Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL055009	B. WING		11/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		I CHURCH RO ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	County Department of an annual and a com	sure Section and the Lincoln of Social Services conducted plaint investigation on with an exit via telephone on				
D 137	10A NCAC 13F .0407 Qualifications	7(a)(5) Other Staff	D 137			
	(a) Each staff person shall:(5) have no substant	Other Staff Qualifications at an adult care home liated findings listed on the Care Personnel Registry IE-256;				
	facility failed to ensur A, B, and C) had no s	and record reviews, the e 3 of 3 sampled staff (Staff substantiated findings listed I Health Care Personnel				
	The findings are:					
	personnel record reversely -Staff A was hired 06/	01/20. nentation a HCPR check				
		CPR check dated 11/03/21 no substantiated findings.				
	Refer to the interview (ED) on 11/03/21 at 1	with the Executive Director :55pm.				
	Refer to the Telephon	e interview with the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE ADD	SON OF LINCOLNTON		EM CHURCH ROAI	D		
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	NTON, NC 28092	PROVIDER'S PLAN OF (COPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 137	Continued From page	e 1	D 137			
	Administrator on 11/0	4/21 at 12:15pm.				
	personnel record reversely -Staff B was hired 03.	/30/20. nentation a HCPR check				
	Review of Staff B's HCPR check dated 11/03/21 revealed there were no substantiated findings.					
		tefer to the interview with the Executive Director ED) on 11/03/21 at 1:55pm.				
	Refer to the Telephor Administrator on 11/0					
	personnel record reve -Staff C was hired 06	/30/21. nentation a HCPR check				
		CPR check dated 11/03/21 no substantiated findings.				
	Refer to the interview (ED) on 11/03/21 at 1	with the Executive Director :55pm.				
	Refer to the Telephor Administrator on 11/0					
	11/03/21 at 1:55pm re -She was not aware of upon hireShe thought the crim were the same as the -The Business Office	of the required HCPR checks inal background checks				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		HAL055009	B. WING		11	/05/2021
NAME OF PRO	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE ADDIS	ON OF LINCOLNTON		EM CHURCH ROA	D		
			NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 137	Continued From page	2	D 137			
	checks had she been	directed to do them.				
	11/04/21 at 12:15pm -She was not aware t not completed on nev -She thought the HCF by a third party when background checks o	hat the HCPR check were vly hired staff. PR checks were completed completing the criminal n new staff. nsible for notifying a third				
D 255	10A NCAC 13F .0801	(c)(1) Resident Assessment	D 255			
	(c) The facility shall a resident is completed significant change in susing the assessmen Paragraph (b) of this this Subchapter, significant change (a) Significant change (b) Goldwing: (A) deterioration in two living; (B) change in ability to (C) change in the ability grasp small objects; (D) deterioration in betwhere daily problems become problematic; (E) no response by the for an identified problems of five percent of body	determined as follows: e is one or more of the fo or more activities of daily o walk or transfer; lity to use one's hands to ehavior or mood to the point arise or relationships have				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROAI	ס		
	T		NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 255	which is a superficial abrasion, blister or shape (I) a new diagnosis of the resident's physical well-being such as initial disease or diabetes; (J) improved behavior status to the extent the care no longer match (K) new onset of impact (L) continence to incontact the catheter; or (M) the resident's continents.	ressure ulcer at Stage II, ulcer presenting an allow crater, or higher; a condition likely to affect II, mental, or psychosocial tial diagnosis of Alzheimer's r, mood or functional health at the established plan of es what is needed; aired decision-making; intinence or indwelling redition indicates there may straint and there is no	D 255			
	facility failed to ensur- plan was updated with significant change for (#5) who had a need supervision due to fre sun-downing behavio The findings are: Review of Resident # 09/21/21 revealed: -Diagnoses included of type II diabetes mellit Hypertension, prostatt deficiency, and memoralThe Special Care Urr as the recommended	and record reviews, the e an assessment and care hin 10 days following a 1 of 5 sampled residents for memory care for closer quent falls and increase in rs. 5's current FL2 dated dementia, poorly controlled us, hyperlipidemia, e cancer, vitamin B12 ory impairment. hit (SCU) was documented				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		M CHURCH RO FON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 255	Review of Resident # progress note dated 0 -Resident #5 had a hi -He was oriented to sbut unable to state if hecisionsHe refused to use a very -Physician noted an Fassisted living with more refused to use a very -Physician noted an Fassisted living with more refused diagnosis of dementia and gets up during the ameal or time to go of the rewas no docume assessment or care progression resident #5's increas unsteady gait and inconsun-downing behavior revealed: -Resident #5's increased unsteady gait and inconsun-downing behavior revealed: -Resident #5 had epis wanting to go homeResident #5 was indewas unsteady and a fasting resident #5 had 3 do admission to the facilities -He ambulated independing and did not always gait and did not always and and resident was unsteady and a fasting resident #5 had 3 do admission to the facilities and did not always gait and did not always and and resident was unsteady and a fasting resident was unsteady and a fastin	o assistive device checked. 5's virtual physician's 19/03/21 revealed: story of frequent falls. elf, date, month, and year ne could make complex walker. FL2 will be completed for emory care. Risk Review tool completed Resident #5 had a with a need for redirection enight thinking it is time for out. entation of a subsequent lan after 09/22/21 reflecting ed staff dependency for reased need for res. ed Health Professional lation completed on sodes of exit seeking and ependent with transfers but all risk. It with transfers for safety on 09/18/21. Endently with an unsteady	D 255			
	Review of Resident #	5's physician consultation				

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CTATEMENT OF DEFICIENCIES I (VA) DDOVIDED/CLIDDUED/CLIA I (VA) AUUTIDUE CONCEDUCTION I (VA)	(2) DATE OUD) (E)
AND DUAN OF CORRECTION IN IDENTIFICATION NUMBER:	(3) DATE SURVEY COMPLETED
A. BUILDING:	SOMI LETED
HAL055009 B. WING	11/05/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
THE ADDISON OF LINCOLNTON	
LINCOLNTON, NC 28092	1
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION	COMPLETE DATE
DEFICIENCY)	
D 255 Continued From page 5 D 255	
D 255 Continued From page 5	
notes dated 10/18/2021 revealed:	
-Resident #5 had an unwitnessed fall in his	
bedroom with complaint of left hip pain and when	
standing up his blood pressure dropped to 90/64.	
-He was losing his balance often when walking	
and seems to be more confused as well.	
-He had dementia without behavioral disturbance,	
unspecified dementia type	
-Fall precautions were discussed, including slow	
transitions when moving from lying to sitting and	
from sitting to standing.	
Record Review of the nurse's notes for	
September and October 2021 for Resident #5	
revealed:	
-Resident #5's power of attorney (POA) came to the facility on 09/21/21 with concerns of Resident	
#5 residing on the assisted living side and stated	
they are wanting to move him to the Special Care	
Unit (SCU) due to his wandering behavior.	
-Resident #5's POA believed he could get out of	
the facility doors and walk to his home which is	
within walking distance of the facility.	
-Staff provided redirection for Resident #5	
displaying exit seeking behaviors and returned	
him back to his room on 09/24/21.	
-Staff provided redirection for Resident #5 back to	
his room and other activities after his attempts to	
go into other resident's rooms 09/30/21 and	
10/04/21.	
-Resident# 5 had documented falls on 10/10/21,	
10/11/21, 10/15/21, 10/18/21, and 10/28/21.	
-Staff provided redirection for Resident #5 back to	
his room displayed agitation and pacing halls on	
10/16/21 and 10/20/21.	
Booord Boylow of facility incident reports for	
Record Review of facility incident reports for	
Resident #5 revealed: -On 09/19/21, he had a witnessed fall walking	
with his cane and lost his balance, hit his head	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL055009	B. WING			/05/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE ADD	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROA	D		
IIIL ADD	JON OF EMCOLINION	LINCOL	NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 255	and was sent to hosp services (EMS). -On 10/18/21, he had room and advised sta and was sent to the hevaluation. -On 10/28/21, he had balance and fell again and was sent to the hevaluation. Telephone interview member on 11/03/21 -Resident #5's primal recommended Reside care unit due to freque confusion in the eventual event	I an unwitnessed fall in his aff his left hip was hurting hospital by EMS for I a witnessed fall, lost his nost the doorway, hit his head hospital by EMS for with Resident #5's family at 3:26pm revealed: ry care physician ent #5 be moved to memory tent falls, agitation, and hing. Trently residing in the stead of memory care in the process of trying er of attorney in place to fam. I his family he refused to go care unit. Cation aide (MA) on revealed: in the assisted living unit, hy Resident #5 did not reside nit. aluated by facility physician and his FL2 was changed on memory care. Practitioner (NP) came to the forto do her bi-weekly visit. Resident #5 was not in the direiterated Resident #5 was	D 255			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
VIAD I TWIN	J. JOHNLOHON	IDENTIFICATION NOWIDER.	A. BUILDING: _		JOWN LLTED
		HAL055009	B. WING		11/05/2021
NAME OF D	DOVIDED OD SUDDI IED	CTDEET A	DDRESS, CITY, STA	TE ZID CODE	
NAIVIE OF P	ROVIDER OR SUPPLIER		, ,	,	
THE ADDI	SON OF LINCOLNTON		EM CHURCH RO		
		LINCOLN	ITON, NC 28092	2	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	
iAO		,	170	DEFICIENCY)	
D 055	0 " 15	7	D 255		
D 255	Continued From page	e /	D 255		
	but was unsteady and	d forgets to use his rollator.			
	-He was independent	with bathing and dressing.			
	-He frequently walked	d up and down the halls and			
	had frequent falls in the				
	Interview with a secon	nd MA on 11/03/21 at			
	3:59pm revealed:				
		alk up and down the halls			
		o other resident's rooms			
	without their permissi				
	-Resident #5 would talk a lot about a town nearby				
		n he spoke so it would be			
	hard to understand w	hat he was saying.			
	T-1	ith Desident #Flemines.			
	I	with Resident #5's primary			
		03/21 at 3:00 pm revealed			
		is updated on 09/21/21 to			
	increase the resident				
		closer supervision needed			
	due to increased falls	and sun-downing			
	behaviors.				
	Tolophono intorviow v	vith Resident #5's NP on			
	11/04/21 at 8:59 am r				
		esident on 10/15/21 for an			
		the assisted living unit of the			
	facility.	the assisted living drift of the			
	_	ented but was having trouble			
	remembering his histo	•			
		ement and insight were			
	impaired.	ement and maight were			
	•	e following all physician			
	_	#5's primary care physician			
	until she was able to				
	assessment.	оотрісіс ан іншаі			
	สออชออกเซกีเ.				
	Telephone interview w	vith the Administrator on			
	11/03/21 at 3:50pm re				
		rst moved in, he seemed to			
		vn the hall and would talk			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL055009	B. WING		11/05/	2021
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	11/00/	
THE ADDI	SON OF LINCOLNTON		MICHURCH RO ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 255	family about their des in the SCU. -She did not know Re	wife. eral falls since being ving a conversation with the ire to not have Resident #5 sident #5's FL2 dated increased level of care	D 255			
D 358	(a) An adult care hor preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures. This Rule is not met TYPE A2 VIOLATION Based on observation reviews, the facility fawere administered as prescribing practitioner residents (#1, #2) relamedication to decreas administering a pain rediscontinued (#2), and observed on the med medications not availaresident, including a resident, including a residente, depression,	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: Ins., interviews, and record illed to ensure medications ordered by a licensed er for 2 of 5 sampled ated to not administering a	D 358			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7t. Boilbiito.		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE ADD	SON OF LINCOLNTON		II CHURCH RO ON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	9	D 358		
	The findings are: Review of the facility's Policy dated 06/22/21 -Licensed nurse or applied the Medication Admin obtain correct medical route of administration physician for each incomplysician for	s Medication Administration I revealed: oppropriate staff must refer to histration Record (MAR) to hition, time, dosage, and in as ordered by the dividual resident. hot given or the resident on, staff should give a of the missed/refused dose for rate was 20% as ervation of 6 errors out of 30 he 12:00pm medication 6's current FL2 dated agnoses included atrial is Disease, and diabetes. t #6's current FL2 dated ohysician's order for to treat thyroid disease)			
	(eMAR) revealed: -There was a comput levothyroxine 125mcç scheduled to adminis	Administration Record er-generated entry for g take 1 tablet every day			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′			(X3) DATE SURVEY COMPLETED	
		A. BUILDING.	A. BUILDING:			
	HAL055009	B. WING		11/	05/2021	
NAME OF PROVIDER OR SUPPL	IER ST	REET ADDRESS, CITY, STATE	E, ZIP CODE			
THE ADDISON OF LINCOL	NTON	·0 SALEM CHURCH ROA NCOLNTON, NC 28092	AD.			
PREFIX (EACH DE	MARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
a "late entry." -Levothyroxine administered of documentation administeredLevothyroxine administered of was not availa Observation of 11/02/21 at 11 125mcg was in Resident #6. Telephone interfrom the facility 11/03/21 at 2:5 -The pharmacy Resident #6 do 125mcg take 10 -The physician "profiled" becamedications to 11 -The pharmacy medication work eMAR. Telephone interfrom the Resident #6's revealed: -The pharmacy supply) of levot daily to Resided -The pharmacy for levothyroxin Resident #6.	on 11/01/21 but was documented as 125mcg was not documented as on 11/02/21, but there was no explaining why the dose was not explaining why the dose was not explaining why the documented as on 11/03/21 because medication ble. If the 12:00pm medication pass or 30am revealed the levothyroxine of available to administer to erview with a pharmacy techniciar y's contracted pharmacy on 54pm revealed: y had a signed physician's order atted 10/15/21 for levothyroxine tablet daily. I's order for levothyroxine was use the pharmacy did not dispen	t se				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
		1141 055000	B. WING		44.0	25/2024
		HAL055009			11/0	05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE		
THE ADD	SON OF LINCOLNTON		M CHURCH RO			
		LINCOLN	TON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 11	D 358			
	levothyroxine 125mcç administer to Resider	g was not available to				
	Interview with a medicat 2:06pm revealed:	cation aide (MA) on 11/03/21				
		use the facility's contracted				
	pharmacy.	a she had mulled Decident				
		o, she had pulled Resident n the medication cart that				
	were getting low and called Resident #6's pharmacy for refillsShe did not know why the medication refills were					
	not delivered to the fa	•				
	-She did not follow up					
	medications were not					
		othyroxine was not available he morning medication pass				
	_	d not have time to call the				
		why the medication was not				
		d levothyroxine 100mcg to				
		evothyroxine was available				
	to administer.	of levothyroxine for at least				
	2 to 3 days.	of levelity textille for at least				
	,	e dose of levothyroxine was				
	increased to 125mcg.	<u>-</u>				
	Telephone interview v	vith a registered nurse from				
		Practitioner's (NP) office on				
	11/05/21 at 9:40am re					
		yroxine was increased at her				
		ause her thyroid labs were				
	not in the normal rang -The levothyroxine sh					
	immediately.	iouid pe restarted				
		nyroidism was uncontrolled				
		ke the levothyroxine daily to				
		a, increased irritability, and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON		EM CHURCH RO		
			TON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	Continued From page 12		D 358		
	Attempted interview wat 2:35pm and 11/03/2 successful.	vith Resident #6 on 11/03/21 21 at 4:45pm was not			
	Refer to interview with the Resident Care Coordinator (RCC) on 11/02/21 at 11:30am.				
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.			
	Refer to the telephone Administrator on 11/0-				
	09/13/21 revealed a p	t #6's current FL2 dated hysician's order Vitamin D3 promote bone health) 1000			
		6's record revealed a signed at 10/15/21 to increase 2 tablets daily.			
	(eMAR) revealed: -There was a compute	Administration Record			
	to be administered at -Vitamin D3 was docu 11/01/21 but was doc	9:00am. Imented as administered on umented as a "late entry."			
	documentation explain administered.	2/21, but there was no ning why the dose was not			
	-Vitamin D3 was not of administered on 11/03 was not available.	locumented as 8/21 because medication			
	Observation of the 12	:00pm medication pass on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONTROL IN	TIOATION NOMBER.	A. BUILDING: _		OOWII EE	
HAI	L055009	B. WING		11/0	5/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDISON OF LINCOLNTON		I CHURCH RO ON, NC 28092			
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE PI REGULATORY OR LSC IDENTIFY	RECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358 Continued From page 13 11/02/21 at 11:30am revealed Was not available to administer Telephone interview with a phar from the facility's contracted pha 11/03/21 at 2:54pm revealed: -The pharmacy had a signed ph Resident #6 dated 10/15/21 for 1000IU take 2 tablets dailyThe physician's order for Vitam "profiled" because the pharmacy medications to Resident #6The pharmacy had entered the so the medication would appear eMAR. Telephone interview with a representation of Vitamin D3 1 #6 on 09/06/21The pharmacy had last dispensed (30-day supply) of Vitamin D3 1 #6 on 09/06/21They did not have a physician's the Vitamin D3 1000IU to 2 table. Observation of medications on 1 #6 on 11/03/21 at 2:00pm reveat was not available to administer. Interview with a medication aide at 2:06pm revealed: -Resident #6 did not use the face pharmacyAbout two weeks ago, she had #6's medications from the medications from the medication of refillsShe did not know why the medication to delivered to the facility.	to Resident #6. Imacy technician armacy on hysician's order for Vitamin D3 hin D3 was by did not dispense of physician's order on Resident #6's hesentative from D3/21 at 10:18am and for Resident sorder to increase ets daily. Imand for Resident haled Vitamin D3 to Resident #6. Image: MA) on 11/03/21 collity's contracted pulled Resident haled Resid	D 358			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED
		HAL055009	B. WING		11	1/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
THE ADDI	SON OF LINCOLNTON		EM CHURCH ROAI ITON, NC 28092	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	medications during the (11/03/21), but she dipharmacy to find out not deliveredShe did not know Rewas increasedShe was not sure ho of her Vitamin D3. Telephone interview was Resident #6's Nurse In 11/05/21 at 9:40am re-Resident #6's Vitaminereased because the more often since she facilityThe physician wante promote bone health, densityResident #6 was at rebone fracture if Vitaminemaintained and she had the Attempted interview was at 2:35pm and 11/03/successful. Refer to interview with Coordinator (RCC) or Refer to the interview (ED) on 11/02/21 at 3 Refer to the telephone Administrator on 11/0 c. Review of Resident	delivered. Int #6 was out of several the morning medication pass d not have time to call the why the medications were resident #6's Vitamin D3 dose w long Resident #6 was out with a registered nurse from Practitioner's (NP) office on revealed: In D3 dose was recently the resident was ambulating was in the assisted living d to increase the dose to specifically increasing bone lisk for increased fatigue or a in D3 levels were not lad a fall. with Resident #6 on 11/03/21 21 at 4:45pm was not In the Resident Care In 11/02/21 at 11:30am. with the Executive Director :05pm. the interview with the 4/21 at 12:14pm. It #6's current FL2 dated	D 358	DLI IOLEN		
	09/13/21 revealed a p	hysician's order carvedilol				

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DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		440 SAI F	M CHURCH RO	ΔD	
THE ADDI	SON OF LINCOLNTON		TON, NC 28092		
			TON, NO 20002		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
1710		,	1	DEFICIENCY)	
D 358	Continued From page	e 15	D 358		
	3 125mg (used to trea	at heart arrhythmia and high			
	blood pressure) take				
	blood procedio, take	Tablet Wiee daily.			
	Review of Resident #	6's November 2021			
		Administration Record			
	(eMAR) revealed:	/ tarriiristration (teoora			
		er-generated entry for			
		ke 1 tablet twice daily			
	•	inistered at 9:00am and			
	9:00pm.	illistered at 9.00am and			
	•	mented as administered at			
	9:00am and 9:00pm of				
	•	ocumented as administered			
	on 11/02/21 at 9:00ar				
	administered.	ning why the dose was not			
		mented as administered on			
		mented as administered on			
	11/02/21 at 9:00pm.				
		ocumented as administered			
		m because medication was			
	not available.				
	Ol), 00,			
		2:00pm medication pass on			
		revealed carvedilol 3.125mg			
		e administered to Resident			
	#6.				
	latamiaitla a maadi	tion side (NAA) on 44/02/24			
	at 2:06pm revealed:	cation aide (MA) on 11/03/21			
	•	use the facility's contracted			
		use the facility's contracted			
	pharmacy.	a aba bad pulled Desident			
	_	o, she had pulled Resident			
		n the medication cart that			
	were getting low and	called Resident #6'S			
	pharmacy for refills.				
		y the medication refills were			
	not delivered to the fa				
	-She did not follow up				
	medications were not	delivered.			

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-She realized Resident #6 was out of several

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 20.25		
		HAL055009	B. WING		11/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON		M CHURCH RO		
		LINCOLN	ON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 16	D 358		
	medications during the morning medication pass (11/03/21), but she did not have time to call the pharmacy to find out why the medications were not delivered.				
	Resident #6's pharmar revealed: -The pharmacy had la (45-day supply) of car tablet twice daily to R -The facility had calle week (week of 10/25/ -The pharmacy techn medication order was pharmacy had faxed the pharmacy did not for carvedilol with additional to the carvedilol with additional technology and the carvedilol with a distribution and the ca	the provider. of have a new prescription ditional refills. with a registered nurse from Practitioner's (NP) office on evealed: an increased risk for high stally if the facility was not			
	facility's contracted pl 9:30am revealed: -Resident #6 was pre treat atrial fibrillation. -Resident #6 was at a heart to be out of rhyt administered the carv	redilol.			
		vith Resident #6 on 11/03/21 21 at 4:45pm was not			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
THE ADDI	SON OF LINCOLNTON	440 SAL	EM CHURCH ROAI)		
THE ADDI	SON OF LINCOLNTON	LINCOLI	NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page 17		D 358			
	Refer to interview with Coordinator (RCC) or	n the Resident Care n 11/02/21 at 11:30am.				
	Refer to the interview with the Executive Director (ED) on 11/02/21 at 3:05pm.					
	Refer to the telephone Administrator on 11/0					
	d. Review of Resident #6's current FL2 dated 09/13/21 revealed a physician's order citalopram (used to treat depression and anxiety) 20mg take 1 tablet daily.					
	(eMAR) revealed: -There was a comput citalopram 20mg take be administered at 9: -Citalopram was not of from 11/01/21 to 11/0 -There was no reason and 11/02/21 explaini	Administration Record er-generated entry for 1 tablet daily scheduled to 00am daily. documented as administered				
	administeredIt was documented o	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: -Resident #6 did not upharmacyAbout two weeks ago	cation aide (MA) on 11/03/21 use the facility's contracted o, she had pulled Resident of the medication cart that				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SUR COMPLET	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		ED
		HAL055009	B. WING		11/05/	2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON	440 SALE	M CHURCH RO	DAD		
		LINCOLN	ON, NC 28092	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 18	D 358			
D 358	were getting low and pharmacy for refillsShe did not know whoot delivered to the fashe did not follow up medications were not she realized Resider medications during the (11/03/21), but she did pharmacy to find out anot delivered. Telephone interview we Resident #6's pharmacy to find out anot delivered. Telephone interview we Resident #6's pharmacy had lad (90-day supply) of cital daily to Resident #6 control -The facility had calle week (week of 10/25/25). The pharmacy technic medication order was pharmacy had faxed to the pharmacy did not for carvedilol with additional to the pharmacy did not for carve	or the medication refills were acility. To to find out why the adelivered. In #6 was out of several are morning medication pass of not have time to call the why the medications were with a representative from acy on 11/03/21 at 10:18am ast dispensed 90 tablets alopram 20mg take 1 tablet on 05/28/21. In the pharmacy the previous (21) requesting a refill. It ician told the facility the second of the provider. In the provider of the medication refills and the the provider. In the medication refills were a new prescription	D 358			
		suicidal ideations and				
	Resident #6's Nurse I 11/05/21 at 9:40am re	Resident #6 to stop taking				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. Boilebine.			
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE ADDI	SON OF LINCOLNTON	440 SAL	EM CHURCH ROAI)		
THE ADDI	SON OF LINCOLNTON	LINCOLN	NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 19	D 358			
	and withdrawal sympodose before stopping -Resident #6 was at ridepression if she was citalopramShe expected the stasure Resident #6 was medications. Attempted interview viat 2:35pm and 11/03/successful. Refer to interview with Coordinator (RCC) or	isk for having behaviors and is not administered the aff at the facility to make administered her with Resident #6 on 11/03/21 21 at 4:45pm was not in the Resident Care in 11/02/21 at 11:30am.				
	Refer to the telephone Administrator on 11/0					
	09/13/21 revealed a p	t #6's current FL2 dated physician's order for at constipation) 100mg take				
	(eMAR) revealed: -There was a comput docusate 100mg take be administered at 9: -Docusate was not do from 11/01/21 to 11/0 -There was no reasor and 11/02/21 explaini administered.	Administration Record er-generated entry for 1 tablet daily scheduled to 00am. ocumented as administered				

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STATE FORM 1UKY11 If continuation sheet 20 of 47

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INAME OF PROVIDER OR SUPPLIER THE ADDISON OF LINCOLATION A49 SALEM CHURCH ROAD LINCOLATION, R. 28092 IMPAIN BEACH PROVIDER ACTION STATE LIP CODE A49 SALEM CHURCH ROAD LINCOLATION, NO. 28092 IMPAIN BEACH PROPRIES STATE ACTION SHOULD BE PROVIDERS PLAN OF CORRECTION SHOULD BE PROVIDER OF A THE REGULATORY OR LSC IDENTIFYING INFORMATION) D 388 Continued From page 20 docusate was not available. Observation of the 12:00pm medication pass on 11/02/21 at 11:30am revealed docusate 100mg was not available to be administered to Resident #6: Interview with a medication aide (MA) on 11/03/21 at 2:00pm revealed: -Resident #6 did not use the facility's contracted pharmacyAbout two weeks ago, she had pulled Resident #6's pharmacy for refillsShe did not flow up to find out why the medications were not delivered to the facilityShe did not flow up to find out why the medications were not deliveredShe realized Resident #6' as out of several medications during the morning medication pass (11/03/21), but she did not have time to call the pharmacy to find out why the medications during the morning medication swere not delivered. Telephone interview with a representative from Resident #6's pharmacy on 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 90 file/21The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refillThe pharmacy do to have a new prescription for carvedilol with additional refilis.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
NAME OF PROVIDER OR SUPPLIER THE ADDISON OF LINCOLNTON SUMMARY STATEMENT OF DEFICIENCIES (INCOLNTON, NC 28092) PRETIX (EACH DEFICIENCY MUST BE PRECEDED BY TILL) PRETIX TAG D 358 Continued From page 20 docusate was not available. Observation of the 12:00pm medication pass on 11/02/21 at 11:30am revealed docusate 100mg was not available to be administered to Resident #6 in the facility's contracted pharmacy. About two weeks ago, she had pulled Resident #6's pharmacy for refilis. She did not follow up to find out why the medications were not delivered to the facility. She realized Resident #6 was out of several medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to Resident #6's pha							
MAJ ID PRETIX SUMMARY STATEMENT OF DEPICIENCIES DI PROVIDER'S PLAN OF CORRECTION PRETIX TAG PRETIX PRETIX TAG PRETIX			HAL055009	B. WING		11/0	5/2021
INCOLNTON, NC 28992 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROMOTORS PLAN OF CORRECTION FREEDLA FOR PRECEDED BY FULL REGULATORY OR ISS IDENTIFYING INFORMATION) D 358 Continued From page 20 docusate was not available. Observation of the 12:00pm medication pass on 11/02/21 at 11:30am revealed docusate 100mg was not available to be administered to Resident #6. Interview with a medication aide (MA) on 11/03/21 at 2:00pm revealed: -Resident #6 did not use the facility's contracted pharmacyAbout two weeks ago, she had pulled Resident #6's pharmacy for refillsShe did not know why the medication refills were not delivered to the facilityShe did not know why the medication pass (11/03/21), but she did not have time to call the pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy and 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09:16/21The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refillThe pharmacy technician told the facility the medication order was out of refills and the pharmacy had faxed the providerThe pharmacy the pharmacy the new out of refills and the pharmacy the pharmacy the new out of refills and the pharmacy the pharmacy the new out of refills and the pharmacy had not have a new prescription	NAME OF PI	ROVIDER OR SUPPLIER		, ,			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 20 docusate was not available. Observation of the 12:00pm medication pass on 11/02/21 at 11:30am revealed docusate 100mg was not available to be administered to Resident #6. Interview with a medication aide (MA) on 11/03/21 at 2:00pm revealed: -Resident #6 did not use the facility's contracted pharmacyAbout two weeks ago, she had pulled Resident #6's medication from the medication cart that were getting low and called Resident #6's medications from the medication refills were not delivered to the facilityShe did not know why the medication pass (11/03/21), but she did not that with the medications were not deliveredShe realized Resident #6 was out of several medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy on 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09/16/21The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refillThe pharmacy technician told the facility the medication order was out of refills and the pharmacy had faxed the providerThe pharmacy the fond on the was new prescription	THE ADDI	SON OF LINCOLNTON					
docusate was not available. Observation of the 12:00pm medication pass on 11/02/21 at 11:30am revealed docusate 100mg was not available to be administered to Resident #6. Interview with a medication aide (MA) on 11/03/21 at 2:06pm revealed: -Resident #6 did not use the facility's contracted pharmacyAbout two weeks ago, she had pulled Resident #6's medications from the medication cart that were getting low and called Resident #6's pharmacy for refilsShe did not know why the medication refils were not delivered to the facilityShe did not know why the medication refils were not delivered to the facilityShe realized Resident #6 was out of several medications during the morning medication pass (11/03/21), but she did not have time to call the pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy and last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09/16/21The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refillThe pharmacy technician told the facility the medication order was out of refills and the pharmacy) had faxed the providerThe pharmacy did not have a new prescription	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
Observation of the 12:00pm medication pass on 11/02/21 at 11:30am revealed docusate 100mg was not available to be administered to Resident #6. Interview with a medication aide (MA) on 11/03/21 at 2:06pm revealed: -Resident #6 did not use the facility's contracted pharmacyAbout two weeks ago, she had pulled Resident #6's medications from the medication cart that were getting low and called Resident #6's pharmacy for refillsShe did not know why the medication refills were not delivered to the facilityShe did not follow up to find out why the medications were not deliveredShe realized Resident #6 was out of several medications during the morning medication pass (11/03/21), but she did not have time to call the pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy on 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09/16/21The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refillThe pharmacy technician told the facility the medication order was out of refills and the pharmacy did not have a new prescription	D 358	Continued From page	20	D 358			
unterview with a medication aide (MA) on 11/03/21 at 2:06pm revealed: -Resident #6 did not use the facility's contracted pharmacyAbout two weeks ago, she had pulled Resident #6's medications from the medication cart that were getting low and called Resident #6's pharmacy for refillsShe did not know why the medication refills were not delivered to the facilityShe did not follow up to find out why the medications were not deliveredShe realized Resident #6 was out of several medications during the morning medication pass (11/03/21), but she did not have time to call the pharmacy to find out why the medications were not delivered. Telephone interview with a representative from Resident #6's pharmacy on 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09/16/21The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refillThe pharmacy technician told the facility the medication order was out of refills and the pharmacy did not have a new prescription		docusate was not available.					
not delivered. Telephone interview with a representative from Resident #6's pharmacy on 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09/16/21. -The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refill. -The pharmacy technician told the facility the medication order was out of refills and the pharmacy had faxed the provider. -The pharmacy did not have a new prescription		11/02/21 at 11:30am was not available to be #6. Interview with a medicat 2:06pm revealed: -Resident #6 did not upharmacyAbout two weeks age #6's medications from were getting low and pharmacy for refillsShe did not know who not delivered to the fare-She did not follow upmedications were not she realized Resider medications during the (11/03/21), but she did	revealed docusate 100mg re administered to Resident cation aide (MA) on 11/03/21 use the facility's contracted o, she had pulled Resident in the medication cart that called Resident #6's y the medication refills were ucility. to find out why the delivered. int #6 was out of several e morning medication pass d not have time to call the				
Resident #6's pharmacy on 11/03/21 at 10:18am revealed: -The pharmacy had last dispensed 30 tablets of docusate 100mg take 1 tablet daily to Resident #6 on 09/16/21. -The facility had called the pharmacy the previous week (week of 10/25/21) requesting a refill. -The pharmacy technician told the facility the medication order was out of refills and the pharmacy had faxed the providerThe pharmacy did not have a new prescription		•	why the medications were				
Telephone interview with a registered nurse from		Resident #6's pharmarevealed: -The pharmacy had ladocusate 100mg take #6 on 09/16/21The facility had called week (week of 10/25/2-The pharmacy technomedication order was pharmacy had faxed to the pharmacy did not for carvedilol with additional transport of the pharmacy of the pharma	acy on 11/03/21 at 10:18am ast dispensed 30 tablets of 1 tablet daily to Resident d the pharmacy the previous 21) requesting a refill. ician told the facility the out of refills and the the provider. ot have a new prescription litional refills.				

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Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL055009	B. WING		1	1/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
THE ADDI	ISON OF LINCOLNTON	440 SAL	EM CHURCH ROAI)		
I HE AUDI	ISON OF LINCOLNTON	LINCOLI	NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page		D 358			
	11/05/21 at 9:40am re risk increased discom	Practitioner's (NP) office on evealed Resident #6 was at a nort from constipation if she the docusate as prescribed.				
		vith Resident #6 on 11/03/21 21 at 4:45pm was not				
	Refer to interview with the Resident Care Coordinator (RCC) on 11/02/21 at 11:30am.					
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director 3:05pm.				
	Refer to the telephone Administrator on 11/0					
	09/13/21 revealed a p	#6's current FL2 dated ohysician's order for Vitamin ement) 500mcg take 1 tablet				
	(eMAR) revealed:	Administration Record				
	-There was a comput Vitamin B12 500mcg scheduled to be admi -Vitamin B12 was not	inistered at 9:00am.				
		/01/21 to 11/03/21. n documented on 11/01/21 ing why Vitamin B12 was not				
	-It was documented o Vitamin B12 was not	on 11/03/21 at 9:00am that available.				
	11/02/21 at 11:30am	2:00pm medication pass on revealed Vitamin B12 was Iministered to Resident #6.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
7.1.2 . 27.1.1		152111111011110111101111011111111111111	A. BUILDING: _		"""	
		HAL055009	B. WING		11/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		M CHURCH RO			
			ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	8 Continued From page 22		D 358			
	at 2:06pm revealed: -Resident #6 did not upharmacyAbout two weeks age #6's medications from were getting low and pharmacy for refillsShe did not know whot delivered to the farmacy for refills were not she realized Resider medications during the (11/03/21), but she did	ny the medication refills were acility. To to find out why the				
	Resident #6's pharmarevealed: -The pharmacy had la (30-day supply) of Vit to Resident #6 on 09/ -The facility had calle week (week of 10/25/ -The pharmacy techn medication order was pharmacy had faxed the pharmacy did not for carvedilol with additional to the pharmacy of the pharmacy of the pharmacy did not for carvedilol with additional to the pharmacy of the pharmacy of the pharmacy did not for carvedilol with additional to the pharmacy of	d the pharmacy the previous 21) requesting a refill. ician told the facility the out of refills and the the provider. ot have a new prescription				
	restart the supplemer appropriate levels and	of timmediately to maintain d prevent feeling fatigue. with Resident #6 on 11/03/21				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL055009	B. WING		11/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		MICHURCH RO ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	
D 358	Continued From page 23		D 358			
	at 2:35pm and 11/03/21 at 4:45pm was not successful.					
	Refer to interview with the Resident Care Coordinator (RCC) on 11/02/21 at 11:30am.					
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.				
	Refer to the telephone interview with the Administrator on 11/04/21 at 12:14pm.					
	2. Review of Resident #1's current FL2 dated 07/09/21 revealed: -Diagnoses included coronary artery disease, chronic kidney disease, and a history of coronary artery bypass graft (a surgical procedure used to treat coronary artery disease)There was an order for furosemide (used to treat fluid retention in congestive heart failure) 10mg twice daily.					
	failure (CHF) (a chror heart does not pump -There was an order t 10mg twice daily and					
	Administration Record 09/30/21 revealed: -There was an entry for readings at 8:00am a -There was document	of twice daily blood pressure at the solution of 8:00pm. tation of SBP readings that for 34 out of 43 blood				

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			R WING		
		HAL055009	B. WING		11/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON		M CHURCH RO		
	OLIMAN DV OT		ON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	24	D 358		
	once daily as needed	for furosemide take 10mg for SBP greater than 120. nentation the furosemide nistered.			
	Review of Resident # revealed:	1's eMAR for October 2021			
	-There was an entry freadings at 8:00am at -There was document ranged from 121-193 pressure readingsThere was an entry fronce daily as needed -There was no docum 10mg had been admit Review of Resident # revealed: -There was an entry freadings at 8:00am at -There was document.	tation of SBP readings that for 55 out of 61 blood or furosemide take 10mg for SBP greater than 120. mentation the furosemide nistered. 1's eMAR for 11/01/21 or twice daily blood pressure nd 8:00pm. tation of SBP readings of			
	-There was an entry f once daily as needed	olood pressure readings for furosemide take 10mg for SBP greater than 120. nentation the furosemide nistered.			
	on 11/02/21 at 3:36pr administered the furo	vith a medication aide (MA) n revealed she had not semide 10mg to Resident s greater than 120 because n the eMAR.			
	Telephone interview v 11/02/21 at 3:47pm re administered the furo #1 when the SBP was	evealed she had not semide 10mg to Resident			
	Observation of Reside	ent #1's medications on			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D 14/11/0		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON	440 SALE	M CHURCH RO	AD	
THE ADD	CONTON ENGOENTOR	LINCOLN	TON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	25	D 358		
	20mg take ½ tablet (1 tablets remainingPrinted on a sticker of "directions changed roots" Telephone interview of	le pack labeled furosemide l0mg) twice daily with 46 ½ on the bubble pack was			
	revealed: -She had changed the twice daily to as need blood pressure readir -Resident #1 needed SBP greater than 120	e furosemide 10mg from led because Resident #1's led because Resident #1's led because Resident #1's led because low. Ithe furosemide 10mg for led because he was at risk of leccurs when there is an ling of heart failure lility to administer the			
	(RCC) on 11/02/21 at -She did not know wh administering the furc	y the MAs were not seemide to Resident #1. inistering medications as ad by a nurse on			
	11/02/21 at 4:20pm re -The MAs should be a furosemide as ordere -The MAs were traine administration by a nu	administering the d. d on medication urse. ns, interviews, and record			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON		I CHURCH RO ON, NC 28092		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 6	D 358		
	Refer to interview witl Coordinator (RCC) or	n the Resident Care n 11/02/21 at 11:30am.			
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.			
	Refer to the telephone Administrator on 11/0				
		t #2's current FL2 dated agnoses included right femur			
	Review of physician's revealed:	orders for Resident #2			
	twice daily, dated 07/2				
	-Change acetaminopl dated 09/30/21. -Discontinue acetami	nen to 500mg twice daily,			
		etaminophen 325mg (pain			
	reliever) every six hou dated 10/05/21.	urs as needed for pain,			
	-Change hydrocodon	e 5mg/acetaminophen ery six hours scheduled,			
		1's electronic Medication d (eMAR) for 10/05/21 -			
	twice daily with admir and 8:00pm.	or acetaminophen 500mg histration times of 8:00am			
		tation the acetaminophen ninistered on 10/05/21 - nd 8:00pm.			
	11/02/21 revealed:	1's eMAR for 11/01/21 -			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL055009	B. WING		11	/05/2021
	ROVIDER OR SUPPLIER	440 SAL	ADDRESS, CITY, STAT LEM CHURCH ROA NTON, NC 28092	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	twice daily with admir and 8:00pm. -There was documen 500mg had been adm 11/02/21 at 8:00am a Interview with the Res (RCC) on 11/03/21 at -Medication orders we and initialed at the bo-The pharmacy entered eMAR system. -The supervisors were the new orders, by coorder, on the eMAR, a bottom of the order. -She had initialed tha order. -She had "overlooked Telephone interview with facility's contracted 10:52am revealed: -The pharmacy had restricted to discontinued and the facility to discontinued and the solution of the order. -The RCC had notified previous order for accepted discontinued and the solution of the order. Telephone interview with the facility to discontinued and the solution of the order. -The pharmacy had restricted the facility to discontinued and the solution of the order. -The pharmacy had restricted the facility to discontinued and the solution of the order. -The pharmacy had restricted the facility to discontinued and the solution of the order. -The pharmacy had restricted the facility to discontinued and the solution of the order. -The pharmacy had restricted the facility to discontinued and the solution of the order. -The pharmacy had restricted the facility to discontinued and the solution of the order. -The additional the solution of the order. -The pharmacy had restricted the order.	nistration times of 8:00am tation the acetaminophen ninistered on 11/01/21 and nd 8:00pm. sident Care Coordinator 10:33am revealed: ere faxed to the pharmacy ttom of the order. ed the new orders into the eresponsible for verifying emparing with the original and would then initial at the t she had verified the new I it". with a representative from d pharmacy on 11/03/21 at eccived the faxed order from nue the acetaminophen d the pharmacy that only a etaminophen 325mg was to the current acetaminophen ue.	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
		HAL055009	B. WING			/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE ADDI	SON OF LINCOLNTON	440 SAL	EM CHURCH ROAI)		
		LINCOL	NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	28	D 358			
		ns, interviews, and record ned that Resident #2 was				
	Refer to interview with Coordinator (RCC) or	n the Resident Care n 11/02/21 at 11:30am.				
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.				
	Refer to the telephone Administrator on 11/0					
	(RCC) on 11/02/21 at -The facility had a me first shift and she was -She did not know wh	edication aide (MA) call in for stilling in for her. by medications were not er to several residents. In the stilling in for reordering esidents when the				
	11/02/21 at 3:05pm re- The Supervisor or Mareordering medication remaining in the medi- The MA, Supervisor, responsible for approfrom the pharmacy to -The order should not Supervisor, or RCC h	A was responsible for ns when there were 6 doses ication cart.				
	-She did not know all available in the medic administered to the re					

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055009	B. WING		11/05/2021
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	ΓΕ, ZIP CODE	
	440 SALE	M CHURCH RO	AD	
THE ADDISON OF LINCOLNTON		TON, NC 28092		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
D 358 Continued From page 29 11/04/21 at 12:14pm reversities to the pharmacy pharmacy to make sure the request. -The MAs were responsible there was a problem getting a medication. -The MAs or RCC was restricted the provider or pharmacy medications were available. The MAs were responsible medication card to the direction and should have noticed for a resident. The facility failed to ensure administered as ordered provider for 1 of 6 resider observed during the 12:0 11/02/21 related to 6 medication and should have noticed in the facility to (#6), including a medication (#6), including a medication used to treat a blood pressure increasing irritability, a supplement the increasing the risk of a framedication used to treat a blood pressure increasing arrhythmia or stroke, and a stopped without tapering suicidal ideations and and to treat constipation, and fatigue and 2 of 5 sample which resulted in a reside a medication used to treat systolic blood pressure we risk of an congestive hea and Resident #2 receiving had been discontinued in medication toxicity. This formal processing the resident is a resident medication toxicity. This formal processing the responsible to the processing the resident medication toxicity. This formal processing the responsible to the processing the resident medication toxicity. This formal processing the responsible to the processing the resident medication toxicity. This formal processing the responsible to the processing the responsible the provider responsible to the processing the responsible to the provider re	pealed: pole for sending refill and calling the hey received the pole for telling the RCC if ing the pharmacy to refill responsible for contacting to make sure pole. pole for comparing the rections on the eMAR any medication changes re medications were by a licensed prescribing ants (Resident #6) Opm medication pass on dications not being administer to a resident fon used to treat go the risk for anxiety and to promote bone health acture with a fall, a atrial fibrillation and high go the risk of an antidepressant that was increasing the risk for xiety, a medication used a supplement to prevent and residents (#1 and #2) and the risk of an antidepressant that was increasing the risk for xiety, a medication used a supplement to prevent and residents (#1 and #2) and the risk of an antidepressant that was increasing the risk for xiety, a medication used a supplement to prevent and residents (#1 and #2) and the risk of an antidepressant that was increasing the risk for xiety, a medication used a supplement to prevent and residents (#1 and #2)	D 358		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL055009	B. WING		11/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF LINCOLNTON		EM CHURCH RO		
	CLIMMA DV CT		NTON, NC 28092		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	30	D 358		
		lect and serious physical and constitutes a Type A2			
	The facility provided a accordance with G.S. this violation.	plan of protection in 131D-34 on 11/03/21 for			
		THE TYPE A2 VIOLATION DECEMBER 5, 2021.			
D 364	10A NCAC 13F .1004 Administration	(g) Medication	D 364		
	(g) The facility shall e administered to reside or one hour after the p	Medication Administration ensure that medications are ents within one hour before prescribed or scheduled I by emergency situations.			
	This Rule is not met a				
	reviews, the facility fa were administered wit the prescribed or sche sampled residents (#* Care Unit (SCU) durin pass on 11/02/21 resu with multiple administ administered too close administration times.	is, interviews, and record illed to ensure medications thin one hour before or after eduled times for 3 of 3 l, #2, #3) in the Special ing the morning medication ulting in several medications ration times being e to the next scheduled			
	The findings are:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	HAL055009	B. WING		11	/05/2021
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE ADDISON OF LINCOLNTO	ON 440 SAL	EM CHURCH ROA	D		
THE ADDIOUN OF EMODERN	LINCOLI	NTON, NC 28092			
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 364 Continued From p	page 31	D 364			
11/02/21 at 11:30: -The medication at this morning and a medicationsShe was still administration at this morning and a medicationsShe was still administration at a medicationsShe was still administration at a medicationsShe still behind a medicate was a "little" behind when she got to wear a medicate was a "little" behind was a "little" b	aide (MA) had called out of work she was responsible for passing ministering medications that or the 8:00am medication pass. MA that worked on third shift had a morning medication pass and adaministering medications work around 9:00am. Inistering medications on the e of the facility when she got sidents on the assisted living to norning medications and all the pecial Care Unit (SCU). We have a series of the series of the sculpture of the facility when she got sidents on the assisted living to norning medications and all the pecial Care Unit (SCU). We have a series of the series of the sculpture of the sculptu				

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1			
			5			
		HAL055009	B. WING		11/0	5/2021
NAME OF D	DOVIDED OD CUDDUED	CTDEET ADI	NDECC CITY CTA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
THE YDDI	SON OF LINCOLNTON	440 SALEI	M CHURCH RO	AD		
IIIL ADDI	CON OF EMODERION	LINCOLNT	ON, NC 28092	!		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 264	0	- 00	D 364			
D 364	Continued From page	9 32	D 304			
	of administration at 8:	00am and 8:00pm				
		or doxazosin mesylate				
	(treats urinary retention					
		f 8:00am and documentation				
	of administration at 8:					
		or Eliquis (blood thinner)				
	_	n administration times of				
	8:00am and 8:00pm a					
	administration at 8:00	•				
	-There was an entry (Oysco 500mg + D 200mg				
	(vitamin supplement)	daily with an administration				
	time of 8:00am and d	ocumentation of				
	administration at 8:00	am.				
	-There was an entry f	or Vitamin B-12 (vitamin				
		daily with an administration				
	time of 8:00am and d					
	administration at 8:00					
	aummstration at 6.00	Jaili.				
	D : (D : (#	ar e e e				
		1's medication time variance				
	•	vealed the 8:00am dose of				
		rin, carvedilol, doxazosin				
		sco + D, and Vitamin B-12				
	had been administere	ed at 2:51pm on 11/02/21.				
	Telephone interview v	vith the facility's contracted				
	Nurse Practitioner (N	P) on 11/04/21 at 12:05pm				
		g the 8:00am dose of				
		and then administering the				
	-	ident #1 at risk of low blood				
	•	ate, and poor balance.				
	pressure, low meant re	ate, and poor balance.				
	Dood on abassustice	on interviews and record				
		ns, interviews, and record				
		ned that Resident #1 was				
	not interviewable.					
	Refer to the telephone	e interview with the facility's				
	contracted Nurse Pra	ctitioner (NP) on 11/02/21 at				
	4:37pm.	,				
	1					
	Refer to the telephone	e interview with a MA on				
			1	1		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		HAL055009	B. WING		11/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		CHURCH RO			
			ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETI	E
D 364	Continued From page	e 33	D 364			
	11/02/21 at 3:36pm.					
	Refer to the telephone MA on 11/02/21 at 3:4	e interview with a second 17pm.				
	Refer to the interview at 2:06pm.	with a third MA on 11/03/21				
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.				
	Refer to the telephone Administrator on 11/0					
	2. Review of Residen 10/04/21 revealed dia hypertension and righ	-				
	Medication Administra 11/02/21 revealed: -There was an entry f twice daily with admir	Resident #2's electronic ation Record (eMAR) for for acetaminophen 500mg nistration times of 8:00am umentation of administration m.				
	with administration tin and documentation of and 8:00pm.	or captopril 25mg twice daily nes of 8:00am and 8:00pm f administration at 8:00am				
	an administration time documentation of administration of administration of administration times of administration times of	ninistration at 8:00am. for hydrocodone 325mg every six hours with of 6:00am, 12:00pm,				
	12:00pm, and 6:00pm -There was an entry f	ninistration at 6:00am,				

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HAL055009 B. WING B. WING 11/05/2021 NAME OF PROVIDER OR SUPPLIER THE ADDISON OF LINCOLNTON CASH CHURCH ROAD LINCOLNTON, NC 28092 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER THE ADDISON OF LINCOLNTON 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 (A) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 34 8:00pm with documentation of administration at 8:00am and 8:00pm. -There was an entry for sertraline 100mg daily with an administration itme of 8:00am with documentation of administration at 8:00am. -There was an entry for sertraline 12.5mg daily with administration itme of 8:00am with documentation of administration at 8:00am. -There was an entry for sertraline 12.5mg daily with administration time of 8:00am with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration times of 8:00am and 8:00pm with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration times of 8:00am and 8:00pm with documentation of administration at 8:00am and 8:00pm with administration time of 8:00am and 8:00pm with administration time of 8:00am and 8:00pm. Review of Resident #2's medication time variance report for 11/02/21 revealed: -The 8:00am dose of acetaminophen had been administered at 3:28pm. -The 8:00am dose of captopril, donepezil, omeprazole, sertraline, and valproic acid had	,		ISELVIII IOVIII IOVIII ISELII	A. BUILDING: _		33 2.	
THE ADDISON OF LINCOLNTON 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 34 8:00pm with documentation of administration at 8:00am and 8:00pm. -There was an entry for sertraline 100mg daily with an administration time of 8:00am with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration times of 8:00am and 8:00pm with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration intees of 8:00am and 8:00pm with documentation of administration at 8:00am dose of acetaminophen had been administered at 3:28pm. -The 8:00am dose of captopril, donepezil, omeprazole, sertraline, and valproic acid had			HAL055009	B. WING		11/0	5/2021
CALL DEPICIENCY SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSc (DENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE	NAME OF P	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 34 8:00pm with documentation of administration at 8:00am and 8:00pm. -There was an entry for sertraline 100mg daily with an administration time of 8:00am with documentation of administration at 8:00am. -There was an entry for sertraline 12.5mg daily with an administration time of 8:00am with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration times of 8:00am and 8:00pm with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration times of 8:00am and 8:00pm with documentation of administration at 8:00am and 8:00pm with documentation of administration at 8:00am and 8:00pm with documentation of administration at 8:00am and 8:00pm and 8:00pm with documentation of administration at 8:00am and 8:00pm with administration at 8:00am and 8:00pm with documentation of administration at 8:00am and 8:00p	THE ADD	ISON OF LINCOLNTON					
8:00pm with documentation of administration at 8:00am and 8:00pm. -There was an entry for sertraline 100mg daily with an administration time of 8:00am with documentation of administration at 8:00am. -There was an entry for sertraline 12.5mg daily with an administration time of 8:00am with documentation of administration at 8:00am. -There was an entry for valproic acid 250mg twice daily with administration times of 8:00am and 8:00pm with documentation of administration at 8:00am and 8:00pm. Review of Resident #2's medication time variance report for 11/02/21 revealed: -The 8:00am dose of acetaminophen had been administered at 3:28pm. -The 8:00am dose of captopril, donepezil, omeprazole, sertraline, and valproic acid had	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
-The 12:00pm dose of hydrocodone/acetaminophen had been administered at 3:29pm. Telephone interview with the facility's contracted Nurse Practitioner (NP) on 11/04/21 at 12:05pm revealed: -Resident #2 receiving the 8:00am dose of captopril at 3:29pm and again at 8:00pm put her at increased risk of low blood pressureResident #2 receiving the 12:00pm dose of hydrocodone/acetaminophen at 3:29pm and again at 6:00pm put her at risk of increased sedation. Based on observation, interviews, and record reviews it was determined Resident #2 was not interviewable. Refer to the telephone interview with the facility's	D 364	8:00pm with documer 8:00am and 8:00pm. -There was an entry f with an administration documentation of administration at 8:00pm with documer 8:00am and 8:00pm. Review of Resident #report for 11/02/21 region administered at 3:28p. -The 8:00am dose of administered at 3:28p. -The 8:00am dose of omeprazole, sertraling been administered at 3:29p. Telephone interview where a transported at 3:29p. Telephone interview where Practitioner (Nirevealed: -Resident #2 receiving captopril at 3:29pm at increased risk of logen at increased risk of logen at increased risk of logen at 6:00pm put his sedation. Based on observation reviews it was determinterviewable.	for sertraline 100mg daily in time of 8:00am with ministration at 8:00am. For sertraline 12.5mg daily in time of 8:00am with ministration at 8:00am. For valproic acid 250mg twice from times of 8:00am and intation of administration at 8:2's medication time variance vealed: acetaminophen had been from. Captopril, donepezil, e, and valproic acid had 3:29pm. In the facility's contracted P) on 11/04/21 at 12:05pm at 8:00am dose of 11/04/21 at 12:05pm and 12:00pm dose of 12:00pm dose of 13:29pm and 13:29pm and 13:29pm and 14:00pm dose of 15:00pm dose of 16:00pm at 3:29pm and 16:00pm at 3:29pm and 16:00pm at 3:29pm and 16:00pm at 3:29pm and 16:00pm dose of 16:00pm at 3:29pm and 16:00pm dose of 16:00p	D 364			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL055009	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
THE ADD	ISON OF LINCOLNTON		M CHURCH ROA	D		
		LINCOLN	ITON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	÷ 35	D 364			
	contracted Nurse Pra 4:37pm.	ctitioner (NP) on 11/02/21 at				
	Refer to the telephone 11/02/21 at 3:36pm.	e interview with a MA on				
	Refer to the telephone MA on 11/02/21 at 3:4	e interview with a second 17pm.				
	Refer to the interview at 2:06pm.	with a third MA on 11/03/21				
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.				
	Refer to the telephone Administrator on 11/0					
	3. Review of Residen 06/18/21 revealed:	t #3's current FL2 dated				
	hypoxia.	dementia with behaviors and				
		an's order for urinol, amlodipine, aspirin, memantine, quetiapine, and				
		3's electronic Medication d (eMAR) for 11/02/21				
	-There was a comput acetaminophen (used	er-generated entry for I to treat mild pain) 325mg mes daily scheduled to be				
	administered at 8:00a	nm, 2:00pm, and 8:00pm administered at 8:00am,				
	-There was a comput	er-generated entry for eat gout) 300mg take 1 I and documented as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1 ' '		(X3) DATE S	URVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			D. WING			
		HAL055009	B. WING		11/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	TO VIDER OR OUT LIER					
THE ADDI	SON OF LINCOLNTON		M CHURCH RC			
		LINCOLN	TON, NC 28092			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	٧	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
			1	DEFICIENCY)		
D 364	Continued From page	36	D 364			
2 00 .	Continued From page	2 00				
	-There was a compute	er-generated entry for				
	amlodipine 5mg (used	d to treat high blood				
	pressure) take 1 table	et daily scheduled and				
	documented as admir	-				
		er-generated entry for				
	aspirin (blood thinner)					
		nented as administered at				
	8:00am.	ichted as administered at				
		er-generated entry for				
		eat heart arrhythmia and high				
	. ,	5mg 1 tablet daily scheduled				
		administered at 8:00am and				
	5:00pm.					
		er-generated entry for				
	docusate (used to treat	at constipation) 100mg 1				
	tablet daily scheduled	l and documented as				
	administered at 8:00a	am.				
	-There was a compute	er-generated entry for				
		reat dementia) 5mg take 1				
	•	eduled and documented as				
	administered at 8:00a					
		er-generated entry for				
	•	eat behaviors) 50mg take 1				
	& ½ tablets twice dail					
		nistered at 8:00am and				
		nistered at 6.00am and				
	8:00pm.	an managata di amt : f				
	•	er-generated entry for				
		at depression and anxiety)				
		scheduled and documented				
	as administered at 8:0	00am.				
	Review of Resident #	3's medication time variance				
	report for 11/02/21 rev	vealed:				
	-The 8:00am dose of	allopurinol, amlodipine,				
	aspirin, carvedilol, do					
		aline were administered at				
	2:42pm.					
		Opm dose of acetaminophen				
	was administered at 2					
	- rine bloupm dose of	carvedilol was administered				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		1141 055000	B. WING		44.0	05/0004
		HAL055009			11/0	05/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATI			
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA	AD .		
	OLIMAN DV OT		TON, NC 28092	DDO//DEDIO DI AN OF CODDE	OTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 364	Continued From page	e 37	D 364			
	at 4:14pm.					
	Nurse Practitioner (Ni revealed:	with the facility's contracted P) on 11/04/21 at 11:15am				
	-Resident #3 was at risk for a low heart rate, low blood pressure, and poor balance from getting both doses of carvedilol within 90 minutesIt was important for the facility to administer each resident's medication when it was scheduled. Based on observations, interviews, and record reviews, it was determined that Resident #3 was not interviewable.					
		e interview with the facility's ctitioner (NP) on 11/02/21 at				
	Refer to the telephone 11/02/21 at 3:36pm.	e interview with a MA on				
	Refer to the telephone MA on 11/02/21 at 3:4	e interview with a second 17pm.				
	Refer to the interview at 2:06pm.	with a third MA on 11/03/21				
	Refer to the interview (ED) on 11/02/21 at 3	with the Executive Director :05pm.				
	Refer to the telephone Administrator on 11/0					
	Nurse Practitioner (Ni revealed:	with the facility's contracted P) on 11/02/21 at 4:37pm				
	8:00am being adminis	otified by the facility of stered late. vere ordered twice daily and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL055009	B. WING		11/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		M CHURCH RO TON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 364	on 11/02/21 at 3:36pr -Sometimes medicative to the residentsThere were too many difficulty administering. Telephone interview of at 3:47pm revealed such short staffed and the things and medication. Interview with a third revealed some of the required training and a morning medication. Interview with the Exc 11/02/21 at 3:05pm re-A MA called out of wat 7:00amThe third shift supervadministering medical assisted living side of the first shift MA was administering medical special Care Unit (SC)-She did not know the did not pass any of the 8:00am medication. She had "assumed" had started the 8:00a assisted living residents.	lose together. edications to be duled. with a medication aide (MA) in revealed: ons were administered late y residents and one MA had g all the medications. with a third MA on 11/02/21 cometimes the facility was MAs were busy doing other ins were administered late. MA on 11/03/21 at 2:06pm in MAs had not completed all were "nervous" to complete in pass. ecutive Director (ED) on evealed: ork this morning (11/02/21) visor/MA was responsible for tions to the residents on the fithe facility. It is responsible for tions to the residents on the cut) side of the facility. It is third shift supervisor/MA in medication pass for the ints.	D 364			
	Telephone interview v 11/04/21 at 12:15pm	vith the Administrator on revealed:				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL055009	B. WING		11	/05/2021
	ROVIDER OR SUPPLIER SON OF LINCOLNTON	440 SALE	DRESS, CITY, STA M CHURCH RO TON, NC 28092	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	the 8:00am until the arbite she knew there were the time and one show 8:00am medications in the facility failed to exadministered within or scheduled times for 3 #2, and #3) in the Spot the morning medication resulted in Resident # pressure medication to placing the resident as pressure, low heart refacility's failure to admone hour before or affectimental to the heart the residents and continued to the facility provided as accordance with G.S. this violation.	staff had not administered ifternoon of 11/02/21. It two nurses in the facility at all have administered the if a MA was not available. Insure medications were the hour before or after the of 3 sampled residents (#1, recial Care Unit (SCU) during on pass. This failure if and #3 receiving a blood too close to the second dose it increased risk of low blood ate, and poor balance. The ininister medications within iter the scheduled time was alth, safety, and welfare of stitutes a Type B Violation. In plan of protection in In 131D-34 on 11/02/21 for	D 364			
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights ave the following rights: d services which are e, and in compliance with state laws and rules and	D912			
	This Rule is not met	as evidenced by:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		LETED
		HAL055009	B. WING	B. WING		05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE VDDI	SON OF LINCOLNTON	440 SALE	M CHURCH RO	AD		
IIIL ADDI	SON OF EINCOLNTON	LINCOLN	TON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D912	Continued From page	÷ 40	D912			
	Based on observation reviews, the facility fa received care and ser appropriate, and in co	ns, interviews, and record iled to ensure residents rvices which were adequate, ompliance with relevant and rules and regulations idministration and				
	The findings are:					
	1. Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 2 of 5 sampled residents (#1, #2) related to not administering a medication to decrease fluid (#1) and administering a pain medication that had been discontinued (#2), and 1 of 6 residents (#6) observed on the medication pass, related to 6 medications not available to administer to the resident, including a medication to treat thyroid disease, depression, heart disease, constipation, improve bone health, and a vitamin supplement [Refer to Tag D0358 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)].					
	reviews, the facility far were administered with the prescribed or schesampled residents (#Care Unit (SCU) during pass on 11/02/21 resumith multiple administration times [NCAC 13F .1004(g) Nac (Type B Violation)].	ions, interviews, and record iled to ensure medications thin one hour before or after eduled times for 3 of 3 1, #2, #3) in the Special ng the morning medication ulting in several medications ration times being e to the next scheduled Refer to Tag D0364 10A Medication Administration				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL055009	B. WING		1.	1/05/2021
				710.0005	<u> </u>	1700/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE ADD	ISON OF LINCOLNTON		EM CHURCH ROA	D		
			NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D912	Continued From page	e 41	D912			
	and C) who administed completed the state at medication aide training [Refer to Tag D0935 (care home medication)]	pproved 5-hour and 10-hour ng course as required G.S. 131D-4.5B(b)3 Adult				
D935	G.S.§ 131D-4.5B(b) A Training and Compete	ACH Medication Aides; ency	D935			
	(b) Beginning Octobe home is prohibited from	nining and Competency ents. r 1, 2013, an adult care om allowing staff to perform				
	that individual has pre medication aide durin	dication aide duties unless eviously worked as a g the previous 24 months in r successfully completed all				
	(1) A five-hour training Department that inclu in all of the following:	g program developed by the des training and instruction				
	a. The key principles administration.					
	Prevention guidelines applicable, safe inject	s for Disease Control and on infection control and, if tion practices and oring or testing in which				
	bleeding occurs or the exists.	e potential for bleeding				
	NCAC 13F .0503 and (3) Within 60 days fro	10A NCAC 13G .0503. m the date of hire, the				
	individual must have a. An additional 10-ho	completed the following: our training program				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING:		OOWII E	
		HAL055009	B. WING		11/0	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF LINCOLNTON		CHURCH RO			
			ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D935	Continued From page	2 42	D935			
	developed by the Deptraining and instruction 1. The key principles administration. 2. The federal Center Prevention guidelines applicable, safe inject procedures for monitor bleeding occurs or the exists. b. An examination derby the Division of Heat accordance with substitute B VIOLATION Based on interviews a facility failed to ensure and C) who administed completed the state as	partment that includes in in all of the following: of medication s of Disease Control and is on infection control and, if tion practices and oring or testing in which the potential for bleeding veloped and administered alth Service Regulation in section (c) of this section. as evidenced by: and record reviews, the te 3 of 3 sampled staff (A, B,				
	The findings are:					
	personnel record reversity as a second reversity of the complete of the comple	a medication aide (MA) on d the MA written exam on d the Medication al Skills Validation Checklist mentation of a 5, 10, or 15 arse.				
	Review of a resident's Medication Administrative revealed:	s October 2021 electronic ation Record (eMAR)				

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DIVISION	n nealth Service Negu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		440 SAI F	M CHURCH RO	ΔD	
THE ADDI	SON OF LINCOLNTON		TON, NC 28092		
	OUR MAR DV OT				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D035	0	- 40	D935		
D935	Continued From page	e 43	D935		
	-There was an entry f	or blood pressure readings			
	at 8:00am and 8:00pr				
	·	or furosemide (decreases			
		eeded for systolic blood			
	pressure (SBP) great				
		tation of SBP readings of			
		00am and 165 on 10/24/21			
	at 8:00pm.				
	-There was no docum	nentation Staff A had			
	administered the furo				
	Attempted telephone	interview with Staff A on			
	11/02/21 at 2:15pm w				
	'				
	Refer to the interview	with the Executive Director			
	(ED) on 11/03/21 at 1	:55pm.			
	,	·			
	Refer to the telephone	e interview with the			
	Administrator on 11/0	4/21 at 12:15pm.			
	Refer to Tag D0358 1	0A NCAC 13F .1004(a)			
	Medication Administra	ation (Type A2 Violation).			
	2. Review of Staff B's	, medication aide (MA),			
	personnel record reve				
		a medication aide (MA) on			
	07/18/21.				
		ed the MA written exam on			
	04/08/21.				
	-Staff B had complete				
	Administration Clinical Skills Validation Checklist				
	on 05/03/21.				
		nentation of the 5, 10, or 15			
	hours MA training cou	ırse.			
		s October 2021 electronic			
	Medication Administra	ation Record (eMAR)			
	revealed:				
	-There was an entry f	or blood pressure readings			

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at 8:00am.

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DIVISION	n nealth Service Negu	lation	_		_
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		
			B WING		
		HAL055009	B. WING		11/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE. ZIP CODE	
			M CHURCH RO		
THE ADDI	SON OF LINCOLNTON		TON, NC 28092		
			TON, NC 20092		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP	
IAO		,	170	DEFICIENCY)	
			 		
D935	Continued From page	e 44	D935		
	-There was an entry f	or furosemide (decreases			
		eeded for systolic blood			
	pressure (SBP) great	-			
		tation of SBP readings at			
		122 to 183 on 10/04/21,			
	• •	10/10/21, 10/12/21, 10/14/21			
	- 10/15/21, 10/18/21 -				
	10/24/21, and 10/27/2				
	-There was no docum				
	administered the furo				
	auministered the full	serride.			
	Interview with Staff R	on 11/02/21 at 2:05pm			
	revealed:	on 11/02/21 at 2.00pm			
		previous employment as a			
	MA.	previous employment as a			
		d to administer medications			
		ial Care Coordinator (SCC).			
	- · · · · · · · · · · · · · · · · · · ·	d the 5, 10, or 15 hours MA			
		d the 5, 10, or 15 hours MA			
	training course.				
	Pefer to the interview	with the Executive Director			
	(ED) on 11/03/21 at 1				
	(ED) 011 11/03/21 at 1	.55рп.			
	Refer to the telephone	e interview with the			
	Administrator on 11/0				
	Administrator on 11/0	14/21 at 12.10pm.			
	Pefer to Tag D0358 1	0A NCAC 13F .1004(a)			
	•	ation (Type A2 Violation).			
	Medication Administra	ation (Type Az Violation).			
	3 Review of Staff C's	s, medication aide (MA),			
	personnel record reve	• • • • • • • • • • • • • • • • • • • •			
	•	a medication aide (MA) on			
	06/30/21.	a modication aide (IVIA) on			
		ed the MA written exam on			
	•	tu ille iviA willien exam on			
	01/28/20.	ad the Medication			
	-Staff C had complete				
		al Skills Validation Checklist			
	on 10/09/21.				
	 I here was no docum 	-There was no documentation of the 5, 10, or 15			

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hours MA training course.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
		HAL055009	B. WING		11/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
			M CHURCH RO			
THE ADDI	SON OF LINCOLNTON		ON, NC 28092			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	J.	(75)
(X4) ID PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
D935	Continued From page	e 45	D935			
	Review of a resident's	s October 2021 electronic				
	Medication Administra	ation Record (eMAR)				
	revealed:					
		or blood pressure readings				
	at 8:00am.	ion forma a maida (da ana a a a				
	_	or furosemide (decreases eeded for systolic blood				
	pressure (SBP) great					
		tation of SBP readings at				
	8:00am ranging from 127 to 180 on 10/01/21 -					
		0/08/21, 10/11/21, 10/16/21				
	- 10/17/21, 10/20/21,					
	-There was no docum					
	administered the furo	semide.				
	Interview with Staff C revealed:	on 11/02/21 at 2:15pm				
	-She worked at the fa	icility for two years.				
		previous employment as a				
	MA.					
		I completed the 15 hours MA				
	training course but die	d not know where the				
	paperwork was.					
	Refer to the interview	with the Executive Director				
	(ED) on 11/03/21 at 1					
	Refer to the telephone					
	Administrator on 11/0	4/21 at 12:15pm.				
	Refer to Tag D0359 1	0A NCAC 13F .1004(a)				
	•	ation (Type A2 Violation).				
	saisaasii / tariiii ilott	(Type / in Violation).				
	Interview with the Exe	ecutive Director (ED)				
		evealed she was not aware				
		urs of medication aide				
	training.					

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Telephone interview with the Administrator on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		HAL055009	B. WING		11	/05/2021
	ROVIDER OR SUPPLIER	440 SALE	DRESS, CITY, STA M CHURCH RO TON, NC 28092	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D935	11/04/21 at 12:15pm she thought the MAs of training and the dopersonnel recordsStaff should have au for all required documThe nurse from the fapharmacy would have. The facility failed to emedication aides (MA 10, or 15-hour MA tramedications to reside administer an as need on multiple days. This medication errors and health of the resident Violation. The facility provided a accordance with G.S. this violation.	revealed: s had received the 15 hours cumentation was in their dited the personnel records nents. acility's contracted given the required training. Insure 3 of 3 sampled as) met the qualifications, 5, ining course, to administer nts. Staff A, B, and C did not ded medication to a resident a failure resulted in a was detrimental to the and constitutes a Type B In plan of protection in 131D-21 on 11/03/21 for	D935			

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