE STEPHENE WEST	D I			
		AUST BE PRECEDED BY FULL \$C IDENTIFYING INFORMATION)	PROFIX	PROVIDER'S PLAN OF CORRECTACE ACCORD	CTION	1
D 358	and the second se		TAG	CROSS-REFERENCED TO THE ADD	NALD BE	COMPLE
	service From bage	24	1	CENCIENCY)	TURNIATE	DATE
1	-There was an entry for	r furosemide tako 10mg	D 358			
- 0	once daily as needed f	or SBP greater than 120,				1
	-There was no docume	or SBP greater than 120, intation the furosemide	1 1			ŧ
1	10mg had been admini	stered.	1 1			
1			1 1			
	revealed.	s eMAR for October 2021	1 1			
1	-There was an entry (and a second	1 1			
1	readings at 8:00am and	twice daily blood pressure	1 1			
1.	There was document	stoopint,	1 1			
1	ranged from 121-193 for messure readings	55 out of Cardings that				
1	vessure readings.	So due of 61 blood				
12	There was an entry for I	Urosémide take towa			1	
19	vice daily as needed for	SBP greator than 120.				
11	There was no document	tation the furosemide			1	
1	Omg had been administ	ered.			1	
R	oview of Resident #1's /				- 1	
-T	There was an entry for h	vice daily blood pressure				
re	adings at 8:00am and 8	Doors				
	Party was more important.				- 10	
13	9 and 167 for two blood	pressure readings of			1	
00	here was an entry for fu ce daily as needed for s	rosemide take 10mg			- 13	
-TP	ce daily as needed for a	SBP greater than 120.				
10	here was no documenta mg had been administer	tion the furosamide			1	
1.000	and a second reader	NHO.				
Tek	ophone interview with a 11/02/21 at 3:36om one	medication side man				
on	11/02/21 at 3:36pm new	saled she had not				
edn #1	ninistered the furosomid	le 10mg to Resident				
ste	when the SBP was great had not seen it on the	ter than 120 because				
and a	had not seen it on the e	MAR.			1	
Tele	phone intendence ar	SARSSING Y				
11/0	phone interview with a 2/21 at 3:47pm revealer inistered the furn	second MA on				
adm	inisteral the furneral d	a she had not			1	
#1 w	hen the SBP was great	a tung to Resident				
1.	And And And And And And And	ar anen 120_			1	
	tration of Resident #1's					

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If continuation should 25 of 47

AND PLAY	n of Health Service Rec NT OF DERIGENCIES N OF CONVECTION	(X1) PROVIDER/RUDY (FR)			FOR	EO: 12/01/20 RM APPROV
		IDENTIFICATION NUMBER	(PG) MULTIFLE	CONSTRUCTION	-	
			A BULDING		(XS) ELATE	SURVEY
		HAL455069	Status -		CONS	PLETED
NAME OF	PROVIDER OR SUPPLIER	1942423009	B. WNG		1	
		BTREET	ADORESS, CITY, STAT	-	11	05/2021
HE ADD	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROA	N. DP CODE	5	
04510	Danua -	I Incontraction	NTON, NC 28092	40		
PREFOX	(EACH DEFICIENC	CHEINIT OF DEPICIENCIES	D D			
TAB	REBULATORY OR	USCIDENTIFYING INFORMATION)	PREPAK	PROVIDER'S PLAN OF CORRECTION	N	1
			TAG	EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE
D 358	Continued From page	25		DEFICIENCY)	INTE	OWTE
			D 358			
	hand on 11/02/21 at 3	3:27pm revoaled:				
	20mg take ½ tablet /4	le pack labeled furosemide (omg) twice daily with 46 %	1 1			
1	tablets remaining	ung) twice daily with 46 1/s	1 1			
	-Printed on a sticker of	n the bubble pack was	1 1		- 1	
	"directions changed re	sfer to chart	1 1		1	
			1 1		- 1	
- 1	Telephone interview with Nurse Practitioner (NP)	1th the facility's contracted	1 1			
	revealed:	") on 11/02/21 at 4:47pm	1 1			
- 13	-She had channed the s					
1	-She had changed the turosemide 10mg from twice daily to as needed because Resident #1 blood pressure renders had				1	
1	blood pressum rending	o because Resident #1's	1			
	************************************	and the second se				
			1 1			
					1	
		g of heart failure			1	
1	She expected the facilit redications as ordered.	ty to administer the				
1."	iocidations as ordered.					
In	terview with the Resid	100000000000000000000000000000000000000				
					1	
					1	
-1	hey should be adminis denied.	itering medications as			- 1	
-7	be MAs was to be	Contraction of the second s	1			
ad	he MAs were trained b ministering medication	ly a nurse on				
	medication	18.				- 1
Int	erview with the Execut /02/21 at 4/20cm and	Two Director (TTP)				
						1
-15	10 MAs should be edm	inistering the				
	COLUMN TO ADD COLUMNSM					
arte	e MAs were trained or	medication				
-	ninistration by a nurse.		1			
Bas	ed on observations					
revi	ed on observations, in ew Resident #1 was n	of intended and record				

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If continuation sheet, 26 of 47

AND PLAN	t of Health Service Re NT OF DEFICIENCIES (OF CORRECTION	(X1) PROVIDER/SUPPLIERCLW			FROM	ED: 12/01
10123875	OCHARDER NON	IDENTIFICATION NUMBER	(X2) MULTIPLE	CONSTRUCTION	_	RMAPPRO
			A BULDING		(X3) D.42 CCM	E SURVEY PLITED
		HAL055009	A. WWG			
	ROVIDER OR SUPPLIER				1 1	0
THE ADD	ISON OF LINCOLNTON	STREET	ADORESS, GITY, STAT	E, ZIP CODE	11	/05/2021
(\$41 10		Intern	EM CHURCH ROANTON, NC 28092	ND CONTRACT		
PREFIX	EACH DEPICIEN	THE REPORT OF MERICIPALITY OF THE PARTY OF T				
1910	REGULATORY OR	LISC IDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORP.	RECTION	1 200
0 358		Company and the second s	TAG	GROSS-REFERENCED TO THE A	HOULD BE	DOM/PLA
Cr Cuty	Continued From page	e 26	2.440	DENCIENCY)	a restroyed as	DATE
	Refer to interview with Coordinater (RCC) and	h the Resident Care	D 358			-
1	Goordinator (RCC) or	n the Resident Care n 11/02/21 et 11:30am.	1 1			
	Refer to the interview	with the m	1 1			
	(ED) on 11/02/21 at 3	05pm.				
- E.			1 1			
	Refer to the telephone Administrator on 11/04	Interview with the	1 1			
3						
	3. Review of Resident	#2's current FL2 deted	1 1			
	rovu4/21 revealed diag	#2's ourrent FL2 dated phoses included right femur	1 1			
1						
F	leview of physician's o	orders for Resident #2				
	evealed: Acetaminaelus	a second we				
1	vice daily, dated 07/25	raliever) 325mg, 2 tablets				
1-4	hange acetaminonha	in to 500mg twice daily,			1	
1.10	Viscontinue acetamino drocodone Smolacote	and the second se	0.0			
		Iminophen 325mg (pain 88 mediat for political				
32	hange hydrocodone 5 5mg to 1 tablet even	mg/acetaminophen				
	ted 10/19/21.	six hours scheduled,				
D-	where of Day 14	494 W. 1990				
		electronic Medication	1			
-Th	OFE WAS IN ONLY THE	icetaminophen 500mg				
	8:00pm.	ation times of 8:00am				
-Th	ere was documentation	and the second se				
10/3	11/21 at 8:00am and 8	00pm.				1
Rev	lew of Resident #1's o 2/21 micesiad	MAR for statements				
	TO WAS ON BOARD IN	setaminophan 500mg			1	

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Roominuation sheet 27 of 47

	t of Health Service Re NT OF DERCENCERS N OF CORRECTION	(XI) PROVIDERSUPPLIERICLY			FO	ED: 12/0 RM APPI
10000	of conduction	DENTIFICATION NUMBER:	(902) MULTIPLE	CONSTRUCTION	_	-
			A. BULDING:		(0(3) DAT	E SURVEY
		HAL055009	100			PLEIED
NAME OF	PROVIDER OR SUPPLIER	and the second	a, wing			
	ISON OF LINCOLNTON	STREET	AODRESS, CITY, STAT	E ZE CODE		/05/2021
	THE OF LINCOUNTON	440 SAL	EM CHURCH ROA	0		
(204) ID-	SUMMARY S	LINCOL	NTON, NC 28092			
PREFIX	(EACH DEFICIEN RECORD ACCOUNTS	CY MUST BE PRECEDED BY FULL	itt	PO/Handhim -		
2005		LISC IDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORRE (EACH CONRECTIVE ACTION SH CROSS-REPRENENCE)	ECTION	pe
D 358	Continues		Units	THE STREET STATUS AND	ROFRIATE	COMP
	stonarcied From pag		D 358	DIFICIENCY	1094N2182+	1
1	twice daily with admi	nistration times of 8:00am	0 450			
	and 8:00pm,	and a second mines of a ogam	1 1			1
1	500mp had	fation the acetaminophen	1 1			
	11/02/21 et e-on-	ninistered on 11/01/21 and				
1	11/02/21 at 8:00am a	nd 8:00pm,	1 1			1
	Interview with the Re-	sident Care Coordinator				
			1 1			
8-1			1 1			
	THE PHALMACY EDDAM	ad the new orders into the				
			1 1			
1	the new orders hu co	responsible for varifying	1 1			
1	order, on the eMAR a	meaning with the original nd would then initial at the			1	
					1	
1	She had initialed that	she had verified the new			- 1	
1	She had "overlooked i	r.			1	
1	elephone Interview with	th a representative from			1	
		pharmacy on 11/03/21 at			1	
1	0:52am revealed:	11/03/21 at				
-	he pharmady had rec	eived the faxed order from	1			
		e the acetaminophen				
		the pharmacy that only a minophen 325mg was to				
			8			
50	Omg was to continue.	and accommodition	10			
Dis la compañía de la	eprone interview with	the Hospice physician's				
-AI	Sostaminachen orde	usam revealed;				
1 0000	Sectorized as Reported	1 m1 had an a start				
1000	Concernation Concerna	Smolansterninget				
-Th	e facility should be ad	ministering medications	1			
45 (ordered.	a manually				
Health P.	rvice Regulation					
RM	www.cogulation					

If continuation sheet 28 of 47

	t of Health Service Re NT OF DEFICIENCIES	(XI) PROMOEDUS INTERNA			FO	ED: 12/0 RM APP
		IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) Dvg	E SURVEY
une or		HAL055009	R. WING		COM	PUETED
HAME OF	ROWDER OR SUPPLIER				1 .	/05/202
THE ADD	ISON OF LINCOLNTON	ener;	ADORESS, CITY, STAT	E, ZP CODE		03202
	1	Liken	EM CHURCH ROA NTON, NC 28092	ND .		
(X4) ID PROFIX	SUMMARY S	TATEMENT OF DEPICIENCIES				
TAG	REGULATORY OF	CY NUST RE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROMDER'S PLAN OF CORRECTIO	N	1
			TAG	(FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROX		COM
D 358	Continued From pag	0.28		DEFICIENCY)	ALATE	CV
	Based on obconume		D 358			
		ns, interviews, and record ined that Rosident #2 was				
	not interviewable.	and that Rosident #2 was	1 1			
1	Refer to interview with	h the Resident Care	1 1			£
	Coordinator (RCC) or	11/02/21 et 11:30em.	1 1			
F	(ED) on 11/02/21 at 3	with the Executive Director	1			
		uopm.				
	Refer to the telephone	finterview with the			1	S
	Administrator on 11/0/	0/21 at 12:14pm	1 1			
	the second se		E 1			
	CONTRACTOR CONTRACTOR	ident Care Coordinator	1 1			
	THE RELEASE FROM THE PARTY IN THE PARTY INTERPARTY INT	tionting of the design	1 1			
	OF THE UNITED BY READING MICH	Phone Conditions			- 14	
	and a construction of the second seco	The state of an all shows				
n	The MAs were reapon redications for the res	sible for reordering			1	
	adications were gettle	toents when the				
					1	
in the	terview with the Exec	utive Director (ED) on				
	TOTAL FOCULUDDIN FRM	B TLOVE:			1	
L CO	he Supervisor or MA	wata responsible for			1	
	CONTRACTOR OF A DECK	when there were 6 dases				
1.74	IN MA, SUDARVISOR OF	the Drift				
1.100	appropriate the soprovin	the sheart to be she with the				
	IN CITABLE SOCIES NOT BY	Report Frances of Street Str			[
		compared the order y to the order from the				
-52	e did not know all me	dications were not				
	example in the medically	THE COULD BE AN ADDRESS OF ADDRES				
adr	ninistered to the resid	enta.				
Tole	phone interview with	the Administrate				
a l'anna anna anna anna anna anna anna a	Invice Regulation	19 Ph/ 10050/810C 00				

If conditionation stees: 29 st 47

ANDPLAN	of Health Service Rec NT OF DEPICIENCIES OF CORRECTION	(X1) PROVIDERSUPFLIEWCUA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	FC	TED: 12/0 DRM APP
		and an an and the	A BUILDING:	A CONTRACTOR OF A CONTRACT	(X3) DW	TE SURVEY
		HALOSSA			co	MPLETED
NAME OF P	ACVIDER OR SUPPLIER	HAL055009	B. WING			
		STREET	ADDRESS, CITY, STAT		1	1/05/2021
THE ADO	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROA	E ZP CODE		
(244)/D	Renting	10000	NTON, NC 28092	ND .		
PREFIX	EACH DEFICIENC	I DARATOF DEFICIENCIES				
TAG	REGULATORY OR I	A MUST BE PRECEDED BY PLLL BC IDENTIFYING INFORMATION	ID PREIFTX	PROVIDER'S PLAN OF	CORRECTION	1
		a second of the second of the	TAG	CROSS-REFERENCED TO T	ON SHOULD BE	COMP
D 358	Continued From page	29		DEFICIENCY	()	DAT
	11/04/21 at 12:14pm r		O 358			-
	THE MAS WRITE RESIDO	Builden Annan an				
1						1
	THE WALL AND A SUP	e they received the	1			1
						1
1	-The MAs were respon	sible for telling the RCC if	1			1
E	a medication.	etting the pharmacy to refit	1 1			1
	The MAS of POC www		1 1			1
1	the provider or pharma	responsible for contacting	1 1			t i
			1 1			
-	The MAS were response	distantia di seconda di				
			1 1			
		d any medication changes	10 d			12
18	or a resident.	y contraction changes				
T	he facility failed to any					
a	he facility failed to enside the facility failed to enside the facility failed as ordered	by a licensed prescribing				8
p	rovider for 1 of 6 reside	ints /Resident tion			1	
11	1/02/21 related to 6 me	dications pot being				
	what is the tacety to	Colors in Lake a La			1	
1.000	Post Production Increase in	the disc of the second s				
inc	reasing the risk of a fe	o promote bone health				
me	dication used to treat	acture with a fail, a				
					1	
1.0444	CONTRACT STORE OF A	test stars				
					1	
fati	oun consepation, and a	a supplement to prevent			1	
whi	ch resulted in a main	d residents (#1 and #2)				
am	edication used to treat	nt (#1) not administered			1	
sys	tolic blood pressure and	huid retention when				
					12	
			1			
	hoen discontinue da	the model of that			194	
	been discontinued inc lication toxicity. This fa					

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il continuesco sheet 30 al 47

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PITI PROVIDERISUIPLIENCLIA IDENTIFICATION NUMBER: HALOSSON	A BUILDING	LE CONSTRUCTION	(00) (DATE	MAPPROVED	
WIME OF PROVIDER OR SUPPLIER	1 10000000	B. WWG		1000	0000000000	
	STREET	ADORESS, CITY, &	TATE OF COMP	11/	05/2021	
THE ADDISON OF LINCOLNTON	440 SAI	LEM CHURCH R	DAD			
(00) 0 8.8094029 57	LINCOL	NTON, NC 280	92			
	ATUBLENT OF DITFICIENCIES OF MUST BE PRECIDED BY FULL LSC IDENTIFICING INFORMATION()	ID PREFIX TAS	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPRO		(AS) COMPLETE	
D 358 Continued From page	1 30	-	DEFICIENCY	PRAIE	CATE:	
Substantial risk of neg harm to the residents violation. The facility provided a accordance with G.S. this violation. CORRECTION FOR T SHALL NOT EXCEED 364 10A NCAC 13F .1004(Administration 10A NCAC 13F .1004) (g) The facility shall en administered to resider of one hour after the pr time unless procluded to the prescribed or schedu sampled residents (#1, # Care Unit (SCU) during to the prescribed or schedu sampled residents (#1, #	ett and serious physical and constitutes a Type A2 plan of protection in 131D-34 on 11/03/21 for HE TYPE A2 VIOLATION DECEMBER 5, 2021. g) Medication Sure that medications are the within one hour before escribed or scheduled by emergency situations. evidenced by: interviews, and record it o ensure medications and for a for a for a for a for a for a for a for a for a for a for a for a for a for a for a for a for a for	D 364	PLAN OF CORRECTION: D364 : Late Medication Administra On 11/2/2021 notifications were m Executive Director to the Primary Oresidents identified. Orders obtained and fol Executive Director to the Primary Oresidents in-service on policy and procedures proper administering medications. The Health and Wellness Director, and Executive Director or designed the Medication Administration report basis and any discrepancy will be of at daity Manager meeting. The Health and Wellness Director a Director and/or designee will review for proper staff coverage on a daily be discussed at Manager meeting.	ade by Care Physic lowed as in /e Director (Care Physic lowed as in /e Director (Care Physic (Care Physic (Ca	idicated, irrent lare Coordinato ve	Executive 3:05pm

Prominuation sheet, 31 of 47

AND PLAN	n of Health Service Re NT OF DEPICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLM			EQ	ED: 12/01/ RM APPRO
20210	- AT CLIGATION	IDENTIFICATION NUMBER:	(PO) MULTIPLE	CONSTRUCTION		an anapped
		and the second sec	A BULDING:		(PO) DAT	EBURVEY
			100000 No		COM	PLETED
NAMEOR	PROVIDER OR SUPPLIER	HAL055009	B. WING			
					1 11	INFIDER.
THE ADD	ISON OF LINCOLNTON	arment /	ADDRESS, CITY, STAT	E, ZP CODE		/05/2021
		440 SAL	EM CHURCH ROA	o o		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	NTON, NC 28092			
TAG	REGULATION OF	DY MUST BE PRECIDED BY FULL	JD I	PROMOCINE OF		
	Construction Car	LISC IDENTIFYING INFORMATION	TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS, INCLEMENT OF CORRECTIVE ACTION SHO	TION	6820
D 364	Cart		110	CHESCED TO THE APPEND	OPRIATE	COMPLE
	Continued From page	e 31		DEFICIENCY)	0.00000	0004
			D 364			
	Interview with the Re-	sident Care Coordinator on				
1			1 1			
	 I DB (D) Circle (Circle) 	ALAN				
		(MA) had called out of work was responsible for passing	1 1			
med	medications.	the many for passing	1 1			
	-one was still adminis	tering medications that	1 1		2	
			1 1			
1	The Supervisor/MA g	at worked on third shift had				
never co	wee a "latent ball	ming medication pass and				
			1			
			1 1			
	white and upp administra	Firmer manual and an art	1 1		1	
assisted living side of the work.		he facility when she got				
	She still had 3 residen	ts on the assisted living to			1	
a	idminister their mornin	s on the assisted living to g medications and all the				
1	tsidents in the Specia	Care Unit (SCU).				
R	leview of the facility ce					
re	evealed there were 18	residents in the SCU.			1	
1.	Review of Resident #	t's manual man	8			
60	ronary artery bypass	graft,				
Re	Wew of Resident and	1				
Ad	ministration Record (e	electronic Medication				
-11	tere was an entry for .	Cetaninoshan (
					1	
ofa	administration at 8:00e	m and 8:00pm				
			1			
House C.	ndos Regulation	orm and documentation				

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Prominuation sheet 32 of 47

AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	FC	7ED: 12/01. XRM.APPR	
			A BULDING		(X3) OUTE SURVEY COMPLETED		
un la	and the second second	HAL055009	D. WING			COMPLETED.	
NAME OF P	ROVIDER OR SUPPLIER					1/05/2021	
THE ADD	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROA	E, ZIP CODE		19912921	
(X4) (D	Samo		NTON, NC 28092	ND .			
PREFIX	(EACH DEFICIENCY	O ANCHI UP DERCENCIES	10	PDO Anone			
	ALL SOUTHER DIEL	SCIDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS REFERENCE ACTION	RRECTION SHOLLD BE	(KS) COMPLI	
D 364	Continued From page	20	1	CROSS-REFERENCED TO THE DEPICIENCY)	APPROPRIATE	COMPLI	
	of administration at ev	02	0 364			-	
	of administration at 8:0 -There was an entry fo (treats urinary cotential)					1	
			1			1	
	of administration time of 8 of administration at 8:0		1 1			1	
	-There was an entry by	• Ellanda des	1				
			1 1			0	
	8:00am and 8:00pm an administration at 8:00ar		1 1				
	THEIR Was an Annu Ou	The ROAD				1	
	ime of 8:00am and doc Idministration at 8:00an						
-	There was an onter for	Little and an and					
	me of 8:00am and doo dministration at 8:00em						
					1		
R	eview of Resident #1's	medication time variance			1		
250	sateminophen, asnivie	led the 8:00am dose of					
			1 22		1		
ne	ad been administered a	* 0, and Vitamin B-12 12:51pm on 11/02/21.			1		
Te	lephone interview with	the factor of					
					1		
	rvedilol at 2:51pm and 1 0pm dose put Residen		1				
pre	essure, low heart rate, a	and poor balance.					
Bes	sed on observations in						
		hat Resident #1 was					
not	interviewable,		1		1		
Ref	er to the telephone inte	rview with the facility's					
Con	tracted Nurse Practition	ter (NP) on 11/02/21 at					
4:37							

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If condituation sheet 33 of 47

AND PLA	n of Health Service Re Int or DEFICIENCIES N OF CORRECTION	O(1) PROVINCE AUTOM	0244100		FOR	TED: 12/01 DRM APPR
		IDENTIFICATION NUMBER:	AMBER: A-BUILDING			E SURVEY
			and a state of the		CO	VE BURVEY
NAME OF	PROVIDER OR SUPPLIER	HAL055009	B. WWG			
		STEGET	1 mm			1/DE DOG
THE ADD	SON OF LINCOLNTON	440 541	STREET ADDRESS, CITY, STATE, ZP CODE 440 SALEM CHURCH ROAD			1/05/2021
(X4) ID	Sillineauro	LINCOL	NTON, NG 28092	ND .		
PREMIX	(EACH DEFICIENC	ACH DEBYTTANE I TO BERGENCIER				
100	CONCISION OF	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCES TO THE	RECTION	(240)
0 364			TAG	The second	APPROPRIATE	COMPLE
04020	Continued From page	e 33	D 364	OEPICIENCY]		DATE
	11/02/21 at 3:36pm.		0.004			1
- 0	Refer to the tata t		1 1			1
	MA on 11/02/21 at 3:4	interview with a second				t.
		reput.	1 1			1
- 1	Refer to the interview	with a thind MA on 11/03/21	1 1			1
	at 2:06pm.	100021	1 1			1
	Refer to the interview	with the Executive Director				
0	(ED) on 11/02/21 at 3:	Some Executive Director				
	Refer to the telephone	Interview with the				
12		/21 at 12:15pm.				
12	Review of Resident	2's current FL2 dated				
1	0/04/21 revealed diag	noses included				
1	ypertension and right	emur fracture.				
B	eview of Review of T				1	
		sident #2's electronic on Record (eMAR) for			1	
1	1/02/21 revealed:	An Necoro (GMAR) for	1			
-1	here was an entry for	noetaminophen 500mg				
ar	id 8:00nm and da	relion times of 8:00am			1	
at	8:00am and 8:00cm	enation of administration				
1-1	DOTE WOR AD ARING SOW	aptopril 25mg twice daily	1			
wi	h administration times	of 8:00am and 8:00pm			1	
an	d 8:00pm,	of 8:00am and 8:00pm ministration at 8:00am	1		1	
-17	ere was an entry for a	onepezil 10mg daily with	- E			
an	administration time of	6:00am and				
1 44.00	Americation of admini-	desidence of the second started	1.		1	
ade	inistration times of 6-	ng every six hours with			1	
6:00	PPTL and 12:00 pm and	vam, 12:00pm,				
in the second	or remaining of armining	ration at 6:00am				
					1	10
dalla	with edministration tin	reprezole 20mg twice				
- Second Se	vice Regulation					

100/11

If continuation sheet, 34 of 47

AND PLAN	NT OF DEPICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Lan		FC	TED: 12/01 DRM APPR
		IDENTIFICATION NUMBER	A BUILDING	CONSTRUCTION	001 DA	TE SURVEY
NAME		HAL055009	B. WITHO	1.11		
	ROMDER OR SUPPLIER	STREET	ADDRESS, GITY, STATE	E MERSON	1	1/05/2021
THE ADD	ISON OF LINCOLNTON	440 SAI	EM CHURCH ROA	c. ar coor		
(XII) ID PREPIX	SUMMARY S	LINCOL	NTON, NC 28092			
TAG	WACH DEFICIENCY MIST DE DEFICIENCIES REGULATORY OR LECTION/TEPRECEDED BY FULL REGULATORY OR LECTION/TEPRECEDED BY FULL		ID PREPIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REPERENCED TO TH		(xi) COMP
D 364	Continued From page	0 34	1	DEFICIENCY	1)	DAT
in the second se	8:00pm with docume 8:00pm and 8:00pm. -There was an entry f with an administration documentation of adm -There was an entry f documentation of adm -There was an entry fe documentation of adm -There was an entry fe scooper with documen 8:00pm with documen 8:00pm with documen 8:00pm dots of adm -The 8:00pm dose of a idministered at 3:28pm The 8:00pm dose of a scooper documentation dministered at 3:28pm dministered at 3:29pm dministered at 3:29pm and licrosesed risk of low 1 licrosesed risk of low 1 basident #2 receiving to drocodone/acetamino set on observation, in fews it was determine enviewable.	ntation of administration at or sertraline 100mg daily time of 8:00am with inistration at 8:00am, or sertraline 12.5mg daily time of 8:00am with inistration at 8:00am, or valproic acid 250mg twice in times of 8:00am and tation of administration at 's medication time variance saled: cetaminophen had been h. and valproic acid had :29pm. ophen had been h the facility's contracted on 11/04/21 at 12:05pm he 8:00am dose of again at 8:00pm put har blood pressure. he 12:00pm dose of phen at 3:29pm and at risk of increased	D 364			
0.1 Sectors	have a second second					

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If continuation sheet 35 of 47

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(XII) AROWDERUSUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A BUILDING:	CONSTRUCTION	(X3) DAT	RM APPR
NAME OF		HAL053009	8. WING		004	PLETED
	ROVIDER OR SUPPLIER	Sime				/05/2021
THE ADO	ISON OF LINCOLNTON	440 54	ADDRESS, OTY, STAT	C, Zir CODE		CONTROL 1
D445 ID	Titanus		LNTON, NC 28092	۵		
PREFIX	BACH DEFICIENC	INCLUENT OF DEFICIENCIES	0			
TAG	REGULATORY OR	T MUST BE PRECEDISD BY FULL LSC IDENTIFYING INFORMATION	PREFIX	PROVIDENTS PLAN OF CO	RIVECTION	1
			TAG	EACH CORRECTIVE ACTION CROSS-REPERINGED TO THE	SHOULD BE	COMPL
D 364	Continued From page	35	1	DEFICIENCY)	a constraints	DATE
	contracted Nume Pro	ctitioner (NP) on 11/02/21 at	D 364			-
1	4:37pm,	outlier (NP) on 11/02/21 at	1			
1	Patron		1			1
1	Refer to the telephone 11/02/21 at 3:36pm.	interview with a MA on				
			1 1			
1	MA on 11/02/21 at 3:47	interview with a second	1			
	100121010.4	/pm,	1 1			
	Refer to the interview y	with a third MA on 11/03/21	1			
1	at 2:06pm,	2 4 10 2 10 2 10 2 10 2 10 2 1				
1.	Refer to the Local	25.0			1	
1	ED) on 11/02/21 at 3:0	With the Executive Director				
		opm.				
Ŧ	Refer to the telephone i	ntarview with the				
4	dministrator on 11/04/	21 at 12:15pm,				
					1	
		3's current FL2 dated				
-1	Diagnoses included de	mentia with behaviors and				
			1 1			
	here was a physician's	s order for				
1.05	Reaminophan allonusi	not marked it is	1			
	ritraline.	mantine, quetiapine, and				
Re	wiew of Resident #3's	electronic Medication				
	Iministration Record (o	MAR) for 11/02/21				
	here was a computer-g					
	THE REPORT OF A PARTY	the set is a set of the set of th				
					1	
	documented as admi dpm, and 8:00pm.	nistered at 8:00am,				
-Th	ore was a commenter or					
	Parking Lused to trying A	AUR 200			1	
		documented as				
1 10000	In have red at 8 T Kiden	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
or Health Se	rvice Regulation		the second s			

If continuation about 36 of 47

	or of Health Service R	O(1) DECLARENCE			EC	ED: 12/01
1000 100	NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/X IDENTIFICATION NUMBER	OCT MEETPLE	CONSTRUCTION	60	a nav de red
		A REAL PROPERTY OF THE PROPERT	A. BUILDING	Contraction in the second seco	(200) DAT	E SURVEY
			-		COL	PLETED
Sec. Sec.		HAL055009	B. WING			
MAME OF	PROVIDER ON SUPPLIER				2	
		STREET	ADDRESS, CITY, STAT	E 7B.000c	1	/05/2021
THE ALL	SON OF LINCOLNTON	440 SA)	EM CHURCH ROA	in oue		
01940	Ennur	1 10000	NTON, NC 28092			
PREFUX		AND LEVEN OF DEFICIENCIES				
129	REGULATORY O	R LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDERIS PLAN OF CORRECT	YW.	1
_		and this receivering	TAG			DO CORANS
D 364	Continued Free	10.00		OROBS-REFERENCED TO THE AMPRO DEFICIENCY)	PYSATE	DAT
	Continued From pay		D 364	(Statist)		
	-There was a comra	ler-generated entry for	12 304		1000	-
			1 1			
	pressure) take 1 mb	let daily scheduled and	1			
1	documented as adm	or delly scheduled and	1 1			1
			1 1			
	Renirin (blood thing)	ter-generated entry for				
1			1 1			10 - E
1	8:00am.	mented as administered at	1 1			
			1 1			
1	Considered was a comput	ler-generated entry for	1 1			
	CONCERNING IN MY	the state of the s			1	
			1			
		idministered at 8:00am and				
	and a product of					
	There was a comput	en-generated entry for	1 1			
	TO A DISTRICT TO MARKED TO MARKED TO MARKED TO A DISTRICT OF A DISTRICTO OF A DISTRICTO OF A DISTRIC	St Constinuity of Asia	1 1			
	A REPORT OF A REPORT OF A REPORT OF A				1	
	There was a combuty	St. Ownerska d				
	THE REAL PROPERTY OF THE PROPE	TO S of energy of the second sec			1	
1	ablet twice daily sette	duled and documented as	1 1		1	
6	dministered at 8:00ar	outed and documented as			1	
12	There was a computer	r-generated entry for				
0	ustianing Arend to the	r-generated entry for				
8	1/2 tablets twice daily	at behaviors) 50mg take 1				
A	:00pm.	stered at 8:00am and				
1.0	in spacing					
12	There was a computer	-generated entry for				
	ere cause (USO) in trad	Continenten				
di	administered at 8:00	lam,				
D.	winn of Dents	estimation of the				
	Port for 11 man 43	s medication time variance				
1.	ne acutem dose of all	oputinol, amlodipine,				
	Print workdungt, DOCI	STAD CONTRACTOR				
40	ecohine, and serivain	e were administered at				
1.000	in prints					
-17	te 8:00am and 2:00pr	m dose of acetaminophen				
-Th	e 5:00pm down of one	vedilol was administered				
	érvice Regulation					

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F continuation about . 37 of 47

PRINTED: 12/01/2021

UNIGMEN	of Health Service Re TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIEUCLIA	_		FO	RM APPRO
AND PLAN	OF CONNECTION	IDENTIFICATION NUMBER	(PO) MULTIPLE (CONSTRUCTION	lamour	C miles
			A BUILDING:		004	E BURVEY PLETED
-		HAL055009	B. WING		1.00	49.20
ANE OF 1	ROVIDER OR SUPPLIER				11	/05/2021
	ISON OF LINCOLNTON	STREET	ODRESS, CITY, STATE	E ZP DODE		210200
		LINCOL	EM CHURCH ROA NTON, NC 28092	D		
(X4) ID PRERX	SUMMARY S	TATENENT OF DESIGNATION	0			
TAG	AUGULATORY OF	CY MUST BE PRECIDED BY FULL RLSC (DENTIFYING INFORMATION)	PRIFIX	PROMDER'S PLAN OF C (EACH CORRECTIVE ACT)		(23)
1253		the received (04)	TAG	ALADOLATHINENCED 10 P	E APPROPRIATE	DATE
D 364	Continued From page	27		DEFICIENCY	2	- and
2223		pe ar	D 364			
	at 4:14pm,					1
	Tolephane Litera					
	Nurse President	with the facility's contracted				
1	myealed:	VP) on 11/04/21 at 11:15am				1
		risk for a low heart rate, low				1
	cioco pressure, and	DOOF Instance from ootton				
	poen coses of carved	liol within 90 minutes				
	Ht was important for	the facility to administer and	1			
1	resident's medication	when it was scheduled.	1			
						15
- 1	based on observatio	ns, interviews, and record				
- 1	not interviewable.	mined that Resident #3 was				
1	The internet warding,		1 1			
	Refer to the telephon	e interview with the facility's				
	contracted Nurse Pra	ctitioner (NP) on 11/02/21 at	1 1			
	4:37pm.	the test themes at				
	Refer to the talent					
	11/02/21 at 3:36pm.	c interview with a MA on				
1	a or or or or other					
1	Refer to the telephone	o interview with a second				
1	MA on 11/02/21 at 3:4	7pm	1 1			
- 11		27				
1	Refer to the interview	with a third MA on 11/03/21				
1	at 2:06pm,)				
	Refer to the interview	with the Executive Director	1			
0	ED) on 11/02/21 at 3	OSpm.				
					1	
1	Refer to the telephone	interview with the				
1	dministrator on 11/0-	W21 at 12:15pm,			2	
17	elephone intender	The block of the state of the				
N	urse Practitioner (NR	ith the facility's contracted) on 11/02/21 at 4:37pm				
In	evealed:	7 cm 11/02/21 at 4:37pm				
		ified by the facility of				
0	Jugan being administ	ered late				
14	Some medications we	tre ordered twice daily and				
14	Some medications we Senice Regulation	lered late. Ire ordered twice daily and				

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Franklan sheet 38 of 47

AND PLAN	NT OF DEPICENCITS	(X1) PROVIDER/SUPPLIER/CLIA	1		F	TED: 13
		IDENTIFICATION NUMBER	(32) MULTIPLE	CONSTRUCTION		- mini-
			A. BLALDING	and the second second	0435.04	TE SURV
_		Rates	100.465		CO	PLETED
NAMEOFIC	ROVIDGR OR SUPPLIER	HAL055009	B. WING			
		0.000				
THE ADD	ISON OF LINCOLNTON	STREET,	ADDRESS, CITY, STAT	T. 2P CODE	1 1	1/05/20
(\$4) 10		110 000	CM CHURCH Do.	AD .		
PREFIX	SUMMARY ST	LINCOL	NTON, NG 28092			
TAG	REGULATORY CR.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTERING DEED BY FULL	a l	Dilate a		
		Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCE) TO THE	RRECTION	-
D 364			TAB	CROSS-REPERENCED TO THE	SHOULD BE	60
1000	Continued From page	38		DEPICIENCY)	VALUE HOUPHONTE	
1	should not be observed		D 364			
			1 1			
1	administered as sched	Interiors to be	1 1			1
						1
13	Telephone Interview and	th a medication aide (MA)	1 1			1
1	on 11/02/21 at 3:38pm	manada dicasion aide (MA)	1 1			
13	Sometimes mentionet	revealed: 19 ware administered late	1 1			
100	o the residents.	is ware administered late	1 1			
1.1	There were too money		1 1		1.1	
d	ifficulty administering a	esidents and one MA had				
18	entered and a	se are medications,				
Te	elephone interview was	a third MA on 11/02/21				
at	3:47pm revealed some	etimes the facility was	1 1			
sh	ort staffed and the MA	etimes the facility was is were busy doing other	1 1			
(h)	ings and medications	were busy doing other were administered late.				
		were administered late.	. UN		1	
Brit	erview with a third MA	on 11/03/21 at 2:06pm			1	
tay	vealed some of the MA	on f1/03/21 at 2:06pm is had not completed all				
req	uired training and wer	s had not completed all e "nervous" to complete			- 1	
an	noming medication par	es nervous to complete				
1.01226					1	
Inte	view with the Execution 2/21 at 3:050m come	VE Director (Tro-				
114	02/21 at 3:05pm revea	led				
-A M	AA called out of work th	led: his morning (11/02/21)				
at 7	iocam.	(11/02/21)				
-The	e shird shift supervisor/	MA was responsible for				
adim	intistering medications	MA was responsible for to the residents on the			14	
enssi:	sted living side of the f	acility,	12			
			10		[
					1	
She	did not know the shirt	de of the facility.			1	
did	did not know the third of pess any of the most	shift supervisor/MA			1	
the P	on pess any of the med	shift supervisor/MA ficelions scheduled for			1	
-Che	OGen medication pes	8,			1	
1 1001001	HILL HERITSONAL HERITS				1	
mad S	tarted the 8:00am med ed living residente	Acation pass for the				
1055151	ed living residents.	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1			
			1			
14 miles	one interview with the 21 at 12:15cm reveale	Administrator on				
	21 at 12:15pm reveale	Contraction Children				
tealth Sania	the repair reveale	O 3				

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Micontinuation sheet, 35 of 47

MAU	EVENT OF DEFICIENCIES FLAN OF CORRECTION	(X1) PROVIDENSUPPLIEVCUA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X2) DAT	RM APPRI
NAME		HAL055009	B.WING			
	OF PROVIDER OR SUPPLIER	STREE	TADORESS, GITY,		11	/05/2021
THE	UDDISON OF LINCOLNTON	440 S/	ALEM CHURCH	ROAD		
(X4) PAGE		LINCO	UNTON, NG 250	192		
TAC	REGULATORY OR	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLL) CROSS-REFEILINGED TO THE APRICH		COMPLE
	-She was not aware s the 8:00am unit the a -She knew there were the time and one shou 8:00am medications if The facility failed to en administered within on acheduled times for 3 a #2, and #3) in the Sper the morning medication resulted in Resident #1 pressure medication to placing the resident at it pressure, low heart rate facility's failure to admin one hour before or after detrimental to the health the residents and constit The facility provided a p accordance with G.S. 13 this violation. CORRECTION DATE FO VIOLATION SHALL NOT 20, 2021, G.S. 131D-21 (2) Declaratio Every resident shall have 2. To receive care and se adequate, appropriato, an relevant federal and state regulations.	tail had not administered fitemoon of 11/02/21, two nurses in the facility at ad have administered the a MA was not available. sure medications were e hour before or after the of 3 sampled residents (#1, cial Care Unit (SCU) during 1 pass. This failure and #3 receiving a blood o close to the second dose increased risk of low blood o close to the second dose increased risk of low blood the scheduled time was a state, and poor balance. The bister medications within the scheduled time was a safety, and welfare of tutes a Type B Violation. Ian of protection in 10-34 on 11/02/21 for DR THE TYPE B EXCEED DECEMBER Uon of Residents' Rights in of Residents' Rights the following rights: the following rights: avices which are of in compliance with laws and rules and		PLAN OF CORRECTION: D912 Resident Rights: D912 Resident Rights: On 11/19/21 and 12/3/21 a in-service performed by Executive Director and 1 for all current staff on Resident Rights. This training will be a to be completed by Business Office M week of orientation and annually for all ED and/or designee will review Reside Rights on a quarterty basis during staff and staff will be reminded that the Res Right poster can be seen in the main h at the main entrance A latter to the all families was mailed on in the month of November 2021 to reminform families of Resident Rights.	was Memory C provided 1 anager w I staff, int i testing: idents atway	for all new ithin the t
	This Rule is not met as ev h Service Regulation	idenced by:			1	
of Hearth	Contraction (Contraction)					

INVU PLA	th of Health Service Reg ENT OF DEPICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			PRINT	ED: 12/01
	C. SoundLikik	KDENTIFICATION NUMBER	(X2) MULTIPLE	CONSTRUCTION		RM APPR
			A BLALDING		(X3) DAT	E SURVICY
	HAL055009		- 10 C - 202		005	PLETED
NAME OF	PROVIDER OR SUPPLIER	1042055009	B. WING			
		STREET	ADDRESS, CITY, STAT	Contraction of the second s	11	/05/2021
THE ADD	DISON OF LINCOLNTON	440 SA	LEM CHURCH ROA	TE, 20P CODE		ana ana a
(2045-80)	Standard	UNCOL	NTON, NC 28092	AD.		
TAG	(CACH DEFICIENCY	A CHAINGER	0			
1226	NEW JUATORY OR L	SCIDENTIFYING INFORMATION	PROFIX	PROVIDEITS PLAN OF CORE (EACH CORRECTION OF CORE	BOTION	T
D912	1		TAG	(EACH CORRECTIVE ACTION & CHOSS-REFERENCED TO THE AS	HOULD BE	COMPLE
1912	source From page	40	1000	DEFICIENCIO	- WARNINGE	OATS
	Based on channeling	New York Comments	D912			-
1	reviews, the facility fail	ed to ensure residents	1			t.
- 1	received care and serv	ed to ensure residents foes which were adequate,				13
1	appropriate, and in con federal and stat lease	ipfiance with relevant	1 1			
1	rederal and stat laws a	nd rules and regulations	1 1			
1	related to mediation ad medication aids trailed	ministration and	1 1			
	medication aide training		1 1		9	
- 6	The findings are:		1 1			
			1 1			
1	1. Based on observation	is, interviews, and record				
1	reviews, the facility failed	d to ensure medications	1 1		1	
1	were administered as or prescribing practitioner.	dered by a licensed				
			1 1		1	
					+	
1.	nedication to decrease f	luid (#1) and			1	
d	iscontinued (#2) and t	Scation that had been				
0	bserved on the marling	or 6 residents (#6)			1	
			8 1			
de	sease, depression, hea	rt disease, constipation,			1	
80	prove bone health, and lafer to Tao D0358 104	a vitamin supplement				
MA	Refer to Tag D0358 10A	NGAC 13F .1004/a)				
-	edication Administration	(Type A2 Violation)].	1		1	
2	Based on observences					
100	views, the facility failed r	interviews, and record			1	
	the administerard within	o ensure medications				
we	prescribed or schedule	Id times for 3 of 2			1	
we		101 0 LI 3				
the sar						
we the sar Car	re Unit (SCU) (turing the	93) in the Special			1	
we the san Car pas	re Unit (SCU) during the	(93) in the Special morning medication			1	
we the sar Car pas with	re Unit (SCU) during the ss on 11/02/21 resulting multiple administration	(#3) in the Special marning medication in several medications				
we the sar Car pes with adm	re Unit (SCU) during the ss on 11/02/21 resulting h multiple administration ninistered too close to the ministration times the	(03) in the Special morning medication in several medications times being te next scheduled				
we the sar Car pas with adm adm	re Unit (SCU) during the ss on 11/02/21 resulting h multiple administration ninistration times [Refer AC 13F, 1004(n) Medica	(03) in the Special morning medication in several medications times being te next scheduled				
we the sar Car pas with adm adm	re Unit (SCU) during the ss on 11/02/21 resulting h multiple administration ninistration times [Refer AC 13F, 1004(n) Medica	(03) in the Special morning medication in several medications times being te next scheduled	-			
we the san Car pas with adm NC/ (Typ	re Unit (SCU) during the ss on 11/02/21 resulting h multiple administration ninistered too close to the ministration times the	ed) in the Special manning medication in several medications (finas being re next scheduled to Tag D0364 10A ation Administration	-			

If continuation sheet 41 of 47

AND PLAN	t of Health Service Reg NT OF DEFICIENCIES	(X1) PROVIDERSUPPLIERCUA			PRINTE	D: 12/01/202
10.202	CONCEPTION .	IDENTIFICATION NUMBER	(X2) MUETE	PLE CONSTRUCTION	FOR	MAPPROVE
		A REAL PROPERTY OF A REAL PROPER	A BULON	G.	(XII) DATE	ND.C
	and the second second				COMP	LETED
MAR OF	100 M 100	HAL055009	R. WING		1.000	2281255
	ROVIDER OR SUPPLIER				1 8.2	
THE ADD	ISON OF LINCOLNTON	DIRET	ADDRESS, CITY, S	TATE_ZIP CODE	1 11/	95/2021
			LEM CHURCH	OAD		
(X4) ID PREFLX	SUMMARY ST	ATEMENT OF OUF ICENCES	NTON, NC 280	92		
TAG	REGULATORY OR L	ATEMENT OF OUT FORMALIS Y MUST BE PRECIDED BY PLAL SCIDENTIFYING INFORMATION)	an a	PROVIDER'S PLAN OF CORRECTLY		
		DEMONSTRATION INFORMATION	PREPOX	(EACH CORRECTIVE ACTION SHOULD OROSS/RET/ERENCER ACTION SHOULD	IN.	(23)
0912	Continued E-		1		RIATE	SUTTE
	Continued From page	41	D912	CONSERCE)	10/251	- MALE
	facility failed to ensure	3 of 3 sampled staff (A, B,	0212	PLAN OF CORRECTION:		
1	and C) who administer completed the state as	red medications bad	1	and the second se	- 1	
	modication and	proved 5-hour and 10-hour		D935 Medication Aldes; training and Competency		
	medication alde trainin [Refer to Tao Dooss of	g course as required	1	and competency	1	
1	care home mediant	g course as required .S. 131D-4.5B(b)3 Adult	1	On 11/3/2021 the Executive Direct	Con and the set	
1	competency evolution	aides; training and requirements (Type B	1			Brook Kara
	Violation)],	requirements (Type B		Phannacy to be completed by 12/2	0/2021	one serr
				Health and Wellness Director and		
0935 (G.S.§ 131D-4.5B(b) AC Training and Composes	NI 84- 0	1 1	/or designed will in-semplose all		10000
11	raining and Competen	medication Aides;	D935	Medication Policy by 11/5/2021.	THE MEDICES	ion Aides d
			1 1			
9	S.S. § 131D-4.5B (b) Ad	fult Care Home	1 1	Health and Wellness Director and/o	v Designer	
			1 1			
E	valuation Requirement	s.	1 1	completed- documentation to confir binder located in the Executive Dire 12/20/2021.	m training h	00 available
	Destant a		1 1	12/20/2021,	ctors office	e by
10) Beginning October 1, ome is prohibited from	2013, an adult cere	1 1			- 1
ar	W unsurpondized from a	allowing staff to perform	1 1	Upon him within the Eastern taxes		- 1
(th	at individual has provide	auon aide duties unless		Upon hire, within the first week, Mer will be assigned the 5 hour training		
tto	edication aide during the	wary worked as a	1	FIGLINET PROPERTY BALLAUT	designed	Mar Int
an	adult care home or sur	ccessfully completed at		not be scheduled to administer med is completed.	fications or	MOD BIDES
of	the following:	completed at	1 1	is completed.		and the ments
10	A five-hour training pro	ogram developed by the		All new hires will have		
Lie an	partment that includes	training and instruction		the additional 10 hours of training an	hadulad	
					d/or decine	100
1 004	The key principles of m ministration.		1	within60 days.	Supeli	
b. 1	he federal Centere for	Posses a				
						- 1
opp	licable, safe injection p	ractices and				
1	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE P	PR I	1			
Diee axis		antial for bleeding				
			1			1
NCA	C 13E 0503 and date	on consistent with 10A				
			1			
indiv	idual must have come	date of hire, the				
a. Ar	additional 10-hour tra	ining one following:				
Samilia Pro	vice Regulation	anna hioBiaiu				
M	nve rossulation				1	

STATE

If continuation plant 42 of 47

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	Ulation (X1) PROVIDER/SUPPLIER/CLIA IOEVTER/CATION NUMBER:	(X2) MULTH	THE CONSTRUCTION	FOR	ED: 12/01/2021 IM APPROVED
-	HAL055009	ABUEDING	£	(PG) DATE COMP	SURVEY LETED
MUMILOF PROVIDER OR SUPPLIER		B. WING			
THE ADDISON OF LINCOLNTON	STREET	ADDRESS, CITY, 81	TATE, ZIP CODE	11/	05/2021
	449 3A	LEM CHURCH R	CAD.		
PREMX (EACH OFFICE	CONTRACTOR OF DEPICIENCIES				
REGULATORY OR L	SCIDENTIFYING INFORMATION	PREFIX	PROMDER'S PLAN OF CORRECTION		
		240	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIA	-	COMPLETE
continued From page	42	D935	DEFICIENCIO		DATE
developed by the Depa training and instruction 1. The key principles of administration. 2. The federal Centers of Prevention guidelines of applicable, safe injection procedures for monitorly bleeding occurs or the pre- exists. b. An examination develop by the Division of Health accordance with subsect accordance with subsect This Rule is not met as a TYPE B VIOLATION Based on interviews and facility failed to ensure 3 of and C) who administered completed the state appro- medication aide training of The findings are: 1. Review of Staff A's, men- personnel record revealed -Staff A had completed the 10/12/21. -Staff A had completed the Administration Clinical Skill on 10/01/21. -There was no documental hours MA training course. Review of a resident's Octol Medication Administration R revealed: Heath Sentes Regulation	In all of the following: I medication af Disease Control and in Infection control and, if in practices and ing or testing in which botential for bleeding foped and administered in Service Regulation in tion (c) of this section. avidenced by: record reviews, the of 3 sampled staff (A, B, medications had oved 5-hour and 10-hour ourse as required. dication aide (MA), the dication aide (MA) on MA written exam on Medication is Validation Checklist fon of a 5, 10, or 15		Business Office Manager /designee w complete monthly audits of at least 10% of medication aides until compliance is established and maintained. Any discrepancies will be reported to the Executive Director, the audit results will be reviewed in the community Quality assurance meeting least quarterly.	d 12/0 conv on	5/21 per Telephone versation v/Executiv 12/28/21 @3:05pm

Representation sharet 43 of 47

AND DLA	n of Health Service Re N7 OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA			1.14	TED: 12/01
	A OF CHANECINON	IDENTIFICATION NUMBER:	(X2) NULTRY C	CONSTRUCTION	~	RMAPPR
		STATISTICS ADDREEK.	A BUILDING:	CONSTRUCTION	(X3) Date	E SURVEY
	HAL055009				CON	APLETED
S. A.			B. WING			1000
NAME OF	PROVIDER OR SUPPLIER		6 MANU		- 4 - ×	
		STREET.	400RESS, CITY, STAT	E In Gana	1 1	1/05/2021
THE PLUE	ISON OF LINCOLNTON	440 SAI	EM CHURCH ROA	E. AP CODE		
(364) (2)			NTON, NC 28092	-0		
PREMOX	(EACH DEFICIENCE	CHARTER OF DEFICIENCES				
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)	PROFIX	PROVIDER'S PLAN OF CORRS	CTICAL	-
		THIS INFORMATION)	TAG	(EACH CORRECT/VE ACTION SH CROSS JEFEBRACCE ACTION SH	OULD BE	[23]
D935	Continued From pag			CROSS-REFERENCED TO THE APP DEFICIENCY	ROFRIATE	COMPLE DATE
	erended From pag	e 43	D935	condence)		
	-There was an entry	for blood pressure readings	Care I			-
	at 8:00am and 8:00p	m,				1
1	-There was an entry	for firmer and	F 1			
			1 1			
1	pressure (SBP) great	or than 120	1 1			
1	- THERE WERE COOLIFICATION	balling of the second state of the second stat	1 1			1
		00am and 165 on 10/24/21	1 1			
			1 1			
E	There was no docum	entation Staff A had	1			
	administered the furor	iemide.	1 1		19	
			1 1			
	utempted telephone interview with Staff A on 1/02/21 at 2:15pm was unsuccessful,		1 1			
1	11/02/21 at 2:15pm wa	18 unsuccessful.			1	
			1 1			
1	voter to the interview v	with the Executive Director				
14	ED) on 11/03/21 at 1:	S5pm.				
1.1					1	
	lafer to the talephone	interview with the			1	
1	dministrator on 11/04/	21 at 12:15pm				
					1	
M	edication Administra	A NCAC 13F .1004(a)				
1		on (Type A2 Violation).				
2	Review of Star or					
De	rsonnel record reveal	nedication aida (MA),				
			1			
07	/18/21,	medication aide (MA) on				
-5	taff B had completed	he MA written exam on				
04	/08/21,	witten exam on				
-St	aff B had completed t	he Medication			1	
1.000	CONTRACTOR CALINESS OF	kills Validation Checklist			1	
-Tr	iere was no document	tation of the 5, 10, or 15			1	
not	ins MA training course					
		22			1	
Ren	new of a resident's Oc	tober 2021 electronic				
		Record (eMAR)				
						19
-3.00	are was an entry for b	load pressure readings				
at 9	Olam, Nice Regulation	preside readings			1	
A Real Property and the						

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If continuation sheet: 44 of 47

ANNU PLAD	NT OF DIFFICIENCIES I OF COMRECTION	(X1) PROVIDENSUPPLIEBOLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DA0	RM APP
		HAL055009	B. WING		Cal	PLETED
MANE OF (PROVIDER OR SUPPLIER				1 2	223101
	ISON OF LINCOLNTON	STREET	ODRESS, CITY, STAT	E. 2IP GODE	1 1	1/05/202
1016171	SOLITON LINCOLNTON	440 SAL	EM CHURCH ROA	a		
(X4) ID PREFIX	BRIMMARY ST	ATEMENT OF DEFICIENCIES	NTON, NC 28092			
TAG		A LEMENT OF DEFICIENCIES Y MUST BE PRECIDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROBS-INFERENCED TO THE CROBS-INFERENCED TO THE		com
0935	Continued From page	44	1	DEFICIENCY	APPROPRIATE	D
	-There was an entry & fuid) 10mg daily as no pressure (SBP) greate -There was document 8:00am ranging from 1 10/07/21, 10/09/21 - 1 - 10/15/21, 10/18/21 - 10/07/21, 10/09/21 - 1 - 10/15/21, 10/18/21 - 10/02/21, 10/18/21 - 10/02/21, 10/18/21 - 10/02/21, 10/18/21 - 10/02/21, 10/18/21 - 10/02/21, 10/09/21 - 10/02/21, 10/09/21 - 10/02/21, 10/09/21 - chere was no docume administered the furoas of the telephone in dening course. Interview with Staff B o revealed: She had been trained to by the previous Special She had not had any p WA. She had been trained to by the previous Special She had not received to aning course. Interview with Staff C is, im reconnel record reveals taff C had completed th 25/20, aff C had completed th 25/20,	ar furosemide (decreases seded for systolic blood ation of SBP readings at 122 to 183 on 10/04/21, 0/10/21, 10/12/21, 10/14/21 10/19/21, 10/12/21, 10/14/21 10/19/21, 10/21/21, 1 - 10/28/21, antation Staff B had emide, in 11/02/21 at 2:05pm revious employment as a to administer medications Care Coordinator (SCC), he 5, 10, or 15 hours MA th the Executive Director fipm, terview with the 1 at 12:15pm, NCAC 13F .1004(a) in (Type A2 Violation), edication aide (MA), d: edication aide (MA) on the MA written exam on	D935			
-Th		tion of the F. to				

Foordinuation sharet 45 of 47

AND PLAN	n of Health Service Re- NT OF DEFICIENCIES V OF CORRECTION	(01) PROMANCE			- nure	ED: 12/01/
	OUR DURKEDTION	(X1) PROVIDER/SUP/NEWCLIA	Crist and		P-0	RM APPRO
		IDENTIFICATION NUMBER:	IN THE REAL PROPERTY OF	CONSTRUCTION		
		1	A BLALDWOI		(X3) DVD	E SURVEY
		- martine			COM	PLETED
NAME OF	and the second second	HAL053009	B. WING			
Come Of 1	PROVIDER OR SUPPLIER				1 20	
		STREET	ADDRESS, CITY, STAT	E Zit contr		/05/2021
	ISON OF LINCOLNTON	440 SA	LEM CHURCH ROA	ALL VODE		
(H4)-D	di auc		NTON, NC 28092	ω.		
PREFIX	IEACH DESKORY ST	CONTRACTOR CONTRACTOR	28092			
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1	5	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED SHOLL	ON	(45)
D935	Devel 1			THE APPEND	PRIATE	COMPLET
	Continued From page	a 45		DEFICIENCY	- HOLE	DATE
1	1.	MAREN'S	D835			
	Review of a second	125.1	Prove I			
1	Medication 9 resident's	October 2021 electronic	1 1			1
		tion Record (eMAR)	1 1			
	revealed:	- found of				
	- inere was an entry fo	or blood pressure readings	1			
	at 8:00am.	provide readings	1 1			
	There was an entry for	r furosemide (decreases				1
11	fluid) 10mg daily as ne	eded for systelic blood	1 1			
1	pressure (SBP) greater	Than 100	1			
- C	TUNED WHO DOCUMENT	Barn of Barn	1 1			
18	3:00am rancing from 4	nuch of SBP medings at	1 1			
1	0/03/21 10/05/24 40	27 to 180 on 10/01/21 -	1 1			
			1 1			
1.0	10/17/21, 10/20/21, ar	nd 10/25/21.	1 1			
			1 1		1	
a	dministered the furese	mide.				
1 40	therefore with the second				- 1	
	iterview with Staff C or wealed;	11/02/21 at 2:15nm			1	
19	he worked at the facilities had not had a	ty for two wears			1	
-5	he had not had any pr	evious employment as a			1	
M	A	and a subscription of the second			10	
-S	he thought she had on	mpleted the 15 hours MA				
		ot know where the				
pa	perwork was.	10.00 WINDIG 030				
1.00						
Re	fer to the interview whe	h the Executive Director	1			
(Et	0) on 11/03/21 at 1:55	othe Executive Director				
	ar included	um,	- F			
Ret	fer to the telephone int					
Adr	ministrator on 11/04/21	evview with the	1			
12.88	01 11/04/21	et 12:15pm,				
Ref	of to Tan Doose and		1			
Mer	er to Tag D0358 10A M lication Administration	VCAC 13F .1004(e)				1
1.00	lication Administration	(Type A2 Violation).	15			
Inter	Main with P -					
1100	view with the Executiv	e Director (ED)				
		medication airte				
train	ng.	and and a	1		1	
			8			
1						
Telep	ahong interview with the	Administration	1			

W continuation sheet 46 of 47

ALL0500 A BALICHIG NAME OF PROVIDER ON SUFFLIER STREET ADDRESS, GTY, STATE 2P CODE THE ADDRESON OF LINCOLNTON STREET ADDRESS, GTY, STATE 2P CODE AND D SLAMARY STATEMENT OF DESYNDROME THE ADDRESON OF LINCOLNTON SLAMARY STATEMENT OF DESYNDROME AND D SLAMARY STATEMENT OF DESYNDROME THE ADDRESON OF LINCOLNTON SLAMARY STATEMENT OF DESYNDROME AND D SLAMARY STATEMENT OF DESYNDROME THE ADDRESON OF LINCOLNTON SLAMARY STATEMENT OF DESYNDROME D335 Continued From page 46 1104/25 at 12-15pm revealed: D635 -She throught the MAR had noosined the 15 hours of fusining and the documents. -She throught the MAR had noosined the 15 hours of fusing and the documents. -The nurse from the facility's contracted pharmacy would have given the required training. The facility failed to ensure 3 of 3 sampled medication aides (MAS) met the qualifications, 5, 10, or 15-hour MA training course, to administer medications to residents. Statt A, B, and C did not administer an as needed modication to a resident or multiple days. This failure resulted in medication corres with G.S. Tath A, B, and C did not administer. The facility failed to Constitutes a Type B Volation. Volation. The facility approvided a plan of protection in accordance with G.S. Tath 24 on 11/03/21 for this violation. CORRECTION SHALL NOT EXCREP DECEMBER 20, 2021.	-	RM APPE
DB35 Continued From page 46 DB35 11/04/21 at 12:15pm revealed: -She focumentation was in their personnel racords. -She focumentation was in their personnel racords. -The facility failed to ensure 3 of 3 sampled medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA training course, to administer medication acres and was deltimentation to a resident or multiple days. This failure resulted in medication acres and was deltimentation to the health of the resident and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-21 on 11/03/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EVORE THE TYPE B	CCM	E SURVEY
THE ADDRESS, CITY, STATE JP CODE Mathematical State of the state o	1.00	
CALL Consistence PARTIX TAG ISAMAARY STATEMENT OF DEPICENCES (EACH DEPICENCE) MULT BE PRECIDENCES BY FAIL REQUARCENT OR LISE DEPICENCES D PROVIDERS PLAN OF CORRECTION (EACH DEPICENCE) MULT BE PRECIDENCES BY FAIL REQUARCENT OR LISE DEPICENCES DB35 Continued From page 46 D935 11/04/21 at 12:15pm revealed: -She thought the MAs had received the 15 hours of training and the documentation was in their parsonnel records. -Staff should have given the required training. D935 The facility failed to ensure 3 of 3 sampled medication aides (MAs) met the qualifications, 5, 10, or 15-hour MA fraining course, to administer medication side sidents. Staff A, B, and C dki not administer an as needed modication to a resident on multiple days. This failure resulted to the beath of the resulted in the resulted to the beath of the resulted in and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-21 on 11/03/21 for this violation. CORRECTION DATE FOR THE TYPE B	11	/05/2021
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The facility provided a plan of protection in accordance with G.S. 131D-21 on 11/03/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXPERIENCE.	1	
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